

What is autism? By Zoe Connor, 2006

Autistic spectrum disorders (ASD), also known as autism spectrum disorders, autistic spectrum conditions or pervasive developmental disorders (PDD) are a range of complex lifelong developmental disabilities that affect the way a person communicates and relates to people around them.

ASD is a common disorder occurring in at least 60 in every 10,000 children under 8 years old, with boys up to 4 times more affected than girls

ASD is an umbrella term for a spectrum of 3 more common diagnoses – Autism (also known as classic autism and Kanner’s autism) – Pervasive Development Disorder Not Otherwise Specified (PDD-NOS) (sometimes known as atypical autism) – Asperger’s syndrome and 2 rarer conditions - Rett Syndrome, which affects primarily girls - Childhood Disintegrative Disorder (CDD) which is characterised by ‘normal’ development of communication and social relationship skills until at least the age of two followed by regression to display severely autistic characteristics.

Individuals with ASD have three main areas of difficulty, known as the ‘triad of impairments’:

- social interaction (difficulty with social relationships e.g. appearing aloof and indifferent to other people and difficulty with understanding others' viewpoints and intentions)
- social communication (difficulty with verbal and non-verbal communication)
- imagination (difficulty with interpersonal play and imagination e.g. having a limited range of imaginative activities, possibly copied and pursued rigidly and repetitively).

As a crude generalisation, children with Asperger’s have developed speech by the age of 3, autism is often seen as the more severe end of the spectrum with PDDNOS falling in between the two.

ASD is a lifelong developmental disability; children with the condition grow up into adults with the condition. However, with appropriate intervention early in life, specialised education and structured support, a child can be helped to maximise their skills and achieve their full potential as adults. Many individuals can get to the point where they will ‘function normally’ socially.

Medical treatment is usually focussed on managing common co-morbidities such as ADHD, anxiety, or epilepsy. Treatment for the traits of ASD is often focussed on the early implementation of education and behaviour interventions, where these services are available. These interventions focus on teaching the individual (or helping parents to teach the individual) with ASD the appropriate responses to social situations they struggle with, and also focus on developing communication methods.

Strategies commonly advocated to help individuals with ASD are:

- Creating a structured routine (which reduces the anxiety a person with ASD may feel at the unpredictable environment around them)
- Care with use of verbal communication. People with ASD are likely to take things very literally, and so may misunderstand idioms (e.g. “I’ll be back in a second”, “eating that will

put hairs on your chest"). It is recommended to use simple language and positive commands rather than negative (e.g. "sit down there" rather than "don't stand over there")

- Using visual tools to complement any verbal instructions, for example - signing, the use of objects or (commonly) the use of picture cards

EarlyBird is a programme developed by the National Autistic Society and is available on the NHS in some areas of the UK. It is a three-month programme run by licensed professionals which combines group training sessions for parents or pre-school children and individual home visits.

There are many different programmes of intervention available privately. These include Applied Behavioural Analysis (ABA), Lovaas, The Hanen programme, The Sonrise programme, Options, Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH).

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*For the most up to date government advice on healthy eating at any age check out:
<http://www.nhs.uk/Livewell/Goodfood/Pages/Healthyeating.aspx> or google nhs eatwell*