

DIAGNOSIS AND MANAGEMENT OF AUTISTIC SPECTRUM DISORDER IN CHILDREN

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Abstract

Primary care physicians have the opportunity, especially within the context of the medical home, to be the first point of contact when parents have concerns about their child's development or behaviour. Autism is a lifelong disability for which there is no known cure. Children who are identified as having autism will most likely carry at least remnants of the disorder throughout life. Most experts who work with children with autism acknowledge that education is the key to improvement. Like normally developing children with autism need positive relationship with their families. Parents and other family members play a prominent role in the growth and development of their children with autism. They serve as referral agents, advocates and behaviour managers. To adequately fulfil all these roles, parents must seek appropriate professional services establish fair yet firm rules and use appropriate management technique to deal with specific problems. The degree of success with which these roles are fulfilled will almost always influence the growth and development of children with autism.

Key Words: Home, Autism, Diagnosis, Children.

Introduction

Autism is a lifelong disability for which there is no known cure. Children who are identified as having autism will most likely carry at least remnants of the disorder throughout life. Most experts who work with children with autism acknowledge that education is the key to improvement. Like normally developing children with autism need positive relationship with their families. Parents and other family members play a prominent role in the growth and development of their children with autism. They serve as referral agents, advocates and behaviour managers. To adequately fulfil all these roles, parents must seek appropriate professional services establish fair yet firm rules and use appropriate management technique to deal with specific problems. The degree of success with which these roles are fulfilled will almost always influence the growth and development of children with autism.

American Academy of Paediatrics (2001) has conducted a study on The Paediatrician's Role in the Diagnosis and Management of Autistic Spectrum Disorder in Children. According this study, recent evidence that the prevalence of diagnosed ASD may be increasing and that early diagnosis and intervention are likely associated with better long-term outcomes has made it imperative that paediatricians increase their fund of knowledge regarding the disorder. Earlier studies estimated the prevalence of autism to be 4 to 5 in 10 000 persons. Most of the more recent studies have revealed that a conservative estimate is approximately 1 in 1000 children for autistic disorder and 2 or more in 1000 children for ASD.

Sample

The sample size for the study is 30. The researcher has used the Random sampling method for the collection of data. The researcher did the study about the Diagnosis and Management of Autistic Spectrum Disorder in Children. Here along with the children the information of the data collection of the parents and the teachers are included.

Hypothesis

Paediatricians are now seeing more children with ASD in their offices; thus, they need to increase their fund of knowledge and comfort level in caring for these children.

Instruments

The instruments which we used in this study are questionnaire and interview schedule.

Analysis of Data

Table No 1: Identification of Autism in Children

Identification	No. of Children	Percentage
Up to 3 Years	17	56.7%
3 to 6 Years	13	43.3%

IJMDRR E- ISSN –2395-1885 ISSN -2395-1877

The Table indicates the identification of the disorder in the children. 56.7% of the children were identified autistic by the age of 3 and remaining 43.3% identified it between the age of 3 and 6.

Table No 2: Medication

Medication	No. of Children	Percentage
Under Medication	22	73.3%
No medication	8	26.7

The above Table indicates the percentage of children taking medication. 26.7% of children were medicated in their early age and now not under medication, while 73.3% of them are still using the medicines.

Discussion

Once the diagnosis of ASD is made, the family and caregivers should be provided with current literature and information regarding parent support groups, specific autism intervention programs, and other available community services. Families should receive genetic counselling appropriate to the etiologic diagnosis. Any child with a suspected delay or symptoms of ASD should be given the opportunity to enrol in an age-appropriate early intervention program or school program immediately, even before a definitive diagnosis is available. Because many parents of children with ASD pursue alternative therapies, paediatricians are encouraged to become familiar with the more popular ones and approach the issue objectively and compassionately. The society should provide comprehensive care of the child with ASD in the context of a medical home. This includes provision of medical interventions and coordination of care with appropriate educational, rehabilitation and social services.

Conclusion

Our understanding of the spectrum, aetiology, diagnosis, and management of ASD in children has changed and the early diagnosis has become increasingly important as recent studies have shown improved outcomes with implementation of early, consistent, and appropriate intervention strategies that have been individually tailored to the needs of the child and parents. Most paediatricians will have the opportunity to provide a medical home and coordinate systems of care for children with ASD.

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