



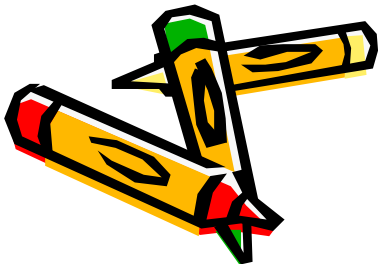
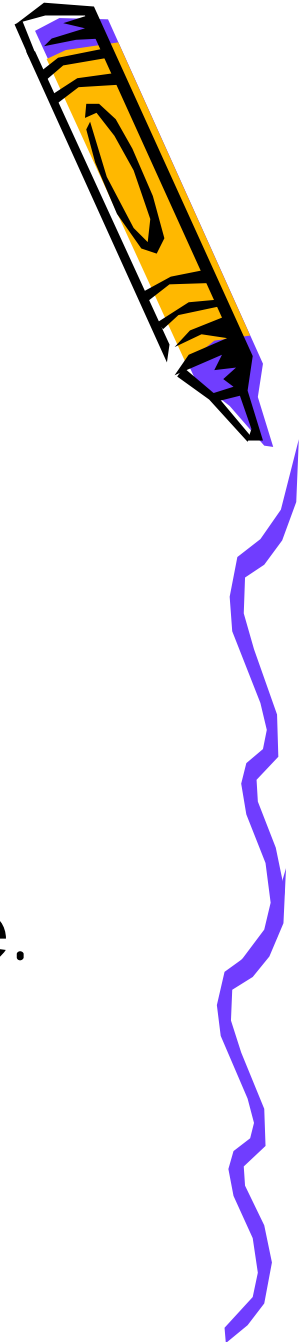
AUTISTIC SPECTRUM DISORDER - WHAT DO G.P.'S NEED TO KNOW?

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Community Child Health



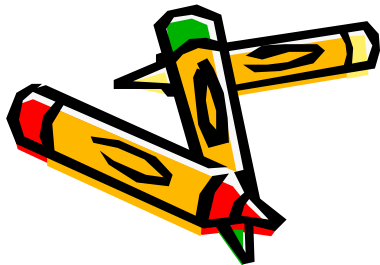
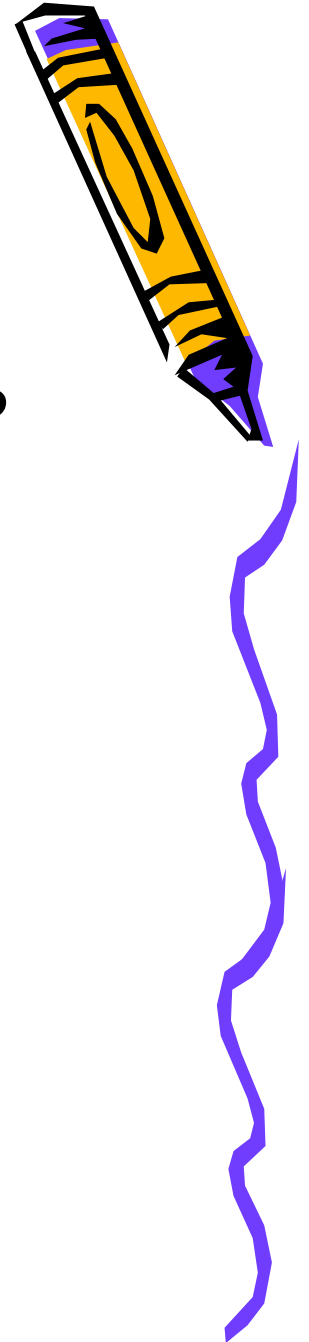
WHY IS DIAGNOSING AND MANAGING ASD A CHALLENGE?

- Vast increase in referrals
- No biological markers
- Genetics still poorly understood.
- Screening problematic
- Emerging clinical picture over time.
- No miracle cure



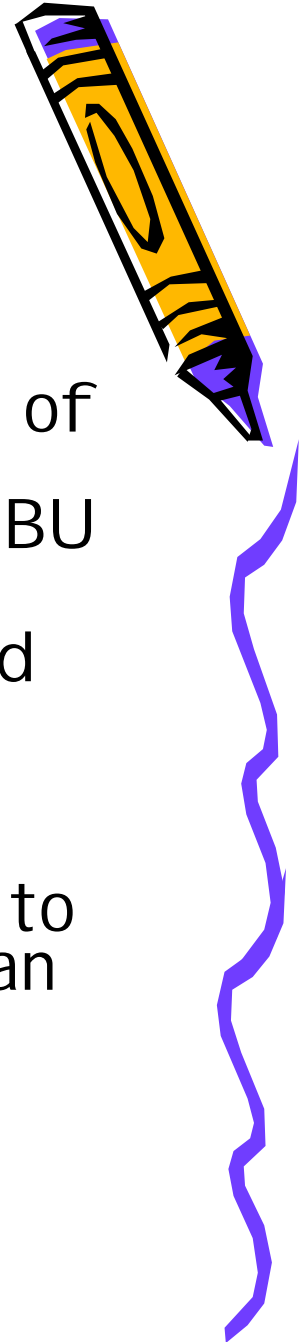
THREE KEY QUESTIONS

- Doctor does my child have autism?
- Doctor they think my child has autism . I am worried.
- Doctor my child can't sleep/ he is aggressive.

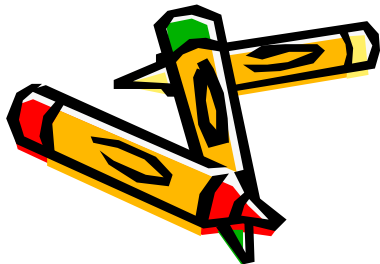
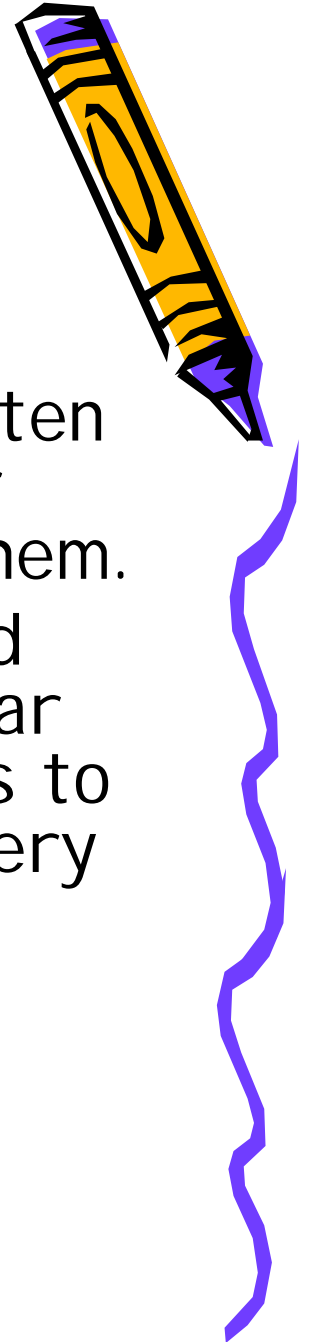


CASE HISTORY

- Seen first at the age of 2 ½ with concerns of speech delay. Born at 38 weeks ,3.44 Kg. Mother had gestational diabetes and in SCBU as low blood sugars and mild jaundice.
- Upto the age of 1 year no concerns. Walked 10/12.
- At around 2 years- significant delay in speech- no words. Limited gestures and no pointing. Makes humming noises from time to time. Unable to follow simple commands. Can respond to name.

