

# About Autism

## Why Was My Child Diagnosed with Autism? And What Does It Mean?

Your child has been diagnosed with autism spectrum disorder and you have asked for help. This is an important turning point in a long journey. For some families, it may be the point when, after a long search for answers, you now have a name for something you didn't know what to call, but you knew existed. Perhaps you suspected autism, but held out hope that an evaluation would prove otherwise. Many families report mixed feelings of sadness and relief when their child is diagnosed. You may feel completely overwhelmed. You may also feel relieved to know that the concerns you have had for your child are valid. Whatever it is you feel, know that thousands of parents share this journey. You are not alone. There is reason to hope. There is help. Now that you have the diagnosis, the question is, where do you go from here? The **Autism Speaks 100 Day Kit** was created to help you make the best possible use of the next 100 days in the life of your child. It contains information and advice collected from trusted and respected experts on autism and parents like you.

## Why Does My Child Need a Diagnosis of Autism?

Parents are usually the first to notice the early signs of autism. You probably noticed that your child was developing differently from his or her peers. The differences may have existed from birth or may have become more noticeable later. Sometimes, the differences are severe and obvious to everyone. In other cases, they are more subtle and are first recognized by a daycare provider or preschool teacher. Those differences, the symptoms of autism, have led



thousands of parents like you to seek answers that have resulted in a diagnosis of autism. You may wonder: *Why does my child need a diagnosis of autism?* That's a fair question to ask - especially when right now, no one is able to offer you a cure. Autism Speaks is dedicated to funding global biomedical research into the causes, prevention, treatments and a possible cure for autism. Great strides have been made and the current state of progress is a far cry from the time when parents were given no hope for their children. Some of the most brilliant minds of our time have turned their attention toward this disorder.

*It is important to remember that your child is the same unique, lovable, wonderful person he or she was before the diagnosis.*

There are, however, several reasons why having a diagnosis is important for your child. A thorough and detailed diagnosis provides important information about your child's behavior and development. It can help create a roadmap for treatment by identifying your child's specific strengths and challenges and providing useful information about which needs and

skills should be targeted for effective intervention. A diagnosis is often required to access autism-specific services through early intervention programs or your local school district.

## How is Autism Diagnosed?

Presently, we don't have a medical test that can diagnose autism. As the symptoms of autism vary, so do the routes to obtaining a diagnosis. You may have raised questions with your pediatrician. Some children are identified as having developmental delays before obtaining a diagnosis of autism and may already receive some **Early Intervention** or **Special Education** services. Unfortunately, parents' concerns are sometimes not taken seriously by their doctor and as a result, a diagnosis is delayed. Autism Speaks and other autism-related organizations are working hard to educate parents and physicians, so that children with autism are identified as early as possible.

Your child may have been diagnosed by a **developmental pediatrician**, a **neurologist**, a **psychiatrist** or a **psychologist**. In some cases, a team of specialists may have evaluated your child and provided recommendations for treatment. The team may have included an **audiologist** to rule out hearing loss, a **speech & language therapist** to determine language skills and needs and an **occupational therapist** to evaluate physical and motor skills. A multi-disciplinary evaluation is important for diagnosing autism and other challenges that often accompany autism, such as delays in motor skills. If your child has not been evaluated by a multi-disciplinary team, you will want to make sure further evaluations are conducted so that you can learn as much as possible about your child's individual strengths and needs.



**For more information, visit the Autism Speaks Autism Treatment Network at [autismspeaks.org/atn](https://autismspeaks.org/atn).**

Once you have received a formal diagnosis, it is important to make sure that you ask for a comprehensive report that includes the diagnosis in writing, as well as recommendations for treatment. The doctor may not be able to provide this for you at the appointment, as it may take some time to compile, but be sure to follow up and pick up this helpful necessary report as soon as it's available.

