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Autism and Pervasive Developmental Disorder

What is a pervasive developmental disorder (PDD) and autism?

Children that have difficulty with social skills, language, and behavior are said to have a pervasive developmental disorder (PDD). Most children with problems in development have only one or two areas of disability. Children with PDD, however, have problems in many areas, such as social interaction, communication, and imagination. Thus, the term "pervasive" was chosen to describe this disorder. The name of this disorder may soon be changed to Autistic Spectrum Disorder (ASD).

Autistic disorder, or autism, is a type of PDD. Specific criteria must be met for a child to be diagnosed with autistic disorder. Even though all children with autism meet all the criteria, they may have different behaviors and abilities because of their age and how severe their symptoms are.

Children who have problems in areas of development like those listed above, but who do not have autistic disorder are diagnosed with PDD-NOS (Not Otherwise Specified). Children with PDD-NOS may be later diagnosed with autistic disorder if they develop more symptoms.

What are the symptoms?

Children with autistic disorder may appear normal for the first few months of life. Your child may then become more and more unresponsive to you or other stimuli. Delay in language development is the most common reason children who are later diagnosed with autism are brought to the doctor. Your child, depending on his or her age, may have a number of symptoms in the following areas:

1. **Social skills**
 - Resists being cuddled; may scream to be put down when held.
 - Remains withdrawn from parents and others and fails to form relationships.
 - Avoids eye-to-eye contact.
 - Prefers to play alone.
 - Is indifferent to the feelings of others and to social norms.
2. **Use of language and imagination**
 - Speaks later than other children of the same age.
 - Cannot understand or copy speech or gestures.
 - Rate, pitch, tone, or rhythm of speech is abnormal.
 - Unable to start a conversation or keep one going.
 - Unable to engage in fantasy or imaginative play such as role playing and storytelling.
 - Responds inappropriately to sounds.
 - Acquired speech is immature and unimaginitive. He or she makes up words and echoes what someone says.
3. **Behavior, activities, and interests**
 - Develops habit behavior and compulsive routines.
 - Greatly resists even the slightest change; becomes enraged if his or her obsessive routine is altered or activities are disrupted.
 - Hyperactive.

- Obsessed with one topic or idea; may become attached to unusual objects.
- Walks on tiptoe and/or flicks or twiddles fingers for long periods.
- Bangs head, rocks, or stares.
- Has sudden screaming spells.
- Injures himself on purpose.
- Has trouble learning manual tasks.

No child with autism will have all of the above symptoms nor is this a list of all the symptoms.

What is the cause?

Many years ago, doctors believed that an abnormal relationship between the infant and his or her parents caused autism. Doctors know now that parents are not responsible for this condition.

Autism is a type of brain dysfunction. The nature of the dysfunction and what part of the brain is affected are not known. Scientists now believe that there are multiple causes.

Autistic disorder has been found in children with brain abnormalities such as congenital rubella syndrome, neurofibromatosis, and tuberous sclerosis. Autism can also be present with genetic syndromes such as fragile X syndrome and phenylketonuria (PKU).

Your child's doctor will probably perform lab tests to rule out these and other medical problems associated with PDD. As with all children with problems in developing communication, an evaluation by an audiologist to check your child's hearing is necessary. However, most children with autism are found to have normal health and no medical reason for the symptoms. Because PDD can be inherited, your health care provider will also want to screen your other children for symptoms.

What is the treatment?

The treatment of autistic children focuses on educational and behavioral therapies. Even very young children can benefit from language therapy and behavior development programs designed for children with social and communication problems and their families. Special teachers and classrooms can help older children improve their academic level and behavior. Contact your local school district before your child starts school. Children with autism or PDD-NOS usually require special class placement or special classroom changes. A team of professionals will help evaluate your child and put this plan together. You may also ask your doctor to review the plan. Ask and find out all the services that may be available for your child.

Medical treatment centers around medication. Sometimes mood- or behavior-altering drugs can improve behaviors that may cause self-injury or greatly interfere with school or social ability. These medicines must be prescribed by a doctor experienced with their use in children with autism. No medication has been found, however, that will eliminate the symptoms of autism. Don't forget that children with PDD have the same health care needs as any other child and benefit from the same health care and disease prevention activities.

Parents of children with autistic disorder or PDD-NOS often become aware of new or alternative treatments through friends or the media. Your doctor can help you decide if these treatments could help or harm your child.

What can we expect in the future?

The great variety in type and number of symptoms in autistic children makes this a difficult question to answer. Most experts agree that the more socially distant a child is, the less likely he or she will be able to live independently as an adult. This is not to say, however, that a child who is socially removed at age 2 will display the same degree of social disability 20 years later.

Another factor used to predict whether the child will be self-sufficient as an adult is intelligence. Most autistic children score in the retarded range on IQ tests. However, when these same children are given tests that measure visual-spatial and memory skills, many score much higher. These skills may help an autistic child be

self-sufficient as an adult.

Temperament is also important in predicting whether a child will live independently as an adult. People with autism who are calm and cooperative will be more able to adapt to new rules and situations than those who are not.

In summary, it is impossible to make precise, long-range predictions for individual children with autism or PDD-NOS. It is likely that all children who display the full autistic disorder will need special education. Some of these children will be mainstreamed to some degree, especially in the higher grades. Successful independent living as an adult mostly depends on how well they develop their social and communication skills and what degree of mental retardation is present.

Where can my family get help and support?

When parents hear that their child has an autistic spectrum disorder or PDD-NOS, they may feel fear, anger, guilt, and other difficult emotions. Many families find that having professional guidance with these feelings helps them to cope with this traumatic news.

Children with autistic disorder or PDD-NOS create great stress on the entire family. When families were asked which areas of their lives were most altered by their child with autism, they listed, in order of significance, recreation and finances. Troubled marital relationships were also made worse by this additional stress. In addition, a child with autism creates stress for his or her siblings.

Therefore, parents will want to explore community and governmental resources as well as local support groups composed of families who have children with similar difficulties. These groups can help by sharing their common concerns and solutions to problems. Parents can locate these services through their doctor, schools, therapy programs, and local and national support organizations.

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