AUTISM & FREQUENTLY ASKED QUESTIONS

Written By

DR. P. SUMITHA HEMAVATHY (PT)

Founder & Director - CAPAAR

WHAT LEADS TO AUTISM?

Typically its Genetic inheritance that is involved in the development of ASD. These genetic factors possibly act together with environmental elements to result in the expression of autism. Neurobiological research shows that autism is probably the consequence of genetically determined abnormalities in brain development.

Which may initiate even before the child is born. It has been a challenge for the experts in genetics to accurately pinpoint a specific type chromosome involved in autism but recent researches have recognized quite a few genetic mechanisms that each **lead to autism.**

HOW MANY PEOPLE HAVE AUTISM?

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The original estimates of the prevalence of autism indicated that it occurred in around 2 per 10,000 people. However, recent estimates place the prevalence as high as or higher than 1 per 68 for all **autism spectrum disorders** combined according to the Centers for Disease Control and Prevention (CDC). It is probable that the higher prevalence of Autism is because of widened consciousness of the disorder by the people at large as well as by doctors and other medical service providers to children and enhanced diagnostic tools that more accurately analyze the entire autism spectrum. Some data suggest that mental retardation is now being less suggested as a primary diagnosis option than the way it used to be in the past. The increased prevalence of autism coincides with this decrease. However, a true rise in the occurrence of autism across time is likely.

Behavior traits exhibited by a child who has or may have ASD?

Though the presentation of symptoms with autism can vary quite a bit, there are specific behaviors necessary for diagnosing it. Disablement in mutual social interaction must be there. We often imagine a child with autism as averting eye contact or possibly as using people as they are kind of inanimate objects. Communication disorder also must be there for an ASD to be diagnosed. There are well-documented specific problems in communication such as incorrect usage of pronouns, but the range of impairment in this area is great and can include the absence of any functional communication skill.

Recurring behaviors and/or noticeable obedience to specific routines also must be there for an ASD to be diagnosed. Stereotypic behavior is quite widespread in persons with autism and modern research suggests clearly that though these recurring behaviors occur at the point of usual development, they tend to continue in children with autism past the developmental stages at which they are typically substituted by more functional behavior. Symbolic play deficits have also been noted to be common in **children with autism.**

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No. There is a range of disorders that are linked to limited speech development but it becomes crucial to have a developmental assessment immediately for any child that is not talking by the age of 3. It's universal that most children start babbling before they even reach 12months and make use of single words to speak by 18 months. Any child that does not exhibit these behaviors or who has and consequently loses a talkative or social skill should be screened for an ASD as soon as possible.

What tests need to be done in order to diagnose autism?

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There are no perfect diagnostic tests for autism. The soundest mode of determining a diagnosis is a systematic examination of the child's developmental account and study of their behavior is controlled and unstructured situations. The diagnostic tools most often turned to by pediatricians, who are the front line of noting **developmental problems.**

When a pediatrician suspects autism or another developmental disorder, they should refer to the child's family to a specialist in childhood development. A caregiver interview instrument is often the first diagnostic tool used when a child is referred to a specialist for formal testing.

Two tools require clinicians to receive competency-based training to implement them. One is the Autism Diagnostic Interview (ADI), developed by a panel of autism experts headed by Catherine Lord in 1994, and the other is the Diagnostic Interview for Social and Communication Disorders (DISCO). A planned observation of the child should also take place and the presently established gold standard for this is the **Autism** Observation Diagnostic Schedule (ADOS). Clinicians are also required to pass competency-based training to administer this tool.

What treatment is most effective for treating autism?

A recent study by Sallows and Graupner (2005) has replicated the results of Lovaas and colleagues. They indicated that a positive treatment outcome was best predicted by a child's pre-intervention language, imitation, and social skills.

Another study by Howard, Sparkman, Cohen, green, and Stanislaw (2005), compared intensive behavior analytic intervention to standard early intervention services provided to children with developmental impairment and “eclectic” treatment. It was found that, after over a year of service delivery, children in the intensive behavioral treatment group had gained considerably further skills than either of the two comparison groups. We can conclude from this study that ABA services alone offer better results to eclectic intervention that combines ABA with other forms of unproven treatments.

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Dr. P. Sumitha Hemavathy (PT)

Founder & Director

(CAPAAR)

Centre for Advanced Pediatric And Adult Rehabilitation

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