

Austistic Spectrum Disorder

November 2009



**New catalogue available.
Order on-line at www.annarbor.co.uk**

The incidence of children who are on the Autistic Spectrum Disorder appears to be increasing.

Autism is a pervasive developmental disorder that typically appears during the first three years of life (American Psychiatric Association, 2000). The result of a brain disorder, autism affects a person's communication, cognition, and social interaction. Autistic behaviours cluster into three categories: social interaction, communication and stereotyped patterns of behaviour, interests and activities. To receive a diagnosis of autistic disorder, a person must display severe and pervasive impairment in all three categories.

Normally Autistic behavioural symptoms appear before the age of three years, but manifestations in infancy may be subtle and difficult to identify.

Parents of an only child, for example, may not recognize the inappropriateness of their child's behaviour until after the child enters school. Some parents report that their children were developing normally and then suffered a severe regression of acquired skills and subsequently began demonstrating the characteristic features of autism. There is still considerable controversy in the UK over whether the MMR vaccine contributes to this severe regression or not. Although parents may recognize that their child has a problem, they may not know what the problem is or what to do about it.

Autism is a permanent condition and lasts throughout the lifetime of the individual. A person with autism will manifest some form of autistic behaviour throughout his or her lifetime.

The exact aetiology is unknown, but experts generally believe that autism is caused by some form of organic brain abnormality. Understanding of autism and how to diagnose it has increased significantly.

Our present understanding of persons with autism indicates that their intellectual abilities range from severely mentally retarded to above average. In the area of language development, the problems of communication common to persons with autism are similar to the developmental aphasias.

Estimates of the prevalence rates for autism vary. The American Psychiatric Association (2000) reported the median rate of autistic disorder at 5 cases per 10,000 individuals, with reported rates ranging from 2 to 20 cases per 10,000 individuals. The APA study also confirmed that autism is four times more common in males than in females.

The following are the diagnostic criteria for autistic disorder from the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV-TR)

A. A total of six (or more) items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3):

(1) qualitative impairment in social interaction, as manifested by at least two of the following:

- (a) marked impairment in the use of multiple nonverbal behaviours such as eye-to-eye gaze, facial expression, body postures and gestures to regulate social interaction.
- (b) failure to develop peer relationships appropriate to developmental level.
- (c) a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest).
- (d) lack of social or emotional reciprocity.

(2) qualitative impairments in communication as manifested by at least one of the following:

- (a) delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)

(b) in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others

(c) stereotyped and repetitive use of language or idiosyncratic language

(d) lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

(3) restricted repetitive and stereotyped patterns of behaviour, interests and activities, as manifested by at least one of the following:

(a) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus

(b) apparently inflexible adherence to specific, nonfunctional routines or rituals

(c) stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)

(d) persistent preoccupation with parts of objects

B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play.

C. The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder.

The evaluation and assessment of Autism is usually based on the Gilliam Autism Rating Scale – Second Edition which uses both the American Autism Society and the Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition criteria.

A diagnosis of Autistic Spectrum Disorder can be made by a clinical psychologist or a child and adolescent psychiatrist.