



**DISORDERS OF THE AUTISM SPECTRUM IN CHILDREN A NEW APPROACH TO THE  
PROBLEM**

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**Abstract**

The problem of autism spectrum disorders is one of the most urgent in modern psychiatry, due to the steady increase in the number of children suffering from early childhood autism. Recently, there has been an increase in the number of patients diagnosed with autism, in part due to changed approaches to diagnosis.

**Keywords:** childhood autism, mental pathology, nosological forms.

**Relevance**

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 illness by preventing the development of mental disorders and developmental disorders in children [2,3]. For this purpose, in Uzbekistan, as in many countries of the world, screening of young children is carried out. Early detection of the initial manifestations of mental pathology makes it possible to timely identify children from the risk group and develop optimal algorithms for preventive, therapeutic and corrective and psychosocial care [1,7,9]. Currently, the value of the real prevalence of autism spectrum disorder (ASD) is unknown, but it is not as great as some data from foreign researchers show [6,8]. There is a need for careful long-term studies that could reveal the real prevalence of ASD. The clinical and etiological diversity of ASD has been recognized, which can be traced both in different genetic predispositions and in various neurodysontogenetic and neurobiological abnormalities. In recent decades, there has been a tendency to expand the diagnostic boundaries of autistic disorders [4,5]. Psychiatrists, neurologists, and pediatricians often encounter such children who have problems with communication with people and self-control. These children really need the help of a psychologist, teacher, psychiatrist and relatives, who must beat competently and consistently. For this purpose, several programs have been developed and implemented in practice. The peculiarities of the clinical manifestations of autistic disorders remain unclear, what underlies this commonality from both psychopathological and pathogenetic positions. Methods for diagnosing early childhood autism and its therapy have not been sufficiently developed, taking into account the characteristics of the underlying disease in different periods of its course. Analysis of external and internal conditions preceding the manifestation of early childhood autism shows that the psychiatric aspect of the problem has not been sufficiently studied.



## Purpose of the study

To reveal the clinical features of early childhood autism within the framework of various nosological forms in children, as well as to evaluate the effectiveness of various options for psychopharmacotherapy.

## Research objectives

Conducting clinical follow-up examination of children with procedural and organic early childhood autism. Comparative study of clinical and psychopathological variants of early childhood autism. To study the clinical features of early childhood autism and assess the effectiveness of rehabilitation of patients, taking into account changes in views on the problem of early childhood autism.

## Materials and research methods

The following methods were used in the work: clinical-dynamic, clinical-psychopathological, follow-up, psychological testing. The first group consisted of children attending kindergartens and schools with a special approach. 45 children diagnosed with RDA were included. Those who have been diagnosed with forms of early childhood autism with a continuously sluggish and paroxysmal course (procedural autism - 11, Kanner's syndrome - 12, Asperger's syndrome - 8, schizoid disorder -5).

## Results and Discussions

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

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

Autism types	Age of children	Number of children	%
Procedural Childhood Autism	6-7	16	44,4
Kanner's syndrome	5-7	12	35,5
Asperger's Syndrome	5-7	8	
Schizoid disorder	5-10	9	20,0
Total	5-10	45	100

An analysis of the age at the time of seeking psychiatric care showed that there were 19 children under the age of 5, i.e. 26.0% of all registered. A large percentage of the detection rate of patients according to the appealability of RDA is in boys and girls aged 5-10 years. Hereditary burden of mental disorders was revealed in 21 cases, which is 58.3% of the total number of autistic children. Attention is drawn to the fact that mental disorders prevail not in parents (13.2%), but in other relatives: grandmothers, grandfathers, uncles, aunts, etc. (57.9%).

In 71.1% of children with autism, the perception of the general picture of the world is impaired. 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, cognitive questions "why, why" are



delayed in time. It's hard to get them interested in a toy. Many children love classical music, that at an early age they find the right record in a pile and install it in the player. However, the ability of such children to remember what they, looking from the outside, do not pay attention to, hear what they do not listen, amazes. see what they don't get accustomed to. When later it is possible to establish verbal contact with them, the children talk about many things that, it seemed, did not interest them.

As for memory, it can be said to be selective. They remember very well what is meaningful to them: the atmosphere in the apartment, habits in the family, etc. Therefore, any violation of the routine causes indignation in them. The peculiarities of the clinical manifestations of children with autism are presented in Table. 2.

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

Symptoms	Main group (n = 45)	
	Aбс.	%
Avoid hugs and eye contact	38	84,4
Impaired ability to bond	36	80,0
Insist on monotony	37	82,2
Lack of adequate response	36	80,0
No sense of danger	39	86,6
Repetition of other people's words and phrases	34	75,5
Reduced sensitivity to pain	32	71,1
Prefer loneliness	31	68,8
Attachment to objects	29	64,4
Difficulty expressing needs, using tin	33	73,3
Difficulty communicating with others	36	80,0

The examination revealed the avoidance of hugs and eye contact of the child in 84.4% of cases. Violation of the ability to make friendships of children was observed by us in 80.0%. As a result of the analysis of children's behavior, the absence of an adequate reaction and a sense of danger was revealed in children, respectively, 80.0 and 86.6%. Repetition of other people's words and phrases and decreased sensitivity to pain were found in more than 70% of children. Difficulty in expressing needs and communicating with others using tin plate greatly reduces the quality of life of patients.

