

Chapter 1

Insights of Perspectives of Autism Spectrum Disorder


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ABSTRACT

The complicated neurological disorder known as autism spectrum disorder (ASD) is typified by limited interests and repetitive behaviors in addition to difficulties with social communication. Subtle morphological and functional changes, even in the absence of overt brain pathology, have been observed in several investigations using post-mortem analysis and neuroimaging techniques. While genetic research was previously thought to be useful in defining subtypes, it has primarily produced results that are relevant to a variety of populations that are not exclusively autistic. Accurate clinical assessment and management, which usually start with developmental screening and referral for comprehensive diagnosis, including screening

DOI: 10.4018/979-8-3693-8176-2.ch001

for comorbid conditions, depend on an understanding of and attention to factors affecting prevalence rates, including modifications in diagnostic criteria. ic criteria.

1. INTRODUCTION

Autism is a multifaceted disorder that encompasses repetitive and restricted interests and activities as well as effects on language development, social interaction, and communication (Hodges et al., 2020). Asperger's disorder, disintegrative disorder, atypical autism, and Pervasive Developmental Disorder Not Otherwise Specified (PDDNOS) are among the conditions in this spectrum (Kishore et al., 2019). A multidisciplinary team is involved in the diagnosis process, which includes evaluating cognitive state, adaptive behaviors, aberrant behavior, fine and gross motor abilities, and verbal and nonverbal communication (Ippolito et al., 2022). Abnormal social interaction along with self-focus, poor connection, disorganization, and synaptogenesis are the hallmarks of this illness (Frye, 2018).

Autism Spectrum Disorder's neuropathological and genetic roots are starting to become clear. Children with autism spectrum disorders may avoid making eye contact, mimic behaviors like turning around, and point with their parent's hand rather than their own when indicating what they want (Mishra et al., 2019). They do not have empathy for other kids or adults, so if they go into a room with toys on one side and kids on the other, they might ignore the other kids (Khalifeh et al., 2016). They may not play pretend games like feeding a doll or react when called by name if they don't have joint attention, which means they might not even look when you point to an aircraft in the sky (Sevin et al., 2015). Language delays and echolalia, or repeating words or phrases instead of using regular language, are common in children with autism (Rinaldi et al., 2023). They could find things that spin fascinating, like the washing machine, or they might flip over toy vehicles and start them on their wheels. Many kids forget the language or abilities they learned earlier in life (Pickles et al., 2022).

These symptoms were categorized into two categories by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM 5): the repetitive behavior domain and the social communication and interaction domain, which include deficiencies in verbal and nonverbal communication (Lim et al., 2018). Children must exhibit two symptoms in the repetitive behavior area and at least three in the social communication and interaction domain to be officially diagnosed with ASD (Beuker et al., 2013). It is not acceptable to attribute these symptoms to general developmental delays. Consequently, additional diagnoses must be taken into consideration if there are significant gross motor or fine motor delays (Tervo, 2006). Additionally, specifiers like linguistic and cognitive ability, associations

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