

Impaired Nonverbal Behaviors May Portend Autism

BY FRAN LOWRY
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ATLANTA — Early identification and intervention are crucial to a good long-term outcome in children with autism, experts agreed at the annual meeting of the American Academy of Pediatrics.

The disorder can be tricky to diagnose; when in doubt, the child should be referred for further evaluation and intervention sooner rather than later, they said.

Red flags that a child may have autism include no pointing or babbling by 1 year; no single words by 16 months; no two-word phrases by 24 months; no pretend play; intense tantrums; and strong resistance to a change in routine, said Dr. Marshelyn Yeargin-Allsopp of the Centers for Disease Control and Prevention, Atlanta.

“The autistic child has a marked impairment in the use of multiple nonverbal behaviors, such as eye-to-eye gaze, [as well as] flat affect, failure to develop peer

relationships, [and] lack of spontaneous seeking to share enjoyment, interests, or achievements with other people, characterized by a lack of showing, bringing, or pointing at objects of interest. They may only eat one type of food, or use repetitive, restricted language if they talk at all,” she said.

Parents often do not recognize these as problems that may portend a diagnosis of autism, but most do worry that something is not quite right with their child. It is

therefore essential to pay close attention to the parents, Dr. Yeargin-Allsopp said.

Autistic children are affectionate but on their own, unique terms. For example, they may form a strong attachment to inanimate objects.

Unfortunately, autism is not rare. Autism spectrum disorders affect an estimated 1 in 166 children, according to the CDC. “You are very likely to see children with an autism spectrum disorder in your practice,” Dr. Yeargin-Allsopp told her audience.

Clinicians should screen for autism in all children at 9, 18, 24, and 30 months. They should refer the child to a specialist as soon as they discover anything that might indicate autism.

“The autistic label is frightening to parents and to professionals, so there is a tendency to wait and see, but waiting is not the best strategy. Early and intense inter-

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vention does make a difference,” she said.

School and learning problems develop in the older child with autism. Children with some form of autism, like Asperger’s syndrome, also can suffer from comorbid conditions such as

depression or anxiety, or both, said Catherine E. Rice, Ph.D., also of the CDC.

Older children with autism may be bullied by their peers, and often develop unusual hobbies. Suicidality and shutting down or withdrawing may increase, especially in children with higher than normal intelligence. Seizure disorder is another important comorbid diagnosis in older autistic children, she said.

Dr. Rice said that telling parents their child may have autism is difficult, but it is better to suggest further testing than to do nothing. “Saying you are ‘a bit concerned about the way Johnny is communicating, so let’s check it out’ is preferable to having to say ‘oops, sorry’ some 10 years later.”

Clinicians also should be aware of the so-called cures for autism that are on the Internet. These include separation from the parents, a yeast-free diet, and chelation therapy.

“It is our belief that there is currently no cure for autism, but a lot of pressure is put on parents to use some of these treatments,” she said.

“However, a lot of progress can be made by helping a family [to] tailor interventions to their child’s needs. Our role as clinicians is to give the family as much support as we can, because a child with autism means a great deal of stress for the family,” she added.

A good acronym to remember is ALARM, added Dr. Yeargin-Allsopp. Published by the AAP, it stands for: Autism is prevalent, Listen to the parents, Act early, Refer, and Monitor. “If [physicians] remember the autism alarm, they’ll be in good shape.”

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