

Mechanism, Diagnosis and Management of Asperger Syndrome

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DESCRIPTION

The neurological condition Asperger syndrome (AS), often known as Asperger's, is characterized by substantial challenges in social interaction and nonverbal communication, as well as by constrained and repetitive patterns of behaviour and interests. Instead of localized effects, Asperger syndrome appears to be caused by developmental variables that influence most or all functional brain systems. Although the precise causes of Asperger syndrome and what sets it apart from other forms of Autism spectrum disorder (ASD) are unknown, and despite the lack of a distinct pathology that all Asperger syndrome sufferers have, it is still possible that AS has a unique mechanism from other ASDs.

Neuroanatomical research and connections to teratogens strongly imply that altering brain development soon after pregnancy is part of the mechanism. The ultimate structure and connection of the brain may be impacted by abnormal prenatal development, leading to altered neural circuits that regulate thinking and behaviour. There are numerous ideas of mechanism, but none is likely to offer a comprehensive explanation.

Diagnosis

Asperger's Syndrome is no longer recognized as a distinct medical diagnosis. It is one of the many ailments that make up autism spectrum disorder [1,2]. A paediatrician should be called if a parent is worried about their child's social development, weird linguistic habits, or strange behaviours. If a specialist is needed, such as a developmental paediatrician, psychologist, or other clinician with experience in ASD, the paediatrician can decide whether the child needs to be evaluated [3].

Often, testing and assessment involve a group of medical and psychiatric experts. The professionals will interrogate the parent extensively regarding their child's development, present abilities, and issues. They will also engage in interactions with the child and carry out assessments to determine what symptoms the child displays when engaging in social interactions. They might also evaluate the kid's cognitive and linguistic skills. To make sure the child has no other medical issues, a doctor may interrogate or

suggest tests [4]. Diagnoses for Asperger's Syndrome, often known as "Autism Spectrum Disorder - without intellectual or language impairment," can be challenging. This disorder is occasionally mistaken for others like Attention Deficit Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD), or Oppositional Defiant Disorder (ODD) [5,6].

The assessor will be more able to make the right diagnosis if they carefully consider the child's social and communication abilities, their patterns of behaviour and thought, and how these symptoms have changed over time.

Management of asperger syndrome

ASD treatment should be tailored for needs or those of child. Even the best treatment won't be effective if a child or adult doesn't accept it as the best option for them. A successful treatment strategy builds on their strengths and promotes improvement in their weak areas. To continue assisting them in succeeding in school, the workplace, and in life, progress should be continuously tracked and treatment should be modified as needed. There are no medications that are only used for ASD. Without the use of medicine, some people with Asperger's syndrome or related conditions can have happy lives.

The symptoms for someone's kids are experiencing will determine whether or not doctor will recommend medication. Reducing the amount of medications for child use can also be accomplished by concentrating on addressing only the symptoms that are a concern. Discuss whether antidepressants, antipsychotics, and other medications are right for kids with doctor because they may have serious negative effects [7].

REFERENCES

1. Wallen K. Hormonal influences on sexually differentiated behaviour in nonhuman primates. *Front neuroendocrinol.* 2005; 26(1):7-26.
2. Strous RD, Golubchik P, Maayan R, Mozes T, Tuati-Werner D, Weizman A, et al. Lowered DHEAS plasma levels in adult individuals with autistic disorder. *Eur Neuropsychopharmacol.* 2005; 15(3):305-309.

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Received: 27-Feb-2023, Manuscript No. JCDSHA-23-22090; **Editor assigned:** 02-Mar-2023, PreQC No. JCDSHA-23-22090 (PQ); **Reviewed:** 17-Mar-2023, QC No. JCDSHA-23-22090; **Revised:** 24-Mar-2023, Manuscript No. JCDSHA-23-22090 (R); **Published:** 31-Mar-2023, DOI: 10.35248/2375-4427.23.11.244
Citation: Ruta L (2023) Mechanism, Diagnosis and Management of Asperger Syndrome. *J Commun Disord.* 11: 244

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3. Baron-Cohen S. The extreme male brain theory of autism. *Trends Cogn Sci.* 2002; 6(6):248-254.
4. Compagnone NA, Mellon SH. Neurosteroids: biosynthesis and function of these novel neuromodulators. *Front neuroendocrinol.* 2000; 21(1):1-56.
5. Cutler Jr GB. The role of estrogen in bone growth and maturation during childhood and adolescence. *J steroid biochem mol biol.* 1997; 61(3-6):141-144.
6. Henningsson S, Jonsson L, Ljunggren E, Westberg L, Gillberg C, Råstam M, et al. Possible association between the androgen receptor gene and autism spectrum disorder. *Psychoneuroendocrinol.* 2009; 34(5):752-761.
7. Ingudomnukul E, Baron-Cohen S, Wheelwright S, Knickmeyer R. Elevated rates of testosterone-related disorders in women with autism spectrum conditions. *Horm behav.* 2007; 51(5):597-604.