

What is autism?

Autism, described first by Kanner in 1943, is a developmental disorder commencing in the first 3 years of life. It affects at least 8 children in 10 000; boys are 4 times more likely than girls to be affected. The main features are:

- inability of the child to form normal social relationships, even with his or her own parents
- delayed and disordered language development (about one-half of all autistic children never learn to speak effectively)
- obsessive and ritualistic behaviours such as hand flapping, spinning, twiddling pieces of stick or string and hoarding unusual objects
- restricted range of interests
- lack of imagination and difficulty in development of play
- anxiety over changes in routine.

It is now recognised that there are a variety of types of autism, hence the modern term 'autistic spectrum disorder'. Asperger's syndrome is one of the important types.

What is the cause?

The cause of autism is unknown and no one particular anatomical, biochemical or genetic disorder has been found in those who suffer from it. It now appears to have multiple causes. The problem appears to lie in that part of the brain responsible for the development of language.

What are the symptoms?

Many autistic children appear physically healthy and well developed. However, they may show many disturbed behaviours. As infants they may cry a lot and need little sleep. They resist change in routine and often refuse to progress from milk and baby food to a solid diet. They avoid eye contact and often behave as if they are deaf. Normal bonding between mother and child does not occur and prolonged bouts of crying do not respond to cuddling. As the children get older and more agile they may show frequent tantrum behaviour, destructiveness, hyperactivity and a disregard for danger, requiring constant supervision to prevent harm to themselves or their environment.

The diagnosis is best made by a team of experts observing the child, but remains difficult under the age of 2 years. There are no laboratory tests available.

What is the treatment?

There is no medical treatment for autism, although some medications may help for some of the symptoms. If the child's behaviour or skills deteriorate, a thorough medical check is required because the autistic child does not indicate pain or communicate clearly. Best results are obtained by early diagnosis, followed by a firm and consistent home management and early intervention program. Later the child will benefit from remedial education, either in a specialised facility or in a regular school with specialist backup. Speech therapy can help with language development, and non-speaking children can be taught alternative methods of communication.

Most difficult behaviours can be reduced or eliminated by a program of firm and consistent management.

What is the outlook?

Behavioural and emotional problems may get worse in adolescence, especially during sexual development. Most autistic children have some degree of mental retardation, although some may have normal or superior intelligence. Only about 5% will progress to the stage of independent living and open employment as adults. Most require at least some degree of lifelong support in order to remain within the community and enjoy a good quality of life. As their life expectancy is normal, this represents a considerable commitment from their families and community support services.

Autistic people have an increased risk of developing epilepsy, and many suffer psychiatric complications such as anxiety, depression and obsessive-compulsive disorder as they get older. These require appropriate medical treatment.

Where to seek advice

Consult your general practitioner, who may refer you to a paediatrician or child psychiatrist. Assistance can also be obtained from autism associations in each state, or the national organisation Autism Spectrum Australia, which can provide full information regarding assessment and diagnostic services, management programs and family support services.