

## AUTISM

Autistic Spectrum Disorders, sometimes also known as Pervasive Developmental Disorders, are a group of neurodevelopmental disorders that affect both verbal and non verbal communications. These are typically characterized by social impairments including communication difficulties and stereotyped or repetitive behaviors. Disorders under the umbrella of Pervasive Development Disorders include Autism, Asperger's Syndrome (sometimes referred to as "high functioning autism"), Pervasive Development Disorder-Not Otherwise Specified (PDD-NOS) and RETT Syndrome. Today, it is estimated that one in every 110 children is diagnosed with an Autism Spectrum Disorder. In this article we will focus on autism.

Autism was first described in 1943 by Leo Kanner, a psychiatrist at Johns Hopkins University, but the term "Infantile Autism" did not occur until 1980 when the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III) was published.

Most of the time, frustratingly, no one knows exactly why autism occurs. There are some cases where a medical cause may be found, such as Fragile X Syndrome, a hearing impairment or congenital rubella, but most of cases of autism elude a specific reason for why these changes have occurred. There are, however, some general relationships and characteristics that have been identified.

Gender carries a risk. Simply being male puts a child at higher risk for a diagnosis of autism. In fact, autism is 2-4 times more likely to be found in boys than girls. Genetic causes have been implicated as well. Parents with a child who has a PDD have a much higher chance of having another child with a PDD. If an identical twin is diagnosed with autism, there is an 80% chance the other twin will also be diagnosed. Language and cognitive abnormalities are more common in relatives of those diagnosed with autism. However, no one knows exactly what gene or genes may be involved. Lastly, being an older mom or dad brings with it a higher risk of having a child with an ASD.

The statistical evidence tells us the incidence of autism is on the rise in the United States. There is no real concrete reason for why at this point. Increased awareness of autism and a changes in the diagnostic standards in 1987 (with DSM-III Revised) and 1994 (with DSM-IV) seem to have some role with the increase, but while some experts feel it is due to better detection and screening methods others feel it may be an environmental factor that is contributing to this increase. Concern about vaccines causing autism, specifically the measles-mumps-rubella (MMR) vaccine given at 12 – 15 months of age, has been examined in large studies and in many countries and no connection between MMR vaccination and autism was found. At this point, there needs to be further research to isolate the reason(s) more autism is being diagnosed.

Children who have autism typically show symptoms before their first birthday, and always by the time they turn three years old. No two children with autism may behave exactly the same. Despite the differences in manifestations of autism these children typically have problems in the same areas of development:

social interaction, language and behavior.

Problems in the area of social interaction may include a child not pointing to an object s/he wants by twelve months old, not giving hugs, kisses or cuddling, and eye contact is poor or non-existent. Having trouble forming friendships is another concerning sign, and an autistic child often withdraws to play in his or her "own world" for hours.

Verbal skills suffer, with many autistic children suffering from speech delay. If speech is present, it may be repetitive or rhyming without intending to convey any specific meaning to the listener.

In their daily routine, children with autism rigidly demand an identical daily routine. Deviation from the normal routine can trigger explosive tantrums. Repetitive behaviors are common, and some children may injure themselves through such behaviors. Autistic children may be exquisitely sensitive to some stimuli such as touch, but unfazed by things that cause pain or startle other children.

Many children with autism have mental retardation, and development of a seizure disorder is not uncommon.

There is no lab test available to diagnose autism. It is, rather, diagnosed based on the behavior of the child. A single encounter doesn't qualify, either – the behaviors of an autistic child would be expected to occur all the time and in every setting: with mom alone, dad alone, in school or daycare, with a babysitter or other family member. For this reason, parents need to be pro-active in sharing developmental information and concerns with the pediatrician. Part of the reason young children have "well check-ups" so often is to provide ample opportunity to discuss with the pediatrician what the child is doing and what s/he is expected to be doing in the coming months. Any deviations from these expected milestones can be discussed, and if necessary, a follow up appointment can be made to discuss these issues exclusively.

While there are no blood or urine tests available to diagnose autism, there are some screening exams that can be done if concern exists. Some of these tests include Ages and Stages Questionnaire (ASQ), Parents Evaluation of Developmental Status (PEDS) and Modified Checklist for Autism in Toddlers (M-CHAT), but many more exist. If screening tests suggest autism or another ASD then referral to a team of specialists for a complete diagnosis is in order. Such a team may consist of a pediatrician, a pediatric neurologist, a developmental specialist, a child psychiatrist, a psychologist, a geneticist, an occupational therapist, physical therapist and/or speech therapist.

These specialists may be available through an Early Intervention Program (a public program supported by the government) for children up to three years old, and through the public school's Special Education Department if the child has already turned three years old.

Treatment is customized for each patient, but the following rules of thumb apply. Early treatment is best. Intensive behavioral and communication therapies are important for improving social skills. Physical and/or Occupational therapies may be needed. Medications may be useful to help curb some symptoms of autism, but side effects may outweigh the benefit and a full discussion with the

prescribing doctor should occur beforehand.

Raising a child with autism can be physically exhausting and emotionally draining for the parents or caregivers. There is isolation for the parents as there is for the child. Finding a team of trusted professionals to help you understand the diagnosis and make decisions on your child's treatment is important. Decisions made in the early years will impact a child's development in later years.

When caring for a child with autism, be sure to take respite time for yourselves. Without this, you will face emotional burnout in short order. Though you may feel alone, it's important to know that you're not. Connection with professional societies and support groups is essential to providing some of that support and keep you abreast of the latest research and treatment in the field. Your pediatrician or specialist can recommend websites germane to your child's diagnosis.