



## **Current Thinking About Autism**

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In 1943, Dr. Leo Kanner, Professor of Child Psychiatry at Johns Hopkins School of Medicine, published a description of a unique group of children who showed abnormalities in speech and language development, a failure to develop normal relationships and a resistance to environmental change. Soon, similar children and adults with this constellation of behaviors were identified all over the world. The term “autism” is now used to describe this developmental disability.\*

Autism is a spectrum disorder with symptoms ranging from mild to severe. The expression of autism varies with age and developmental level as behaviors fluctuate, abate, and change. It is a lifelong disability and many individuals with this diagnosis will require lifelong support and services. It is generally agreed that autism is a clinical syndrome (defined by behavior) for which there are no objective biological pathognomonic markers. Autism is heterogeneous with multiple biological etiologies and it is currently believed that any agent or event that can damage the brain prior to the age of three can produce the cluster of behaviors consistent with the syndrome of autism. No known factors in the child’s psychological environment have been shown to cause autism.

The prevalence of autism is felt to be approximately 15 per 10,000 live births and is four times more common in males than in females. It knows no class or ethnic boundaries and is found throughout the world in all racial, ethnic, economic, and social groups. Autism frequently occurs in association with other syndromes, diseases, or developmental disabilities. Approximately 70 percent of individuals with autism score below 70 on IQ tests and are considered to have mental retardation. Seizure disorders, severe allergies, anxiety, depression, cerebral palsy and other motor incoordination disorders are all seen more frequently in people with autism. Autism is also seen in genetic syndromes, such as Fragile X Syndrome.

The diagnosis of autism can be difficult and confusing and is best made by an interdisciplinary team. Although unusual behaviors may be present earlier, between 7 to 28 percent of individuals with autism show no clinical evidence of the disorder until 15 to 36 months of age. Early differences in behavior can be difficult to distinguish from other causes of developmental delay.

In-depth developmental/ behavioral history, direct observation of the child in both structured and unstructured situations, and administration of standardized developmental tests will provide clues about the diagnosis. Family and medical factors, cognitive, communication, psychological, and social-adaptive skills should be assessed.

The Diagnostic and Statistical Manual, Fourth Edition (DSM-IV) outlines the diagnostic criteria. The DSM-IV addresses three general areas of impairment (communication, social interaction, and restricted repetitive and stereotyped patterns of behavior) that have an onset prior to three years of age and are not due to Rett’s Disorder or Childhood Disintegrative Disorder. The diagnosis of autism should help guide educational and support staff to the appropriate educational strategies and therapeutic treatments most likely to help the individual. Having the correct diagnosis can help families access appropriate support services, obtain information, as well as validate their concerns about their child.

\* A developmental disability is a chronic condition that originates in childhood and manifests as physical, psychological, self-care, language, cognitive, sensory or speech impairments.

- Taken from Healthwise