

Autism and related disorders



Has a loved one recently been diagnosed with autism or Asperger's Disorder? If so, you may be feeling uncertain and overwhelmed. This handout can help by giving you some basic information about autistic disorders—including symptoms, causes, treatment, and what lies ahead.

What is autism?

Autism (Autistic Disorder) is a brain disorder that makes it hard for a person to communicate and interact with others. It's not caused by bad parenting, and it's not something you can "catch" from someone else. A child is born with autism, or with the tendency to develop it. And unfortunately, right now it's not something you can prevent.

Autism is the most common of a group of related disorders called **autistic spectrum disorders**. The next most common autistic spectrum disorder is **Asperger's Disorder**, which is also briefly described in this handout.

The reason these disorders are called "spectrum" disorders is that they affect people differently and to different degrees. Symptoms and behaviors can vary, and can range from mild to severe. For this reason, treatment plans are highly individualized.

Autism is...

...not rare. As many as 1 out of every 200 children are born with autism today. In America and worldwide, it's the fastest growing developmental disability. It affects 4 times as many boys as girls.

...often misunderstood.

Very often, people don't know what to make of autistic behaviors. To them, a child with autism may appear odd or difficult, rude or unruly. They might attribute this to bad parenting—not a brain disorder.

...manageable. Autistic behaviors are a challenge—both for people with autism and for their caregivers. Yet people with autism can learn skills that allow them to live fulfilling, happy lives. And with the right support and resources, caregivers can manage the stress of autism.

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What are the symptoms of autism?

People with autism have one or more symptoms in each of these areas:

Remember that autism symptoms happen along a spectrum. They may be present in different combinations, and with different degrees of severity. And although children don't outgrow autism, symptoms may lessen as child receives treatment.

WHAT ABOUT ASPERGER'S DISORDER?

Asperger's Disorder was first described in the 1940s, but wasn't recognized as a separate disorder until 1994. In fact, even today, many professionals think of Asperger's Disorder as a milder form of autism (or high-functioning autism). So how does Asperger's Disorder compare to autism? Here's how:

- **Problems with social interaction and preoccupying interests or odd, repetitive behaviors** are features of both autism and Asperger's.
- People with Asperger's have **no delay in language development**. In fact, language skills are often well above average. Still, their speech may be odd—for example, children with Asperger's tend to talk in a "robotic" way, without the usual emphases or changes in tone.
- People with Asperger's have **no significant delay in mental development** or in the development of self-help skills. They show curiosity about their environment.

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| Problems with social interactions | <ul style="list-style-type: none">• Don't use or respond to social cues like eye-to-eye contact, facial expressions, or body postures.• Have trouble making friends and mixing with others.• Appear aloof, and seem to prefer to spend time alone.• Lack interest in sharing ideas, fun activities, or achievements with others.• May not want to cuddle or be cuddled.• Don't engage in imaginative or symbolic play. |
| Trouble communicating | <ul style="list-style-type: none">• Have delayed language development.• Have trouble starting or maintaining conversation. Talk AT—not WITH—others in one-sided conversations.• May repeat words or phrases.• Have difficulty expressing needs—may gesture or point instead of using words.• Are not responsive to verbal cues—may appear deaf. |
| Repeating patterns of behavior, interests, and activities | <ul style="list-style-type: none">• Have intense preoccupations with certain topics.• May have unusual attachments to particular objects.• Insist on schedules, routines, and rituals.• Display sustained odd play or gestures (for example, spinning objects, hand or finger flapping, or rocking).• May hurt themselves (for example, bite their own arms) or physically attack others.• Are noticeably over-active or under-active.• May have uneven development of motor skills (for example, can stack blocks, but not kick a ball). |
| Other | <ul style="list-style-type: none">• May be overly sensitive to sounds, sights, sensations, and smells. For example, particular smells might cause a child to gag. Bright lights or even a hug may cause the child to draw back.• May be overly sensitive to pain—or may be noticeably under sensitive to pain.• Show little or no fear of danger.• May have below-average IQ. (About 75% of people with autism have below-average IQs. The other 25% have average or above-average intelligence.) |



LOVE AND AFFECTION?

Contrary to popular belief, children with autism can and do give affection. But because their brains process things differently, they have different ways of giving and accepting love. Families need to be patient in learning how to be affectionate on the child's terms.

What causes autism?

