

**Autism**



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# Autism

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## Essentials

- An autistic child should be referred to rehabilitation as early as possible to ensure optimal results.

## General

- Autistic disorders include a group of children's developmental disorders in which the child's social ability to function, and his/her language and play are disproportional to the child's general development and are thus highly abnormal.

## Epidemiology

- Begins at an early age, generally before the age of 3 years.
- Four times more common among boys than among girls
- The prevalence of autism is estimated to be 2–20 cases per 10 000 children. Some autistic characteristics are said to have a 7 times greater prevalence.

## Background

- Autism is biological in origin. There is no known specific causal factor.
- Heredity plays an important role in the appearance of autism.
- In a small group of children, autism is known to be caused by a dysfunction of the brain as a result of, for example, measles during pregnancy, neonatal herpes encephalitis, chromosomal abnormalities, fragile-X syndrome, or a metabolic disease.

## Symptoms

- Symptoms of autism differ, and the condition prevails throughout life, even if its forms change with age.
- In about one third of autistic children there is retardation in the development of speech and language around the age of 1.5–2 years (words that the child had already learnt may be left out of use).
- Deviance in reciprocal social interaction
  - The use of gaze contact, facial expressions and gestures is limited.
  - The child remains to him- or herself in the company of others.
  - Shared attention is minimal or lacking (the child does not follow with the gaze to a pointed direction, e.g. to objects or persons).
  - The child has difficulties in putting him-/herself into another person's position.
  - The child lacks the skill to imitate.
- Underdevelopment in communication and speech
  - No babbling, gesticulation or spoken language, or the spoken language is deviant (e.g. consisting of mechanically repeated stock phrases)
  - Interactive dialogue skills are deficient.
- Significantly limited ability to function and narrowly focused objects of interest
  - Repetitive and stereotyped movements of the body or hands
  - Persistent interest in parts of objects
  - Plays based on imagination and roles are deficient.
  - Notable anxiety due to small changes in the environment
- Other common symptoms
  - Fears, sleeping and eating disorders
  - Fits of rage, aggression or self-destructiveness
- Three out of four autistic children are intellectually retarded.

## Diagnosis

- Based on typical abnormalities in behaviour and a careful clinical examination.

## Differential diagnosis

- Asperger's syndrome (AS)
  - Differs from autism in that intellectual and lingual development usually progress normally in AS even if the child has difficulties in social interaction.
- Rett's syndrome
  - A syndrome with severe symptoms occurring in girls. Caused by a mutation of the MeCP2 gene in the chromosome X. The mutation is found in more than 90% of the patients.
  - On symptom debut the autistic features may be central, and the other symptoms typical for the syndrome are not yet necessarily seen (unsteady motion, appropriate use of hands is retarded, hand mannerisms etc.). However, growth rate of the head circumference is usually decreased already quite early.

- Disintegrative disorder (Heller's disease)
  - An extensive developmental disorder in which a child whose development up to the age of 3–5 years has been normal or almost normal changes rapidly and starts to have neurological symptoms and also symptoms that resemble autism.

## Treatment and rehabilitation

- Purposeful and effective rehabilitation can benefit the child's development as well as the quality of life of both the child and his/her family.
- Every autistic child needs an individual rehabilitation programme; such programmes are the most successful if the families, day-care personnel and therapists collaborate.
- Autistic children need a personal assistant during day care and at school in order to make intensive rehabilitation and education possible.
- Rehabilitation may also include individual or group therapy (e.g. speech/communication therapy, occupational therapy or music therapy; in the therapy, cooperation with the persons close to the child is essential to make it possible to use the acquired skills in different situations and environments).

## The family and the autistic child

- Having an autistic child as a family member consumes a lot of the family's resources because the child cannot be left alone.
- Parents usually feel they get the most help and support from people they are in tight contact with, such as rehabilitation instructors, speech therapists, and occupational therapists.
- Respite care is an important form of support for the family.
- Parent training may provide benefits to both children and parents in the treatment of autism spectrum disorders [\[C\]](#).

## Related resources

- Cochrane reviews [\[1\]](#)
- Other evidence summaries [\[1\]](#)
- Internet resources [\[1\]](#)
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