

Autistic Spectrum Disorders

Approaches to Diagnosis and Treatment

22nd August 2010

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THE AUTISTIC SPECTRUM

CHANGING CONCEPTS OF AUTISM

Myths - Changeling children

Legends - Brother Juniper

History

- 18th C - Wild boy of Aveyron, educated by Dr Itard
- 19th C - Strange children grouped together as 'insane'
- 20th C (first half) - Many 'syndromes' suggested. Kanner and Asperger best known

SYNDROMES SUGGESTED IN THE FIRST HALF OF THE 20TH CENTURY

- De Sanctis (1906;1908) Dementia precosissima catatonica
- Earl (1934) Primitive catatonic psychosis of idiocy
- Kanner (1943) Early infantile autism
- Asperger (1944) Autistic psychopathy
- Bender (1947) Pseudo-defective schizophrenia
- Mahler (1952) Symbiotic psychosis
- Weygandt; Hulse (1954) Dementia infantilis
- James Anthony (1958) wrote:
"The cult of names added chaos to an already confused situation, since there did not seem to be a sufficiency of symptoms to share out among the various prospectors, without a good deal of overlap."

KANNER'S CRITERIA

*Profound lack of affective contact

Mute, or language not used to communicate ideas or feelings

Fascination with objects, manipulated with dexterity but not for appropriate use

*Resistance to change in elaborate repetitive routines

Islets of ability, visuo-spatial and/or memory

Attractive, intelligent appearance

(Features Kanner considered to be essential)*

Kanner's changing views on early infantile autism

First (1943) -

Present from birth

Genetic:-

"We must assume that the children have come into the world with innate inability to form the usual, biologically provided affective contact with people"

Unique and separate syndrome

Good intellectual potential

Later

Parents cause autism

Later still

Earliest form of schizophrenia

Finally (1973) -

Much less sure of nature and cause

ASPERGER'S CRITERIA

- Socially odd, naive, inappropriate, detached, egocentric
- Speech long-winded, repetitive, literal, not conversational, poor/odd intonation
- Poor non-verbal communication
- Circumscribed interests, repetitive routines
- Specific learning disorders
- Poor motor co-ordination and odd gait and posture
- Marked lack of common sense

Asperger's theories

- Untypical pattern of brain development due to genetic causes
- Different from Kanner's autism though some similar features
- Extreme end of normal male personality
- At first believed syndrome occurred only in males - until he went to America and saw girls with the syndrome there (personal communication)

WOLFF'S GROUP (Sula Wolff, studies from 1960S onwards)

- Solitary
- Will not conform to social rules
- Lacks empathy - detached over sensitive to criticism
- Insensitive to others' feelings
- Own system of ideas and interests
- Rigid in pursuit of interests
- Unusual metaphorical speech
- Unusual fantasy life

SEMANTIC PRAGMATIC DISORDER

(First suggested by Isabel Rapin and Doris Allen in the 1980's. They now doubt that SPD can occur without social impairment but others, especially some speech and language therapists have accepted the idea of a separate PDA syndrome)

Impairment of understanding and use of language as a means of social communication despite adequate or good expressive speech.

(Said to occur without being part of autistic spectrum, but mostly diagnosed by those who do not take a detailed developmental history.)

DISCO ITEMS RELEVANT TO PATHOLOGICAL DEMAND AVOIDANCE (PDA)

(Elizabeth Newson - unpublished work)

- Passivity in infancy
- Resists ordinary demands of life
- Unaware of being a child
- Takes on other identities
- Uses doll etc. to communicate
- Poor motor co-ordination
- Inconsistent social responses
- Apparently manipulative to avoid demands
- 'Obsessed' with another person
- Harasses others
- Socially shocking behaviour
- Blames others for own actions

AUTISTIC SPECTRUM

Triad of impairments of:

- Social interaction
- Communication (verbal and non-verbal)
- Imagination

Associated with:

- Rigid, repetitive pattern of behaviour

SOCIAL IMPAIRMENT

Different manifestations:

* Aloof, indifferent

Passive

Active but odd, bizarre

Over-formal, stilted

~Sociable with 1 person - problems with groups

* *Kanner*

Asperger

~*Wolff*

COMMUNICATION IMPAIRMENT (verbal and non-verbal)

Different manifestations:

- * No communication
- * Communicates own needs
- # Repetitive, one sided
- # Formal, long-winded, literal
- ~ Unusual metaphorical

