

## Commissioner's Column

### Autism – Patient and Parent Education

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Autism is a complex developmental disability that typically appears during the first three years of life. The result of a neurological disorder, autism impacts the normal development of brain functioning in the area of social interaction and communication skills. Autism and its associated behaviors have been estimated to occur in 1 in 250 births and is four times more prevalent among males than females.

Autism is one of the five disorders coming under the umbrella of what were formerly referred to as "Pervasive Developmental Disorders (PDD)" and now are referred to as Autism Spectrum Disorders (ASD). This is a category of neurological disorders characterized by severe and pervasive impairment in several areas of development, including those mentioned above. Each of these disorders has specific diagnostic criteria as outlined by the American Psychiatric Association in the DSM-IV-TR, Diagnostic and Statistical Manual of Mental Disorders. The five disorders under ASD are:

Autistic Disorder ("Classic Autism"): qualitative impairment in social interaction, including marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, lack of social or emotional reciprocity, and lack of spontaneous seeking to share enjoyment, interests, or achievements with others.

Asperger's Disorder: characterized by impairments in social interactions and the presence of restricted interests and activities, with no clinically significant delay in language, and testing in the range of average to above average intelligence.

Pervasive Developmental Disorder/Not Otherwise Specified (PDD-NOS): commonly referred to as atypical autism, a diagnosis of PDD-NOS may be made when a child does not meet the criteria for a specific diagnosis but there is a severe and pervasive impairment in specified behaviors.

Rhett's Syndrome: a syndrome that occurs primarily in females and rarely in males. There is a period of normal development and then loss of previously acquired skills. Loss of purposeful hand skills is replaced by repetitive hand movements beginning at the age of one to four years.

Childhood Disintegrative Disorder: characterized by regression in multiple areas of functioning following a period of at least two years of normal development. At age two, there is significant loss of previously acquired skills.

Autism is a spectrum disorder with symptoms and characteristics that can present themselves in a wide variety of combinations, from mild to severe. Although autism is defined by a certain set of behaviors, children can exhibit any combination of behaviors in any degree of severity. The characteristic behaviors of autism spectrum disorders may or may not appear in infancy (18 - 24 months), but generally become more obvious in early childhood (24 months to six years).

Pediatricians, during well-baby visits, are in a critical position to ask parents specific questions regarding the child's development. During routine developmental screenings, they can assess if a child has at-

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tained developmental milestones expected for the child's chronological age. Clinical clues or "red flags" reported by parents or caregivers could indicate that the child may have certain inappropriate behaviors or may lack certain age-appropriate behaviors. Listed below are examples of clinical clues that might indicate the need for further assessment to evaluate the possibility of autism or other developmental disorders:

- Delay or absence of spoken language
- Looks through people; not aware of others
- Not responsive to other people's facial expressions or feelings
- Lack of pretend play; little or no imagination
- Does not show typical interest in or play near peers purposefully
- Lack of turn-taking
- Unable to share pleasure
- Qualitative impairment in nonverbal communication
- Does not point at an object to direct another person to look at it
- Lack of gaze monitoring
- Lack of initiation of activity or social play
- Unusual or repetitive hand and finger mannerisms
- Unusual reactions, or lack of reaction, to sensory stimuli

Having any of these "red flags" does not mean that a child has autism but, because the characteristics of the disorder vary so much, further evaluations are needed in specific areas to rule out developmental disabilities. Pediatricians can call Westchester County's Early Intervention Program at 813-5094 to refer a child for a multidisciplinary evaluation.

Research indicates that early diagnosis and intervention is associated with dramatically better outcomes for children with autism. Diagnosis must be based on observation of a child's communication, behaviors, developmental levels, parent or caregiver input regarding a child's typical day and routines and developmental history. A multidisciplinary evaluation team might include: psychologist, speech-language pathologist, occupational therapist, physical therapist, social worker, special educator, etc. It is important that the members of the multidisciplinary team have knowledge about autism spectrum disorders.

The Checklist for Autism in Toddlers (CHAT) is an effective first-level screening tool for children 18 to 36 months of age. Other standardized tests that are used to assess children for possible autism include the Autism Behavior Checklist (ABC), Autism Diagnostic Interview- Revised (ADI-R), Childhood Autism Rating Scale (CARS), and the Pre-Linguistic Autism Diagnostic Observation Schedule (PL-ADOS).

Pediatricians and primary physicians should conduct a comprehensive health evaluation that includes an assessment of hearing and vision, neurological examination, skin exams (for conditions such as tuberous sclerosis or neurofibromatosis), other medical conditions or genetic syndromes or other developmental disorders that are sometimes associated with autism, and addressing other concerns expressed by the parent/caregiver. Testing for allergies is also suggested but there is no evidence that autism is caused or made worse by allergies (especially food allergies).

Effective treatment plans are developed when parents and professionals work together. While professional will use their training and experience to make recommendations regarding intervention models and treatment, parents have unique knowledge regarding the individual strengths and needs that is critical to the development of an individual treatment plan.

New York State Department of Health, Clinical Practice Guidelines on Autism/Pervasive Developmental Disorders is available for parents and professional to help them understand the various models and treatments available for children with ASD, based on scientific evidence and effective practices. For a copy of this booklet, please call 518-473-7016. ♦