



Awareness about Autism Spectrum Disorder

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Autism Spectrum Disorder (ASD), previously known as pervasive developmental disorder, is a neurological and behavioral disorder that manifests in childhood, characterized by repetitive and restricted patterns of behavior along with impairment of social communication and interaction. In addition, impacting various other domains like intellectual ability, language function and behavior. For the diagnosis of ASD, all three components of social communication and interaction are needed - emotional reciprocity, deficits in non-verbal behavior, inability to understand or maintain relationships. In addition, two out of four components of restrictive repetitive interests and activities should be present. These include repetitive movements (rocking, spinning, hand flapping), use of objects or speech, develops specific rituals and becomes disturbed if they are changes, fixated interests of abnormal intensity, excessive or reduced reactivity to sensory input, and unusual interest in sensory aspects of the environment. Several environmental, genetic, immune, infective and neurobiological factors have been proposed as causative factors for this illness [1]. The incidence of ASD has been increasing in the last 30 years, prevalence seen is from 0.1 to 0.6 to 1% of population [2].

A cross sectional Indian study which evaluated the socio demographic and economic aspects of ASD in 600 children reported a male preponderance in ASD. The study observed that girls were brought to medical attention much later as compared to boys. It was also found that children took longer to receive a diagnosis. The prevalence of ASD was higher in middle and high socio-economic strata. The IQ of patients with ASD was lower than normal subjects as well as patients with other psychiatric disorders [3]. The most striking aspect of the study was the finding that there is lack of awareness regarding ASD which delays diagnosis and treatment seeking. Several studies have shown lack of awareness across different regions in the world- India, UK, Pakistan, Singapore [4-6].

Parents as main caregivers need to be educated, it has been proven that creating awareness regarding the disease and training approaches are useful [6]. Questionnaires for quick and reliable identification of ASD are available; viz Child behavior checklist for 1.5 to 5 years and 5-18 years age group [7], and Childhood autism rating scale [8]. It is generally advised to screen at 18 months and 24 months for ASD.

There is requirement of early diagnosis and multi modal strategy for providing aid. Psychological and pharmacological interventions exist which reduce disruptive behaviours, help with language and communication issues. Parents must be educated about social communication milestones, symptoms and obtain first contact with childhood development health services, physicians, nurses and referrals to child development clinics. This will help increase awareness regarding the early symptoms of the spectrum as early detection of ASD is critical for academic and personal growth of the child as well as early treatment interventions [6,9]. By these measures it would be possible to further the intervention for ASD at an earlier stage and as the authors in the study analyzed have pointed out that children have taken longer time to receive diagnosis due to inadequate awareness - generating awareness among the caregivers of these children and making services more accessible and available are possible ways to assure that children are taken at the earliest to a healthcare center [3].

Bibliography

1. American Psychiatric Association. "Diagnostic and Statistical Manual of Mental Disorders (DSM-5) 5th edition". Washington, DC: American Psychiatric Association (2013).
2. Kopetz PB and Lee ED. "Autism worldwide: Prevalence, perception, acceptance, action". *The Social Science Journal* 8 (2012): 196-201.

3. Marella S., et al. "Socioeconomic and demographic profile of autism spectrum disorder". *Medical Journal of Dr. DY Patil University* 14 (2021): 424-431.
4. Hussein AM., et al. "Understanding and awareness of autism among Somali parents living in the United Kingdom". *Autism* 23.6 (2019): 1408-1418.
5. Minhas A., et al. "Parents' perspectives on care of children with autistic spectrum disorder in South Asia-Views from Pakistan and India". *International Review of Psychiatry* 27.3 (2015): 247-256.
6. Shabbir T., et al. "Autism awareness in parents in the age of digital media". *Emergent: Journal of Educational Discoveries and Lifelong Learning (EJEDL)* 2.05 (2021): 54-64.
7. Achenbach TM and Ruffle TM. "The child behavior checklist and related forms for assessing behavioral/emotional problems and competencies". *Pediatrics In Review* 21 (2000): 265-271.
8. Chlebowski C., et al. "Using the childhood autism rating scale to diagnose autism spectrum disorders". *Journal of Autism and Developmental Disorders* 40 (2010): 787-799.
9. Bhavnani S., et al. "I was Confused ... and still am" Barriers Impacting the Help-Seeking Pathway for an Autism Diagnosis in Urban North India: A Mixed Methods Study". *Journal of Autism and Developmental Disorders* (2021).

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