FAQs ABOUT AUTISM

What makes children with autism different from other children?
Doctors, pediatricians, psychiatrists or psychologists make the diagnosis of autism based on differences in three areas of the child’s development:

- **Challenges with communication** (language as well as gesture)
- **Challenges with forming friendships and relationships**
- **Limited** (and sometimes unique) **likes and interests**

Autism affects different children differently. Some children will have all the features described in this leaflet, while others will only have a few. Hence, it is also known as the ‘Autism Spectrum Disorder’ or ASD.

How common is autism?
For many years, it was thought that the frequency of autism is around 1 in 2000 children. Recent research shows that the rates are actually much higher, as many as 1 in 68 children may have autism. Autism is 4 times more common in boys as compared to girls. No racial, geographic, or socioeconomic variations have been noted in the occurrence of autism.

What causes autism?
Autism was first described by doctors in the 1940s.
- It has been known for a long time that more than one person in a family can have features of autism.
- Having one child with autism means that the chances of having a second child with autism is 10 to 15 times more likely.
- It is not clear if environmental factors such as infections, toxins, etc. increase the chances of autism.
HOW DOES AUTISM MANIFEST?

Difficulty in Social Interactions:
• 2-year-old Rahul does not point out things to his parents, or show them something he has made.
• Mandar’s mother feels that her child does not ‘look at her’.
• Neil does not play with children of his age.
• 6-year-old Aahan has no friends.
• 9-year old Raphael insists on stroking the hair of his friends or pulling their hands. He now has only one friend, Sameer.

Restricted, Repetitive Interest:
• Krish insists that he has to sit on the same mat and eat from the same plate every day.
• Fatima is interested only in wooden blocks which she balances on the edge of the table. She will do this all day, and is not interested in playing with anything else.
• A relative who saw Chand for the first time said, ‘What a bright child - he knows so much about rockets! He’s just spoken to me for about an hour about rockets.’ Chand’s parents know though that Chand never talks about anything else.
• Bharat takes an object in his hands and spins it non-stop.
• Peter’s playing with a toy car involves turning it over and spinning its wheels instead of going ‘vrrooom’ with a car.

Communication:
• Ashraf takes his mother’s hand to a door when he wants to go out, but otherwise never holds her hand or hugs her. (non-verbal communication)
• When Rohan’s mother asks him “You want water”, he too says “you want water”. Rohan says ‘Do you want a biscuit?’ when he wants to say ‘I want a biscuit’. (verbal communication)
• Ramesh, a teenager, heard his friend tell him, “Do not ask the teacher anything today. Things are hot today”. Ramesh thought that ‘hot’ meant the ‘weather’.
**OTHER SIGNS**

- **Unusual responses to sensory stimuli**
  Children with autism might seem unconcerned by extremes of temperature or very bothered by the feel of certain things such as the tags on clothing or the material of their clothes. They may find even slightly loud sounds like somebody shouting unbearable.

- **Behavior disturbances**
  Younger children may show difficulties in attending to topics or activities that they have not chosen. They are often perceived to be ‘hyperactive’ as they seem to be moving about without a purpose.

About 30% of children with autism are likely to have intelligence that is below the normal range.

Children with autism have relative strengths in their visually based skills and rote learning and can often have a large vocabulary, but have problems with understanding meaning, reading comprehension or writing essays.

- **Motor difficulties**
  Some children with autism may be clumsy and have difficulty with movement and fine motor activities. Movement related difficulties are more severe in individuals with lower IQ scores.

- **Seizures & other genetic conditions:**
  One third of children with autism have seizures. 10% of children with autism will have an associated specific medical condition associated such as fragile X syndrome or tuberous sclerosis.

**Autism is diagnosed based on clinical observation and one or more standardized tests, based on assessments, parental interview, family history and medical history of the child.**

**Is there a cure? Can medications help/cure autism?**

**Is there a role for other therapies?**
Medications cannot cure autism. Medications may be given for associated medical issues such as seizures. There are a number of controversial therapies or interventions available for children with autism, but few, if any, are supported by research. Parents should use caution before adopting any of these treatments.
WHAT ARE THE MOST EFFECTIVE INTERVENTION APPROACHES?

The doctor/therapist works with the family to look for factors within the child's environment that can be changed to improve outcomes for the child. The child should be evaluated regularly to make sure he is making progress. The goals are to:

1. Help the child find enjoyment doing things with family and friends so that he/she will understand the effect of his interactions on others and also learn the two-way nature of communication.
2. Help the child communicate in new ways:
   • Help the child use pictures/gestures to indicate what he/she wants.
   • Once this is learned, help the child use sounds with or without pictures or gestures.
   • Eventually, help the child say it all on his/her own.
3. Help the child communicate for new reasons, e.g., start with communicating for requests and then progress to social communication.
4. Help the child understand the connection between what is being said in the context of the child’s world, e.g., events such as mealtimes, bath times, etc.

DO REMEMBER THAT WE ARE ALL DIFFERENTLY ABLED COMPARED TO EACH OTHER. A CHILD WITH AUTISM IS NO DIFFERENT.

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