



What You Need to Know About Autism

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Could my child be at-risk for autism?

It's hard to consider the possibility of having a child with autism. **The good news**, however, is that children with autism can learn and improve, sometimes significantly with intervention.

Once a mysterious disorder, autism is one of the most common childhood disorders today. It affects one in every 110 children in the U.S. and boys 4 times more frequently than girls.

Research shows that autism affects the way the brain develops early in life and the way a baby begins to collect and process information. But the earlier a child begins treatment, the better the chances for influencing how they learn and improving their long-range outcome. That's why it's so important for families to understand the signs that put a young child "at-risk" for autism and to seek help right away.

Autism affects 1 in 70 boys
in the United States today.

What is Autism?

Autism is a complex disorder characterized by a child's inability to communicate and socialize with others.

A young child with autism may babble or know certain words, but not understand how to use gestures (such as pointing, waving bye bye) or language as a means of interacting with others.

Additionally, children with autism often have repetitive and restricted behaviors and interests, as well as sensitivities to touch, taste, sounds, smells and visual stimuli. These can make everyday activities stressful.

A child with autism often fails to turn and look when his or her name is called.

What signs put a child at-risk?

To date, there are no known biological markers or medical tests for autism. Autism is determined by a combination of behaviors that a child is exhibiting.

A baby at-risk for an Autism Spectrum Disorder (ASD) might:

- Fail to point at things or notice things in his/her environment (i.e., a bird in the sky)
- Seldom respond when his/her name is called
- Often seem preoccupied with unusual objects (i.e., a checkbook or spoon)
- Show distress in new situations
- Seem uninterested or fail to engage during playful interactive games (i.e., peek-a-boo)
- Babble or talk with an unusual tone of voice
- Display unusual hand or body movements
- Exhibit strong sensitivities to touch, sights, or sounds
- Make poor eye contact





Why is early treatment so important?

The most important thing you can do for a child who may be exhibiting at-risk behaviors is to have them evaluated right away.

A child who is not engaging in typical parent-child social interactions such as exchanging smiles, eye contact, and joint attention, is missing important learning experiences and failing to lay the foundations for more complex social behaviors. Beginning treatment during the first few years of life, when the human brain is very “plastic” and highly amenable to change, is critical and offers a child the best opportunity for improvements in language, social behavior and overall IQ scores.

But my child is so young — shouldn't I wait and see?

Everyone knows that it is far more difficult for an older child or adult to learn a second language, while a young child can learn a second language with very little effort. In the same way, research studies have shown that treatments begun during the first few years of life can result in much greater gains than those that begin just a few years later.

I don't want my child labeled for the rest of their life

Beginning a treatment program during the first few years of a child's life does not mean that the child has a label that will stick with him forever. To the contrary, early treatment offers the strongest possibility of changing a child's skills and behaviors so that he no longer needs treatment at all.

Early treatment offers a child the best opportunity for improvement.

Where can I go to find the right help?

If you suspect your child is showing signs or may be at-risk, the first step is to schedule a “developmental evaluation” by an experienced clinician.

The organizations listed below make this easy for families by offering **free** developmental evaluations.

UCSD Autism Center of Excellence

www.autismsandiego.org | (858) 534-6912

San Diego Regional Center

www.sdrc.org | (858) 576-2996

California Early Start and the Hope Infant Program

www.sdcoe.net | (760) 761-5581

You may also want to set up an appointment with your pediatrician, who may refer you to a specialist within your health care plan.

Where do I go for treatment?

If the developmental analysis performed by a professional suggests that your child is experiencing delays consistent with autism, your first call should be to the *San Diego Regional Center*.

San Diego Regional Center

www.sdrc.org | (858) 576-2996

The organization will match you with a case manager and together you will decide what treatments best fit the needs of your child. In San Diego, there are multiple treatment agencies to choose from.

Does my child need an autism diagnosis to get early intervention treatment?

All children who are experiencing delays in language, social behavior or cognition are considered eligible for treatment and a diagnosis of autism is not required.

