

Autism Spectrum Disorder in Children and its Consequences

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Relevance. The problem of autism spectrum disorders is one of the most urgent in modern psychiatry, which is due to the steady increase in the number of children suffering from early childhood autism. Recently, the number of patients diagnosed with autism has increased, partly due to changing approaches to diagnosis. One of the main priorities of the national policy in the field of mental health of children and adolescents is to work to reduce disability due to mental illnesses by preventing the development of mental disorders and developmental disorders in children [2,3].

Materials and methods of research. The following methods were used in the work: clinical-dynamic, clinical-psychopathological, catamnestic tracking, psychological testing. The first group includes children who attend kindergartens and schools with a special approach. Было включено 45 children with a diagnosis of RDA were included. Who are diagnosed with forms of early childhood autism with a continuously sluggish and paroxysmal course (procedural autism - 11, Kanner syndrome - 12, Asperger's syndrome-8, schizoid disorder -5).

Results and discussions. According to L. Wing (1981) and M. Rutter (1983), specific pathological features of cognitive processes occupy a central place in the structure of autism syndrome. All other abnormal manifestations are associated with the primary pathology of cognitive activity.

1-table. Clinical and demographic features of children diagnosed with early childhood autism

Types of	autism Age of children	Number of children	%
Procedural childhood autism	6-7	16	44.4
With Kanner	's syndrome 5-7	12	35.5
With Asperger's syndrome Asperger	's syndrome 5-7	8	
Schizoid disorder	5-10	9	20.0
Total	5-10	45	100

Analysis of the age at the time of applying for psychiatric care showed that there were 19 children under the age of 19, i.e. 26.0 % of all registered persons. Большой процент выявляемость больных Boys and girls aged 5-10 years account for a large percentage of the total number of patients with RDA. Hereditary burden of mental disorders was detected in 21 cases, which is 58.3% of the total number of autistic children. It is noteworthy that mental disorders predominate not in parents (13.2 %), but in other relatives: grandparents, uncles, aunts, etc. (57.9%).

71.1% of children with autism have impaired perception of the overall picture of the world. They do not analyze the object as a whole, but divide it into details. About 78% of children choose attractive elements for themselves and follow them. In 82.2% of children, the cognitive questions "why, why" are delayed in time. It's hard to get them interested in a toy. Many children

love classical music, so at an early age they find the right record in the stack and install it in the player.

2-table. Features of clinical manifestations of children with autism

Symptoms	Main group (n=45)	
	Abs.	%
Avoid hugs and eye contact	38	84.4
Impaired ability to make friendly connections	36	80.0
Insist on monotony	37	82.2
Lack of adequate response	36	80.0
Lack of a sense of danger	39	86.6
Repetition of other people's words and phrases	34	75.5
Decreased sensitivity to pain	32	71.1
Prefer solitude	31	68.8
Attachment to objects	29	64.4
Difficulties in expressing a need, using tinplate	33	73.3
Difficulties in communicating with other people	36	80.0

As a result of the conducted examination избегания, both hugging and eye contact of the child were detected in 84.4,4 % of cases. Violation of the ability of friendly relations of children was observed by us in 80.0%. As a result of the analysis of children's behavior, the lack of an adequate reaction and a sense of danger выявлено у детей was detected in 80.0 and 86.6% of children, respectively. Repetition of other people's words and phrases and reduced sensitivity to pain were found in more than 70% of children. Difficulties in expressing needs and communicating with others with the use of tinplate significantly reduces the quality of life of patients.

Primary visits of parents to psychiatrists with - autistic children under the age of 5 and up to 10 years are associated with a fairly high educational level of parents.

3-table. Assessment of autism symptoms before treatment

Symptoms	Main group before treatment (n=45)					
	1 point		2 point		3 point	
	Abs.	%	Abs.	%	Abs.	%
Poor facial expressions	3	6.7	24	53.3	18	40.0
Ne utters words, grunts	4	8.9	28	62.2	23	51.1
Weak eyes, the child does not look into the eyes	5	11.1	21	46.7	19	42.2
Lack of self and imagination	3	6.7	21	46.7	21	46.7
Tension	5	11.1	20	44.4	20	44.4
Presence of tantrums and attacks of aggression	6	13.3	21	46.7	18	40.0
Speaks about himself in the third (he) or in the second (you) person	4	8.9	19	42.2	22	48.9
Incorrectly pronunciation of words	7	15.5	18	40.0	20	44.4
Gets scared of sounds, flinches	6	13.3	20	44.4	19	42.2
Andskazheniya speech function	7	15.5	21	46.7	17	37.7
Tryaset head, hands, swings	6	13.3	19	42.2	20	44.4

Note: 1 point – mild severity, 2 points-moderate severity, 3 points-severe severity of the symptom.

Children are characterized by poor facial expressions, sometimes they do not speak a word, only mumble. 86.7% of patients have difficulty mastering basic skills. The child does not look into his eyes, he has a weak look in his eyes and little imagination. In many situations, the child is

afraid of sounds and shudders, oftenshaking his head, hands, swaying. According to a survey of mothers under 5 years of age, 82.2,2% of children had indistinct speech with poor vocabulary and speech function distortion; after 5 years of age, 62.2% of children had obvious speech disorders. According to mothers, spontaneous speech delay is observed in 82.0 % of children under 5 years of age. Представления о мире у Even at the age of 7, children had insufficient ideas about the world. In 80.0% of children and adolescents, intellectual development was delayed.

Group 1 children received standard psychopharmacotherapy, were examined by psychologists, and speech therapists worked with them. Children of the 2nd group underwent comprehensive rehabilitation, with additional drug therapy (nootropics + metabolics). Exorbitant spending on rehabilitation for a child with autism combined with experiencing a stressful mental state from seeming hopelessness can often lead to family breakdown.

Repetitive, stereotyped speech with direct and delayed echolalia, and speech autonomy significantly complicate the adaptation of children in children's groups, as they are perceived inadequately by others. Current data on the effectiveness and safety of treatment of autism spectrum disorders of varying severity allow us to develop recommendations for the management of these patients. Treatment of autism spectrum disorders in patients should begin with the use of non-drug treatments and methods aimed at improving adaptation. In cases of tension, the presence of hysteria and attacks of aggression, if necessary, they are medically corrected, including nootropics and metabolics.

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