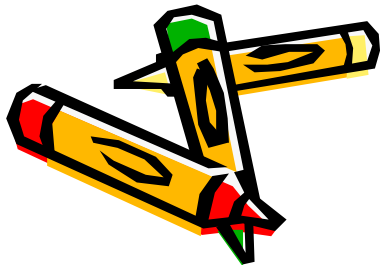
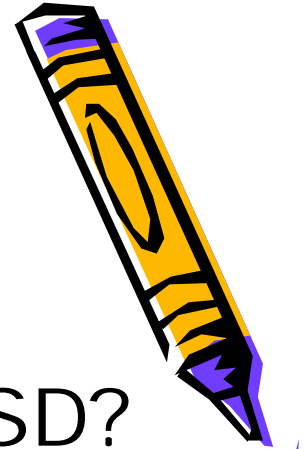


- Limited interest in playing with toys . Often likes to go to his own corner. Has 3 older brothers and comfortable playing with them.
- Has repetitive behaviours- walking up and down the room. Obsessed with a particular blanket which he carries with him. Wants to sit down in the same place at table and very fussy about what he eats. Dislikes tight clothes and going under the shower.



Doctor does my child have autism?

- What are the core impairments in ASD?
- What are the key early signs of ASD?
- What alternative conditions do you need to consider?
- What pathway can you refer this child too for further work up?



ASD- Triad

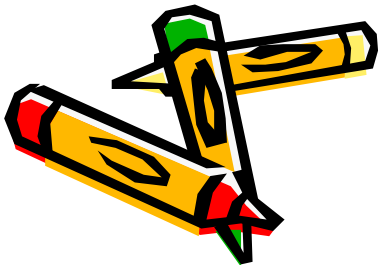
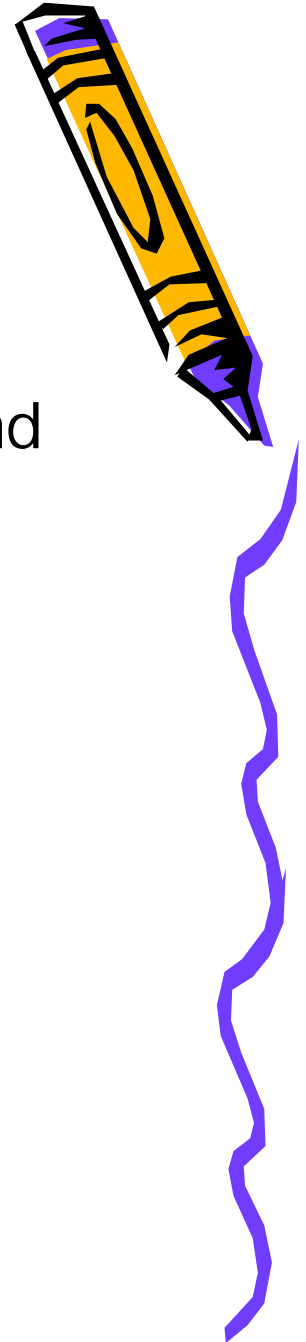
- Social Skills Deficits
- Communication Deficits
- Restricted, Repetitive and Stereotyped patterns of Behaviour, Interests and Activities
- Sensory -Motor symptoms



Social Skills Deficits-

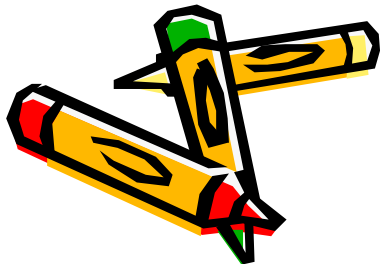
Lack of inherent drive to connect with others and share complimentary feelings states

- Do not appear to seek connectedness
- Content to be alone
- Ignore their parents bids for attention
- *Seldom make eye contact or bid for other's attention with gestures or vocalisations*
- Later- Difficulty sharing/few if any friends



Joint Attention

- Deficits in JA seem to be one of the most distinguishing characteristics of very young children with ASD
- JA- A normal spontaneously occurring behaviour whereby the infant shows enjoyment in sharing an object (or event) with another person by looking back and forth between them. Later use gestures and speech



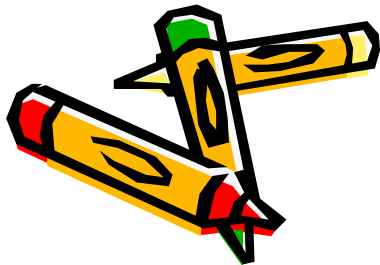
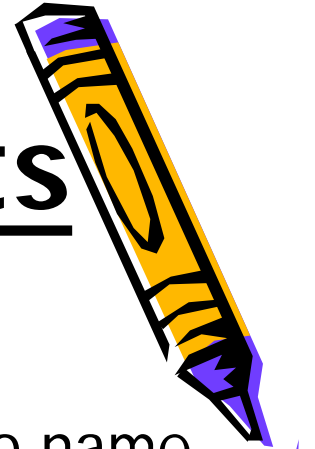
Joint Attention-Developmental approach

- Joyous smiling in recognition of and response to a parent's smiles and vocalisations.
- 8/12 follow parents gaze and look in the same direction when a parent looks away.
- 10-12 /12- Follow a point
- 12-14 /12- child begins to initiate a point- Proto imperative pointing- to request an object.
- 14-16/12- Proto declarative pointing- point to share or comment about an interesting object/event - look at adult and share the experience
- ***Absence of pointing***

