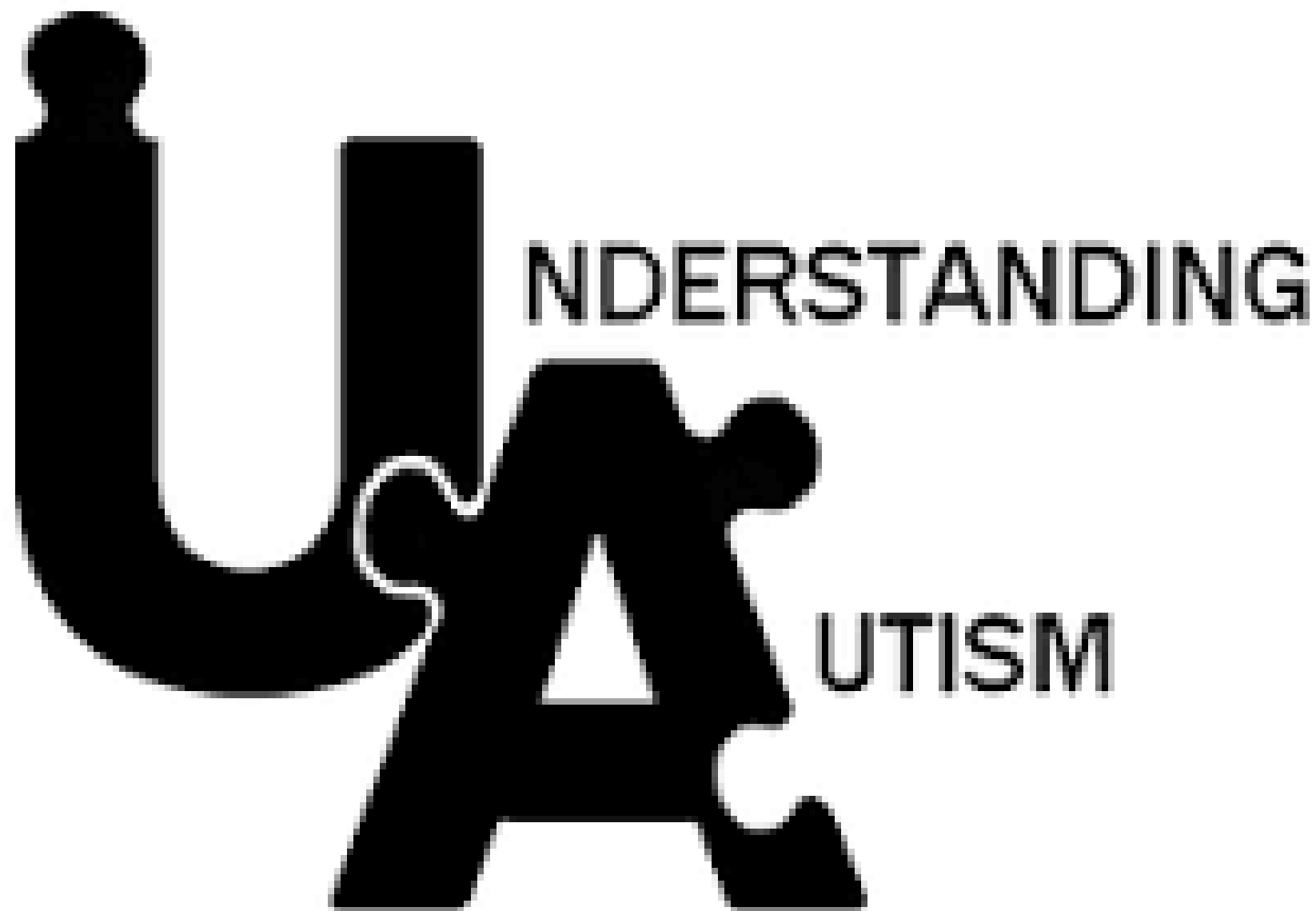




AUTISM

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INSIDE THE AUTISTIC MIND

MIND THE GAP

Things go wrong with the way brain cells 'talk' to each other across tiny gaps called synapse



NOT IN SYNC

When the brain processes information, some signals are just noise. An autistic brain finds it difficult to distinguish vital signals from noise.



