

Autism Alert

Developing social and communication skills can be made a part of school learning if autism is diagnosed in early childhood, say experts

IA Mehta

SEVENTY-YEAR-OLD Ravi has two prime pre-occupations: Mugging up railway time tables and cricket scores. His idea of a conversation is rattling off when the next train would leave from Haflong to Karim and enlisting Kapil Dev's one-day scores in An above average student, he often speaks out of context, doesn't understand jokes and doesn't get the hint when others don't want to listen to his rambling. He has never had any friends because everyone, including his family, thinks he is rather odd. Ravi might come across as a geek, but he is actually a high-functioning autistic. His encyclopaedic knowledge hardly comes as a surprise, given that Isaac Newton was also one. As

in most cases, Ravi's autism was diagnosed in his teens. But considering that many autistic people are never diagnosed, he might be considered lucky.

Ravi's condition, the Asperger's Syndrome, is at one end of the Autistic Spectrum Disorder (ASD), an umbrella term for a group of neuro-development disorders characterised by complex social and communication difficulties. It affects one in 500 children in India. At the other end is the autistic disorder, in which a child exhibits visibly abnormal social interaction, linguistic skills and patterns of interest. ASD, which becomes manifest before a child turns 3, has the dubious distinction of being one of medical science's abiding mysteries: with no known cause and no medication. It also shows a distinct gender bias: One in four cases are boys.

If your child exhibits any of ASD's tell-tale signs before 3 (see box), he must be taken to a child psychiatrist or paediatrician. Diagnosis can take several hours. "The more time you spend with the child, the better," says Merry Barua, who runs the Delhi-based Action For Autism. Says developmental paediatrician Dr Vibha Krishnamurthy, "I observe the child at play. Does he put the doll to bed? How does he talk to his parents? How does he look at you?" A thorough examination would entail matching these observations with the criterion laid down by the Inter Classification of Diseases or the Diagnostic Statistical Manual. The child is also examined for conditions like the Fragile X syndrome associated with autism.

Unfortunately, many children with ASD are misdiagnosed. Says Dr Amit Sen, child psychiatrist at Sitaram Bhatta, "Many children who are clearly in the autistic spectrum are often diagnosed to have Attention Deficit Hyperactivity Disorder. Treating them with medication sometimes makes them worse." Another factor that leads many doctors to conclude that a child is not autistic is attachment behaviour, which is not traditionally associated with autism, but is almost always there. "Concepts about autism have changed very rapidly and someone trained 15-20 years ago needs to get updated," says Sen. The fact that many parents would see general practitioners, says Krishnamurthy, makes things worse.

There are several NGOs and special schools that help a child with ASD develop social and communication skills. Unless the problem is severe, says Dr Smita Deshpande, senior psychiatrist at Ram Manohar Lohia, the child should go to mainstream schools with a special recognition



Graphic: PRANAB

of his or her needs. "The sooner the child is integrated in society, the better it is."

In order to integrate the kids with the 'normal' ones, Barua says, teachers could play an important role. "They could, for instance, make them sit in front of class where there are less distractions. Since the child may have difficulty in responding to his or her name, the teacher could take it more often." Barua should know, having raised and taught her 25-year-old autistic son.

TELLTALE SIGNS



SOCIAL INTERACTION

- Appears hyperactive
- Avoids eye contact
- Does not mix with other children
- May be sensitive to sound or touch
- May not appear to hear
- Doesn't share emotions
- Does not use "pretend play"
- Becomes upset for no apparent reason



LANGUAGE

- Qualitative or quantitative impairment
- Delays in speech
- Doesn't compensate for the lack of language with speech
- Repetitive speech
- Even those who have a good vocabulary may find it difficult to converse with others



RANGE OF INTEREST

- The child remains absorbed in one act— could be clapping hands, stacking up cards or blocks, repetitive tapping, spinning
- The more verbal children would discuss the same topics again and again