

Management and Treatment of Asperger Syndrome

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Asperger's Pattern is an experimental complaint. Youthful people with Asperger's Pattern have a delicate time relating to others socially and their gets and thinking patterns can be rigid and repetitive. Generally, children and teens with Asperger's Pattern can speak with others and can perform fairly well in their academy work. Still, they've trouble understanding social situations and subtle forms of communication like body language, humour and affront. They might also suppose and talk a lot about one content or interest or only want to do a small range of conditioning. These interests can come compulsive and intrude with everyday life, rather than giving the child a healthy social or recreational outlet. Boys are three to four times more likely than girls to have Asperger's Pattern. Utmost cases are diagnosed between the periods of five and nine, with some diagnosed as beforehand as age three.

What are the Symptoms of Asperger's Pattern?

Children with Asperger's Pattern parade poor social relations, prepossessions, odd speech patterns, limited facial expressions and other peculiar erraticism's. They might engage in compulsive routines and show an unusual perceptivity to sensitive stimulants.

While all children with Asperger's Pattern are different, what set them piecemeal are their unusual social chops and compulsive interests [1]. For a child with Asperger's Pattern, you may see one or further of the following symptoms

- Unhappy or minimum social relations
- Exchanges that nearly always revolve around themselves or certain content, rather than others
- Not understanding feelings well or having lower facial expression than others
- Speech that sounds unusual, similar as flat, high-pitched, quiet, loud, or robotic
- Not using or understanding verbal communication, similar as gestures, body language and facial expression
- A violent preoccupation with one or two specific, narrow subjects
- Getting worried at any small changes in routines
- Learning favoured information and data fluently
- Clumsy, awkward movements, including difficulty with handwriting
- Difficulty managing Feelings, occasionally leading to verbal or behavioural outbursts, tone-pernicious behaviours or explosions
- Not understanding other peoples' passions or perspectives
- Acuity to lights, sounds and textures

Children with Asperger's Pattern frequently show no detainments in their language development [2]. They're likely to have good alphabet chops and an advanced vocabulary, but they also tend to be veritably nonfictional. They've trouble using language in a social environment.

There may be no egregious detention in their cognitive development [3]. Children with Asperger's Pattern can have problems with attention span and association, but they generally have average intelligence.

How is Asperger's Pattern Diagnosed?

As mentioned over, Asperger's Pattern is no longer diagnosed as a condition in and of itself. It's part of the range of conditions included in Autism Spectrum Disorder.

Still, unusual language patterns, and odd behaviours, if a parent is concerned about a child's social development [4]. The paediatrician can determine if the child should be seen by a specialist, similar as an experimental paediatrician, psychologist, or other clinician who's familiar with ASD.

Testing and assessment generally involve a platoon of medical and cerebral professionals. The specialists will ask the parent numerous questions about the child's development and current chops and problems. They will also interact with the child and conduct assessments to estimate what symptoms the child shows when interacting with others [5]. They may also assess the child's language and intellectual capacities. A medical croaker might ask questions or order tests to make sure there are no other medical enterprises for the child.

Asperger's Pattern (also known as "Autism Spectrum Complaint-without intellectual or language impairment") may be delicate to diagnose [6]. Occasionally this condition can be confused with other conditions similar as Attention Deficiency Hyperactivity Complaint (ADHD), Compulsive Obsessive Complaint (OCD) or Oppositional Recalcitrant Complaint (ODD). Making sure to estimate the child's social and communication chops, their patterns of gets and thinking, and how these symptoms have developed over time will help the assessor give the correct opinion.

How is Asperger's Pattern Treated?

Because each case is different, treatment plans must be erected according to each child's requirements. They should be acclimated over time as those requirements change.

Treatment of Asperger's Pattern generally includes

- Social chops training
- Geste supports

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- Cognitive behavioural remedy
- Parent education and training
- Speech-language remedy
- Occupational remedy
- Special education classes
- Drug

At present, there's no "cure." By learning to manage with the symptoms and pick up on social cues, a child can learn to overcome some of the challenges he faces. With help, parents can learn how to stylish support their child. People with Asperger's Pattern can do well in academy and go on to be contributing members of their community.

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Conflict of Interest

The authors declare that they are no conflict of interest.

References

1. Bahare B, Seyed A, Zamanpoura H, Zareab (2021) Features of The Superficial White Matter As Biomarkers For The Detection of Alzheimer's Disease and Mild Cognitive Impairment: A Diffusion Tensor Imaging Study. *Helion* 8: e08725.
2. Devashi P, McInerneya TW, Swerdlowc H, Simon EJ (2021) Mitochondrial Pathway Polygenic Risk Scores Are Associated with Alzheimer's Disease. *Neurobiol Aging* 108: 213-222.
3. Ikbeom J, Binyin Li, Riphagen JM, Dickerson B, David HS (2021) Multiscale Structural Mapping of Alzheimer's Disease Neurodegeneration. *NeuroImage Clin* 33: 102948.
4. Filipa G, Antoni C, Ettcheto M, Bicker J, Falcão A, et al. (2021) Targeting Brain Renin-Angiotensin System for The Prevention and Treatment of Alzheimer's Disease: Past, Present And Future. *Ageing Res Re* 26: 101612.
5. Mark RG, Megan C (2021) On The Prevention and Treatment of Alzheimer's Disease: Control The Promoters and Look Beyond The Brain. *Med Hypo* 154: 110645.
6. Yacoubou Abdoul M, Siele Embaye K, Huang F, Longfei Li, Rong Liu, et al. (2021) Biomarkers used in Alzheimer's Disease Diagnosis, Treatment, and Prevention. *Ageing Res Rev* 74: 101544.