

Chapter 7

Autism and Dementia: Shared Traits

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ABSTRACT

Autism Spectrum Disorder (ASD) and dementia are two distinct neurological conditions that affect millions of individuals worldwide. While they are primarily diagnosed in different age groups—ASD being usually diagnosed in early childhood and dementia commonly in older adults—there are intriguing similarities in their neurological, cognitive, and behavioral profiles. Understanding these shared traits enriches the existing knowledge of each condition and enhances diagnostic and therapeutic approaches. This chapter explores the shared traits of autism and dementia, shedding light on their shared traits and implications for clinical practice.

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1. INTRODUCTION

Autism Spectrum Disorder (ASD) is a neurodevelopmental behaviorally defined lifelong marked by difficulties in social interaction and the presence of repetitive or restricted behaviors and interests (American Psychiatric Association, 2013b). Even though ASD is a single condition it is characterized by significant heterogeneity, in various aspects like development trajectories, gender, cognitive and adaptive functioning, communication abilities, reflected in the term "spectrum" (Georgiades et al., 2013; Kamp-Becker, 2024; Wozniak et al., 2017). For example, while many individuals with ASD experience intellectual challenges, others exhibit cognitive abilities comparable to those of typically developing individuals. As a result, individuals with ASD are often categorized as high-functioning or low-functioning (Hirota & King, 2023). However, it is important to understand that the spectrum is not a linear severity scale. Instead, it represents a complex and diverse range of characteristics unique to each person with autism (Ali *et al.*, 2023).

The diagnosis of ASD includes the specification of symptoms that occur in the subject individual and of the level of support this individual needs due to these symptoms, particularly in the context of social communication impairments and obsessive behaviors (American Psychiatric Association, 2013b). The level of severity determines the level of support. A severity level is given to the individual for each context independently and “a combined score of overall severity should NOT be calculated” (American Psychiatric Association, 2013a). There are four levels of severity—0, 1, 2, and 3—with the first expressing no need for interference, the second indicating a need for support, the third indicating a need for substantial support, and the fourth indicating a need for very substantial support. Moreover, common comorbidities should be mentioned. For example, intellectual impairment, language impairment, genetic conditions -like Rett Syndrome- catatonia and other neurodevelopmental, mental or behavioral disorders should be specified (American Psychiatric Association, 2013b).

Dementia is a clinical syndrome characterized by a significant decline in cognitive functioning that interferes with a person's ability to perform everyday activities. It affects approximately 55 million people worldwide, with nearly 10 million new cases each year, according to the World Health Organization (World Health Organization, 2025). It is a broad term that encompasses various specific medical conditions, including Alzheimer's disease, vascular dementia, and frontotemporal dementia (FTD), among others. Dementia is often associated with aging, but it can also occur in younger individuals, leading to early-onset dementia. This condition is particularly concerning as it impacts individuals in the prime of their lives, affecting their ability to work, maintain relationships, and manage personal affairs (Cipriani *et al.*, 2020).

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