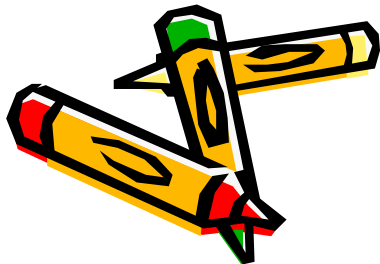
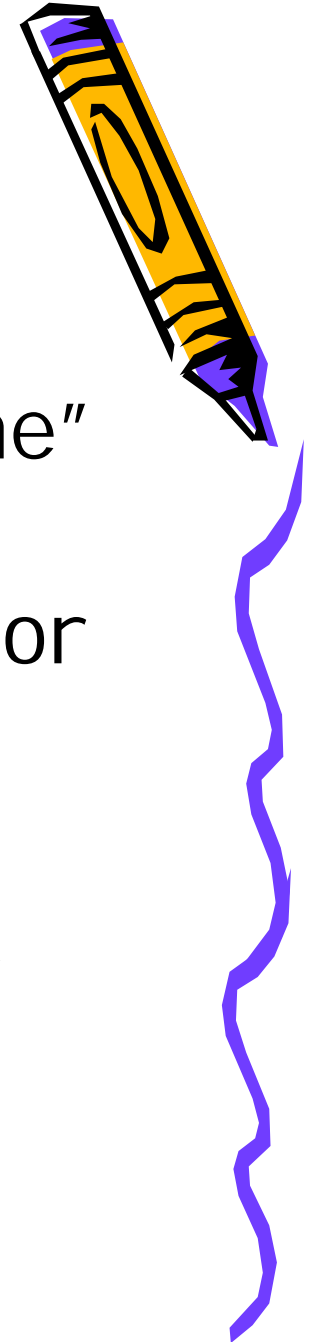


Communication Deficits

- Delayed onset of babbling past 9 months
- Disregard for vocalisations (lack of response to name) but keen awareness of environmental sounds
- ***Lack of Speech (less than 10 words by 2 years)***
- ***Regression in or loss of use of speech (gen 15-24/12)***
- Echolalic
- Monotonous
- Verbal chunks from nursery rhythms /TV
- Pop up words- without any apparent stimulus or communicative intent-(disappear after a time)

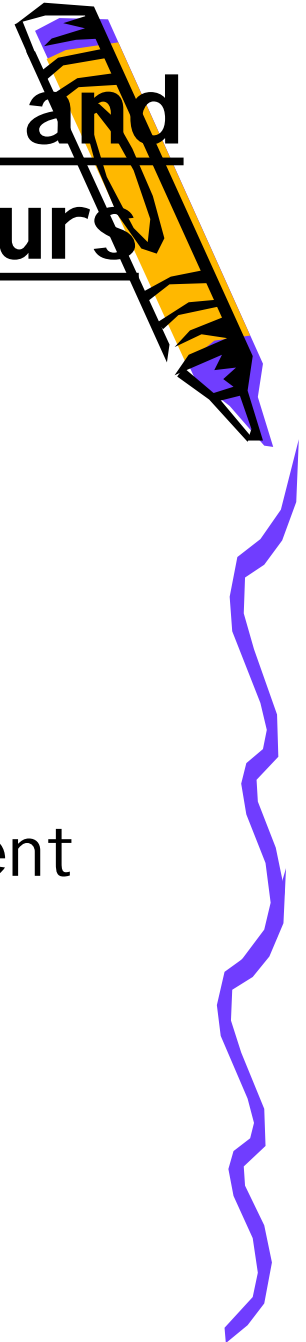
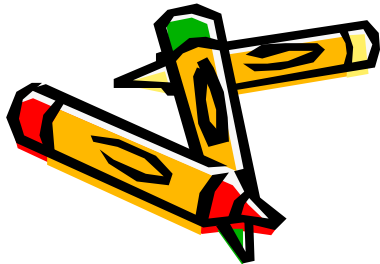


- Refers to self as "you", "she", or "he" beyond 3 years
- Unusual vocabulary for child's age or social group
- Limited use of language for communication or tendency to talk freely only about specific topics



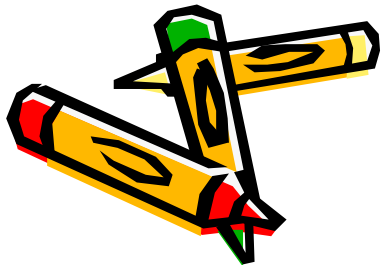
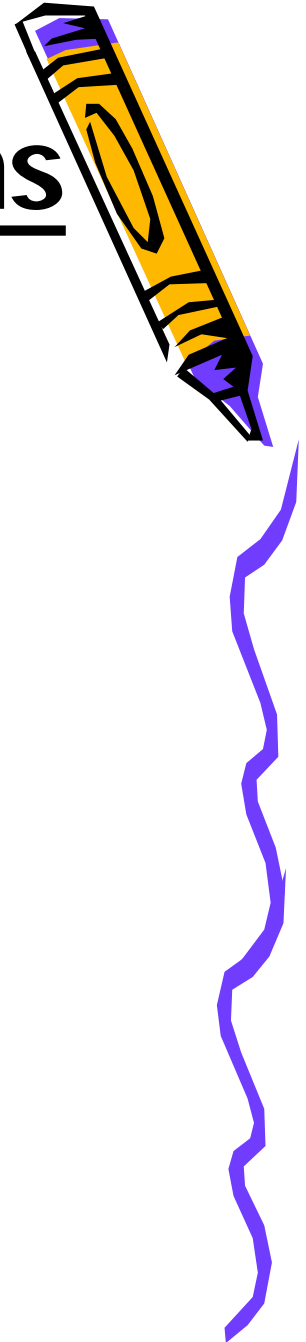
Unusual or restricted interests and or rigid and repetitive behaviours

- Ritualistic play-interested in parts of an object rather than whole eg cars, crayons, bricks
- Delayed or no pretend play
- Stereotypies-finger flicking, unusual eye gazing, habitual toe walking and /or persistent sniffing and licking of non food items (gen does not appear until after 3 years)
- Difficulty changing routine



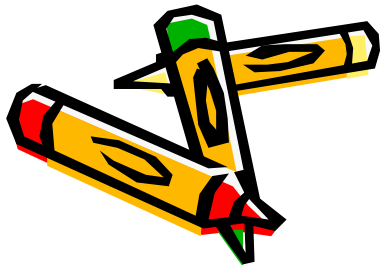
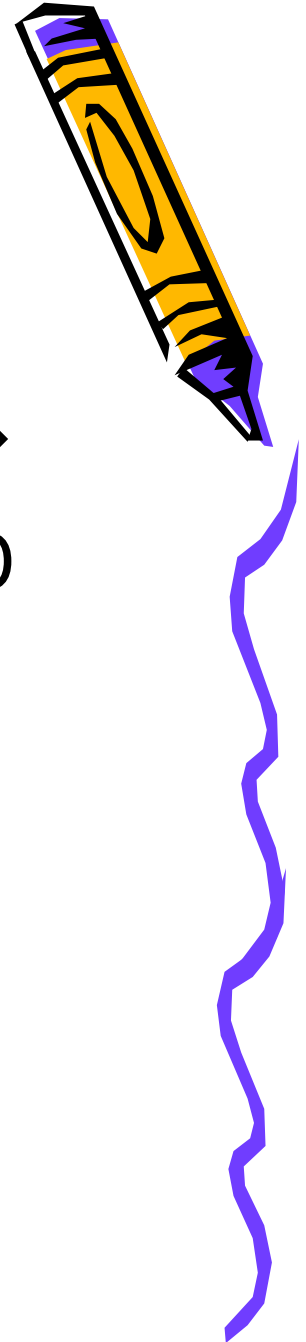
Sensory motor symptoms