If you suspect your child may be at-risk for autism, seek help right away.



Commonly Asked Questions

What are the causes of autism?

While many believe that autism occurs due to a combination of genetic and environmental factors, the cause of autism is still unknown. We do not yet know how to predict who will be affected or how to prevent autism from occurring.

There is no conclusive scientific evidence that any part of a vaccine or any combination of vaccines causes autism. More than three-dozen scientific studies have been conducted to investigate the relationship between autism and vaccines, and all reported finding no correlation. Additionally, a 2002 study (by Madsen and Colleagues) showed that the rates of autism were identical for children who were vaccinated and those who were not.

What kinds of treatments are available?

There are a wide range of therapies that exist to treat the symptoms of autism. Those most widely recommended are based on a behavioral and/or a developmental model, designed to increase communication, social and learning skills, as well as reduce any negative behaviors. Some of the commonly used treatments include Pivotal Response Training (PRT), Floor Time (FT), Early Start Denver Model (ESDM), Relationship Development Intervention (RDI) and Discrete Trail Training (DTT).

The Food and Drug Administration (FDA) has not approved any drugs specifically for the treatment of autism. However, sometimes medications are used in conjunction with treatment programs to reduce specific symptoms associated with autism such as seizures, obsessive compulsive disorders and anxiety.

Some families report that their child has been helped with the use of non-traditional or “alternative” treatments. The research in this area, however, is limited.

It is important to understand that children with autism can have treatable conditions in addition to autism, including allergies, sleep and digestive disorders. Treatment for these conditions won't cure autism, but it may improve the lives of those with autism and their families.

As with any treatment, families should find out if there is research evidence to support the benefits of the treatment and if that treatment will address the individual needs of your child.

Do special diets work?

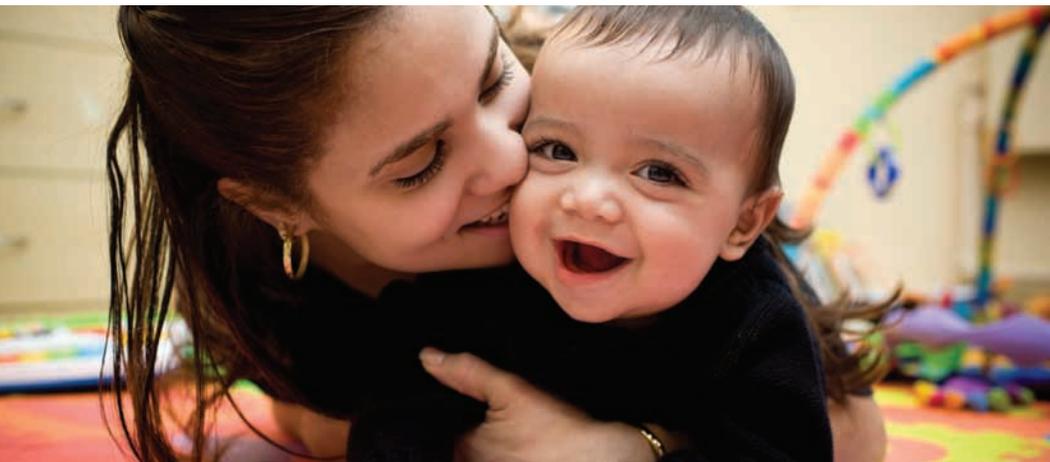
When choosing a diet, it is imperative during early development to make sure that your young child gets the wide range of nutrients, including the

fatty acids, they need to promote healthy brain development.

The most commonly used diet for the treatment of autism is the Gluten Free Casein Free Diet and many parents believe that it has helped their child. Yet, the first randomized double blind study to test the impact of this diet did not show improvement in sleep habits, bowel habits, activity or other core symptoms associated with autism. *(Dr. Hyman, University of Rochester, presentation of findings at IMFAR 2010)*

Is there a cure for autism?

While there may not be a documented cure for autism, early interventions provide the best prognosis for children with autism at this time.



For more information, please go to www.nfar.org

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