



REVIEW STUDY ON EARLY RECOGNITION OF SYMPTOMS AND PARENTAL CARE FOR AUTISM SPECTRUM DISORDERS CHILDREN

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Article Received on 21/09/2019

Article Revised on 11/10/2019

Article Accepted on 01/11/2019

ABSTRACT

In the current decade, the multidisciplinary approach is popularizing for the treatment of Autism Spectrum Disorders. The early recognition of symptoms and parental care is necessary for a good prognosis. Though the availability of clinical services for children and adolescents with autism spectrum disorder (ASD) and other developmental disorders, and their families are in reach, delayed recognition of the symptoms by parents leads to poor prognosis. The study aims at throwing light on significance of early recognition of symptoms and parental care for autism spectrum disorders children. This literature review was completed using electronic databases. The study had analyzed 30 articles from the years 19 to 2018. The reviewed articles were on autism, autism spectrum disorder, and early recognition of symptoms, prevalence, and parent's awareness. The current study concludes conceptualizing and understanding the significance of early recognition of symptoms, parent's awareness of recent advances in ASD treatment, multidisciplinary approaches, and their motivation.

KEYWORDS: Autism, Autism spectrum disorder, recognition of symptoms, prevalence's, parents awareness.

INTRODUCTION

Definitions and defining features Autism spectrum disorder (ASD)

American Psychiatric Association's Diagnosis and Statistical Manual of Mental Disorders (DSM-5) defines ASD as a single disorder that includes disorders previous classification DSM IV R as autism, Asperger's syndrome, childhood disintegrative disorder and pervasive developmental disorder not otherwise specified.^[1] ASD is a developmental disability that roots into significant social, communication, and behavioral challenges.^[2]

Mayo Clinic Staff, Definition. Diseases and Conditions, Autism spectrum disorder 2014, Autism spectrum disorder (ASD) is a group of childhood neurodevelopmental disorders that begins in children at the age of 3 and below.^[3] Autism spectrum disorder includes autism, childhood disintegrative disorders, and Asperger syndrome. Autism seems to be originating in early brain development. Impairments in ASD virtually affect all socio-occupational functioning children. The features of autistic disorders include impaired reciprocal social interaction, impaired communication skills, repetitive and stereotyped patterns behaviors, interests, and activities.^[4] ASD is associated with intellectual disability; they also face difficulties in motor

coordination and attention. The physical health issues such as sleep and gastrointestinal disturbances are also common in ASD. Some ASD children are gifted; they can excel in visual skills, music, math, and art.

Prevention and prevalence of ASD

The review analysis examines the first research studies regarding the prevalence of autism, which conducted in the 1960s and 1970s in Europe and the United States, reveals commonness estimates in the range of 2 to 4 cases per 10,000 children.^[5,6] This form an impression in people, that autism was a rare childhood disorder. The current study analysis with regard to sex differences the earliest prevalence studies evidenced a consistent sex difference, boys being three to four times more likely to have autism than girls. The study observes the development of diagnostic criteria for autism that occurred in the late 1980s and 1990s, which brought out the difference in autism prevalence studies, globally showed intense increases.^[7-9]

The current study observes; the Centers for Disease Control and Prevention (CDC) estimates globally 1 in 68 school-aged children have an ASD.^[10] The review analysis on observed epidemiological surveys of autistic disorders worldwide shows a wide variation in the prevalence ranging from 4.1 to 94 per 10,000 children with a global median ASD prevalence of 62 cases per 10,

000.^[11] Examining previous reviews demonstrated an average prevalence of ASD in Asia from 1980 onward was reported to be 14.8 per 10,000.^[12] Further on South Asia, the reported prevalence of ASD ranged from 0.09% in India to 1.07% in Sri Lanka. Reviewing Indian studies observed limited documentation describing the prevalence of ASD in India.^[13-16] The estimations found were approximately 1.7–2 million children with ASD in India.

This study finds the pieces of evidence of the global prevalence of ASD are assessed at about 0.7%, even if the evaluations vary with populations.^[17,18] It is found with other evidence on prevalence guesstimates for ASD that have been mounting continuously over recent years, a result which has been ascribed mostly to the inclusion of all ailments of the spectrum into autism prevalence reported that the median of the prevalence of ASD spectrum disorders 62/10 000.^[17] India is the second most overcrowded country on the planet. A large share of the inhabitants of this nation is below 20 years of age, but still, there is a scarcity of data on the prevalence and incidence of many developmental complaints.

