

Table of Contents

What is Autism/Autism Spectrum Disorder?

Is there any treatment?

What is the likely outcome for an individual diagnosed?

Organizations

What is autism/Autism Spectrum Disorder?

Autism is the most common condition in a group of Developmental disorders known as the autism spectrum disorders (ASDs)

Autism spectrum disorder (ASD) is a range of complex neurodevelopment disorders, characterized by social impairments, communication difficulties, and restricted and repetitive patterns of behavior. Individuals with ASD also exhibit a very limited, sometimes perceived, obsessive interest on certain topics or items. Autism is the most severe form of ASD, while other conditions along the spectrum include a milder form known as Asperger syndrome, the rare condition called Rett syndrome, childhood disintegrative disorder and pervasive developmental disorder not otherwise specified (usually referred to as PDD-NOS). Although ASD varies significantly in character and severity, it occurs in all ethnic and socioeconomic groups and affects every age group.

The most typical symptom of ASD is impaired social interaction. Individual's families are usually the first to notice signs of ASD. As early as infancy, a baby with ASD may not respond to people or focus intently on one item to the exclusion of others for long periods of time. Some children with ASD may appear to develop normally and then withdraw and become indifferent to social engagement at a later childhood age.

Individuals with ASD may not respond to their names and often avoid eye contact with other people. They have difficulty interpreting what others are thinking or feeling because they cannot understand social cues, such as tone of voice or facial expressions. They tend not to watch other people's faces for clues about appropriate behavior. They struggle with and many times, lack empathy.

Many individuals with ASD engage in repetitive movements such as rocking and twirling, or in self-injurious behavior such as biting or head-banging. They may start speaking later than other children and may refer to themselves by their name instead of the first person, "I" or "me." Children with ASD struggle to learn how to play with other children. Some speak in a sing-song voices. They tend to talk about a limited range of favorite topics, with little regard for the interests of the person to whom they are speaking.

ASD varies widely in severity and symptoms and may go unrecognized, especially in mildly affected individuals or when it is masked by more debilitating disabilities. Very early indicators that require evaluation by an expert include:

- no babbling or pointing by age 1
- no single words by 16 months or two-word phrases by age 2

- no response to name
- loss of language or social skills
- poor eye contact
- excessive lining up of toys or objects
- no smiling or social responsiveness

Later indicators include:

- struggle to make friends with peers
- difficulty initiating or sustaining a conversation with others
- absence or difficulty of imaginative and social play
- repetitive, or unusual use of language
- restricted patterns of interest that are abnormal in intensity or focus
- Repetitive, narrow and unusual patterns of behavior and interests
- preoccupation with certain objects or subjects
- unable to cope with a change of specific routines or rituals

If it is suspected that a child may have ASD; a comprehensive evaluation may be required. A comprehensive evaluation requires a multidisciplinary team, including a psychologist, neurologist, psychiatrist, speech therapist, and other professionals who diagnose individuals with ASD. The team members will conduct a thorough neurological assessment and in-depth cognitive and language testing. These assessments may include questionnaires or other screening tools to gather information regarding the individual's development and behavior. Because hearing problems can cause behaviors that could be mistaken for ASD, individuals with delayed speech development should also have their hearing tested.

Individuals with some symptoms of ASD, but not enough to be diagnosed with classical autism, are often diagnosed with PDD-NOS. Individuals with autistic behaviors but well-developed language skills are often diagnosed with Asperger syndrome. Much rarer are individuals who may be diagnosed with childhood disintegrative disorder, in which they develop normally and then suddenly lose language and social skills between the ages of 3 to 10 years and show marked autistic behaviors. Girls with autistic symptoms may have Rett syndrome, a sex-linked genetic disorder characterized by social withdrawal, regressed language skills, and hand wringing.

Is there any treatment?

There is no cure for ASD. Therapies and behavioral interventions are designed to remedy specific symptoms and can bring about substantial improvement. The ideal treatment plan coordinates therapies and interventions that meet the specific needs of the individual. Most health care professionals agree that the earlier the intervention, the better.

Effective treatment builds on the individual's interests. Individuals are more successful when treatment plans offer a predictable schedule, teach tasks as a series of simple steps,

actively engage the individual's attention in highly structured activities, and provide regular reinforcement of behavior. It may include social skills training, cognitive behavioral therapy, medication for co-existing conditions, among other treatments.

Educational/behavioral interventions: Therapists use highly structured and intensive skill-oriented training sessions to help individuals develop social and language skills, such as Applied Behavioral Analysis. Family counseling for the parents and siblings of individuals with ASD often helps families cope with the particular challenges of living with a individual with ASD.

