



FAMIPED

Familias, Pediatras y Adolescentes en la Red. Mejores padres, mejores hijos.

Parents and autistic-like disorders

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The following story is part of a fiction setting that belongs to our everyday reality of our surgeries.

It is a challenge for everyone to try to approach this little known and understood universe. We have to be grateful to autistic children for their original and wonderful way of contemplating the world that makes them be unique and worthy people.

Hi, we are Carmen and Manuel, 32 and 34 years old respectively. We have a son, David, 22-month-old. Pregnancy and birth were normal. When David was born, we visited the paediatrician in his first week of life. We did everything what was recommended in our healthcare centres. In the first year, everything was all right, even though bringing David up was tiring because he was our first son. In the 18 months' visit, the paediatrician asked us many questions related to David's development. I can even remember that, in a certain moment, he grabbed some toys, balls and dolls and gave them to David for playing. That day, David was a bit tired, he did not want to play and he cried a lot. The paediatrician was surprised by the fact that David did not play with the ball or with the dolls and by the fact that he did not point with his finger. He also asked us several times if he looked at us and if he pointed at things. So, in our first year, we were not worried at all about David apart from eating and bad sleep but now we were confused. The paediatrician told us to visit him a month later to repeat the tests. He also said that if things go on this way, a pediatric neurologist will have to do a full assessment and send it to Early Intervention Unit. Now we are full of doubts and fears for us and we do not know what to think.

Can David suffer from an autistic problem?

A: With the data given in this story, it is fundamental to make a whole assessment. First of all, it is necessary to assess family medical records although it is said that there is nobody in this family with an autistic problem or a related disorder. We all know that disorders related to autism have a hereditary component which can appear in future children (5%). Moreover, there are some facts of David's development which can make a specialized assessment necessary, as the fact that he does not point at things, does not play with balls or games and, above all, that he does not look at his parents' faces. The most important thing is not to look at his parents when he is in an unknown setting, which is regarded by psychologists as shared attention.

What kind of test will be done to David?

A: To begin with, we have to make sure of the suspicious behaviours related to autistic disorder that David has. In order to do this, and in a first assessment, his paediatrician need to make a basic questionnaire, as M-CHAT (See figure 1). There are some questionnaires of this kind but the most used one is M-CHAT. It is very easy and it has 23 questions. You must answer yes or no to all the proposed questions. Naturally, it must be reviewed with the paediatrician to qualify, clarify terms and know if the real answers have been given. Another way of initial assessment is to use alarm signs that appear in Figure 2. Anyway, the paediatrician will be responsible for communicating the test results.

What shall we do if the first assessment is not positive?

A: In this situation, the child's probability to suffer from an autistic disorder is close to 30% if there are no other unusual data but can reach up to 70% if there is any trace of anomaly in his behaviour or because of family history. What is right is to initiate a study process when Early Intervention begins. It can also happen that no autistic-like disorder is diagnosed but that the child can have a unspecific disorder related to his development or a language disorder. Anyway, if the child visits an Early Intervention Unit will always be appropriate and beneficial.

Does this mean hospital tests?

A: Yes, but they will be done in the hospital external surgery because there will be no need to admit him but to assess his metabolism and some genetics tests. Some kind of image test may be needed, as a brain magnetic resonance image. Although there is little probability that these tests are affected they must be done; there are cases in which children have related disorders and it is easier to find something abnormal in these studies. It seems to be unlikely that David has other further disorders.

What is Early Intervention?

A: It is the set of techniques made by a team of psychologists, speech therapists and physiotherapists who try to improve or stimulate those developmental areas which suffer from some delay or which are not properly developed.

What is autism?

A: It is a development disorder defined by three fundamental features as: communication disorder, verbal and non-verbal, disorder in social reciprocity behaviour and in the behaviour's symbolic ability. This means that there are changes in communication, in gesture expression and symbolic games. Furthermore, there are non-flexible and repeated behaviours.