The primary appeal of parents to psychiatrists with autistic children under the age of 5 and up to 10 years is associated with a fairly high educational level of the parents.



## 3-table Assessment of Autism Symptoms Before Treatment

Symptoms	The main group before treatment (n = 45)					
	1 score		2 score		3 score	
	Aбс.	%	Aбс.	%	Aбс.	%
Poverty of facial expressions	3	6,7	24	53,3	18	40,0
Doesn't say a word, hums	4	8,9	28	62,2	23	51,1
Weak look, the child does not look in the eyes	5	11,1	21	46,7	19	42,2
Poverty of thinking and imagination	3	6,7	21	46,7	21	46,7
Tension	5	11,1	20	44,4	20	44,4
The presence of tantrums and bouts 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	8,89	19	42,2	22	48,9
Wrong pronunciation of words	7	15,5	18	40,0	20	44,4
Scared by sounds, shudders	6	13,3	20	44,4	19	42,2
Distortion of speech function	7	15,5	21	46,7	17	37,7
Shakes his head, hands, sways	6	13,3	19	42,2	20	44,4

Note: 1 point - mild severity, 2 point - medium severity, 3 points - strong symptom severity.

Children do not like touch and avoid looking into the eyes, they avoid communication with the outside world so much that they do not react to pain, cold, hunger. Practically 77.8% do not use speech, 84.4% of children are poor in expressing emotions. Representatives of this category are very mobile. They run a lot, somersault, examine the most secret places, can look out the window for a long time at passing clouds, traffic of cars, flickering of lights. These children rarely turn to adults in order to satisfy their needs: they ask them to circle or toss them, put their hand on the object of interest.

Poor mimicry is characteristic of children; sometimes she doesn't utter words, only hums. 86.7% of patients have difficulty mastering elementary skills. The child does not look into his eyes; he has a weak gaze; thinking and imagination is poor. In many situations, the child is frightened by sounds and flinches, often shakes his head, hands, sways. According to a survey of mothers under 5 years old, 82.2% of children had indistinct speech with a poor vocabulary with a distorted speech function; after 5 years, 62.2% of children showed obvious speech disorders. According to mothers, a delay in spontaneous speech was observed in 82.0% of children under the age of 5 years. Even at the age of 7, children's ideas about the world were insufficient. In 80.0% of children, intellectual development was delayed. In the main group before treatment, the severity of symptoms of the autism spectrum was the same when compared with the control group.

Children of the 1st group received standard psychopharmacotherapy, they were examined by psychologists, and speech therapists worked with them. Children of the 2nd group underwent complex rehabilitation, with additional drug therapy (nootropics + metabolics). Excessive spending on the



rehabilitation of a child with autism, combined with the stressful mental state of abandoning hopelessness, often lead to the destruction of the family.

4-table Assessment of Autism Symptoms After Treatment

Symptoms	The main group before treatment (n = 45)					
	1 score		1 score		1 score	
	Aбс.	%	Aбс.	%	Aбс.	%
Poverty of facial expressions	12	26,6	28	62,2	5	11,1
Doesn't say a word, hums	14	31,1	27	60,0	4	8,9
Weak look, the child does not look in the eyes	15	33,3	26	57,8	4	8,9
Poverty of thinking and imagination	12	26,6	26	57,8	7	15,5
Tension	13	28,8	27	60,0	5	11,1
The presence of hysteria, bouts of aggression	17	37,7	21	46,7	7	15,5
Speaks about himself in the third (he) or in the second (you) person	16	35,6	23	51,1	6	13,3
Wrong pronunciation of words	17	37,7	19	42,2	9	20,0
Scared by sounds, shudders	14	31,1	23	51,1	8	17,8
Distortion of speech function	18	40,0	21	46,7	6	13,3
Shakes his head, hands, sways	15	33,3	22	48,9	8	17,8

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

Comparative analysis of patients in the main group with clinically significant symptoms before and after treatment showed a significant decrease in the percentage of patients with clinically significant symptoms of the autism spectrum after therapy.

Repetitive, stereotypical speech with immediate and delayed echolalia, autonomy of speech significantly complicate the adaptation of children in children's groups, since they are perceived by others inadequately. Modern data on the efficacy and safety of treatment of autism spectrum disorders of varying severity make it possible to develop recommendations for the management of these patients. Therapy for autism spectrum disorders in patients should begin with the use of non-drug therapies and methods aimed at improving adaptation. In cases of tension, the presence of hysteria and attacks of aggression, if necessary, carry out their drug correction, including nootropics + metabolism.

Output. Analyzing the clinical manifestations and behavioral disorders in autism in different age categories, an individual approach is required. Violation of communication with others, manifested by the impossibility of establishing a dialogue and difficulties in the formation of role-playing games, occurs in children of all age groups. A low level of social adaptation was associated with the severity of clinical manifestations. A combined approach to behavior correction and early differentiated medical-psychological-pedagogical work gives a great chance to improve the quality of life of patients with autism. Studying the clinical features of early childhood autism will provide an opportunity to correctly navigate in treatment and assessment of the effectiveness of rehabilitation measures.



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