



THE CHILDREN'S MEDICAL CENTER OF DAYTON

Pediatric Clips

Child presents with autism —
Eileen Kasten, MD

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Pediatric Clips from The Children's Medical Center are quick reviews of common pediatric conditions.

The Children's Medical Center is the region's pediatric referral center for a 20-county area. As the only facility in the region with a full-time commitment to pediatrics, Children's offers a wide range of services in general pediatrics as well as in 35 subspecialty areas for infants, children and teens. We welcome your inquiries about services available — call 937-641-3666 or e-mail marketing@childrensdayton.org.



Dayton, Ohio

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CASE: CHILD WITH AUTISM

Brad's mother brings him to your office for his routine 2-year-old check up. He has been well, except for a couple of episodes of otitis media in the past six months. However, his family has noticed that he does not seem to

be using as many words as their 20-month-old, and they have been wondering if Brad has a hearing problem. They have also noticed that he seems to be "in his own world" most of the time and they have difficulty engaging his attention. Brad

frequently walks on his toes and his favorite toy is a shoestring. His family recently saw a television show on autism and wonder if Brad might be autistic. How should you assess him?

CASE DISCUSSION

TREATMENT

The autism spectrum disorders, which include autism, pervasive developmental disorders, Rett syndrome and childhood disintegrative disorder, encompass a continuum of disorders with associated behavioral, communicative and cognitive abnormalities. The core features of autism include impaired verbal and nonverbal communication, impaired socialization and restricted and repetitive patterns of behaviors with onset before age 3 years. Recent studies have suggested the prevalence of autism is 3-5 per 1000 children.^{1,2}

The most common autistic symptom is language delay. Parents note that their child does not use language to communicate, but is able to imitate words from favorite TV shows or videos. The child may seem to have lost words, including "Mama" and "Dada." Approximately 30% of children with autism appear to have language regression at about 21 months of age.¹ Parents often express concerns that their child is deaf because of the language delay and because the child seems to ignore them when they speak. However, they note that he is able to hear the television or music without difficulty. Families also note that some children may echo what is

said to them or may repeat things they have heard on TV. In addition to delays in the development of verbal communication, children may have not used pointing and gesturing as frequently.

Social skills are often abnormal, although these delays may be subtle in younger children. Eye contact is frequently noted to be poor with family and strangers, although families may prompt it by holding the child's face. Gaze aversion toward the parent may also be noted. Play or interest in other persons is diminished, but this is difficult to identify in toddlers.

Atypical behaviors that may be noted include hyperactivity and temper tantrums (sometimes prolonged and for no apparent reason). Repetitive behaviors that are sometimes noted include lining things up, hand flapping, spinning (self or objects) and toe walking. However, in the very young child these behaviors may not be present or prominent. Sensory difficulties may include intolerance of some sounds such as the vacuum or a crying baby (while the child may himself scream frequently), fascination with lights or fans, unusual tasting, licking or smelling behaviors and a love of swinging. Some children

are intolerant of haircuts or having their heads touched. Diets are sometimes restricted because of food preferences that may include only three or four foods.

PREVENTION

Routine developmental screening should be offered at every well child visit. Screening for autism is recommended as well. Although there is no specific medical marker for the diagnosis of autism, there are screening tools that may suggest autism is of significant concern and allow referral for more definitive diagnosis and treatment as early as possible. The M-CHAT is a 23-item questionnaire that can be administered to parents in the office who have children 24 months old. Cut-off scores are provided that may suggest increased risk of autism and the need for referral for additional assessment. The Gilliam Autism Rating Scale (GARS) is a parent report scale for children age 3 years and above that assesses signs and symptoms of autism and provides a risk estimate for autism. There are other more definitive assessments (Autism Diagnostic Observation Scale or Autism Diagnostic Interview)

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that are generally administered by psychologists or other developmental specialists.

The medical work up of children diagnosed with autism should include a full audiologic workup and lead screening. High-resolution chromosome studies and screening for fragile X should be considered as well. MRI of the brain, metabolic studies and EEG may be useful in selected cases.

Treatment should include referral to early intervention services for therapy and socialization. Speech, language and occupational therapy services are often useful. Applied Behavioral Analysis (ABA) is a research-proven

behavioral treatment for autism that may be beneficial. Medication management should be reserved for treatment of very specific and disruptive symptoms such as hyperactivity, sleep disruption or self-injurious behaviors.

For additional information, please see:

- www.firstsigns.org
- www.nichd.nih.gov/autism
- www.cdc.gov/ncbddd/autism/actearly
- www.aan.com/professionals/practice/pdfs/gl0063.pdf
- Prevalence of autism in a US metropolitan area. JAMA.2003 Jan 1;289(1):49-55

REFERENCES

1. Diagnosis and treatment of autism spectrum disorders. Curr Probl in Pediatr and Adolesc Health Care. 2003 Oct;33(9):283-304. Review. No abstract available.
2. The incidence of autism in Olmsted County, Minnesota, 1976-1997: results from a population-based study. Arch of Pediatr and Adolesc Med. 2005 Jan;159(1):37-44.

FEATURED SPECIALIST



EILEEN KASTEN, MD, is the director of developmental pediatrics at The Children's Medical Center of Dayton. She is board certified

in pediatrics and is a fellow in the American Academy of Pediatrics. Dr. Kasten completed her medical school

training at Indiana University School of Medicine. She fulfilled her pediatric internship and residency at Riley Children's Hospital in Indianapolis. She came to Dayton Children's from Columbus Children's Hospital where she completed her fellowship in developmental pediatrics.

DEVELOPMENTAL PEDIATRICS

Developmental pediatrics offers a variety of diagnostic and treatment services for children with developmental problems. Developmental pediatrics treats children for developmental delays (including language, cognitive, motor or social

delays), Down syndrome, autism, hypotonia/hypertonia, cerebral palsy and ADHD/LD.

CONTACT INFORMATION

To contact Dr. Kasten or to make a referral, call developmental pediatrics at 937-641-5487.



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