Although autism was first identified in 1943, we still don't know what causes it. Since children are either born with autism, or the potential to develop it, scientists are studying both genetic and environmental factors:

- Scans show differences in brain shape and structure in people with autism. Scientists think these changes are genetic.
- Certain environmental factors may “trigger” autism—both during pregnancy and after birth. Factors being studied include viral infections, metabolic imbalances, and exposure to certain chemicals.
- Research is also being done on whether problems during delivery may be associated with the development of autism.

Clearly, much more research needs to be done.

How is autism diagnosed?

There's no single test to diagnose autism. Instead, doctors rely on the following:

- **Checklists and questionnaires** from parents, school professionals, and medical specialists who have observed the child in various situations. The questionnaires ask about the child's behaviors, relationships with others, body use, verbal communication, and play habits.
- **Medical and other tests** such as blood and urine tests, hearing exams, IQ tests, or brain tests. While these tests don't “diagnose” autism, they can help a doctor rule out or discover other conditions that may be causing a child's symptoms (or making them worse).
- **Standard medical criteria.** A doctor diagnoses autism only if the information gathered about your child meets standard criteria for the disorder.

IS IT AUTISM?

Diagnosing autism requires a careful look at other conditions that may be causing symptoms or making them worse, for example:

- Other behavior disorders like ADHD, oppositional defiant disorder or conduct disorder
- Other developmental disorders or learning disabilities
- Mental retardation
- Hearing loss
- Anxiety or depression
- Epilepsy

These conditions sometimes co-exist with autism, or are mistaken for it.

How is autism treated?

Although there's no cure for autism, studies show that **early treatment can dramatically improve a child's outcomes**. The main goals of treatment are to do the following:

- Improve social and communication skills
- Lessen behaviors that interfere with normal activities and interactions

You have several options for your child's treatment.

Treatment options

Behavioral and communication training

There are many different techniques and approaches to changing behavior and enhancing communication skills. Some of the more common include:

- Breaking down tasks into short, simple steps, and offering rewards to reinforce positive behaviors.
- Using stories and pictures to help the child communicate better.
- Helping the child cope with "sensory overload" by carefully exposing the child to new textures, sounds, and so on.

Medications

Although there are no medications for autism itself, medications are often prescribed to help reduce some of the symptoms that may happen with autism. For example, medications may help your child be less active and impulsive, pay attention better, and feel less anxious or depressed.

Other approaches

You may also hear or read about other therapies or treatments, such as those listed below. Though few studies have been done to support these approaches, some people report that they have helped their children. Talk with your doctor or other health care providers before including any of these into your child's overall treatment plan.

- Art, music, dance, and animal therapies aim to help the child manage sensory input, develop coordination, and improve language and communication skills.
- Hydrotherapy (water therapy) or weighted vests or t-shirts also aim to help the child manage sensory input and improve motor skills.
- Vitamin and mineral supplements are sometimes tried to improve brain function, digestion, sleep, and other functions.
- Limiting certain substances in foods (such as gluten) is an attempt to lessen the effects of food allergies or intolerances.

To choose a treatment—or combination of treatments—for your child, learn as much as you can about these and other options. Consider your child's unique sensitivities and behaviors. Stay flexible. You can re-evaluate treatment as you go.

Autism action plan

Here are some steps you can take to make sure you, your family, and your child get the support you need:

- **Learn as much as you can about autism**—and educate your loved ones as well. Begin with the resources listed at the bottom of this page.
- **Build a good care team.** Ask your child's doctor to help you connect with others who can help you and your family manage autism. For example, a case manager or social worker can point you to services and coordinate care. A child psychiatrist may help diagnose and treat your child. Psychologists and therapists can also help determine and deliver treatment.
- **Know your rights.** Your child may need special services at school. Two federal laws outline your child's right to a free and appropriate public education (FAPE) regardless of disability: the Individuals with Disabilities Education Act (IDEA), and Section 504 of the Rehabilitation Act of 1973. Look to the resources on this page to learn more.
- **Develop a treatment plan.** Treatment for autism isn't "one size fits all." With your care team and loved ones, decide on a treatment plan that meets your child's needs AND your family's abilities. Since treatment may involve the whole family, you need to make sure that everyone's on board.
- **Stick to treatment.** Follow through with all aspects of treatment, and give it time to work. But talk to the care team if you don't see good results. You may need to adjust your child's plan.

TO LEARN MORE...

Call the Utah Parent Center, toll-free at 1-800-468-1160. The Center has joined forces with the Autism Society of Utah to offer one-on-one phone help for families touched by autism. Call them for information, support, advice, resources, and more.

On the web, visit www.ihc.com/mentalhealth. IHC's Online Mental Health Center can connect you to many other trusted sources to help you learn about and manage autism.



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