## What is Autism?

**Autism spectrum disorder (ASD)** and **autism** are both general terms for a group of complex disorders of brain development. These disorders are characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviors. With the May 2013 publication of the fifth edition of the **American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders** (commonly referred to as the DSM-5), all autism disorders were merged into one umbrella diagnosis of ASD. Previously, they were recognized as distinct subtypes, including autistic disorder, **childhood disintegrative disorder**, **pervasive developmental disorder-not otherwise specified (PDD-NOS)** and **Asperger Syndrome**. The DSM is the main diagnostic reference used by mental health professionals and insurance providers in the United States.

You may also hear the terms Classic Autism or Kanner's Autism (named after the first psychiatrist to describe autism) used to describe the most severe form of the disorder. Under the current DSM-5, the diagnosis of autism requires that at least six developmental and behavioral characteristics are observed, that problems are present before the age of three and that there is no evidence of certain other conditions that are similar.

**There are two domains where people with ASD must show persistent deficits:**

- 1) persistent social communication and social interaction**
- 2) restricted and repetitive patterns of behavior**

More specifically, people with ASD must demonstrate (either in the past or in the present) deficits in social-emotional reciprocity, deficits in nonverbal communicative behaviors used for social interaction and deficits in developing, maintaining and understanding relationships. In addition, they must show at least two types of repetitive patterns of behavior, including stereotyped or repetitive motor movements, insistence on sameness or inflexible adherence to routines, highly restricted, fixated interests, hyper or



hyporeactivity to sensory input or unusual interest in sensory aspects of the environment. Symptoms can be currently present or reported in past history. In addition to the diagnosis, each person evaluated will also be described in terms of any known genetic cause (e.g. Fragile X syndrome, Rett syndrome), level of language and intellectual disability and presence of medical conditions such as seizures, anxiety, depression and/or gastrointestinal (GI) problems.

The DSM-5 has an additional category called **Social Communication Disorder (SCD)**. This allows for a diagnosis of disabilities in social communication, without the presence of repetitive behavior. SCD is a new diagnosis and much more research and information is needed. There are currently few guidelines for the treatment of SCD. Until such guidelines become available, treatments that target social-communication, including many autism-specific interventions, should be provided to individuals with SCD.

**To read the whole DSM-5 criteria, please visit [autismspeaks.org/dsm-5](http://autismspeaks.org/dsm-5).**

## How Common is Autism?

Autism statistics from the U.S. Centers for Disease Control and Prevention (CDC) released in March 2014 identify around 1 in 68 American children as on the autism spectrum – a ten-fold increase in prevalence in 40 years. Careful research shows that this increase is only partly explained by improved diagnosis and awareness. Studies also show that autism is four to five times more common among boys than girls. An estimated 1 out of 42 boys and 1 in 189 girls are diagnosed with autism in the United States.

ASD affects over 2 million individuals in the U.S. and tens of millions worldwide. Moreover, government autism statistics suggest that prevalence rates have increased 10% to 17% annually in recent years. There is no established explanation for this continuing increase, although improved diagnosis and environmental influences are two reasons often considered.

## What Causes Autism?

Not long ago, the answer to this question would have been “we have no idea.” Research is now delivering the answers. First and foremost, we now know that there is no one cause of autism, just as there is no one type of autism. Over the last five years, scientists have identified a number of rare gene changes or mutations associated with autism. Research has identified more than 100 autism risk genes. In around 15% of cases, a specific genetic cause of a person’s autism can be identified. However, most cases involve a complex and variable combination of genetic risk and environmental factors that influence early brain development.



In other words, in the presence of a genetic predisposition to autism, a number of non-genetic or environmental influences further increase a child’s risk. The clearest evidence of these environmental risk factors involves events before and during birth. They include advanced parental age at time of conception (both mom and dad), maternal illness during pregnancy, extreme prematurity, very low birth weight and certain difficulties during birth, particularly those involving periods of oxygen deprivation to the baby’s brain. Mothers exposed to high levels of pesticides and air pollution may also be at higher risk of having a child with ASD. It is important to keep in mind that these factors, by themselves, do not cause autism. Rather, in combination with genetic risk factors, they appear to modestly increase risk.

