

Physiotherapy

Physiotherapy may also be necessary for some children who, in addition to the symptoms of autism, also exhibit physical impairments.

Autism is a type of pervasive developmental disorder (PDD), meaning that deficits in skills are likely to be across several areas of functioning. This could include fine and gross motor skills. If your child has low muscle tone, or trouble with coordination, for example, a physiotherapist may be able to help. It is important to intervene with such problems because they can impact physical and social development. The types of techniques a physiotherapist will use depend on the child's age and stage of development. For infants and toddlers, a physiotherapist may work on sitting, standing, and playing. Parents may be asked to do exercises with the child at home to build muscle strength. As the child gets older (pre-KG and above), the physiotherapist is more likely to work with the child in the school setting. There, he or she will work on more complex skills like catching, kicking, and jumping. As the child gets even older, the physiotherapist will also begin to emphasize the social aspects of physical skills.

TEACCH (Treatment and Education of Autistic and related Communication-handicapped children)

TEACCH is a well-researched cognitive management and life-skills training program that has been established at the University of North Carolina in Chapel Hill, U.S.A., for about 40 years. It has published encouraging reports of its effectiveness. TEACCH programs have been established across Europe, including the United Kingdom. The focus is on the step-by-step instruction in communication and adaptive skill. The child is taught to understand the world around him, think about it and then act. Care is taken to modify the environment in ways which will make it acceptable for the person with autism. TEACCH programs have many components, each independently researched, all integrated into a plan for the person's entire lifespan.

Social Skills Training and Social Stories

This type of training involves teaching individuals with autism social rules and skills, in a situation-specific manner, rather than assuming the person will learn and understand these rules automatically. Social rules include turn-taking, greeting people and sharing. Social problem-solving is also taught; as in what to do and how to behave in a certain situation. Everyday life situations are explained and the child is prompted how to behave. It is precisely in this area that people with autism have the most trouble.

An example of social skills training would be teaching adolescents with autism how to make a phone call, go shopping or behave on a bus. In each case, it is not the physical aspects of the task (how to dial a phone number, or count money) which necessarily pose the difficulties. Instead it is the social conventions that surround these tasks (how to start, maintain and finish a phone call, how to wait politely for one's turn in the queue, or how not to stare at people on the bus). The techniques to achieve this include doing role-plays and using video feedback, as well as basic one-on-one teaching in real situations.

To some extent these skills can be taught, though teachers often report difficulty in getting the person with autism to generalize skills to a new situation, or to even remember to use what they have learned. The final product of "social behaviour," can also come across to other people as rather odd or learned rather than coming across naturally. Finally, there are some important aspects of social skills which have proved very difficult to teach including empathy or sensitivity to other people's feelings.

Medications

There is no drug or medication that can completely treat or cure autism. When prescribing medication, mixtures of drugs should be avoided. The effects of drugs on autistic children are often unpredictable, reflecting these individuals' different brain structure, chemistry and function.

Medication treatment may be useful for co-occurring ADHD, obsessive compulsive disorder, anxiety, severe aggression and mood disorders. Methylphenidate, risperidone, cabamazepine etc., are drugs commonly used. The doctor should discuss the specific reasons for prescribing the medication with all the members involved in the child's management. The physician should also vigilantly monitor the child while they are on the medication to check for unwanted or uncomfortable side effects.

Role of the Physician

Early and accurate diagnosis is one of the greatest services a physician can perform for a family having a child with autism. Autistic children are first and foremost young people, and they deserve all the health promotion and health maintenance available to their age-group. The physician may have to act as an advocate for the family to ensure access to appropriate nutrition and nutritional advice, specialised examinations of hearing and vision, medical specialty consultation, and entrance to appropriate schooling. Maintaining food nutrition is important especially for fussy feeders. Mineral and vitamin supplementation may be recommended. The physician is usually the only resource for the family in search of up-to-date and accurate information on the biology and neuroscience of autism; such information must be presented in plain language and the physician has an ethical obligation to separate fact based on evidence from speculation and prejudice.

The physician is also well placed to monitor the overall function of the family and the marriage, which can be put under immense stress by a child with autism. The physician should be alert to the mental health of each family member, with particular emphasis on depression in caretakers.

Other concerns for individuals with autism

Pica is the eating of inedible items such as soil, paper, house paint, etc. In children with autism this condition could reflect a compulsion or rigid behaviour. In non-autistic children pica is highly associated with iron deficiency anemia and should raise suspicions about lead poisoning.

Sleep is a frequent concern for parents of children with autism and it can be very difficult to manage. A strict sleep schedule is very important for children with autism and their preference for adhering to routine and ritual may be used to help establish better sleep habits.

Dental hygiene is very important for all individuals but it should be especially monitored in children with autism. These children may not be able to convey when they are feeling tooth pain, and may express their discomfort though self-abusive, hyperactive, or other difficult behaviour. A dentist prepared to treat a child with autism will be a valuable addition to your child's intervention team.