

Autism or New Autisms? A Psychologist Point of View

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Received date: 20 July 2016; Accepted date: 27 July 2016; Published date: 03 August, 2016

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Editorial

In the last decade, there have been an increasing number of children with autism. However, these children also showed a new, different, somewhat “strange”, form of autism.

As psychologists, we used to deal with a clear set of behavioral, stable and obvious, characteristics, where interventions such as ABA, Denver, TEACCH, or CBT, that even if needed a lot of work, led to measurable and fairly predictable results over time. In recent years, we have found to work with different children. Indeed, in subgroups of autistic children, we see to suddenly disappear what we were dealing with and were calling as a “problem behaviors” not thanking to psycho-educational interventions, but with medical interventions on the intestine or with the modification of diet. In other subgroups we see children becoming more alert and present with the use of anti-inflammatory drugs and food supplements. We see in others language improvements with the use of vitamin complex.

In these cases, what we are talking about? Why in some children specific biomedical interventions are effective and in others not? It is still classical autism on which we spent hours on university books? Because, personally, on university books we found no trace of anything...We did not read about gut-brain axis, or immune response and inflammation of the brain. So, when we find ourselves in front of these children, we are faced with what? What is autism? Or rather...Is it still autism?

Children engaged in alternative therapeutic approaches to behavioral interventions are children of parents who have not satisfied by the official answers of medicine and have turned to other professional alternatives. Sometime, these interventions are expensive and not always with a robust scientific background. They are children of parents who become informants for new clinical research hypotheses and parents who find themselves having to juggle between chemistry and biochemistry. Result? ...Confusion. So much confusion. And even worse, many approaches and unclear techniques. They are children of parents who are confronted on the web-network that passes information, therapeutic suggestions...some with amazing results, many others with disappointments and improvisation. Fighting against the time, facing with scared numbers and few clear answers and definitive horizons.

In DSM-V, the American Psychiatric Association has changed the part about autism eliminating diagnostic subcategories of Pervasive Developmental Disorders and unifying the definition of “autism spectrum” [1]. Recommendations regarding diets and supplements without sufficient scientific evidence have been added. It is also recommended that gastrointestinal symptoms occurring in children and adolescents with autism spectrum disorder are being treated in the same way as normal developing children. But we know that curing

candidiasis or parasitic infections in some autistic patients is able to improve self-injurious behaviors and sleep disorders in which it is recommended instead of the use of melatonin.

We should take in account the researches published in the most important scientific journals on the microbiota-gut-brain axis [2]. As well as the experiences of some parents and clinicians.

Autism is still under the term “mental disorder”, but probably it is no longer enough. And likely we are underestimating the whole body for convenience to observe just the symptoms and not the symptoms within a complex biochemical circuit that makes up the human being. How many psychiatrists who deal with autism are able to observe a symptom to 360 degrees? How many neuropsychiatric ask if the child has a history of gastrointestinal disorders (which are often not considered by the parents themselves faced with a diagnosis of the clinical spectrum, except at direct request)? How many of them require blood tests to check improper reactions of the immune system? Or check allergies/deficiencies/inflammation? We should recognize that, in the cases where there are confirmed co-morbidities, medical interventions drive clear improvements in areas where the behavioural clinician works. And this can not only be randomness. One person might observe that if a normal developing child has gastrointestinal symptoms, he has also a worse performance. However, if a normal developing child takes some drug and he shows improvement, we do not treat him with a training to improve its attention ability during a stomach ache; it would be crazy and unethical. But in some cases, it is exactly what we do on some children. We interpret some symptoms as autism and then we perform psycho-educational intervention to contain that behaviour. Then, parents give some drug to the child and that behaviour disappears, without intervention and often without understanding why.

The need for further research is obvious, but we should ask if is needed a multidisciplinary intervention on every individual case, on every single autism of every single child.

Sometimes the autistic spectrum is represented as a puzzle. Where the psychiatrist alone cannot put the pieces. It is necessary that a multidisciplinary team observes the child and his body...Then, the puzzle can be gradually more complete and clear.

In my daily clinical experience, I often find myself thinking about these children as a plant in a broken vase. With behavioural intervention, we continue to water and then the flower can blossom anyway...But if we found a way to fix the vase...How much less water use? How much would be nice the flower?

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