A small but growing body of research suggests that autism risk is lower among children whose mothers took prenatal vitamins (containing folic acid) in the months before and after conception.

Increasingly, researchers are looking at the role of the immune system in autism. Autism Speaks is working to increase awareness and investigation of these and other issues where further research has the potential to improve the lives of those who struggle with autism.

While the causes of autism are complex, it is abundantly clear that it is not caused by bad parenting. Dr. Leo Kanner, the psychiatrist who first described autism as a unique condition in 1943, believed that it was caused by cold, unloving mothers. Bruno Bettelheim, a renowned professor of child development, perpetuated this misinterpretation of autism. Their promotion of the idea that unloving mothers caused their children’s autism created a generation of parents who carried the tremendous burden of guilt for their child’s disability. In the 1960s and 70s, Dr. Bernard Rimland, the father of a son with autism who later founded the Autism Society of America and the Autism Research Institute, helped the medical community understand that autism is a biological disorder and is not caused by cold parents.

## More Information about Symptoms of Autism

Autism affects the way an individual perceives the world and makes communication and social interaction difficult. Autism spectrum disorders (ASD) are characterized by social-interaction difficulties, communication challenges and a tendency to engage in repetitive behaviors. However, symptoms and their severity vary widely across these three core areas. Taken together, they may result in relatively mild challenges for someone on the high functioning end of the autism spectrum. For others, symptoms may be more severe, as when repetitive behaviors and lack of spoken language interfere with everyday life.

*It is sometimes said that if you know one person with autism, you know one person with autism.*

While autism is usually a life long condition, all children and adults benefit from interventions, or therapies, that can reduce symptoms and increase skills and abilities. Although it is best to begin intervention as soon as possible, the benefits of therapy can continue throughout life. The long term outcome is highly variable. A small percentage of children lose their diagnosis over time, while others remain severely affected. Many have normal **cognitive skills**, despite challenges in social and language abilities. Many individuals with autism develop speech and learn to communicate with others. Early intervention can make extraordinary differences in your child's development. How your child is functioning now may be very different from how he or she will function later on in life.

**The information following on the social symptoms, communication disorders and repetitive behaviors associated with autism is partially taken from the National Institute of Mental Health (NIMH) website.**



### *Social symptoms*

Typically developing infants are social by nature. They gaze at faces, turn toward voices, grasp a finger and even smile by 2 to 3 months of age. By contrast, most children who develop autism have difficulty engaging in the give-and-take of everyday human interactions. By 8 to 10 months of age, many infants who go on to develop autism are showing some symptoms such as failure to respond to their names, reduced interest in people and delayed babbling. By toddlerhood, many children with autism have difficulty playing social games, don't imitate the actions of others and prefer to play alone. They may fail to seek comfort or respond to parents' displays of anger or affection in typical ways.

Research suggests that children with autism are attached to their parents. However, the way they express this attachment can be unusual. To parents, it may seem as if their child is disconnected. Both children and adults with autism also tend to have difficulty interpreting what others are thinking and feeling. Subtle social cues such as a smile, wave or grimace may convey little meaning. To a person who misses these social cues, a statement like "Come here!" may mean the same thing, regardless of whether the speaker is smiling and extending her arms for a hug

or frowning and planting her fists on her hips. Without the ability to interpret gestures and facial expressions, the social world can seem bewildering.

Many people with autism have similar difficulty seeing things from another person's perspective. Most five-year-olds understand that other people have different thoughts, feelings and goals than they have. A person with autism may lack such understanding. This, in turn, can interfere with the ability to predict or understand another person's actions.

It is common – but not universal – for those with autism to have difficulty regulating emotions. This can take the form of seemingly “immature” behavior such as crying or having outbursts in inappropriate situations. It can also lead to disruptive and physically aggressive behavior. The tendency to “lose control” may be particularly pronounced in unfamiliar, overwhelming or frustrating situations. Frustration can also result in self-injurious behaviors such as head banging, hair pulling or self-biting.