Medications: Doctors may prescribe medications for treatment of specific ASD-related symptoms, such as anxiety, depression, or obsessive-compulsive disorder. Antipsychotic medications are used to treat severe behavioral problems. Seizures can be treated with one or more anticonvulsant drugs. Medication used to treat people with attention deficit disorder can be used effectively to help decrease impulsivity and hyperactivity.

What is the likely outcome for an individual diagnosed?

Adolescent Individuals with ADS may experience depression, anxiety or behavioral problems. Additional treatment to address these concerns may be needed. For many individuals, autism symptoms may improve with treatment and age. People with ASD usually continue to need services and supports as they get older, but many are able to work successfully and live independently or within a supportive environment.

Related Fact Sheets

Asperger Syndrome Fact Sheet

Pervasive Developmental Disorders (PDD) Fact Sheet

Organizations

[Association for Science in Autism Treatment](#)

P.O. Box 188
Crosswicks, NJ 08515-0188
info@asatonline.org
<http://www.asatonline.org>

[Autism National Committee \(AUTCOM\)](#)

P.O. Box 429
Forest Knolls, CA 94933
<http://www.autcom.org>

[Autism Network International \(ANI\)](#)

P.O. Box 35448
Syracuse, NY 13235-5448
jisincla@syr.edu
<http://www.ani.ac>

[Autism Research Institute \(ARI\)](#)

4182 Adams Avenue
San Diego, CA 92116
director@autism.com
<http://www.autismresearchinstitute.com>
Tel: 866-366-3361
Fax: 619-563-6840

Autism Society of America

7910 Woodmont Ave.
Suite 300
Bethesda, MD 20814-3067
<http://www.autism-society.org>
Tel: 301-657-0881 800-3AUTISM (328-8476)
Fax: 301-657-0869

Autism Speaks, Inc.

2 Park Avenue
11th Floor
New York, NY 10016
contactus@autismspeaks.org
<http://www.autismspeaks.org>
Tel: 212-252-8584 California: 310-230-3568
Fax: 212-252-8676

Birth Defect Research for Individuals, Inc.

800 Celebration Avenue
Suite 225
Celebration, FL 34747
betty@birthdefects.org
<http://www.birthdefects.org>
Tel: 407-566-8304
Fax: 407-566-8341

**MAAP Services for Autism, Asperger Syndrome,
and PDD**

P.O. Box 524
Crown Point, IN 46307
info@maapservices.org
<http://www.maapservices.org>
Tel: 219-662-1311
Fax: 219-662-0638

**National Dissemination Center for Individuals with
Disabilities**

U.S. Dept. of Education, Office of Special Education
Programs
1825 Connecticut Avenue NW, Suite 700
Washington, DC 20009
nichev@aed.org
<http://www.nichev.org>
Tel: 800-695-0285 202-884-8200
Fax: 202-884-8441

**National Institute of Individual Health and Human
Development (NICHD)**

National Institutes of Health, DHHS
31 Center Drive, Rm. 2A32 MSC 2425
Bethesda, MD 20892-2425
<http://www.nichd.nih.gov>
Tel: 301-496-5133
Fax: 301-496-7101

**National Institute on Deafness and Other
Communication Disorders Information
Clearinghouse**

1 Communication Avenue
Bethesda, MD 20892-3456
nidcdinfo@nidcd.nih.gov
<http://www.nidcd.nih.gov>
Tel: 800-241-1044 800-241-1055 (TTD/TTY)

**National Institute of Environmental Health Sciences
(NIEHS)**

National Institutes of Health, DHHS
111 T.W. Alexander Drive
Research Triangle Park, NC 27709
webcenter@niehs.nih.gov
<http://www.niehs.nih.gov>
Tel: 919-541-3345

National Institute of Mental Health (NIMH)

National Institutes of Health, DHHS
6001 Executive Blvd. Rm. 8184, MSC 9663
Bethesda, MD 20892-9663
nimhinfo@nih.gov
<http://www.nimh.nih.gov>
Tel: 301-443-4513/866-415-8051 301-443-8431 (TTY)
Fax: 301-443-4279

This information is not intended to replace the advice of a doctor. The Arc of Monroe disclaims any liability for the decisions you make based on this information.

Information was collected from the following:

National Institute of Neurological Disorders and Stroke, Publications. All NINDS-prepared information is in the public domain and may be freely copied. Credit to the NINDS or the NIH is appreciated.

MAAP Services for Autism, Asperger Syndrome, and PDD