

37. AUTISM AND ASPERGER'S SYNDROME

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37.2 Autism - Clinical Description

- 37.2.1** The diagnosis of autism is made on the basis of behaviour. Abnormal social interaction, absent or abnormal language and communication, and restricted stereotyped and repetitive ranges of interests and activities are central to the diagnosis. Autism has an organic basis. Genetic influences, brain disease and brain damage, may underlie autistic behaviour, though often no organic pathology can be demonstrated. Autism is a developmental disorder. Early development (up to two years) may appear normal; there may then be an arrest of development or reduced skills (particularly language). Mental retardation is present in about 75% of cases of autism. Intellectual level is important in predicting the outcome; children with higher IQ tend to do better.
- 37.2.2** Impaired social interaction may be so extreme that the child appears totally indifferent to the presence of other human beings. Milder abnormalities of social behaviour include inadequate understanding of social cues, with consequent inappropriate behaviour. Language and communication abnormalities range from complete absence of spoken language and its associated gestures to milder forms in which language is sparse or abnormal in its form. There is difficulty in understanding how other people feel, and in predicting the behaviour of others with whom the child comes into contact. The child's own behaviour is often rigid, (with a need to impose routines on others). There may be strong resistance to change, with tantrums and screaming if routines alter, or the child is placed in unfamiliar situations. Toilet training may be delayed, and there may be feeding difficulties.
- 37.2.3** The social abnormalities persist, although for many children with autism gradual improvements in social behaviour and communication may be expected throughout childhood.

37.3 Asperger's Syndrome - Clinical Description

- 37.3.1** This may be regarded as a mild form of autism. Most children are within the normal range of intelligence; language usually develops, and is often fluent, though used in an unusual or eccentric manner. This is described as **semantic pragmatic disorder** in which the child uses words he has heard but does not understand and which he therefore uses inappropriately. Children with Asperger's syndrome are more likely to show interest in other people than those with autism, but their social behaviour is naive and inappropriate, so they are often rejected by their peers. Rigidity and repetitiveness of behaviours are often present, with the likelihood of tantrums if routines are interrupted. Children with Asperger's syndrome are markedly clumsy, but do not usually have significant difficulty walking.
- Diagnosis of these children may be missed, and initial diagnoses may be made at any time including during adult life. Adults with Asperger's syndrome may be capable of independent living, work, and may marry and raise families.

37.4 Autistic Spectrum Disorder

- 37.4.1** This covers the whole range of autism and Asperger's syndrome. If this term is used, it is essential to obtain additional information, as one can make no assumptions about care needs without further qualification.

37.5 Care Needs

- 37.5.1** Although there is no specific treatment for autism, many children do benefit from speech therapy, and parents may need to take children for therapy, and do 'homework' with them. Autistic children are likely to be delayed in toilet training, though many (depending on IQ) will eventually achieve continence. Feeding problems also occur with food fads, refusal of foods, and insistence on specific types of food. Extra time may be required to ensure that such children are appropriately fed. Generally, the help they need with bodily functions will be related to IQ.
- 37.5.2** Children with autism and mental retardation will require care as for a younger child, but this may be made much more difficult by the lack of communication and social responsiveness. Autistic children who are very resistant to change will be very difficult to handle in many situations. Children with autism and IQ in the normal range will still be more difficult to care for because of the communication difficulties. They may also be less responsive than normal children to parent's attempts to teach them self-care, and they may be particularly slow to learn about toileting. Children with Asperger's syndrome who have a normal IQ may not be significantly different from normal children as far as their care needs are concerned.

37.6 Mobility Considerations

37.6.1 Children with autism and Asperger's syndrome are unlikely to have significant difficulty walking. However, the more severely affected will require an adult to accompany them if out, as they are likely to put themselves at risk, eg. in relation to traffic, to strangers, and to getting lost. With some autistic children, it is impossible to use public transport, because of the child's fears and consequent resistance and tantrums. Such mobility needs may well lessen over time.

37.7 Further Evidence

37.7.1 Children diagnosed as having autism, or Asperger's syndrome would usually be under the care of the paediatrician, child psychiatrist, or psychologist. A hospital specialist's report should assist in determining the care needs of the child. Evidence about IQ is particularly helpful, and may be available from an educational psychologist, or from the Statement of Special Educational Needs, which school-age children should have. A factual report from the child's school or nursery should also be a useful source of information, both as to care and mobility needs.