- Hyperaccusis
- Other sensory issues- hair cuts, showering
- Food fads
- Motor coordination issues



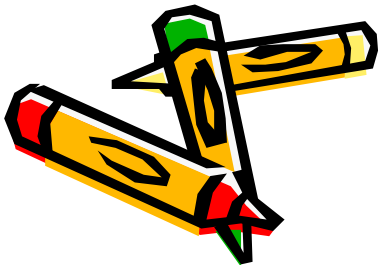
EARLY DIAGNOSIS.

- SOCIAL -----→LANGUAGE-----→
- REPETITIVE AND STEREOTYPED BEHAVIOURS



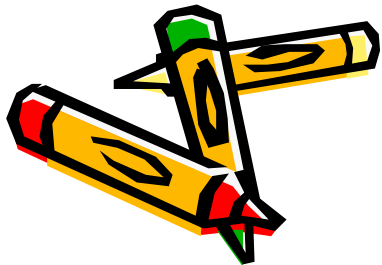
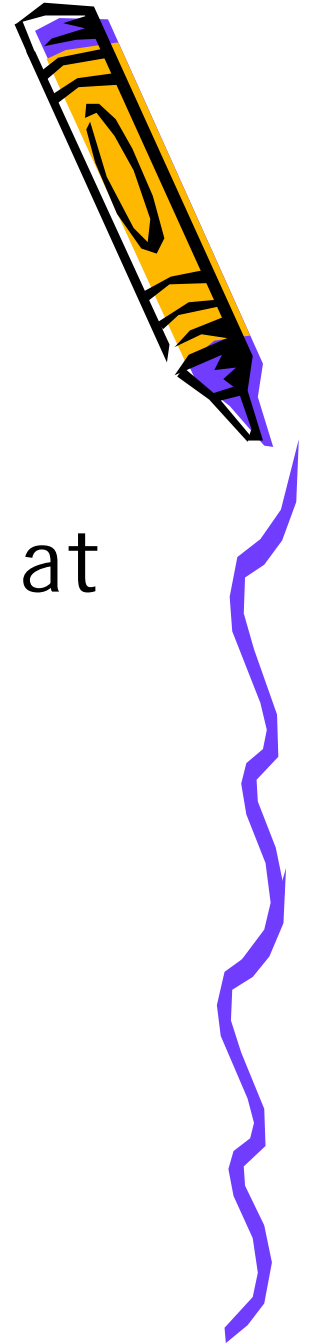
Challenges in Diagnosis

- Wide heterogeneity of features in the individual child- SPECTRUM
- Emerging clinical picture over time
- No pathognomonic features- some red flags



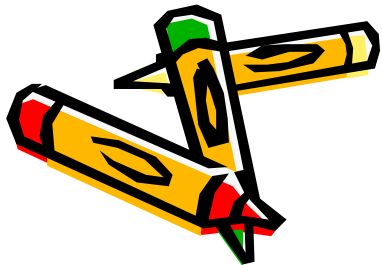
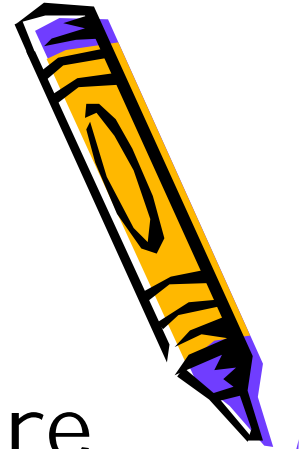
ASPERGER SYNDROME.

- PRESENTATION VARIABLE
- Symptoms by 3-4 years-diagnosed at school age.
- ADHD→DAMP→Asperger.
- Classic autism-→Asperger.
- Autistic→Asperger→DAMP



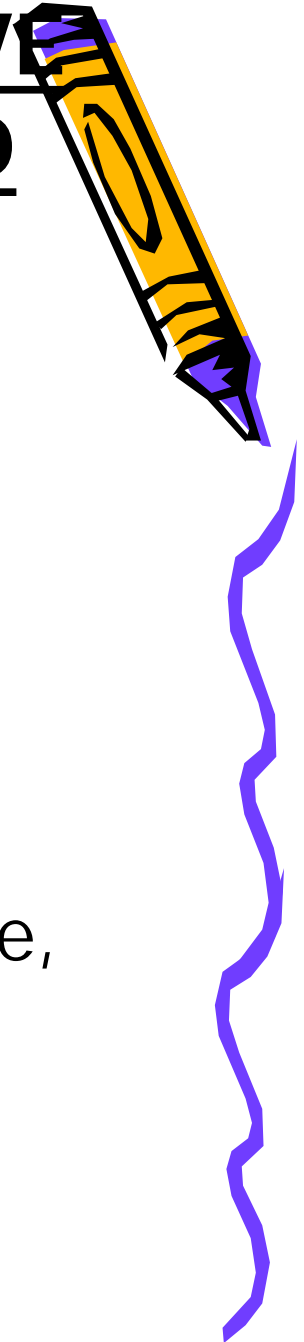
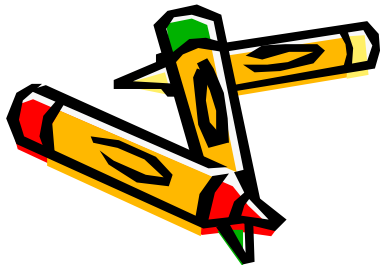
ABSOLUTE INDICATIONS FOR REFERRAL-

- No babble, pointing or other gesture by 12 months
- No single words by 18 months
- No 2 word spontaneous (Non-Echoed) phrases by 24 months
- Any loss of any language or social skills at any age



