LETTERS TO THE EDITOR

Autism Spectrum Disorders

This is in response to Dr. M.K.C. Nair’s Editorial on Autism Spectrum Disorders(1).

(1) I agree with Dr. Nair that autism is a complex neurological disorder of unknown etiology. Recent studies from the United States report prevalence as high as 3 to 6.7/1000 children(2). It is interesting to note that the prevalence is increasing in India as well.

(2) Though clinical diagnosis of autism spectrum disorder is difficult, several validated screening tools are available. The Checklist for Autism in Toddlers (CHAT) is a useful screening tool that can be used by pediatricians during well child check(3). It has been validated in large populations of children older than 18 months. In addition to the CHAT, absolute indication for evaluation for autism is warranted if a child has (a) no babbling by 12 months, (b) no pointing/gesturing by 12 months, (c) no single words by 16 months, (d) no two-word sentences by 2 years and (e) loss of language skills at any age(4).

(3) The Childhood Autism Rating Scale (CARS) should be used only as a diagnostic test and not as a screening test. Filipek, et al. have provided an excellent algorithm to screen for autism(5).

(4) I would respectfully disagree with the author’s comments about the etiology of autism. The article that was cited by the author concludes that attentional problems are associated with TV watching(4). It does not say that autism is caused by TV watching. There is no evidence that autism is caused by TV watching. It is also a myth that autism is caused by poor parental communication skills and absence of siblings to play. Research is underway to determine the etiology of autism.

(5) There is no cure for autism. However, early intensive treatment has been shown to improve language and academic outcomes in autistic individuals. Lovaas method, TEACCH (Treatment and Education of Autistic and Related Communication handicapped Children) and Greenspan method are some of the approaches used to teach children with autism. In addition, occupational therapists provide sensory integration treatment. Such services need to be organized for autistic children in India. Pediatricians should also support the family in dealing with a difficult diagnosis.

Savithri Nageswaran,
Department of Preventive Medicine,
University of North Carolina,
Chapel Hill, NC, USA
E-mail: nageswar@med.unc.edu

REFERENCES