

Autism Spectrum Disorders

Definition of Autism Spectrum Disorders

Autism spectrum disorders are life-long neurodevelopmental disabilities with onset before 36 months and characterised by:

- Impairments in reciprocal social interactions.
- Impairments in verbal and non-verbal communication skills.
- Stereotyped behaviour, interests and activities.

Causes of Autism Spectrum Disorders

Autism spectrum disorders represent an abnormality of brain development and function, appearing within the first three years of life. Although the detailed causal mechanism(s) are not known, autism is likely to have multiple aetiologies including genetic factors. A range of studies has found in 10 - 37% of cases there may be an associated medical condition (eg tuberous sclerosis).

Presentation

The clinical picture may vary depending on factors such as age, sex, IQ and personality. There may be a wide range of overlapping presentations. Discussed below are:

1. Autistic Disorder.
2. Asperger's Disorder.
3. Atypical Autism.

1. Autistic Disorder

Sometimes designated as classical or childhood autism. It involves the following:

Impairments of Social Interaction

- Aloofness and failure to develop friendships.
- Seeking people's company but lacking ability to engage in two-way social interactions.
- Stilted, one-sided or repetitive social interactions.
- Being socially passive while tolerating social approaches.
- Awkward, avoidant or indifferent eye contact.
- Inability to understand social rules eg make socially embarrassing comments unintentionally.
- Impaired understanding of other people's motivations, perspectives or feelings.
- Markedly impaired use of non-verbal behaviours to regulate social interaction eg gestures.
- Lack of spontaneously seeking to share enjoyment with others.

Impairments of Communication and Play

- A delay in or lack of development of speech without any compensatory forms of communication eg gesture or mime.
- Significant difficulty in initiating and sustaining a conversation (in those with speech).
- Stereotyped or idiosyncratic use of language.

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- Lack of imitation of others.

In children, play lacks the varied or make-believe qualities appropriate to the developmental level.

Restricted or Repetitive Interests and Activities

- Interests that are excessively narrow, intense or unusual.
- Adherence to rigid routines.
- Intolerance of change.
- Stereotyped and repetitive motor mannerisms eg hand flapping.
- Persistent preoccupation with parts of objects.

Other Commonly Associated Features

- Intellectual disability occurs in 70% of people with autistic disorder.
- Autistic disorder is more common in males than females (3:1).
- Epilepsy is common and can develop at any age.
- Unusual sensory responses eg sensitivity/aversion to particular sounds or tactile sensations, intolerance to foods, or fascination with spinning objects or lights.
- Can form affectionate attachments to those they know well.
- May develop behaviour disorders eg angry outbursts, self-injurious behaviour, feeding difficulties/fads, sleep problems, and overactivity (particularly as children).
- Anxiety due to poor communication skills, over-stimulation etc.

2. Asperger's Disorder

Asperger's disorder is diagnosed by the presence of social interaction impairments and repetitive and restricted interests as described in Autistic Disorder above. There is usually no significant language delay, however, subtle impairments in the social use of language are present and often disabling, eg by leading to teasing and social isolation. This disorder is more common in males (13:1) but may be underdiagnosed in females.

Typical characteristics of Asperger's disorder are:

- Normal or borderline intellectual ability.
- Clumsiness.
- Concrete, pedantic speech.
- Lack of common sense.
- Normal or even precocious speech development.
- Better verbal than non-verbal skills on psychological assessments.
- Intolerance of change.
- Anxiety.

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Fact Sheet

3. Atypical Autism

This diagnostic grouping is used when core autistic behaviours are present but the criteria for autistic disorder are not fully met. Management follows the same principles as for Autistic Disorder.

Diagnosis

The accurate diagnosis of autism spectrum disorder is important for a number of reasons:

- Parents often suspect that their child is "different", through assessment, they can understand their child's needs and strengths better.
- Early intervention and appropriate educational programs can be planned.
- Access to specialist and other support services can be facilitated.
- Undiagnosed adults without significant intellectual disability often find a diagnostic assessment is helpful in explaining their experience and enabling access to supports.
- All support persons are able to better understand the management process

Influences on Behaviour

Common difficulties encountered by parents include the management of:

- Difficult behaviour eg obsessions, tantrums and aggression.
- Communication problems eg repetitive speech.
- Disturbed sleep and fussy eating.
- Socially inappropriate behaviour and social isolation or teasing and bullying.

Referral to appropriate services may be necessary. Experience has shown that early, intensive intervention produces the better outcomes for children with autism.

Be Aware: Deterioration in behaviour may be due to causes other than autism such as a physical problem (eg middle ear infection), epilepsy, family or school stress or changes in routine.

Psychiatric Disorders

Emotional and behavioural problems are common in people with autism spectrum disorders, but the exact prevalence is not known. Depression, mood disorders, anxiety disorders and psychosis may emerge during adolescence and continue into adulthood, requiring psychotropic medication and psychological treatment.

Medication

No medications are available to treat the core symptoms of autism spectrum disorders. Medication can occasionally be used for symptomatic control if behavioural treatment and environmental modification have failed, and if the benefits of medicating outweigh the costs.

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The material in this sheet has been adapted from the Therapeutic Guidelines book 'Management Guidelines for People with Developmental and Intellectual Disabilities' and updated from the 2005 version 'Management Guidelines – Developmental Disability' which can be consulted for more detailed information.

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