

Quincy Fisher

AUTISM SPECTRUM DISORDER

A guide with 10 key points to design the most
suitable strategy for your child



The logo for COOLTURA, featuring a stylized wave or sun symbol above the word "COOLTURA" in a bold, sans-serif font.

1. Autism Spectrum Disorder, the great challenge

The numbers of children diagnosed with Autism Spectrum Disorder are increasingly significant: a 2016 study by the U.S. Center for Disease Control (CDC) of eight-year-olds in 11 U.S. communities established that 1 of every 54 children fell within this spectrum. The prevalence of this disorder is 4 to 1 in boys and girls, which leads to even more uncomfortable figures when transferred to the study of male children: 1 in 34 children has Autism Spectrum Disorder.

For many years little was known about autism. The 1988 film *Rain Man*, in which Dustin Hoffman played an adult autistic of the “savant” type (extremely intelligent and with an exceptional memory), contributed to forging one of the myths surrounding this disorder. However, that type of autism represents a very small portion of the total. Since the 1990s, autism cases have grown significantly, and so has interest and widespread knowledge about the disorder. Also, complaints about the components of vaccines, primarily mercury and aluminum, have risen.

What exactly is “Autism Spectrum Disorder” (ASD)? It is understood as a neurodevelopmental disorder, which affects development and can manifest itself in behavior (restricted or repetitive behaviors), in communication or in socialization. According to its current classification, it covers a wide spectrum of disorders (Autism, Asperger’s Syndrome, and Pervasive Developmental Disorder Not Otherwise Specified). In turn, it is classified into three different degrees according to the support needed for each area.

The concept of autism was first used in 1908 by Doctor Eugen Bleuer, to refer to isolated schizophrenic patients, but it has come a long way to reach the way it is currently understood. It is a complex diagnosis that includes different disorders and deficits, so that it covers a range of different conditions related to communication, behavior or response to stimuli. That is why it is referred to as an “autistic spectrum”. The spectrum is so broad that it covers children with great cognitive difficulties, children with many abilities who could be considered gifted, children without the ability to speak, children who express themselves very well, and when they become adults it can be applied to people very independent or people with difficulties to carry out daily activities.

The diagnosis of ASD is a great challenge for parents: there is no consensus on the causes that could cause these disorders, nor is there a consensus on its treatment. Associations of parents of children with ASD have become important social actors in many countries of the world, sometimes influencing their actions on different public policies. In addition, they work as containment groups, places for exchange of experiences and information.

Unlike other disorders, the diagnosis is based on observations and not on analysis or studies. Furthermore, as it is a spectrum of fuzzy limits between different alterations, it seems that each case of ASD is located at a specific point in that spectrum that makes it unique. And it also seems that the medical and psychiatric community still has a long journey of research, work and development related to this disorder.

While there is a widespread conception linking autism to a genetic cause, there are branches of studies linking it to gastrointestinal disorders, and there is a movement that points to autism as one of the side effects of vaccines. The increase in the number of children with ASD has brought the word “epidemic”: figures show an exponential increase, and it is one of the fastest growing disorders. A projection of the increase in cases, if the current curve continues, would imply 1 child with ASD for every 2 children by 2032. The genetic explanation as the main cause of ASD comes into a certain contradiction with the rapid advance in the number of cases: genetic changes take many years. Then the increase in cases is explained by the changes in the classification of diseases and disorders, which as we will see are implemented every certain number of years through diagnostic manuals. However, studies have been done, analyzing specific populations over decades, which conclude that the change in classification could explain only a percentage of the new cases.

It is then that other theories seem to gain attention: those that refer to toxicities, pesticides or environmental contamination, vaccines and their components, processed food. In relation to this last variable, different lines of approach to ASD have emerged since the 1990s that related behavioral disorders, socialization and communication with intestinal disorders. Different treatments emerged, ranging from gluten and casein free diets to bowel cleanings carried out with sodium chlorite activated with hydrochloric acid.

The most common treatment for ASD has been, for decades, the behavioral type, which seeks an improvement in the response to stimuli. Drug-based treatments are also widely used, but it is often said that the only thing they “control” are some of the effects of ASD, such as the most violent episodes, but they do not work on the causes of the disorder.

In the pages that follow, we will review the classification of ASD according to the 2013 *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) of 2013, and the changes from the