* *Kanner* # *Asperger* ~ *Wolff*

IMAGINATION IMPAIRMENT

Different manifestations:

- * Handles objects for simple sensations

- * Handles objects for practical uses

 - Copies pretend play of others

- # Limited 'pretend' play; repetitive, isolated

- # ~Invents own imaginary world - but rigid, stereotyped

* *Kanner*

Asperger

~*Wolff*

REPETITIVE ACTIVITIES

Different manifestations:

** Absence of any spontaneous activity

Bodily movements

Fascination with sensory stimuli

Simple, object directed

* Routines involving objects

* Routines in space or time

Verbal routines

Routines related to special skills

~ Intellectual interests

* *Kanner*

Asperger

~ *Wolff*

AUTISTIC SPECTRUM DISORDERS IN CHILDREN WITH SEVERE OR PROFOUND LEARNING DIFFICULTIES

- The social impairment is the key to diagnosis.
- The level of development may be too low for communication and imagination.
- But, interest in other humans is present virtually from the beginning of life

OTHER FEATURES USUALLY PRESENT WITH THE TRIAD

IMPAIRMENTS OF:

- Language comprehension/use
- Responses to sensory stimuli
- Movement and posture
- Attention/level of activity
- Eating/ drinking/sleeping
- Mood disturbances
- Behaviour disturbances
- General or specific learning disabilities
- Physical conditions - any kind
- Neuropsychiatric conditions - any kind

FACTORS AFFECTING THE CLINICAL PICTURE

- The way the triad is manifested
- Associated features
- Associated disabilities: developmental, physical, psychiatric
- The overall level of ability
- Age
- Gender
- Personality and temperament
- Environment
- Education

EVIDENCE FOR A SPECTRUM

- Many people show mixtures of features of different sub-groups
- One person can show different features in different environments
- One person can show different features at different ages
- Members of the same family can show different features
- Identical twins or triplets can show different features
- The same basic principles underlie methods of education and care for whole spectrum

DIMENSIONS VERSUS CATEGORIES

- In clinical practice, it is extremely difficult to define the boundaries between different diagnostic categories, whatever the criteria used.
- The clinical pictures found in those with autistic spectrum disorders fit better with the concept of multiple dimensions than with the concept of separate, definable categories.
- Individual needs are more accurately assessed from the profile of levels on different dimensions than from assigning a categorical diagnosis.

SYNDROMES OVERLAPPING WITH THE AUTISTIC SPECTRUM

- ADHD
- Obsessive compulsive disorder
- Tourette's syndrome
- DAMP syndrome
- Parkinsonism
- Catatonia
- Dyspraxia
- Dyslexia
- Developmental language disorder
- (?Schizophrenia, Schizoid, Schizotypal)

PREVALENCE 10,000 (from Wing and Gould, 1979 and Ehlers and Gillberg, 1992)

IQ UNDER 70

Kanner's 5

Other spectrum 15

(including a few Asperger's and some SLD and PLD)

IQ 70+

Asperger's (Gillberg's criteria) 36

Other spectrum 35

(including a few Kanner's, some high functioning autism' and some fitting Wolff's 'loners')

~ TOTAL 91

PROPORTIONS WITH SPECTRUM IN DIFFERENT IQ RANGES

0-19	6 % affected
20-49	42 % "
50-69	2 % "
70+	0.7% "

DIAGNOSTIC PROCESS

Is the triad present?

Type of social impairment? (aloof, passive, odd)

What is the level of ability? (language, visuo-spatial)

Are there other disabilities? (developmental, physical, psychiatric)

Is there an identifiable cause?

What is the family and social situation?

ICD-10 and DSM-IV subgroups?

DIAGNOSTIC FORMULATION

Is the triad present?

Type of social impairment?

What is the level of ability and profile of skills?

Are there other disabilities:- developmental, physical
psychiatric?

Is there an identifiable cause?

