Autism spectrum disorder (ASD)

**Autism spectrum disorder (ASD) is a condition that affects social interaction, communication, interests and behaviour.**

In children with ASD, the symptoms are present before three years of age, although a diagnosis can sometimes be made after the age of three.

It's estimated that about 1 in every 100 people in the UK has ASD. More boys are diagnosed with the condition than girls.

There's no "cure" for ASD, but speech and language therapy, occupational therapy, educational support, plus a number of other interventions are available to help children and parents.

Signs and symptoms

People with ASD tend to have problems with social interaction and communication.

In early infancy, some children with ASD don’t babble or use other vocal sounds. Older children have problems using non-verbal behaviours to interact with others – for example, they have difficulty with eye contact, facial expressions, body language and gestures. They may give no or brief eye contact and ignore familiar or unfamiliar people.

Children with ASD may also lack awareness of and interest in other children. They’ll often either gravitate to older or younger children, rather than interacting with children of the same age. They tend to play alone.

They can find it hard to understand other people's emotions and feelings, and have difficulty starting conversations or taking part in them properly. Language development may be delayed, and a child with ASD won’t compensate their lack of language or delayed language skills by using gestures (body language) or facial expressions.

Children with ASD will tend to repeat words or phrases spoken by others (either immediately or later) without formulating their own language, or in parallel to developing their language skills. Some children don’t demonstrate imaginative or pretend play, while others will continually repeat the same pretend play.

Some children with ASD like to stick to the same routine and little changes may trigger tantrums. Some children may flap their hand or twist or flick their fingers when they’re excited or upset. Others may engage in repetitive activity, such as turning light switches on and off, opening and closing doors, or lining things up.

Children and young people with ASD frequently experience a range of cognitive (thinking), learning, emotional and behavioural problems. For example, they may also have [attention deficit hyperactivity disorder (ADHD)](http://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder/Pages/Introduction.aspx), [anxiety](http://www.nhs.uk/conditions/Anxiety/Pages/Introduction.aspx), or [depression](http://www.nhs.uk/conditions/depression/pages/introduction.aspx).

About 70% of children with ASD have a non-verbal IQ below 70. Of these, 50% have a non-verbal IQ below 50. Overall, up to 50% of people with "severe learning difficulties" have an ASD.

Getting a diagnosis

The main features of ASD – problems with social communication and interaction – can often be recognised during early childhood.

Some features of ASD may not become noticeable until a change of situation, such as when the child starts nursery or school.

See your GP or health visitor if you notice any of the signs and symptoms of ASD in your child, or if you're concerned about your child's development. It can also be helpful to discuss your concerns with your child's nursery or school.

Caring for someone with ASD

Being a carer isn't an easy role. When you're busy responding to the needs of others, it can affect your emotional and physical energy, and make it easy to forget your own health and mental wellbeing.

If you're caring for someone else, it's important to look after yourself and get as much help as possible. It's in your best interests and those of the person you care for. You can also call the [Carers Direct helpline](http://www.nhs.uk/conditions/social-care-and-support-guide/pages/carers-direct-helpline.aspx) on 0300 123 1053.

What causes ASD?

The exact cause of ASD is unknown, but it's thought that several complex genetic and environmental factors are involved.

In the past, some people believed the [MMR vaccine](http://www.nhs.uk/Conditions/vaccinations/Pages/mmr-vaccine.aspx) caused ASD, but this has been investigated extensively in a number of major studies around the world, involving millions of children, and researchers have found no evidence of a link between MMR and ASD.

Treating autism spectrum disorder

**There's no 'cure' for autism spectrum disorder (ASD). However, a range of specialist educational and behavioural programmes can help children with ASD.**

It can be difficult to know which intervention will work best for your child, because each person with ASD is affected differently.

Some types of intervention can involve hours of intensive work, and this isn't always possible for many families because of the practical, emotional and financial commitments necessary.

The National Autistic Society website has information about the many different [strategies and approaches available for ASD](http://www.autism.org.uk/approaches).

Any intervention should focus on important aspects of your child's development. These are:

* **communication skills** – such as using pictures to help communicate (as speech and language skills are usually significantly delayed)
* **social interaction skills** – such as the ability to understand other people's feelings and respond to them
* **imaginative play skills** – such as encouraging pretend play
* **academic skills** – the "traditional" skills a child needs to progress with their education, such as reading, writing and maths

The [detailed assessment](http://www.nhs.uk/Conditions/Autistic-spectrum-disorder/Pages/Diagnosis.aspx#Assessment), management and co-ordination of care for children and young people with ASD should involve local specialist community-based multidisciplinary teams (sometimes called "local autism teams") working together. The team may include:

* a paediatrician
* mental heath specialists, such as a psychologist and psychiatrist
* a learning disability specialist
* a speech and language therapist
* an occupational therapist
* education and social care services

Local autism teams should ensure that every child or young person diagnosed with ASD has a case manager or key worker to manage and co-ordinate their treatment, care and support, as well as their transition into adult care.

Psychological treatments

If your child's behaviour is causing problems, they'll be assessed for possible triggers, such as a physical health condition, mental health problem, or environmental factors.

In cases where a child with ASD also has a mental health problem, such as [anxiety](http://www.nhs.uk/conditions/Anxiety/Pages/Introduction.aspx), a psychological treatment may be offered.

Psychological treatments, such as [cognitive behavioural therapy (CBT)](http://www.nhs.uk/conditions/Cognitive-behavioural-therapy/Pages/Introduction.aspx), involve talking to a trained therapist about thoughts and feelings, and discussing how these affect behaviour and wellbeing.

Medication

In some cases, medication may be prescribed to treat some of the symptoms or conditions associated with ASD. For example:

* [**sleeping problems**](http://www.nhs.uk/Conditions/Insomnia/Pages/Introduction.aspx)– this may be treated with a medication such as melatonin
* [**depression**](http://www.nhs.uk/conditions/Depression/pages/introduction.aspx) – this may be treated with a type of medication known as a [selective serotonin reuptake inhibitor (SSRI)](http://www.nhs.uk/conditions/ssris-%28selective-serotonin-reuptake-inhibitors%29/Pages/Introduction.aspx)
* [**epilepsy**](http://www.nhs.uk/CONDITIONS/EPILEPSY/Pages/Introduction.aspx)–this may be treated with a type of medication called an anticonvulsant
* [**attention deficit hyperactivity disorder (ADHD)**](http://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder/pages/introduction.aspx) – this may be treated with a medication such as methylphenidate
* **aggressive and challenging behaviour, such as tantrums or**[**self-harming**](http://www.nhs.uk/conditions/Self-injury/Pages/Introduction.aspx) – this may be treated with a type of medication called an antipsychotic if the behaviour is severe or psychological treatments haven't helped

These medications can have significant side effects and are usually only prescribed by a doctor who specialises in the condition being treated. If medication is offered, your child will have regular check-ups to assess whether it's working.