

## Autism and Autism Spectrum Disorder



### What is Autism Spectrum Disorder?

Autism Spectrum Disorder (ASD) is a developmental disorder in which children and youth have problems with: 1) social interaction and social communication, and 2) repetitive behaviors and a restricted range of activities and interests. ASD can vary in its presentation and severity. Children and youth with ASD may present with limited or no social/verbal interactions or eye contact, a strong desire for sameness in routines, repeating words or phrases, sensitivity to noise, over- or under-sensitivity to pain, clumsiness, rocking behavior, self-injurious behavior and/or disruptive behavior. Children and youth with less severe forms of autism may primarily appear to be socially awkward, not engage in the usual conventions of social interactions, or to have odd mannerisms.

The ASD diagnosis was introduced in DSM-5, and includes all the DSM-IV autism diagnoses (Autism, PDD NOS, Asperger's Syndrome, etc). The ASD diagnosis was developed, in part, because clinicians and researchers were not consistent in differentiating among the Autism subtypes. ASD represents a diverse group of disorders that can appear very different from child to child. For instance, approximately 40% of youth with ASD have average to above average intellectual functioning. About 60% have intellectual impairment that can range from mild to severe. Approximately 25% of youth with ASD are nonverbal.

More than half of children and youth with ASD have disruptive behaviors; 68% of caregivers report a history of aggression toward them. Children and youth with ASD are more likely to have behavioral problems compared to children and youth in general and compared to children and youth with intellectual disability. In addition, about 70% have concurrent medical conditions ASD may be associated with problems with attention/distractibility (or ADHD); sleep, gastrointestinal symptoms, and/or motor skills. Some children and youth with ASD may have strong memory, math, music, visual, or other specific skills.

In most cases, the causes of ASD are unknown. However, it is known that parents do not cause ASD. Some rare genetic syndromes are associated with ASD (e.g., fragile X syndrome). At this time, there is no blood or brain test for making the diagnosis of ASD. The prevalence of ASD in the United States is increasing, but the reasons for this are unclear. Approximately 1 out of 42 boys and 1 out of 189 girls in the United States are diagnosed with ASD. There is no evidence that vaccines cause ASD, and there is evidence that *vaccines do not cause ASD*.

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The diagnosis of ASD can be made as early as 24-36 months. A professional with expertise in Autism should make the diagnosis of ASD. ASD is diagnosed with a clinical examination and history including input from the family and school or preschool personnel.

### **What is the Treatment for ASD?**

- Treatment should be individualized to the child to optimize functioning and address the specific skills deficits. Treatment typically involves some degree of social skills, social communication, and communication training. Speech-language/communication therapists and occupational therapists typically provide the communication, social, and motor skills training.
- Treatment should address any associated conditions that interfere with functioning. The same treatments for youth without ASD are appropriate for youth with ASD. For example, if the child or youth has behavior problems, anxiety or depression, evidence-based interventions for those conditions should be used. Individual therapy should not be the main treatment modality for youth with behavior problems.
- Youth with moderate to severe cognitive impairment and/or ASD may not be able to engage in or benefit from psychotherapies that require verbal and interaction skills.
- In some severe cases early intensive behavioral and developmental therapies can help improve cognitive, language and adaptive functioning.
- A diagnosis of ASD may qualify children and youth for additional services and resources. These may be available through school, developmental disabilities programs, or health care providers. Children and youth with ASD very often require specially designed instruction in school. Children and youth with ASD should be referred for to determine whether they qualify for Special Education services/an Individualized Education Plan.
- At this time, there are no medications that treat the core symptoms of ASD. Psychiatric medications may be used to address associated symptoms and disorders, including ADHD, anxiety, depression and OCD. Some antipsychotic medications are FDA-approved to treat irritability associated with Autism/ASD, but these medications do not treat the ASD core symptoms.
- Children and youth with ASD are at increased risk for physical health problems, so treatment should be coordinated with pediatric health care providers.

- Many families also use non-traditional or complementary and alternative medical treatments for children and youth with ASD, so it is important to ask whether children and youth are receiving complementary or alternative treatments.
- Because rare genetic syndromes are associated with ASD, workers should ask an autism expert (such as the person making the diagnosis) whether genetic testing is indicated.