

Identifying Autistic Spectrum Disorders in early Childhood



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Background

Autistic spectrum disorders can be regarded as the most challenging of child psychiatric problems which severely affect development and carry a major risk of chronic impairment and disability. Since Leo Kanner described the condition 'Autism' in 1943, much work has been done to recognise this condition in children living in different communities around the world.

When defining the phenomenology of similar conditions which the DSM IV refers to as Pervasive Developmental Disorders (PDDs) or Autism Spectrum Disorders (ASDs), the following conditions should be considered:

- Autistic Disorder
- Asperger's syndrome
- Childhood Disintegrative Disorder (CDD) and
- Pervasive Developmental Disorder – Not Otherwise Specified (PDD - NOS).

Other neurogenetic syndromes that appear to play a causative role or otherwise associated with ASDs include:

- Fragile X syndrome
- Neurocutaneous disorders e.g. Tuberous sclerosis
- Phenylketonuria
- Fetal alcohol syndrome
- Angelman syndrome
- Rett syndrome and
- Smith-Lemli-Opitz syndrome

Currently the prevalence of ASDs in Europe and North America is approximately 6 per 1000 (Johnson & Myers 2007:1184)

Authorities working in the field of ASDs agree the incidence of new cases is increasing. One theory links this increase to the banning of DDT (dichlorodiphenyltrichloroethane) which in turn led to increased utilization of organic phosphate insecticides especially by the agricultural sector. Therefore the expression of the autism gene(s), may be influenced by this, or other environmental factors.

There is general agreement that early identification of ASDs in children and intervention is extremely important. Holzer, Mihailescu, Rodrigues-Degaeff, Junier, Muller-Nix, Halfon and Ansermet (2006:250) Robins, Fein, Barton and Green (2001:131) suggest PDDs however, may be particularly difficult to identify in very young children due to several factors:

- Presentation of symptoms varies from case to case
- Social and language deficits may not be identified until the child is given the opportunity for peer interaction in preschool
- Low incidences (previously) leads to a low index of suspicion, and
- Motor milestones are usually unaffected.

One difficulty in studying the "primary" deficit is that the presentation of PDD varies according to the age of the child. This phenomenon necessitates the need for different items to be used when screening (Dumont-Mathieu 2005:253). Children younger than the age of three years rarely display perseveration, preoccupations, or resistance to change. Preschool children with PDD often show unusual sensory responses including the repeated interest in certain stimuli. In middle childhood and adolescence, the fascination with repetitive sensory and motor toys dwindles and is often replaced by an obsessive fascination with extremely narrow topics or activities, and the child may learn a great deal in a certain restricted, without the ability to broaden the topic.

Lord (1995:1365) found that at the age of two years, failures in showing things to others and responding to name alone correctly depicted autism at the age of three with 83% accuracy.

Charman, Swettenham and Baron-Cohen (1998) contrasted signs of autism in infancy with signs found between three and four years of age in order to determine whether the features of autism characteristic of

