

Autism Spectrum Disorder

Autism is a spectrum disorder, which presents in a wide range of symptoms from clinically mild to severe. The common features as identified and defined in the DSM V (Diagnostic and Statistical Manual of Mental Disorders) must meet the following criteria:

1. Significant and persistent deficits in social communication and interactions as manifest by:

- Marked deficits in nonverbal and verbal communication used for social interaction
- Lack of social reciprocity
- Failure to develop and maintain peer relationships appropriate to developmental level

2. Restricted, repetitive patterns of behaviour, interests and activities as manifest by at least two of the following:

- Stereotyped motor or verbal behaviours or unusual sensory behaviours
- Excessive adherence to routines and ritualised patterns of behaviour
- Restricted, fixated interests
- Hyper or hypoactivity to sensory input

3. Symptoms must be present in early childhood (but may not become fully manifest until social demands engage limited capacities).

Thus, autism in its clinical definition and criteria describe a childhood neurodevelopmental disability which usually presents before 36 months of age.

As it is a spectrum disorder, presentation can be affected by such things as age, sex, IQ and personality. Typical difficulties may include a failure to develop friendships,

inability to engage in reciprocal interaction with peers. Often behaviours may startle playmates and confuse relationships. Autistic children may respond inappropriately to overtures from peers, failing to make eye contact, have awkward avoidance, inability to understand social cues to behaviour and have a lack of spontaneity with others.

Communication and play may be affected by the autistic child's inability to communicate at a socially appropriate level due to delayed speech, rigidity of thought and affect and inability to use imagination to promote play.

Autistic children may typically have restricted interests and may become fixated on one activity. This may render them intolerant to other's rights and can restrict play and cause offence. They do not at times respect the rights of others in taking turns or can insist upon a rigidity of routines. Autism can lead to behaviour disorders like anxiety, angry outbursts, self-injury, sleep problems, sensory overload and hyper-activity.

According to DSM-V 2013, where changes to diagnosis definitions have been made, a single description serves a better purpose to cover the previous number of diagnoses available to clinicians under ASD.

Asperger's, Childhood Disintegrative Disorder and Pervasive Developmental Disorder have been removed as separate conditions and now are covered by the broader 'Autism Spectrum Disorder'. DSM-V also requires symptoms from early childhood, which allows earlier diagnosis even for those for whom symptoms may not be recognised until later, particularly verbal capacity.

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The DSM-V has provided for a further category of related affectation, now '**Social (Pragmatic) Communication Disorder**' where,

- a) Persistent difficulty in the social use of verbal and non-verbal communication is manifested.
- b) The difficulties result in functional limitations in effective communication, social participation and achievement.
- c) The onset of symptoms is in the early developmental period (but deficits may not appear until social communication demands exceed limited capacity).
- d) The symptoms are not attributable to another medical or neurological condition or to low abilities and are not better explained by autism spectrum disorder or intellectual disability, or mental disorder.

Earlier diagnosis of Autism Spectrum Disorder is important as research has shown that early intervention can mediate some of the most difficult aspects, particularly behaviour. This can lead to better outcomes educationally as the child is more likely to fit into mainstream or modified classes. Education outcomes are often poor due to behavioural difficulties as well as innate deficits. This can go on into adult life and particularly for single men, lead to poor social, educational, employment, and accommodation outcomes. Children with autism are 4 times more likely to be bullied at school.

Treatments for autism include many different types of programs – cognitive behaviour therapy, occupational and speech therapy, medication at times, & behavioural therapy.

There is no medication to treat the central symptoms of autism, however, at times, medication may be used to alleviate specific symptoms which can occur, such as sleep disorders, depression, anxiety and even psychosis. The range of symptoms is enormous and consequently, an experienced physician in autism should be sought as early as possible. Support groups play a valuable role not just in educating parents about their child's condition, but also giving valuable feedback and support to the parents who inevitably end up dealing with difficult issues concerning the education and integration of their autistic child.

For more information in NSW, contact

ASPECT

Phone: 8977 8300

Website: www.autismspectrum.org.au

Please phone/email the LDC office for details of a support group in your area

References:

Diagnostic & Statistical Manual of Mental Disorders, V, American Psychiatric Association

Centre for Developmental Disability Health Victoria, Monash University, Fact Sheet

A4, Aspect Website, NSW Australia

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This LDC Fact Sheet was compiled by members of the LDC Management Committee 2010 (updated 2015)