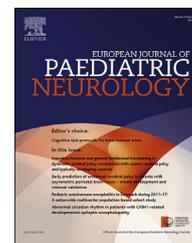




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## Editorial

# There is more to individuals with dyskinetic cerebral palsy than meets the eye



The paper by Laporta-Hoyos et al.<sup>1</sup> about intellectual and executive function in dyskinetic cerebral palsy (DCP) is well needed. The study brings additional, and more detailed, information on cognitive function in DCP, adding to previous research from this group and others. The belief that individuals with DCP have a better intellectual function than their motor ability suggests is supported by these results.

A frequent challenge in assessment of individuals with DCP is that of severe dysarthria or anarthria, and the requirement of augmentative and alternative communication aids. Thus, traditional assessments may have to be adapted, with the risk of changing the psychometric properties of the tests. A recently published computer-based language assessment, the C-BiLLT,<sup>2</sup> increases the possibility also for children with severe impairments to show what they can.

Although the DCP group in the study by Laporta-Hoyos et al. is relatively large, it is a convenience sample, and may not be representative for the DCP group as a whole. More studies are warranted to confirm the findings, hopefully including and describing individuals from all functional levels. The comparison with spastic CP is very relevant, and should be repeated in future studies. An important message from the study is that findings and functional profiles of intellectual functioning in spastic CP, i.e. the majority of individuals with CP, may not apply to individuals with DCP.

The conclusion must be that we still know too little, and that we have to harmonize nomenclature<sup>3,4</sup> to really be able to compare individuals with different CP types and their characteristics. Even multicentre studies in this area, to gain higher numbers of participants with a broader range of impairments, may be possible if rigor is maintained in classification and assessments. Moreover, neuroimaging findings behind the CP must be taken into account,<sup>5</sup> in addition to prematurity and motor severity, as the authors also suggest.

Time will tell if there also are changes over time in this particular group of CP, given new interventions and development of care.

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