

Attention and Adaptive Behaviors in Children with Autism Spectrum Disorder

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ABSTRACT

Adaptive behavior characteristics were investigated in a clinical sample of well-characterized children with ASD aged one to three years. Method Profiles were compared to a group of children with developmental delays who did not have ASD. Adaptive functioning covers daily living skills (e.g., dressing and grooming oneself), social skills, and communication skills, all of which are necessary for living independently. Adaptive behavior impairments are seen in children with Autism Spectrum Disorders (ASD) across all areas. The two most common neurodevelopmental disorders in children are autism spectrum disorder (ASD) and attention deficit and hyperactivity disorder (ADHD). The DSM-5 recognizes a diagnosis of ADHD and ASD in combination, whereas the DSM-IV does not. The goal of this study was to identify and assess the adaptive profile of children and adolescents with comorbid ADHD and ASD, as compared to adaptive performance in patients with only ASD or ADHD diagnoses.

INTRODUCTION

People gain a combination of conceptual, social, and practical abilities that enable them to function in their daily life, which is referred to as adaptive behavior. All approaches that define intellectual and developmental disorders include adaptive behavior as a diagnostic criterion. One of the Common mental disorders affecting children is Attention Deficit Hyperactivity Disorder (ADHD). Inattention, hyperactivity, and impulsivity are all symptoms of ADHD. When disruption in the classroom and difficulty with school obligations occur, ADHD is frequently detected in school-aged children. It is more common in boys than in girls. Social competence impairment is frequent in neurodevelopmental disorders and must be addressed thoroughly [1]. The diagnostic overlap and similarities between ADHD and ASD have piqued researchers' curiosity in recent years. ASD and ADHD co-occurrence has been found to grow with age, with school-aged children showing more clearly. Furthermore, a rise in inattention and impulsivity in tandem with an increase in ASD severity may be able to predict the degree of difficult behaviors and social skills deficiencies in toddlers, and this population should be closely assessed. Additionally, people with ASD are more likely to have psychiatric comorbidities [2].

In terms of adaptive functions, some research revealed that children with ASD+ADHD had a worse adaptive functioning and a lower quality of life than children with ASD alone, while others observed different profiles depending on cognitive level and age.

The characteristic of ASD is a unique social-communication core deficiency, which is linked with restricted and repetitive behaviors (RRBs). Both ASD and ADHD are the result of interactions between various hereditary and environmental variables that affect complex neurobiological systems beginning in the womb. These interactions are expected to play a role in the two illnesses' unique developmental trajectories, clinical features, and prognosis. Children with ADHD can have unusual social issues [3]. Self-regulation difficulties, low social skills adaptation level, and attention concerns are hypothesized to be linked to social competences in ADHD, which can affect the overall ability to handle social information. Children with predominantly inattentive ADHD (PI) are more docile, less aggressive, less forceful, and less aware of acceptable social behavior than children with mixed ADHD (CB).

Children with PI are more likely to be socially neglected than regular those, while children with CB are more likely to be socially rejected. Children with ADHD may have a low social effect; their seclusion and/or intrusive approaches to other children may be misinterpreted as a lack of social awareness, similar to ASD. Both ADHD and ASD have challenges with executive function (EF) on a neuropsychological level, even though the EF deficiencies differ between the two conditions [4,5].

ADHD is characterized by inhibitory dysfunction, whereas ASD is characterized by central coherence and theory of mind abnormalities. Studies looking at the impact of ADHD on ASD

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have found conflicting results when it comes to the severity of autistic symptoms. Furthermore, some studies have found that children with both diseases have a psychological load that is more severe. Children with ASD and ADHD were found to be more likely than children with ASD alone to have conduct issues, anxiety, or depression symptoms [6].

CONCLUSION

Health, education, and public health institutions must collaborate and establish integrated, sufficiently funded, and staffed systems to offer appropriate care to all children and families affected by ASD. Screening and surveillance should be used to enable accurate and early detection, cost-effective and timely diagnosis, fast implementation of evidence-based therapies, and the elimination of inequities in access to care for children with ASD. To avoid delays in diagnosis and treatment, clinicians should respond appropriately to family or clinical concerns as well as screening results.

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