

Autism: The Role of Education and Medication

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DESCRIPTION

Autism is a neurodevelopmental disorder characterized by challenges with social communication, and by restricted and repetitive behaviors. It is now considered part of the wider autism spectrum. The term 'autism' was historically used to refer specifically to Kanner autism is one of five Pervasive Developmental Disorders (PDDs), which are marked by widespread impairments in social interactions and communication, severely limited interests, and extremely repetitive behavior. These signs do not indicate illness, frailty, or emotional distress. In terms of symptoms and aetiology, Asperger syndrome is the most similar to autism. Rett syndrome and childhood disintegrative disease exhibit some of the same symptoms as autism, although they may be caused by different things. When the criteria for a more specific disease are not satisfied, PDD not otherwise specified is diagnosed. Asperger syndrome does not cause a significant delay in language development.

Individuals with severe impairments, who may be silent, developmentally disabled, and prone to frequent repetitive behaviors, because the behavior spectrum is infinite, the distinctions between diagnostic groups must be arbitrary. Applied Behavior Analysis (ABA), developmental models, structured teaching, speech and language therapy, social skills therapy, and occupational therapy are all common educational interventions used to treat depression, anxiety, and obsessive-compulsive disorder in adults without intellectual disabilities.

Interventions either treat autistic traits holistically or focus treatment on a single area of impairment, depending on which approach is used. The quality of research on Early Intensive Behavioral Intervention (EIBI), which is a therapy technique

including over thirty hours per week of organized. ABA for infants is currently low, and more rigorous research designs with bigger sample numbers are required. Structured and naturalistic ABA therapies, as well as Developmental Social Pragmatic Models (DSP), are two theoretical frameworks for early childhood intervention.

A parent training model is one interventional strategy that educates parents how to execute various ABA and DSP procedures, allowing them to spread therapies on their own. Various DSP methods have been developed to explicitly give intervention systems to parents in their homes. Despite the fact that parent training models are still in their early stages of development, they have been shown to be beneficial in multiple trials and are considered a likely effective way of treatment. When behavioral treatment fails to integrate a child into home or school, medications may be used to treat ASD symptoms that impede with integration. They may also be utilized to treat underlying health issues like ADHD or anxiety.

Antidepressants, stimulants, and antipsychotics are the most prevalent drug groups provided to children in the United States who have been diagnosed with ASD. Risperidone and Aripiprazole, two atypical antipsychotic medications, have been approved by the Food and Drug Administration (FDA) to treat related aggressive and self-injurious behaviors. However, the possible advantages must be evaluated against the potential negative effects, and autistic persons may react differently. Weight gain, fatigue, drooling, and aggressiveness are all possible side effects. Antidepressants such as fluoxetine and fluvoxamine, as well as the stimulant methylphenidate, hence this has been proven to be effective in reducing repetitive and ritualistic behaviors in some children with co-morbid inattentiveness or hyperactivity.

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