Fortunately, children with autism can be taught how to socially interact, use gestures and recognize facial expressions. Also, there are many strategies that can be used to help the child with autism deal with frustration so that he or she doesn't have to resort to challenging behaviors. We will discuss this later.

## *Communication difficulties*

Young children with autism tend to be delayed in babbling, speaking and learning to use gestures. Some infants who later develop autism coo and babble during the first few months of life before losing these communicative behaviors. Others experience significant language delays and don't begin to speak until much later. With therapy, however, most people with autism do learn to use spoken language and all can learn to communicate.

Many nonverbal or nearly nonverbal children and adults learn to use communication systems such as pictures, sign language, electronic word processors or even speech-generating devices.

When language begins to develop, people with autism may use speech in unusual ways. Some have difficulty combining words into meaningful sentences. They may speak only single words or repeat the same phrase over and over. Some go through a stage where they repeat what they hear verbatim (echolalia).

Many parents assume difficulties expressing language automatically mean their child isn't able to understand the language of others, but this is not always the case. It is important to distinguish between expressive language and receptive language. Children with difficulties in expressive language are often unable to express what they are thinking through language, whereas children with difficulties in receptive language are often unable to understand what others are saying. Therefore, the fact that your child may seem unable to express him or herself through language does not necessarily mean he or she is unable to comprehend the language of others. Be sure to talk to your doctor or look for signs that your child is able to interpret language, as this important distinction will affect the way you communicate with him or her.

It is important to understand the importance of pragmatics when looking to improve and expand upon your child's communication skills. **Pragmatics** are social rules for using language in a meaningful context or conversation. While it is important that your child learns how to communicate through words or sentences, it is also key to emphasize both when and where the specific message should be conveyed. Challenges in pragmatics are a common feature of spoken language difficulties in children with autism. These challenges may become more apparent as your child gets older.

Some mildly affected children exhibit only slight delays in language or even develop precocious language and unusually large vocabularies – yet have difficulty sustaining a conversation. Some children and adults with autism tend to carry on monologues on a favorite subject, giving others little chance to comment. In other words, the ordinary “give-and-take” of conversation proves difficult. Some children with ASD with superior language skills tend to speak like little professors, failing to pick up on the “kid-speak” that's common among their peers.

Another common difficulty is the inability to understand body language, tone of voice and expressions that aren't meant to be taken literally. For example, even an adult with autism might interpret a sarcastic "Oh, that's just great!" as meaning it really is great.

Conversely, individuals affected by autism may not exhibit typical body language. Facial expressions, movements and gestures may not match what they are saying. Their tone of voice may fail to reflect their feelings. Some use a high-pitched sing-song or a flat, robot-like voice. This can make it difficult for others to know what they want and need. This failed communication, in turn, can lead to frustration and inappropriate behavior (such as screaming or grabbing) on the part of the person with autism. Fortunately, there are proven methods for helping children and adults with autism learn better ways to express their needs. As the person with autism learns to communicate what he or she wants, challenging behaviors often subside.

**Children with autism often have difficulty letting others know what they want or need until they are taught how to communicate through speech, gestures or other means.**

## *Repetitive behaviors*

Unusual repetitive behaviors and/or a tendency to engage in a restricted range of activities are another core symptom of autism. Common repetitive behaviors include hand-flapping, rocking, jumping and twirling, arranging and rearranging objects and repeating sounds, words or phrases. Sometimes the repetitive behavior is self-stimulating, such as wiggling fingers in front of the eyes.

The tendency to engage in a restricted range of activities can be seen in the way that many children with autism play with toys. Some spend hours lining up toys in a specific way instead of using them for pretend play. Similarly, some adults are preoccupied with having household or other objects in a fixed order or place. It can prove extremely upsetting if

someone or something disrupts the order. Along these lines, many children and adults with autism need and demand extreme consistency in their environment and daily routine. Slight changes can be extremely stressful and lead to outbursts.

