

Understanding autism

Autism is a neuro-developmental disorder, with onset of symptoms before the age of three. Symptoms include problems with communication, socialisation, and unusual behaviours and interests. There is a range of severity of symptoms and the term 'Autism Spectrum Disorders' (ASD) is increasingly used to recognise this variety. In a national survey in 2007, the prevalence of autism in school aged children was 1 in 160 but since then, Australian and international groups have claimed prevalence rates as high as 1% of young children.

Diagnostic assessment

In children less than six years of age, staged developmental surveillance using a reputable and valid instrument, such as the *Ages and Stages Questionnaire* (ASQ) is recommended, with additional screening for possible autism then undertaken. The ASQ is used by Child Health Nurses in Western Australia.

Sometimes, especially in older children, symptoms may be subtle and possible autism spectrum disorder may not be considered by the doctor. The diagnosis of ASD in children and young people with subtle symptoms is sometimes regarded with controversy.

The increasing diagnostic rates of ASD have led to examination of diverse environmental factors such as vaccination, mercury exposure and television viewing. It has also prompted cynicism by some who believe that the diagnostic process is influenced by the availability of public health programs and educational assistance for children who reach the criteria for diagnosis.

In Western Australia, it is recommended that the diagnostic assessment is undertaken by a multi-disciplinary team consisting of paediatrician or psychiatrist, plus a psychologist and a speech pathologist. Wait lists in the public sector are long. The diagnostic team must

Checklist for Further Evaluation possible ASD

Communication delay – think of speech and those non-verbal things we do! The main early indicators that need further evaluation are:

- Not turning to name-call at 12 months
- No single words by 16 months
- Not pointing with an index finger by 18 months
- No word combinations by 24 months
- Regression or loss of language at any age

Persistent difficulties in socialisation that need further evaluation

- Poor repertoire of play
- Poor development of friendships or disinterest in friendships

Persistent restricted interests and repetitive behaviours

- Hand flapping, finger flicking, toe walking
- Sensory sensitivities – taste, touch, smell, hearing, vision
- Lining up toys, interest in parts of objects rather than whole or function of object
- Odd rituals and routines – dressing, eating, family activities

consider the criteria for the diagnosis in relation to the child's general development and consider whether other diagnoses are more appropriate.

Cause and contributing factors

For most children with autism, the underlying biological cause of the disorder is unknown. In general, it is believed there is genetic predisposition to the disorder, but there may be important environmental factors for many children.



Usually, the physician will consider major contributing biological factors, such as known chromosomal, genetic or metabolic disorders (Fragile X syndrome, tuberous sclerosis, phenylketonuria, etc.) and potentially treatable factors such as hearing or vision loss.

Although the behaviours associated with autism have their origin in central nervous system development, many children with autism have difficulties in a number of other body systems, particularly sleep onset and wakening, food preferences and avoidances, and gastrointestinal function. These difficulties contribute to the family stress of having a child with autism.

Getting assistance

Children less than six years of age can access federal and state funds to provide early intervention services. There are three state-endorsed service providers, and more than 10 federal-endorsed providers.

Whilst there has been improved funding for these services, it is often difficult for families to negotiate the complexity of federal and state systems.

The Federal Autism Initiative (FAI) introduced several new Medicare Item numbers for psychiatrists, paediatricians, psychologists and other therapists, and this particular program is extended for children diagnosed before the age of 13 years. The FAI has also provided subsidised specialist day care, play groups, and training programs for parents and teachers. Families are eligible to receive the Carer's Allowance, accessed through Centrelink.



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The Autism Advisor program, contracted through the Autism Association of WA, can assist parents in negotiating some of these matters.

Prognosis and interventions

Before four years of age, it is difficult to give accurate prognostic outcomes to parents. Adverse outcomes after the age of six include no or little functional speech, intellectual handicap and poor family functioning.

Early intervention services can lead to dramatic improvements for many children. For some children, although these services are helpful, the child may still have significant developmental problems at school entry.

Additional therapy services after this time can lead to further gains. These target the main difficulties of communication, socialisation, and unusual behaviours and interests. Sometimes there are extremely distressing behaviours of irritability, screaming, aggression and self-injury.

In adolescence, there may be further complications for children with autism. Up to 25% of children will develop a seizure disorder. Adolescents also have a high rate of mental health difficulties, including various anxiety disorders, depression and catatonia.

Although there is a great variety in functional outcomes, young adults with autism may require other supportive services. These services may include recreational, vocational, respite and accommodation.

Important resources:

Parenting Research Centre www.parentingrc.org.au. Very good online resource for professionals and parents. *Covers autism and other developmental difficulties, with good links.*

Autism Association of WA www.autism.org.au
Reputable overview of symptoms and services. ■

Main Points:

- Developmental surveillance of young children should be embedded in medical practise.
- Autism should be considered in children who have developmental or behavioural problems.
- Autism is a stressful disorder for families, so be supportive!
- Behavioural treatments and other therapies improve outcomes for children with autism.
- Medication is reserved for children with autism who have significant behavioural problems that are refractory to behavioural and other therapies