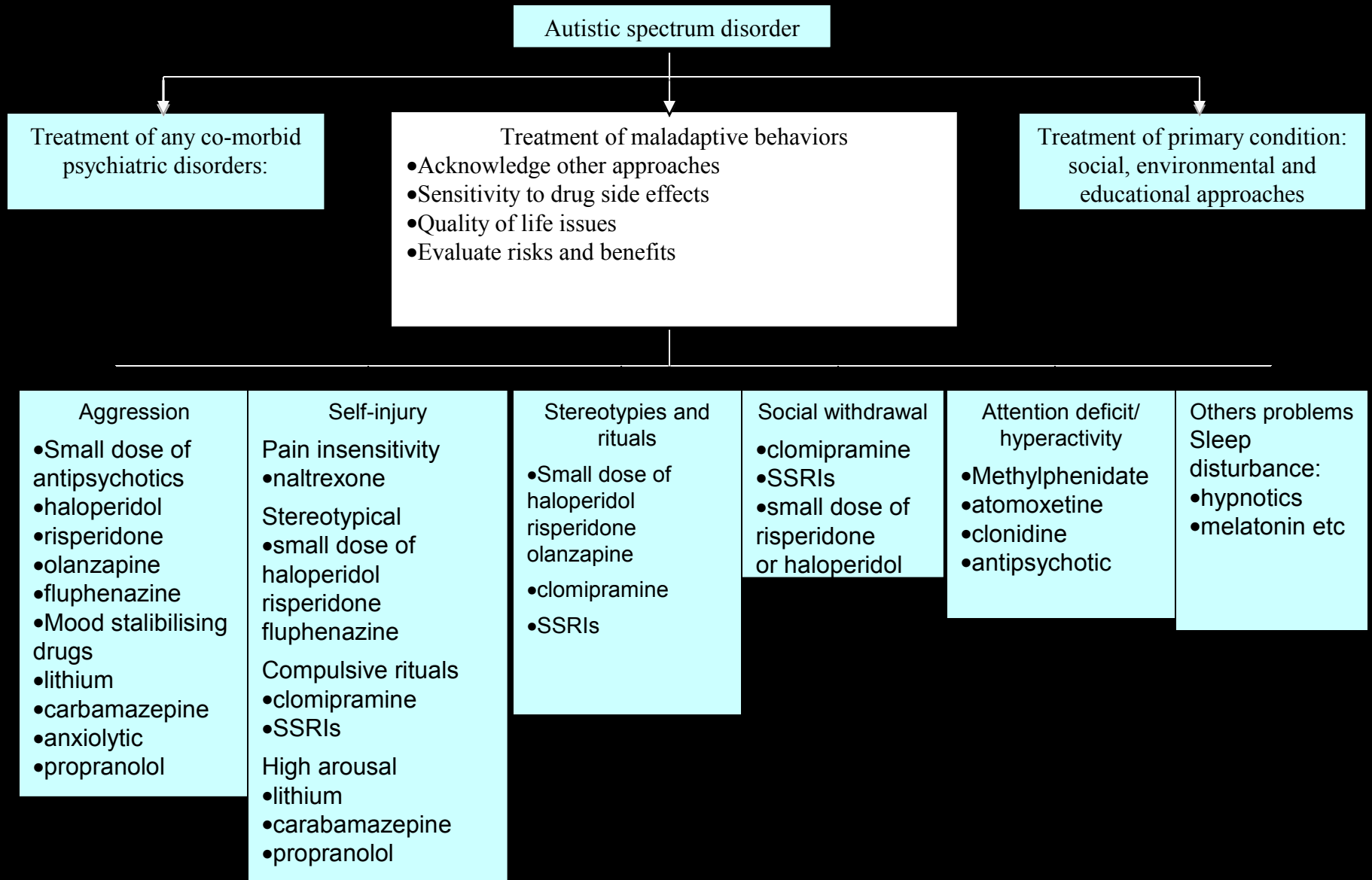
What is the family and social situation?

ICD-10 and DSM-IV subgroups?

Management

- *Ability of carers and other people to communicate effectively*
- *Do not rely on verbal communications alone*
- *Activities with clear beginning, middle and end*
- *Rules are clear and consistent*
- *Recognise stress and help to manage it*
 - *Signs of stress*
 - *Acknowledge the distress*
 - *Support to manage it*

Medical Management of ASD



Service context

- *Support to carers*
- *Education (access to funding)*
- *Specialised training (social skills)*
- *Social support (meeting other service users)*
- *Supported living*

Occupation

- Let's be clear about objectives: whose, why and what for...
 - being happy, content and occupied
 - expectations of others
 - independence and income
 - wellbeing and mental health

Conclusion

- ASD is different
- It is as common as psychosis
- Assessment is precise but technically demanding
- People with ASD tend to behave predictably
- Social care - autism sensitive environments do seem to work

Your learning objectives

- Awareness comes first
- Knowledge
- Skills - especially in assessment