Repetitive behaviors can take the form of intense preoccupations or obsessions. These extreme interests can prove all the more unusual for their content (e.g. fans, vacuum cleaners or toilets) or depth of knowledge (e.g. knowing and repeating astonishingly detailed information about Thomas the Tank Engine or astronomy). Older children and adults with autism may develop tremendous interest in numbers, symbols, dates or science topics.

**Many children with autism need and demand absolute consistency in their environment.**



## Unique Abilities that May Accompany Autism

Along with the challenges that autism involves, you may have noticed that your child also exhibits areas of strength. Although not all children have special talents, it is not uncommon for individuals with autism to have exceptional skills in math, music, art and reading, among others. These areas of expertise can provide great satisfaction and pride for the child with autism. If possible, incorporate your child's areas of expertise into his or her everyday activities and use them whenever possible as a way for him or her to learn and excel.



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**The following is adapted from Sally Ozonoff, Geraldine Dawson and James McPartland's *A Parent's Guide to Asperger's Syndrome and High-Functioning Autism*.**

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Just as individuals with autism have a variety of difficulties, they also have some distinctive strengths. Some of the strengths that individuals with autism have may include:

- ***Ability to understand concrete concepts, rules and sequences***
  - ***Strong long term memory skills***
  - ***Math skills***
  - ***Computer skills***
  - ***Musical ability***
  - ***Artistic ability***
  - ***Ability to think in a visual way***
  - ***Ability to decode written language at an early age (This ability is called *Hyperlexia* – some children with autism can decode written language earlier than they can comprehend written language.)***
  - ***Honesty – sometimes to a fault***
  - ***Ability to be extremely focused – if they are working on a preferred activity***
  - ***Excellent sense of direction***
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## “How Can My Child Have Autism When He Seems So Smart?”

From *Does My Child Have Autism?* by Wendy Stone

Right now you might be thinking about all the things your child with autism learned at a much younger age than other children you know. And yes, you are right: there are also things that children with autism learn on their own much faster than their typically developing peers or siblings. For example, they can be very good at learning to pick out their favorite DVD from a stack, even when it's not in its case. They may learn at a very young age how to operate the remote controls to the TV and DVD player so that they can rewind their videos to their favorite parts (or fast forward through the parts they don't like). They can be very creative in figuring out ways to climb up on the counter to reach a cabinet that has their favorite cereal or even how to use the key to unlock the dead bolt on the back door so they can go outside to play on the swing. Clearly, these are not behaviors that you would even think about trying to teach a two-year-old child. And yet some children with autism somehow manage to acquire these skills on their own. How can we understand this inconsistency between the things children with autism do and don't learn? How can a child who can't put different shapes into a shape sorter learn to turn on the TV and DVD player, put a DVD in and push the play button? How can a child who can't understand a simple direction like “get your coat” figure out how to unlock a door to get outside?

What accounts for this unique learning style? In a word: *motivation*. We all pay attention better to the things that interest us, so we become much more proficient at learning them. Understanding what is motivating to your child (all children are different) will be one of the keys to increasing their learning and their skills. Your child's special talents may be part of his unique and inherent learning style and nature.

# Physical and Medical Issues that May Accompany Autism

## *Seizure disorders*

**Seizure Disorder**, also called **epilepsy**, occurs in as many as one third of individuals with autism spectrum disorder. Epilepsy is a brain disorder marked by recurring seizures or convulsions. Experts propose that some of the brain abnormalities that are associated with autism may contribute to seizures. These abnormalities can cause changes in brain activity by disrupting neurons in the brain. Neurons are cells in the brain that process and transmit information and send signals to the rest of the body. Overloads or disturbances in the activity of these neurons can result in imbalances that cause seizures.

