

TESTING FOR AUTISM



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WHAT IS AUTISM?

Autism is a complicated neurobehavioral state that involves impairments in human interaction and developmental communication and communication skills combined with hard, repetitive behaviors.

Because of the variety of signs, this position is now termed as an autism spectrum disorder.

- autistic disorder
- pervasive developmental disorder, not otherwise specified (PDD-NOS)
- Asperger syndrome



Who is at risk for autism?

Autism serves to move in families, and having one autistic child raises the risk of having another: Parents who have one autistic child have a 1 in 20 — or 5 per cent — the chance of having another child with autism.

A younger sibling of a child with autism is 5 to 10 times more likely to have autism than a child in the general population. Like twins are also more liable to give **autism** than twins who do not share all the same genes."



WHAT ARE THE SYMPTOMS OF AUTISM?

Some kids who are on the spectrum begin showing signs as young as a few months old. Others appear to have healthy development for the first few months or years of their lives and then they start showing symptoms. However, every child with autism experiences problems with one or more of the following:

- - communication (verbal and nonverbal)
 - social interaction
 - repetitive behaviors

Infants are normally very involved in the life and the people around them. A child with ASD might not be involved or have trouble communicating with the world around them.



What are the symptoms of autism?

A child may show early symptoms of ASD if they:

- develop language skills late
- don't point at objects or people or wave goodbye
- don't track people with their eyes
- show a lack of responsiveness
- don't imitate facial expressions
- don't reach out to be picked up
- run into or close to walls
- want to be alone
- don't play make-believe games (e.g., feeding a doll)
- have obsessive interests
- cause injury to them-self
- have temper tantrums
- display unusual reactions to the way things smell or taste



Diagnosing autism spectrum disorder (ASD) can be challenging, since there is no medical test, like a blood test, to diagnose the disorders. Doctors look at the child's behavior and development to make a diagnosis.

ASD can seldom be identified at 18 months or younger. By age 2, a determination by an expert professional can be viewed very reliably. Still, many children do not get a final diagnosis until much older. This delay suggests that children with an ASD might not get the help they need.

- a. Early Indicators
- b. Developmental screening
- c. Comprehensive behavioral evaluation
- d. Genetic testing



a. Early Indicators

Toddlers usually like to interact with people and the environment they live in. Parents are typically the first to notice that their child is showing atypical behavior. Parents should be aware of the early warning signs of autism, and they should share any concerns with a **doctor**. Some of the early indicators of ASD include:

- not making eye contact
- not responding to their name
- not babbling by 1 year of age
- not smiling or showing joyful expressions by 6 months of age
- not gesturing, like pointing, showing, or waving by 1 year of age
- not uttering meaningful phrases by 2 years of age
- losing speech or social skills



If you think your child might have ASD or you notice that your child plays, learns, speaks, or acts in unusual ways, share your concerns with your child's doctor.

b. Developmental Screening

Starting from birth, your doctor will screen your child for developmental disorders during routine and regular visits. If vou're concerned about vour child's development, your doctor may refer you to a specialist, especially if a sibling or other family member has ASD. The specialist will conduct tests to determine if there's a physical reason for the observed behaviours (such as a hearing test to evaluate for deafness/difficulty hearing). They'll also use other screening tools for autism, such as the Modified Checklist for Autism in Toddlers.



According to the National Institutes of Health (NIH), the checklist is an updated screening tool that parents fill out. It helps determine a child's risk of having autism as low, medium, or high. The test is free and consists of 20 questions.

If the test indicates that your child has a high **risk for ASD**, your child will receive a more comprehensive diagnostic evaluation. If your child is at medium risk, follow-up questions may be necessary to help definitively classify the results.

c. Comprehensive Behavioral Evaluation

The next step in autism diagnosis is a complete physical and neurologic examination. This may involve a team of specialists.

The specialists may include:

- developmental pediatricians
- child psychologists
- child neurologists
- speech and language pathologists
- occupational therapists

The evaluation may also include screening tools. There are many different developmental screening tools. No single tool can diagnose autism. Rather, a combination of many tools is necessary for an autism diagnosis. Some examples of screening tools include:

- Ages and Stages Questionnaires (ASQ)
- Autism Diagnostic Observation Schedule (ADOS)
- Childhood Autism Rating Scale (CARS)
- Autism Diagnostic Observation Schedule—Generic (ADOS-G)

- Pervasive Developmental
 Disorders Screening Test—Stage 3
- Parents' Evaluation of Developmental Status (PEDS)
- Gilliam Autism Rating Scale
- Screening Tool for Autism in Toddlers and Young Children (STAT)

There are also specific screening tools available for Asperger syndrome syndrome. Asperger syndrome typically involves difficulty with social and communication skills. Particular screening tools include:

- Autism Spectrum Screening Questionnaire (ASSQ)
- Childhood Asperger Syndrome Test (CAST)

According to the CDC Trusted Source, Diagnostic and Statistical Manual of Mental Disorders (DSM-V) also offers standardized criteria to help diagnose ASD.



d. Genetic testing

Genes are made of DNA. DNA instructs our bodies on how to grow and develop properly. Genetic testing can find changes in a person's DNA associated with specific disorders or conditions. It can help diagnose a genetic disease. It can also help determine the risk that other family members have the same condition or can pass it to future generations. Some laboratories can test for some of the biomarkers believed to be indicators for ASD. They look for the most common known genetic contributors to ASD. An abnormal result on one of these genetic tests means that genetics probably contributed to the presence of ASD. A normal result only means that a specific genetic contributor has been ruled out. It means the cause is still unknown and your child will need more testing.



WHAT IS THE TAKEAWAY?

Diagnosing ASD early and correctly is extremely important. Early mediation and treatment can considerably decrease the challenges your child may encounter. It also gives them the best chance of independence. If doctors find that your child's **ASD** is due to a genetic cause, notify your family members so that they can get counseling on the disease.

Customizing therapy to meet your child's individual requirements is most successful. A team of specialists, teachers, therapists, and doctors should create a program for each individual child. In common, the first a child starts treatment, the better their long-term vision.



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CONCLUSION



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