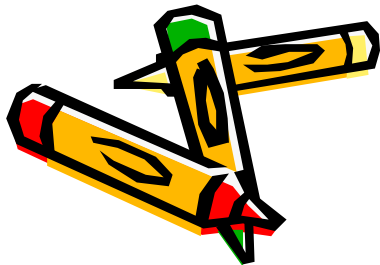
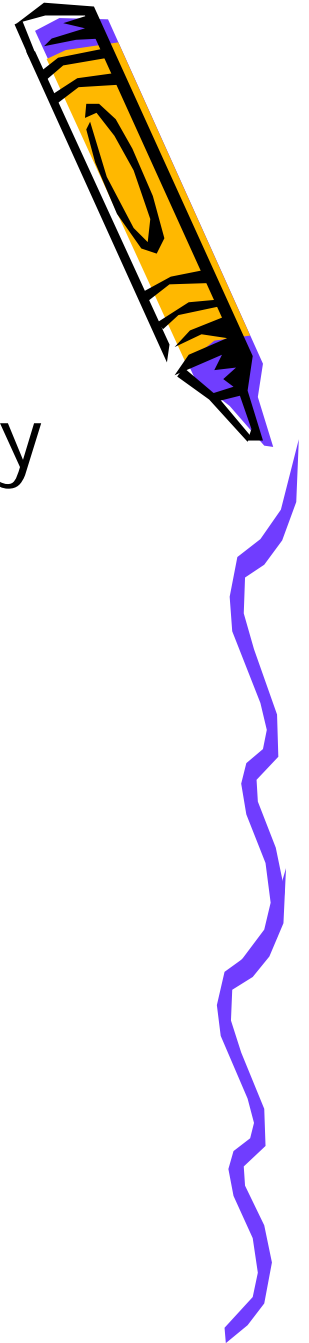
WHAT ARE THE ALTERNATIVE CONDITIONS YOU NEED TO CONSIDER?

- Learning difficulties leading to social immaturity.
- Dyspraxia leading to invasion of other people's space.
- Shyness leading to social awkwardness.
- Conduct disorder, ADHD, bullying, abuse, depression which may lead to abnormal social relationships.

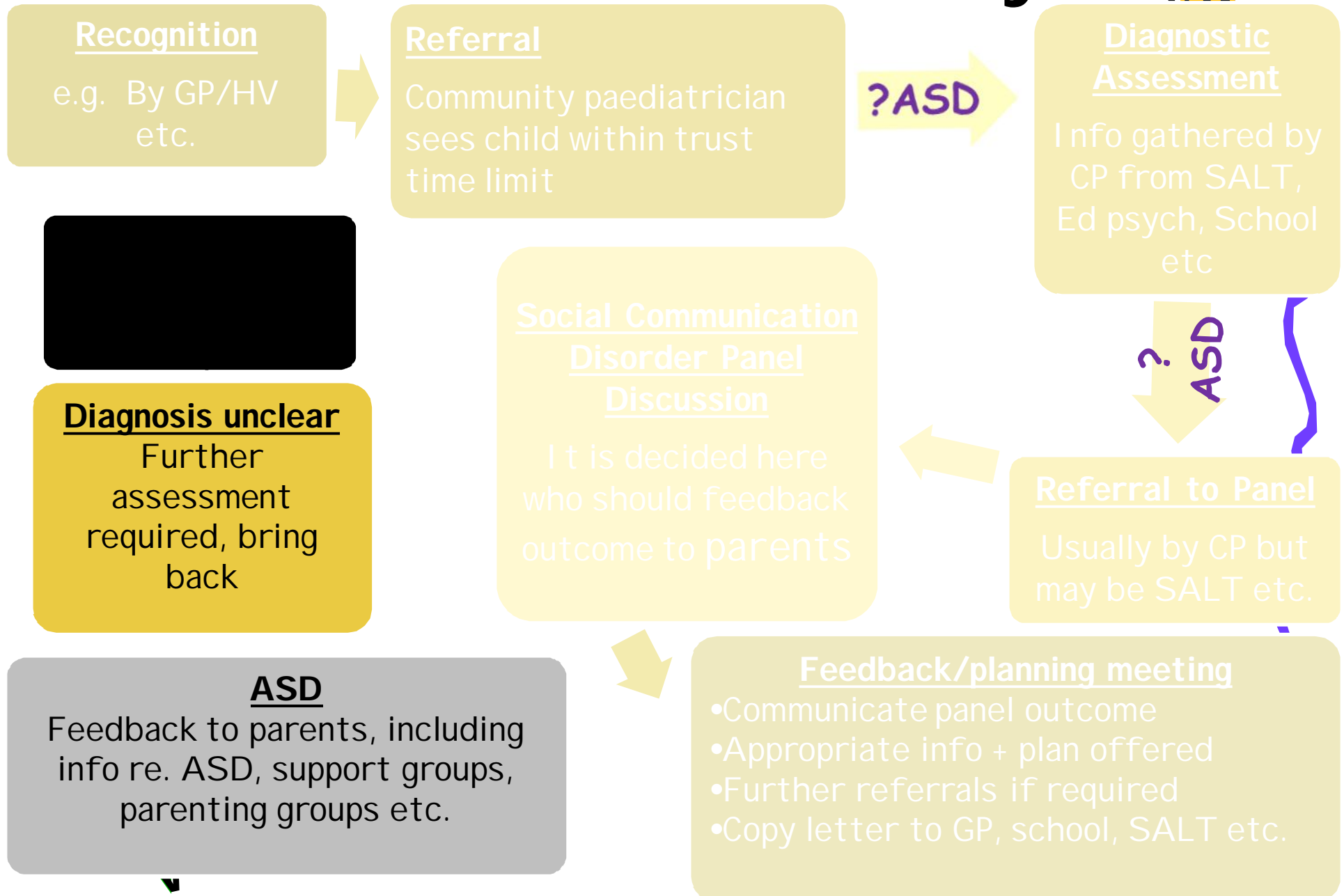


WHAT PATHWAYS TO REFER?

- I identify local provision- Community Paediatrics or CAMHS.
- Pre School vs School aged assessments. I e. CDC or school based. .