Epilepsy is more common in children who also have **cognitive** deficits. Some researchers have suggested that seizure disorder is more common when the child has shown a regression or loss of skills. There are different types and subtypes of seizures and a child with autism may experience more than one type. The easiest to recognize are large “grand mal” (or **tonic-clonic**) seizures. Others include “petit mal” (or **absence**) seizures and **subclinical seizures**, which may only be apparent in an **EEG** (electroencephalogram). It is not clear whether subclinical seizures have effects on language, cognition and behavior. The seizures associated with autism usually start either early in childhood or during adolescence, but may occur at any time. If you are concerned that your child may be having seizures, you should see a neurologist. The neurologist may order tests that may include an **EEG**, an **MRI** (Magnetic Resonance Imaging), a **CT** (Computed Axial Tomography) and a **CBC** (Complete Blood Count). Children and adults with epilepsy are typically treated with **anticonvulsants** or seizure medicines to reduce or eliminate occurrences. If your child has epilepsy, you will work closely with a neurologist to find the medicine (or combination of medicines) that works the best with the fewest side effects and to learn the best ways to ensure your child’s safety during a seizure.

You can find more information about autism and epilepsy at [autismspeaks.org/family-services/epilepsy](http://autismspeaks.org/family-services/epilepsy).



## *Genetic disorders*

Some children with autism have an identifiable genetic condition that affects brain development. These genetic disorders include Fragile X syndrome, Angelman syndrome, tuberous sclerosis, chromosome 15 duplication syndrome and other single-gene and chromosomal disorders. While further study is needed, single gene disorders appear to affect 15 to 20% of those with ASD. Some of these syndromes have characteristic features or family histories, the presence of which may prompt your doctor to refer your child to a geneticist or neurologist for further testing. The results can help increase awareness of associated medical issues and guide treatment and life planning.

## *Gastrointestinal (GI) disorders*

Many parents report **gastrointestinal (GI)** problems in their children with autism. The exact prevalence of gastrointestinal problems such as **gastritis, chronic constipation, colitis** and **esophagitis** in individuals with autism is unknown. Surveys have suggested that between 46 and 85% of children with autism have problems such as chronic constipation or diarrhea. One study identified a history of gastrointestinal symptoms (such as abnormal pattern of bowel movements, frequent constipation, frequent vomiting and frequent abdominal pain) in 70% of the children with autism. If your child has similar symptoms, you will want to consult a **gastroenterologist**, preferably one who works with people with autism. Your child's physician may be able to help you find an appropriate specialist. Pain caused by GI issues is sometimes recognized because of a change in a child's behavior, such as an increase in self-soothing behaviors like rocking or outbursts of aggression or self-injury. Bear in mind that your child may not have the language skills to communicate the pain caused by GI issues. Treating GI problems may result in improvement in your child's behavior. Anecdotal evidence suggests that some children may be helped by dietary intervention for GI issues, including the elimination of dairy and gluten containing foods. *(For more information, see [Gluten Free Casein Free diet in the treatment section of this kit.](#))* As with any treatment, it is best to consult your child's physician to develop a comprehensive plan. In January 2010, Autism Speaks initiated a campaign to inform pediatricians about the diagnosis and treatment of GI problems associated with autism.

**For additional information from the Official Journal of American Academy of Pediatrics, go to: [pediatrics.aappublications.org/cgi/content/full/125/Supplement\\_1/S1](http://pediatrics.aappublications.org/cgi/content/full/125/Supplement_1/S1).**

**For information that can be shared with your child's doctor, go to: [autismspeaks.org/press/gastrointestinal\\_treatment\\_guidelines.php](http://autismspeaks.org/press/gastrointestinal_treatment_guidelines.php).**



## *Sleep dysfunction*

Is your child having trouble getting to sleep or sleeping through the night? Sleep problems are common in children and adolescents with autism. Having a child with sleep problems can affect the whole family. It can also have an impact on the ability of your child to benefit from therapy. Sometimes sleep issues may be caused by medical issues such as **obstructive sleep apnea** or **gastroesophageal reflux** and addressing the medical issues may solve the problem. In other cases, when there is no medical cause, sleep issues may be managed with behavioral interventions including **“sleep-hygiene”** measures, such as limiting the amount of sleep during the day and establishing regular bedtime routines. There is some evidence of abnormality of **melatonin** regulation in children with autism. While melatonin may be effective for improving the ability of children with autism to fall asleep, more research is needed. Melatonin or sleep aids of any kind should not be given without first consulting with your child's physician.