Will he suffer from mental retardation?

A: The concept of mental retardation cannot be applied to all autistic disorders. People with autism and related disorders have scarce and different Communications. In most cases, their interests are different as well. All this makes their development and learning process be completely different. There are also cases of extraordinary abilities; nonetheless, they all have more or less affected their social relationship abilities.

One of the most important facts which will determine the child's future is his ability or not to develop a useful, communicative language. It is important to find out the way he prefers communicating. They can do so by means of drawings or pictograms. Once that a way of communication is found, we can channel their educative process.

Can autism get cured?

A: If David has an autistic disorder, this has no cure as other illnesses. We need to assume that there are areas with normal abilities or even superior and other with problems. Those areas which can be improved will need to be stimulated. Treatment is educative so as to teach him basic things that he cannot learn. It is possible that his communication is more than visual by means of drawings or pictograms, as it has been previously pointed out. In most cases, these pictograms contribute to an acceptable communication. Nevertheless, autism is a situation which can make someone dependent all their life.

What about medical treatments?

A: Some treatments can be used to improve aggressive behaviours or obsessions. Doctors tend to use non-typical anti-psychotics, which must be prescribed by experts. Coping with these children in medical procedures is different than with other children since many of them have a lower pain threshold; dentists and surgeon must bear this in mind. Also, their behaviour in some situations, as in waiting rooms, can provoke anxiety and irritation and doctors must adapt to these people.

Are there new treatments?

A: There are always many news about fantastic success of alternative or heterodox treatments to cure autism, as diets without gluten, without caseine or other kind of treatment with non-proved effects and which can cause other problems. It is necessary to look for a competent doctor, who can inform you well and protect you against these non-proved wonderful treatments.

Sometimes parents need a second medical opinion. The best thing to do in these situations is to explain it to the people responsible for your child's medical attention since they can help you about the best medical centres and those which are not so well.

What can parents do?

A: Assuming the existence of a son's disability is not easy at all, sometimes it takes a whole life to do so. If finally your child is diagnosed with an autistic disorder, you will find out progressively that your child also has wonderful and surprising abilities, different to other children, that make him be a unique and worthy person. Of course, it is difficult to assume your child's dependence. It is important to have a normal life with your couple, family and friends since that will make your child happy. If the final diagnosis is an autistic disorder, we recommend to keep in touch with the closest Association, they will help you better than anyone else to understand and coping with everyday problems and, above all, not to feel as strange people.

¿Podemos tener otros hijos con el mismo problema?:

A: Autism has a low risk but not worthless of occurring in other sons, 4-5%. Only you can decide about this.

Is it frequent?

A: Globally, among all its varied forms, it is considered that up to 1% of the population has a problem related to autism nowadays. Hence, it is a growing frequent and noticeable problem.

Are there any other ways?

A: Yes, apart from the classical way, there are other clinic ways, minor ones, of people who develop language and who have no mental retardation. They can even be highly-gifted in some areas, although they will always be strange or weird for social relationships. These are autistic situations without cognitive handicap and also, Asperger's syndrome. Specific language disorders are also related to autistic-like disorders. There are also non-specific development disorders that do not fit in the concept of autism but which can share some aspects among them. Hence, each child will need a personalized program related to their global attention.

ASSESSMENT INSTRUMENT M-CHAT (FORMAT FOR PARENTS) AND SET OF AUTISTIC-LIKE DISORDER ALARM SIGNS IN:

<http://www.aepap.org/previnfad/autismo.htm> [2]

Interesting websites:

<http://www.youtube.com/watch?v=aviGMwGRsr0> [3]

http://www.metacafe.com/watch/2652814/mon_petit_frere_de_la_lune/ [4]

<http://www.guiasalud.es/egpc/autismo/resumida/apartado06/aspectos01.html> [5]

<http://www.autismspeaks.org/> [6]

<http://www.autismo.org.es/AE/default.htm> [7]