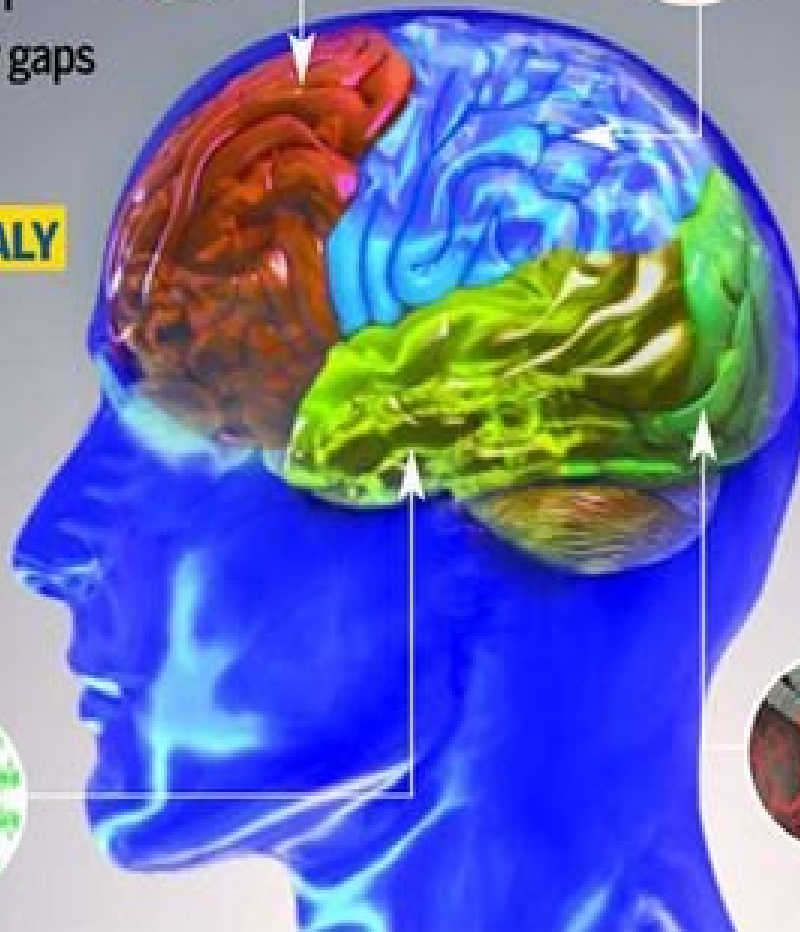
AUTISM ANOMALY

Found in frontal lobe (planning), amygdala (emotion) and hippocampus (learning)



FRAGILE GENES

Genetic mutation in X chromosome, a common cause. Explains why autism tends to run in families.



Autism is a neurological / biological disorder not a psychological or emotional disorder.

The features, abilities and severity of symptoms vary considerably among people with autism.

Autism spectrum disorder:

Are life - long neurodevelopment disabilities with onset before 36 month.

The term spectrum: refers to wide range of symptoms, skills & levels.

Often parents are the first to notice that their child is showing unusual behavior as falling to make eye contact, not responding to his or her name or playing toys in unusual repetitive ways.

Sometime ASD

**Diagnosed later in life , often in
relation to learning, social , or
emotional difficult**

Risk factors: low Q. of evidence

That are clinically and statistically important:

A sibling with autism.

Parental history of schizopheno- like psychosis.

Parental history of affection disorder

Parental history of another mentioned or behavior.

Maternal age > 40 y.

Parental age 40-49 ASD

Birth wt < 2500 gm.

Prematurity under 35 wks.

Admission to neonatal care unit.

Presence of birth defect.

Male gender.

Residing in a capital city.

Current Concept of Autism

1. Behavioral disorder/syndrome
2. Multiple etiologies: genetic and environmental
3. Lifelong disorder
 - Different appearance (e.g., peer interactions change throughout life)
 - Importance of early diagnosis
 - Need for sustained support
4. Selective or greater impairment in social interaction
5. Common use of Autism Spectrum Disorder, including Autistic Disorder and PDD-NOS

no reaction



DSM-5: The New Criteria

Currently, or by history, must meet criteria A, B, C, and D

A. Persistent deficits in social communication and social interaction across contexts, not accounted for by general developmental delays, and manifest by all 3 of the following:

- 1. Deficits in social-emotional reciprocity**
- 2. Deficits in nonverbal communicative behaviors used for social interaction**
- 3. Deficits in developing and maintaining relationships**

B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following:

- 1. Stereotyped or repetitive speech, motor movements, or use of objects**
- 2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change**
- 3. Highly restricted, fixated interests that are abnormal in intensity or focus**
- 4. Hyper-or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment;**

C. Symptoms must be present in early childhood (but may not become fully manifest until social demands exceed limited capacities)

D. Symptoms together limit and impair everyday functioning.

Other issues that often accompany autism:

Seizure disorder.

Tic disorder.

Poor nutrition.

GI disorder.

Mental H. disorders. Anxiety , depression
mood disorder.

Sleep problems.

High rates of accidents & injuries.



**April is
Autism
Awareness
Month**

World Autism Awareness Week

2nd-8th April

A graphic of a globe centered on the Americas, with a dense crowd of diverse people standing on the landmasses. The globe is surrounded by the text 'World Autism Awareness Week' in a large, red, stylized font with a white outline. The dates '2nd-8th April' are written in a smaller, red, stylized font with a white outline across the center of the globe.



APRIL 2nd
is
WORLD
AUTISM
AWARENESS
DAY

Treatment

Goal :

maximize child's ability to function by reducing ASD symptoms and supporting development and learning.

**No cure exists for
ASD, there is no one
size fits all treatment.**

Treatment options

Behavior & communication therapies.

Education therapies:

Family therapy.

Medication.

Family therapy

Parents and other family members can learn how to play and interact with their children in ways that promote social interaction skills, manage problem behavior and teach daily living skills and communication.

Medications

No medication can improve core sign of ASD.

certain medications can help control symptoms,

- e.g. antidepressant for anxiety

- Antipsychotic for severe behavioral problems.

- Medication for hyper activity.

Managing other medical condition as

Epilepsy.

Sleep disorders.

Limited food preferences

Stomach problems.

