

This information can be obtained through The Resource Foundation for Children with Challenges Disorder Zone website located at: <http://www.specialchild.com/disorder.html>. The Disorder Zone has been created for educational purposes only and is not intended to serve as medical advice. The information provided in The Zone should not be used for diagnosing or treating a health problem or disease. It is not a substitute for professional care. If your child has any health concerns, please consult your health care provider.

Asperger syndrome

Introduction

Asperger syndrome (AS) is a neurobiological disorder characterized by a specific pattern of behaviors and deficiencies in social and communication skills. AS was first described in 1944 by a Viennese pediatrician, Hans Asperger, and was added to the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) in 1994. The formal definition of AS is relatively to the American professional community.

AS is estimated to occur in 1 out of every 500 live births and is more common in boys than girls. Currently the cause of AS is unknown, however there are cases where the cause appears to be genetic.

Features and Characteristics

Following is a list of characteristics commonly seen in individuals with AS:

- Difficulty with social skills
- Inability to develop peer relationships
- Socially and emotionally inappropriate responses (they tend to misread social situations)
- Naive and gullible
- Unaware of others' feelings
- Difficulty with transitions or change
- Obsessiveness with routines
- Repetitive motor mannerisms
- Areas of special interest, particularly in intellectual areas (math, science, reading) or parts of objects
- Tendency to rock, fidget, or pace
- Difficulty with nonverbal communication (limited use of gestures, clumsy body language, inappropriate facial expressions, stiff gaze)
- Sensitivity to sights, tastes, sounds, or smells
- Unusually accurate memory for details
- Preoccupation with their own agenda (in their "own world")
- Normal to superior intellectual abilities
- Difficulty understanding what they've heard or read
- Formal manner of speaking
- Talks at length about a subject or repeats a word or phrase many times
- Unusually loud or monotonous voice
- Physically awkward, clumsy and uncoordinated motor movements
- Sleeping or eating problems

Diagnosis

There is no medical test available for AS. Instead, professionals use the Diagnostic and Statistical Manual of Mental Disorders to confirm or rule out the diagnosis. The behaviors mentioned in the DSM IV must cause a significant interference in the individual's social abilities or other areas of functioning. In addition, there must be no significant delay in cognitive abilities, self-help skills, interest in the environment, or overall language development. A diagnosis can typically be made between ages 3 and 5 years.

Treatment

There is no specific course of treatment for AS, however, commonly used treatments include psychotherapy, parent education and training, behavioral modification, social skills training, and educational interventions.

It is important for the staff at the child's school to understand that the child with AS has a developmental disorder which causes him to behave differently from others. They must individualize their approach to working with the child and may need to provide educational support services. The school counselor should be involved as well to assist the child in developing social skills and to provide emotional support.

In the classroom, it has been suggested that: the child should have consistent and structured routines; rules and guidelines should be clearly expressed; teachers should take advantage of the child's special interest by incorporating it into the teaching process; visuals should be used (charts, pictures, lists); simple communication should be used (avoid sarcasm and figurative speech); the teachers should ensure that all other adults coming in contact with the child are aware of his needs; and power struggles should be avoided, as the children will just become more stubborn and uncooperative.

While active speech therapy is typically not needed, it may be helpful for the school's speech pathologist to assist the teacher in finding ways to address language problems. In addition, if the child exhibits motor clumsiness, an occupational therapist may be able to provide some assistance with improving motor skills.

In some cases, medication may be necessary, particularly in the older child, to help with anxiety, depression, inattention problems, significant compulsive problems, or ritualistic behaviors.

What to Expect

Individuals with AS can have symptoms ranging from mild to severe. Although the problems and symptoms seen in individuals with AS change over time, AS is not a disorder that can be "outgrown." Problems are often first noted when the child enters preschool. There may be the tendency to avoid social interaction, problems with sustaining conversation, repetitiveness when conversing, odd verbal responses, preference for a routine, difficulty with social/emotional responses, hyperactivity, aggression, appearance of being in their own world, and the tendency to focus on objects.

When the child is ready for kindergarten, it is likely that he or she will be in a mainstreamed educational setting. The child may be thought of by others as odd or unusual. For the child with severe problems, a special education setting may be recommended. For most, academic progress is quite good in the elementary years. The child may begin to show an interest in developing relationships, however, their skills in making and keeping friends are typically weak.

As the child moves into middle school and high school, the problems continue to exist in socialization and behavioral adjustment. At this age, and because most children with AS are in mainstreamed educational settings, they are often misunderstood by teachers or other students. They may be mistreated, left out, and teased by their peers. Outbursts and lack of cooperation are often seen in the child with AS due to the desire, but inability, to fit in; depression is not uncommon. Academic performance usually continues to be strong. This can benefit the child, as in high school, they may be accepted and develop friendships with the group of "smart kids" or "nerds."

As the child enters adulthood, it is likely that he or she will function independently. It is common for adults to find a career that fits their special interest. Many individuals with AS do marry, however, the social and emotional aspects of the relationship can be particularly challenging. Adults with AS also sometimes experience depression and anxiety.

This information can be obtained through The Resource Foundation for Children with Challenges Disorder Zone website located at: <http://www.specialchild.com/disorder.html>. The Disorder Zone has been created for educational purposes only and is not intended to serve as medical advice. The information provided in The Zone should not be used for diagnosing or treating a health problem or disease. It is not a substitute for professional care. If your child has any health concerns, please consult your health care provider.