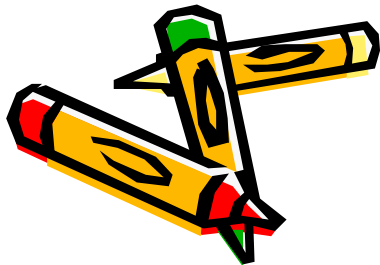


Local ASD Pathway



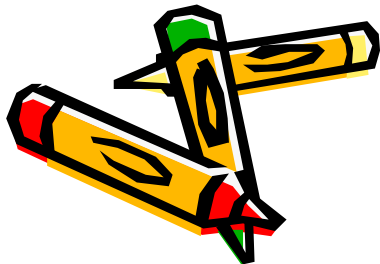
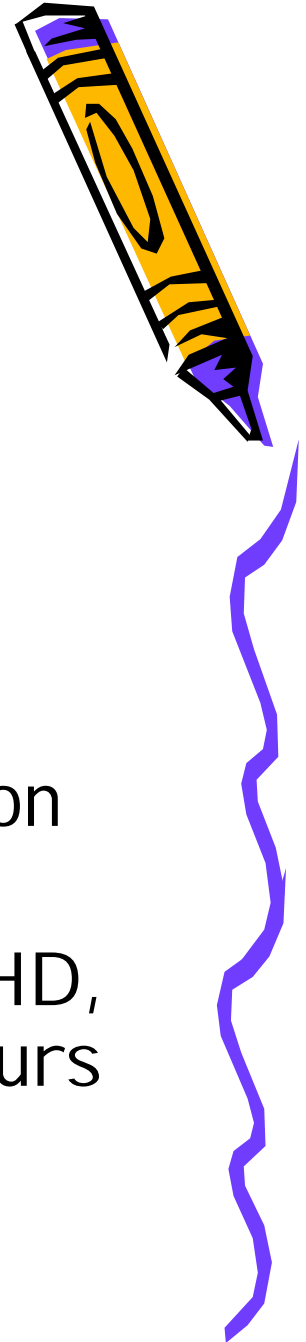
DOCTOR THEY THINK MY CHILD HAS AUTISM. I AM WORRIED

- Is there a treatment?
- What are the advantages /disadvantages of a diagnostic label?.
- What is the prognosis ?



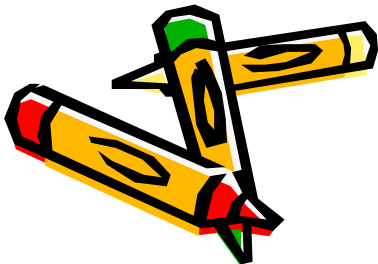
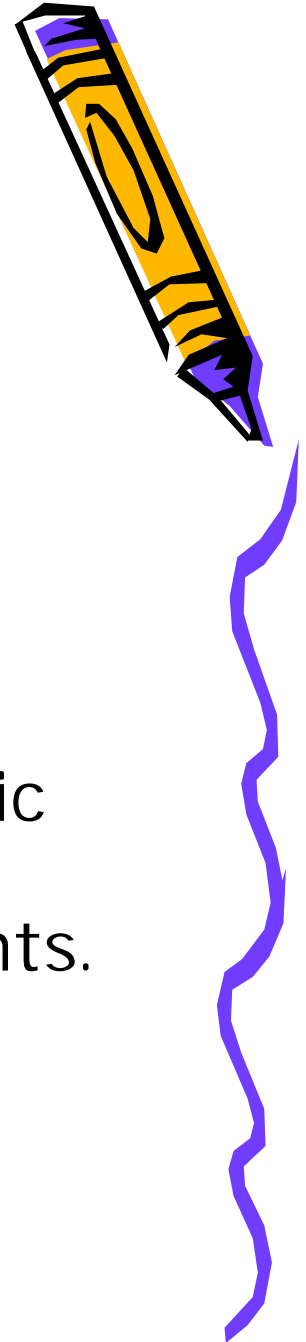
IS THERE A TREATMENT?

- Parent awareness of ASD .
- Help in behaviour management.
- Help in communication.
- No robust evidence that nutritional supplements or gluten or casein exclusion diets are effective.
- Medication- for a comorbidities ie. ADHD, depression/anxiety, aggressive behaviours



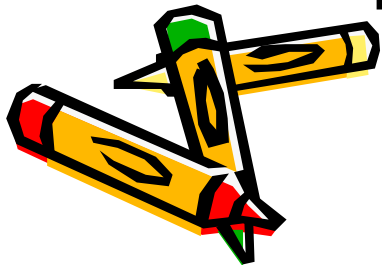
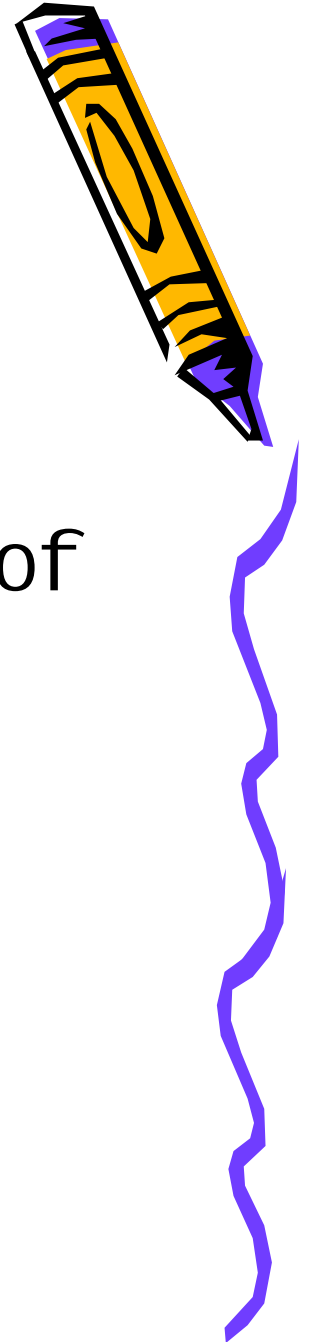
WHAT ARE THE ADVANTAGES / DISADVANTAGES OF A DIAGNOSTIC LABEL

- ADVANTAGES-
- Change attitude towards child positively (more understanding and appropriate responses)
- Mobilize resources.
- Indicates types of management for specific problems.
- Gives an explanation to the child and parents.
- Gives access to support networks



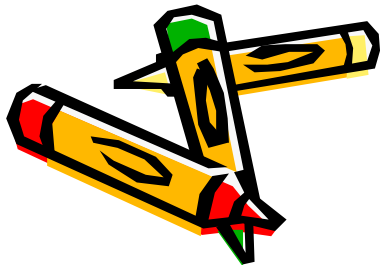
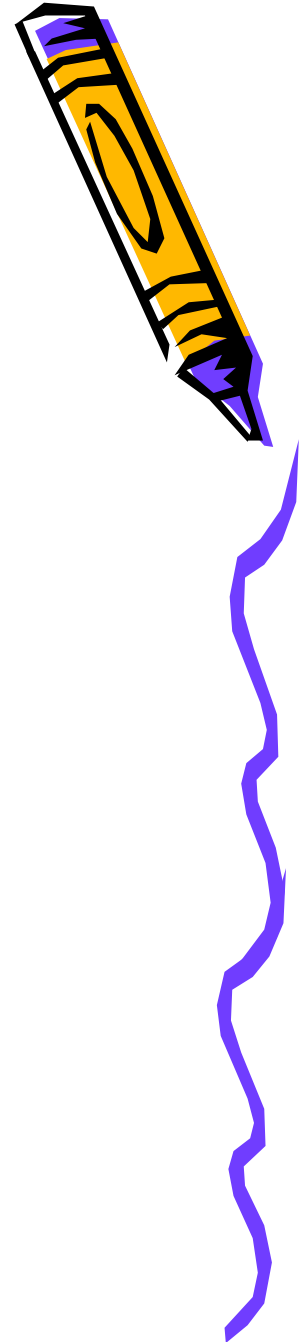
- **DISADVANTAGES**

- Changes attitude towards the child negatively (inappropriate lowering of expectations, assumptions of what diagnosis means)
- A label for life.
- The label may need to change with the passage of time.



