

The Autism Spectrum Disorder (ASD): How Much do we Know?

Astudillo MN*

Department of Pediatric Neurology, San Francisco de Quito Hospital, Ecuador

***Corresponding author:** Alvaro Nicolay Astudillo Marino, Department of Pediatric Neurology, San Francisco de Quito Hospital, Ecuadorian Institute of Health, Pediatrician and Pediatric Neurologist, Tel: 5215559878790; E-mail: nicoastudilloneuropedia@hotmail.com

Editorial

Volume 2 Issue 1

Received Date: July 04, 2017

Published Date: July 06, 2017

Editorial

The autistic spectrum disorder (AED) is a disorder that was first included in the manual for the diagnosis and classification of mental illness in the year 1980 in DSM-III, later this disorder remained within Of a major chapter called generalized developmental disorders, where there was a more extensive subclassification; Which consisted of describing disorders such as Autistic Disorder, Asperger's Syndrome, Childhood Disintegrative Syndrome or Heller Syndrome, Rett Syndrome, and generalized unspecified developmental disorder.

Its original description was made in 1938 by Leo Kanner, an Austrian psychiatrist, who described his description after 8 cases, including five children and three girls, with alterations in the basic pillars of the diagnosis of autism, that is, disorder The development of communication and language, alteration in social interaction and restricted interests and activities. Its publication was made in the year 1943, in the book titled "Autistic Alterations of the affective contact". However, a year later (1944) and probably without knowing the works of Kanner, Hans Asperger, a Viennese pediatrician, describes several cases with certain characteristics similar to those of Kanner, but with what would be known at the moment as more "functional" Describing in this way what until 2013 after the publication of the DSM-V, would be called Asperger's Syndrome. The spread of Asperger's work was slowed because his works were in the German language and it is Lorna Wing that translates them in 1981, where it begins the popularization of the term Asperger Syndrome.

There have been descriptions of some early "signs" within the first four years, which have been observed retrospectively in patients with autism such as: absence

of anticipatory behavior, absence of eye contact, irritability, sleep disorder, indifference by Parents, does not point out with intent to share or teach, in appropriate emotional reactions, echolalic speech, fixing the gaze to the void, self-stimulation movements (fluttering, tiptoeing, turning on itself).

The diagnosis of autism is strictly clinical, based on DSM-V criteria. So far no reliable biomarker exists, so that it can be diagnosed in a way or measured objectively in some way. Therefore, to date, the diagnosis is clinical and the use of studies such as magnetic resonance, electroencephalography, will be performed when there is data of structural-functional cerebral alteration or suspicion of seizures respectively. The levels of attendance should be staged at three levels (I, II, III) depending on the characteristics of their social communication and restricted and repetitive behaviors.

The treatment is oriented from several perspectives: non-pharmacological treatment in which several types of therapies are included, which include those of behavior modification (ABA, TEACHH, SCERTZ), multisensory, cognitive behavioral, occupational, without any superior To others, however, it is worth mentioning the great help that patients receive with TEACHH therapy. Pharmacological treatment will be based on associated behaviors or pathology such as anxiety and depression. These drugs include: serotonin reuptake inhibitors, antipsychotics such as risperidone, aripiprazole.

There are currently new publications that relate the pathophysiology of autism with metabolic disorders, related to the electron system in the enzymes of the respiratory chain, folic acid metabolism, ascorbic acid, among others, which have opened up a therapeutic

possibility of support for these patients, such as: supplements with coenzyme Q, folic acid, ascorbic acid. Another of these explanatory theories makes reference to the permeable intestine syndrome, in which it is postulated that there would be a permeability of the intestine, allowing the passage of substances resulting

from the metabolism of a dysbiotic flora composed by several species of clostridium and candida albicans, which theoretically would achieve Enter the cerebral circulation through the circumventricular organs. All these hypotheses must still be studied in larger studies.