

Does Autism Spectrum Disorder (ASD) change over time? Dr Avril V Brereton

ASD is a neurodevelopmental disorder. That means that it is a brain disorder that changes as the person gets older.

When a person has ASD, there is generally a pattern of improvement from childhood to adolescence and adulthood, and for most individuals, symptoms decrease over time¹



The preschool years

At first, a young child with ASD is often disinterested in others, doesn't understand feelings of other people, and his/her speech may be absent or delayed. Little children with ASD may be upset by even small changes and have a range of sensory sensitivities. Special interests, and repetitive body movements may become more noticeable after three years of age.

Many parents find the pre-school years the most difficult to manage but, with early intervention, education, and support improvement can be expected.

Early intervention that improves learning abilities can lead to better social and language skills in adolescence and early adulthood². For example, if a preschool aged child develops skills such as functional play, is responsive to others, can engage in joint attention and make social requests, they are more likely to have better language skills in the future².

The primary school years

Parents often report that these years are more settled for their child with ASD and the whole family, particularly when the transition to school has been carefully planned and there is ongoing support from the school. With education and understanding, primary school aged children usually become more socially responsive and communication skills increase.

Because the child is now out and about in the social world of school and peers, coping with change and social demands may lead to behavioural difficulties and anxiety. Preoccupations or special interests may also increase at this time. Helping to build stronger social skills during middle childhood has been shown to lead to improvements during adolescence².

Adolescence

Young people with ASD experience all the same changes and growth in body and mind that other adolescents do, but their ASD continues to affect the core areas of social interaction, communication and behaviour. Parents have described more social interaction, less repetitive behaviours, better daily living skills, and more emotional responsiveness in their teenage sons and daughters with ASD.

High-functioning adolescents with ASD (normal IQ range) have been reported to show more improvement than adolescents with ASD and intellectual disability².

For some, adolescence can bring an increase in anxiety, tension and mood disturbance. This may be due to a combination of the development of some degree of insight as well as hormonal and developmental changes at this time.

Opportunities for social involvement with peers leads to more social awareness and better daily living skills in adolescents with ASD. Focusing intervention programs in the area of social skills is important².

Adults with ASD

Children and teenagers with ASD grow up to be adults with ASD. Although outcome for adults has improved over recent years, many remain dependent on others for support. Those with an intellectual disability (ID) may have more ASD symptoms and behavioural difficulties than those without ID³. Some adults achieve relatively high levels of independence. For most, challenges continue including the ability to live alone, have close friends, or permanent employment. Appropriate educational

facilities, help with supported living and accommodation and the development of wider social support networks are some of the ongoing needs of adults with ASD. Recognition, monitoring, and treatment of physical and mental health is recommended.

References

1. Seltzer, M., Krauss, M., Shattuck, P., Orsmond, G., Swe, A. and Lord, C. (2003). The Symptoms of Autism Spectrum Disorders in Adolescence and Adulthood. *Journal of Autism and Developmental Disorders*, 33, 565-581.
2. McGovern, Corina W., and Marian Sigman. (2005). "Continuity and change from early childhood to adolescence in autism." *Journal of Child Psychology and Psychiatry* 46.4: 401-408.
3. Howlin, Patricia, et al. (2004). "Adult outcome for children with autism." *Journal of Child Psychology and Psychiatry* 45.2: 212-229.