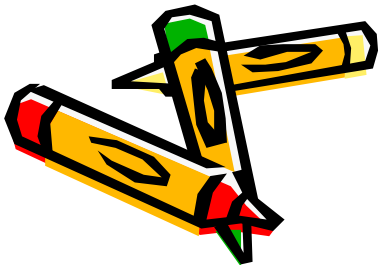
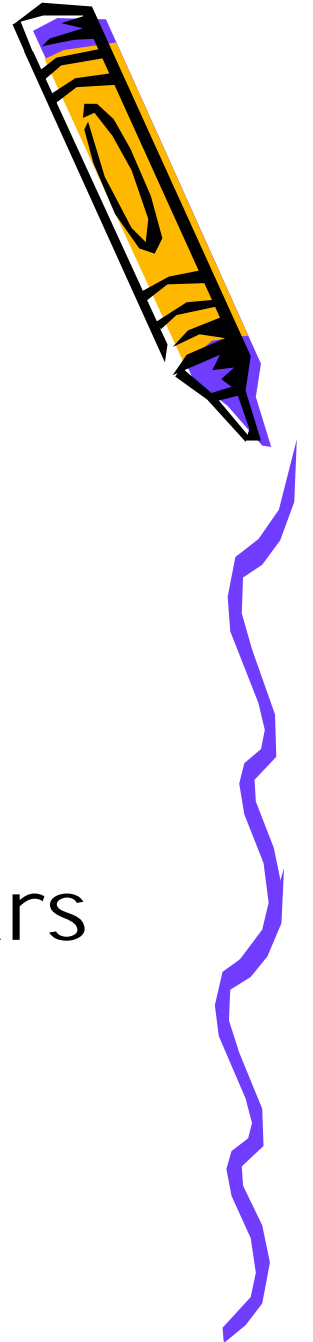
COMORBIDITY

- ADHD
- DAMP(Deficit in Attention, Motor control and Perception).
- Anxiety/OCD
- Depression
- Tics/Tourettes

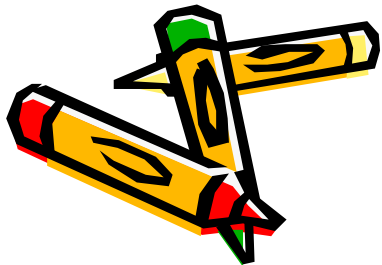
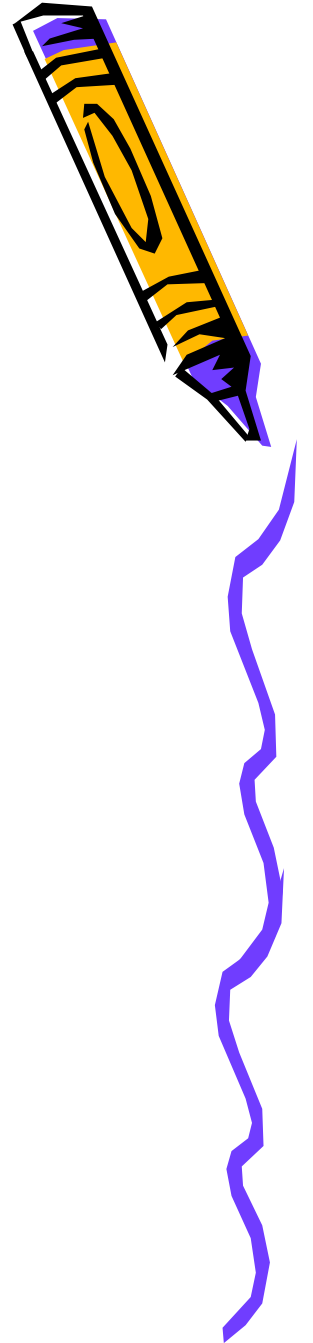


PROGNOSIS

- Difficult to predict in children < 3years
- Poorer outcomes when
- Lack of JA by 4 years
- Lack of functional speech by 5 years
- Severe learning difficulties

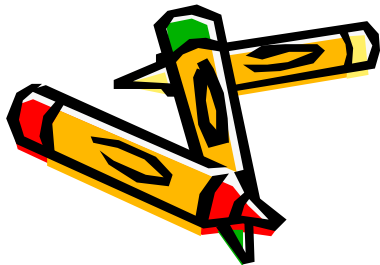
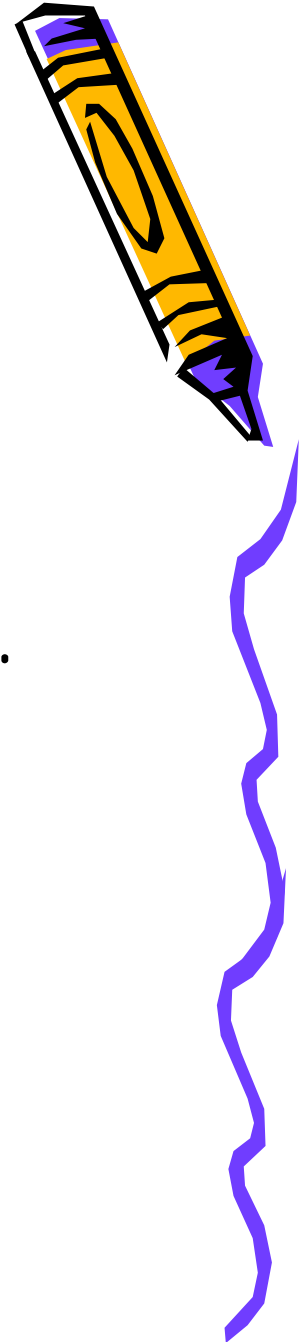