**For additional information on sleep issues visit: [autismspeaks.org/science/resources-programs/autism-treatment-network/tools-you-can-use/sleep-tool-kit](http://autismspeaks.org/science/resources-programs/autism-treatment-network/tools-you-can-use/sleep-tool-kit).**

## *Sensory Integration Dysfunction*

Many children with autism experience unusual responses to **sensory stimuli** or input. These responses are due to difficulty in processing and integrating sensory information. Vision, hearing, touch, smell, taste, the sense of movement (**vestibular system**) and the sense of position (**proprioception**) can all be affected. This means that while information is sensed normally, it may be perceived much differently. Sometimes stimuli that seem “normal” to others can be experienced as painful, unpleasant or confusing by a child with **Sensory Integration Dysfunction (SID)**, the clinical term for this characteristic. (SID may also be called Sensory Processing Disorder or Sensory Integration Disorder.) SIDs can involve hypersensitivity (also known as **sensory defensiveness**) or hyposensitivity. An example of hypersensitivity would be an inability to tolerate wearing clothing, being touched or being in a room with normal lighting. **Hyposensitivity** might be apparent in a child’s increased tolerance for pain or a constant need for sensory stimulation. Treatment for Sensory Integration Dysfunction is usually addressed with occupational therapy and/or sensory integration therapy.

## *Pica*

**Pica** is an eating disorder involving eating things that are not food. Children between 18 and 24 months of age often eat nonfood items, but this is typically a normal part of development. Some children with autism and other developmental disabilities persist beyond the developmentally typical timeframe and continue to eat items such as dirt, clay, chalk or paint chips. Children showing signs of persistent mouthing of fingers or objects, including toys, should be tested for elevated blood levels of lead, especially if there is a known potential for environmental exposure to lead. You should speak to your doctor about these concerns so he or she can help you with treatment. Your child’s doctor will help you to assess if your child needs a behavioral intervention or if it is something that can be managed at home.



**Visit the Autism Speaks Tool Kits page to download tool kits with information and resources related to pica for both parents and professionals at [autismspeaks.org/family-services/tool-kits](https://autismspeaks.org/family-services/tool-kits).**

## *Mental health*

Oftentimes a child diagnosed with ASD may receive an additional diagnosis such as **Attention Deficit Hyperactivity Disorder (ADHD)**. **ADHD** and anxiety are quite common and addressing these diagnoses properly can help your child make great strides. Recent studies suggest that 1 in 5 children on the autism spectrum also has ADHD and 30% struggle with an **anxiety disorder** such as social phobia, separation anxiety, panic disorder and specific phobias. The classic symptoms of ADHD include chronic problems with inattention, impulsivity and hyperactivity. However, these or similar symptoms can likewise result from autism. For this reason, it is important that evaluation be made by someone with expertise in both disorders. A recent study found that just 1 in 10 children with autism and ADHD was receiving medication to relieve the ADHD symptoms.

In regards to anxiety, children with autism express anxiety or nervousness in many of the same ways as typically developing children. Understandably, many individuals with ASD have trouble communicating how they feel. Outward manifestations may be the best clues. In fact, some experts suspect that outward symptoms of anxiety – such as sweating and acting out – may be especially prominent among those with ASD. This can include a racing heart, muscular tensions and stomachaches. It is important for your child to be evaluated by a professional who has expertise in both autism and anxiety so he or she can provide the best treatment options for your child.