One previous literature evidencing a cross-sectional study on children of 1-10 years of age revealed that the prevalence rate of 0.9/1000 and the highest rate detected in rural India.^[15] Another review, a study on the prevalence of autism in Oman demonstrated, 1.4 per 10,000 children, in 2011. Pieces of evidence also demonstrated that underestimation on ASD prevalence's, due to the under-diagnosis and under-reporting of ASD cases.^[18] Additionally, analysis on prevalence by current study evidenced, The Sultan Qaboos University Hospital, Oman estimated in 2015, the national prevalence of ASD around 8.5 cases per 10,000 children but data is not published,^[19] which is much lower than international estimations 60-70 cases per 10,000 children.^[5]

The multidisciplinary approach for the treatment

Dearth of awareness and understanding of ASD among parents are a major reason that contributes to such delay in recognition, consultation, and final diagnosis, all of which eventually lead to poor prognosis and associated comorbidities in the patient. Bearing in mind that ASD children are disadvantageous in some aspects and gifted in some other aspects of life, can develop into their strength. It is conceptualized various allied aspects of ASD children contemporarily multidisciplinary approaches, prioritize to bring the difference in the ASD population. The multidisciplinary approach is popularizing for the treatment of Autism Spectrum Disorders. The specialties include clinical psychology, neuropsychology, speech/language pathology, psychiatry, and developmental pediatrics. Pediatric neurodevelopmental specialists are experts who provide an understanding of healthy brain development and care. They provide personalized testing, diagnosis, and treatment, as well as comprehensive support and follow-up care for the patients. Child and clinical psychologists

report to psychological challenges promote psychological wellness and restore ASD child's quality of life.^[20-22] They work on coordinating care with other medical professionals, school personnel, and care providers to address your child's emotional and behavioral needs. Specialists help and understand related a problem impacting hearing and speech conditions of an ASD child's affecting their day-to-day life. This specialist deal with a common problem faced by ASD children in preschool to community, simple things like hearing mom's voice, understanding the teacher, or asking for a snack can become a source of frustration.^[23] Speech and audiologists provide support and resources include assistance with the social, educational, and emotional challenges that can accompany ASD. Psychiatry and Behavioral Sciences specialist provide services emotional and developmental disorders including ASD children. A neuropsychologist is the specialist who focuses on the psychological and cognitive effects of these conditions, whether they are neurodevelopmental, such as autism, or caused by illness or injury, such as a concussion or brain tumors.^[24]

Yields of parent's awareness and early diagnosis of ASD

Previous researches evidence the presence of observable behaviors and symptoms rather than by etiology for the diagnosis of ASD. Previous studies evidence early diagnosis is an important criterion to start early interventions for the treatment of ASD and reductions in future complications.^[17] Early diagnosis of autism makes use of available and plan interventions, moreover to design effective intervention that has long-term benefits to the patients, reduces the financial burden, and improves the quality of life. The review examination found the evidence; those initial symptoms of autism recognized in infants or children include social difficulties and withdrawal, speech delays, developmental difficulties, and limitations in reciprocating social interaction involving communication, play, or behavior.^[18,25] Commonly every childhood problem that receives a medical diagnosis, in case of ASD, it is evidenced in the previous literature, that the mean age for initial symptom recognition by parents was around 24 months,^[18, 26] while parents had to wait for almost more than 2 years (49.75–55.6 months) before the proper diagnosis of ASD was made.^[20-29] The period between a parent's first recognition of an initial symptom and the eventual diagnosis. Previous studies have evidenced Lack of awareness and understanding of ASD among parents are a major reason that contributes to such delay in recognition, consultation, and final diagnosis, all of which eventually lead to poor prognosis and associated comorbidities in the patient. The study explores approaches of parental identification of ASD among their children, mapping of the treatment pathways followed by parents, and also documents the experiences of parents from identification to definite care.^[30] One of the researches adds to the growing body of evidence

pertaining to the process of parental recognition and the initial diagnosis of ASD and their help-seeking behavior.

CONCLUSION

The study determines in recent years, the increasing prevalence rate paves up, incredibly advanced the treatment of ASD. The advancements in the field focus more on holistic approaches in intervention programs. The interventions advanced through parental involvement, and they consider ASD related problems with a different viewpoint. Intervention methods proved to be challenging in this field with the multidisciplinary approach. The parent's awareness alertness and motivation to conceptualize new advances would bring a difference. The parents' education and paves incredible support to the treatment program. The current study suggests that the treatment for ASD is demanding takes a lot of time and cost. However, external agencies such as government, nongovernment, and other health agencies can support making provisions by starting the centers in different areas, public travel benefits, funding to these health care centers, and so on with concern to public health.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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