DOCTOR MY CHILD CAN'T
SLEEP/HE IS AGGRESSIVE



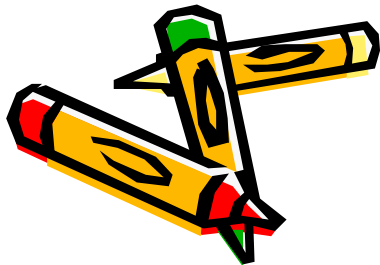
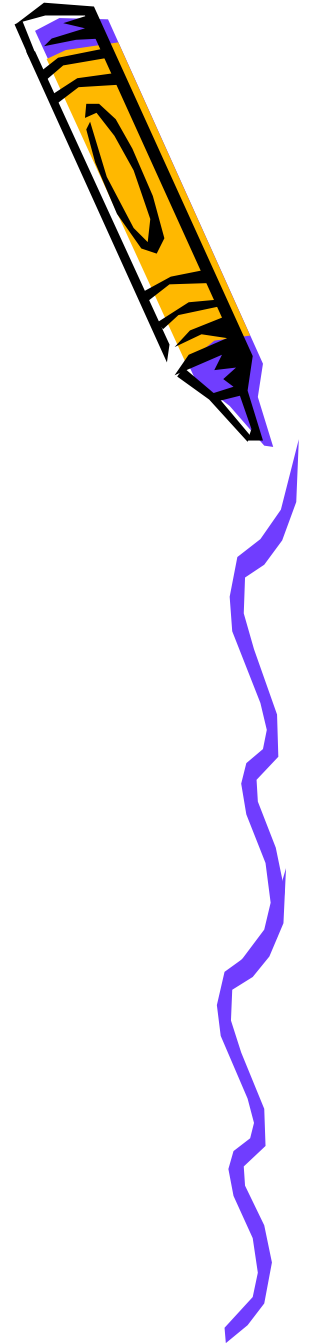
What do we need to consider with challenging behaviours/aggression

- Pain- toothache, ear ache. Reflux, abd. pain
- Frustration- communication issues.
- Loss of sleep.
- Environmental-
- Child abuse.
- Mood disorder



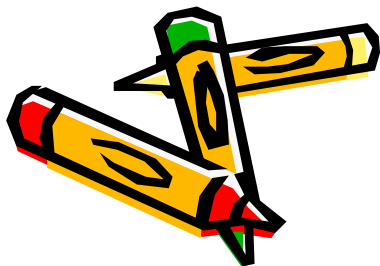
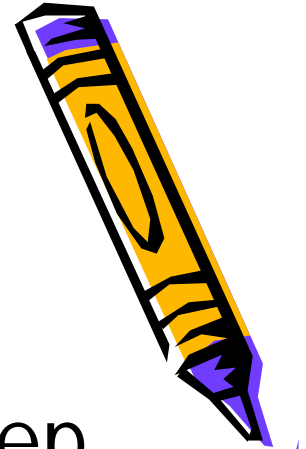
What do we need to consider if child has sleep problems?

- Check on sleep routines.
- Consider OSA.



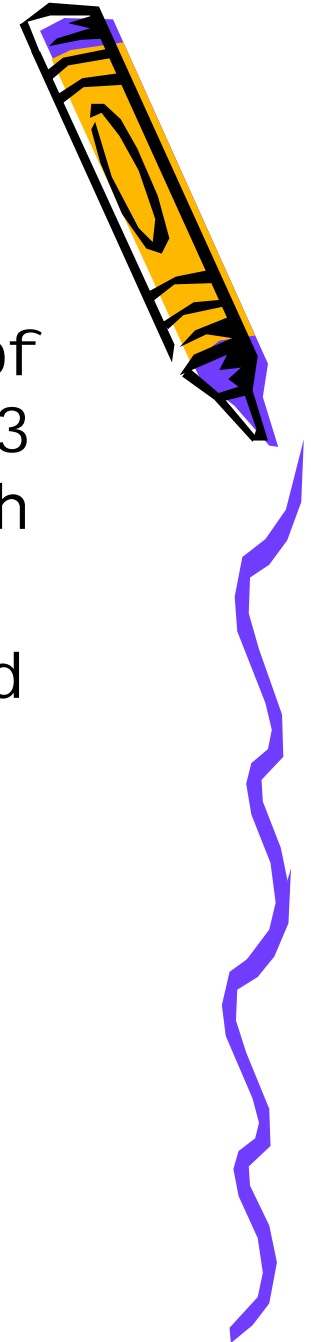
MELATONIN

- Melatonin is useful in managing sleep issues in ASD
- (Ref- Melatonin:help to MEND impaired sleep- Appleton and Gringras Arch Dis Child 2013 98 216-17)



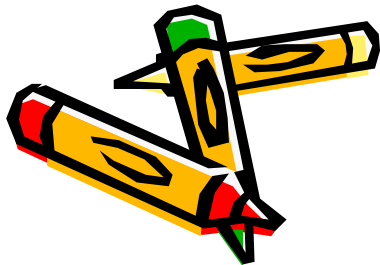
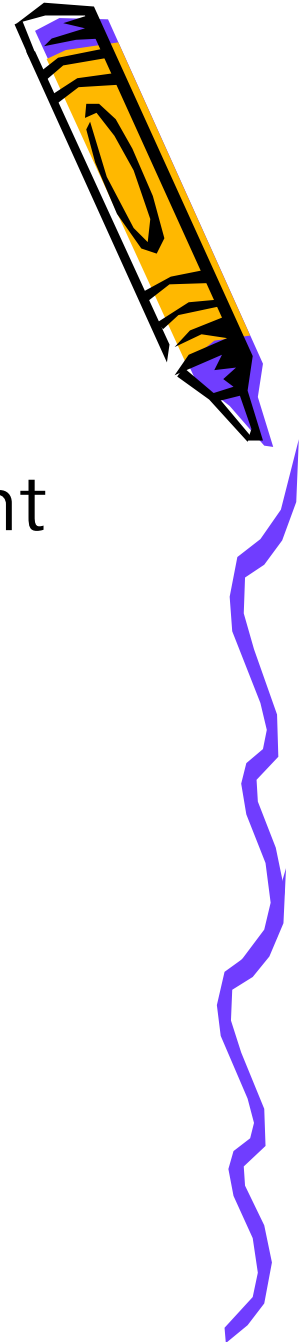
MELATONIN

- Scenario- Sleep problems found in over 53% of over 300 children with ASD cf 44% of over 63 children with DD and 33% of 163 children with normal dev.
- Useful to ***decrease sleep latency*** (34 min) and increased total sleep time (50 min mean)
- Dosages- 0.5mg to 12 mg.
- Generally need long term.
- S.E. rare
- Slow acting vs Long acting



SUMMARY

- Autism is a spectrum disorder and can present at different ages with different degrees of severity.
- There needs to be a multi disciplinary assessment process .
- There is no magic cure but rather supportive measures to the family and treat co morbidities if they arise



- THANK YOU

- QUESTIONS?

