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Autistic Disorders by Employing Words, Move the Emphasis from Childhood to Maturity

Simmons Stephanie*

Psychiatry and Behavioral Medicine, University of Texas Health Science Center at Tyler, Tyler, TX, United States

Abstract

Neuro Developmental Disorders (NDDs) comprise a range of complex disorders that appear early in development. Such disorders are often associated with various neuropsychiatric features. The most common are Autism Spectrum Disorder, Attention Deficit/Hyperactivity Disorder, Intellectual Disability, Communication and Special Learning Disorders, and Movement Disorder. These disorders are characterized by great genetic and clinical variability, and although they were previously conceptualized as disorders confined to childhood, NDD affects quality of life and overall functioning in adulthood. It is increasingly recognized as a persistent disorder with potentially associated consequences. Moreover, new evidence seems to point to the neurodevelopmental continuum hypothesis, suggesting that NNDs may show different time-dependent outcomes depending on the severity of changes in brain development. Although these are lifelong phenotypes, they are often not recognized and/or treated in time for adulthood. In this regard, specific guidelines for clinical and therapeutic approaches to these diseases have yet to be established. In this light, future studies are needed to characterize the clinical course of NDD over an individual's lifetime and to expand the knowledge available to better understand patterns of age-related problems in adults diagnosed with NDD. Research studies should be encouraged. Furthermore, given that many adolescents face difficulties transitioning from childhood to adulthood mental health care, new specific programs are needed to improve the transition process and management of NDD in adulthood should be developed and implemented in existing programs.

Keywords: Autistic Disorders; Childhood; Maturity

Introduction

The term Neuro Developmental Disorder (NDD) describes a wide range of complex disorders that begin during development and are characterized by a disrupted sequence of events leading to normal brain development and the resulting impairment of an individual's global functioning indicates a disability. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), NDD includes Autism Spectrum Disorder (ASD), Attention-Deficit/Hyperactivity Disorder (ADHD), Intellectual Disability (ID), communication disorders, and Certain Learning Disabilities (SLDs), and neurodevelopmental movement disorders, including tic disorders and Tourette's Syndrome (TS). There is evidence that communication disorders are the most common neurodevelopmental disorders, along with specific learning disabilities and developmental coordination disorders. Global prevalence is estimated to be approximately 5-10%, 5% and 5-8%, respectively. The global prevalence of ADHD is estimated at about 5%. The prevalence of ASD appears to be about 1.5% worldwide. ID appears to affect 1-3% of the world's population [1, 2].

Life Course Perspective

Previously, many of the NDDs listed above were thought to be disorders confined to childhood. However, follow-up studies indicate that these disorders tend to persist throughout life, have variable outcomes, vary in phenotype, and have implications related to adult mental health care. There is currently limited evidence for the existence of modifiable factors that optimize her NDD outcome in adulthood. A thorough characterization of NDD across different ages and the introduction of new and more flexible approaches to diagnosis and management are needed. Several authors have proposed a model that views NDD and other adult psychiatric disorders as part of a neurodevelopmental continuum rather than as separate entities. Against this background, the complex clinical phenotype, life course-altering natural history, and clinical overlap that characterize NDD represent relevant areas for future research [3].

Discussion

Autism Spectrum Disorder

Autism Spectrum Disorder (ASD) is characterized by enduring difficulties in social and communication skills, as well as restricted patterns of behavior, interests, or activities. In recent years, an increase in the prevalence of ASD has been registered and may rely on a number of factors, including an increased awareness in clinical practice and among families and teachers and changes in the diagnostic process, with current criteria being more inclusive with respect to previous year. Regarding gender differences, ASD seems to be more prevalent in males; however, this may not reflect a real difference but rather a sex/gender bias, as diagnostic criteria seem to be more focused on male features [4].

Therefore, early identification and diagnosis based on both historical information and actual symptoms appear to be important. Although symptoms can improve and change over the years, the disorder is a lifelong condition that persists into adulthood and can affect an individual's overall functioning throughout life.

People diagnosed with ASD can face many challenges as they grow

***Corresponding author:** Simmons Stephanie, Psychiatry and Behavioral Medicine, University of Texas Health Science Center at Tyler, Tyler, Texas, United States, E-mail: simmons.stephanie23@uthct.edu

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older. In this light, only 21% of young adults with ASD had access to transitional health services, and it was she who had the opportunity to discuss transitioning from pediatric to adult services with a pediatric neuropsychiatrist was shown to be 14%. The above challenges included an increased risk of comorbidities, which may be more common in her ASD patients compared with the general population. These include seizures, gastrointestinal disorders, metabolic and cardiovascular disorders, sensory disturbances, sleep disturbances and other psychiatric disorders. These health issues must be adequately addressed to promote global function and health. Psychiatric disorders appear to be more common in people with her ASD than in the general population and people with other developmental disorders substance use disorders, and other her NDDs such as Attention-Deficit/Hyperactivity Disorder (ADHD) and intellectual disabilities [5, 6].

Attention-Deficit/Hyperactivity Disorder

Hyperactivity Disorder (ADHD) has long been considered a disorder of childhood and adolescence, but persists into adulthood and significantly impairs occupational and social performance. DSM-5 defines his three ADHD subtypes: mixed ADHD (both inattentive and hyperactive/impulsive ADHD), (ii) predominantly inattentive ADHD, and (iii) predominantly hyperactive/impulsive ADHD. Additionally, multiple symptoms must be present in at least 2 settings, last for at least 6 months, and interfere with a person's social and academic/occupational functioning for a diagnosis to be made. A significant percentage of people are diagnosed after puberty. Failure to identify the core symptoms of ADHD, resulting in misdiagnosis, and the development of appropriate coping skills may be two possible reasons for the delayed diagnosis of ADHD. In adulthood, the clinical picture of ADHD may still exhibit the same core symptoms, and according to DSM-5, adults with ADHD are predominantly hyperactive/impulsive or inattentive, or a combination of both. It is said that there is possible. However, symptoms may progress over the years and some differences may be observed [7].

Inattention may be masked by obsessive and anxious traits, and hyperactivity and impulsivity are often less prominent than they were in childhood. Moreover, the described symptoms are subtle and can lead to functional impairments that the patient is unaware of. This explains why assessing her ADHD in adulthood requires careful assessment of the entire clinical picture, taking into account family impressions in addition to self-reports.

Raising Concern about the Transition Process

As mentioned above, NDD is most commonly detected during childhood. Core symptoms can change over the years, but it can be a lifelong condition that continues well into adulthood I have. Because these diseases also exhibit complex and diverse clinical phenotypes, it is considered very important to consider the large overlap of these diseases when evaluating them in clinical settings. In particular, it is best to adopt a developmental perspective and a flexible approach, taking into account the strong overlap and heterogeneity that characterize NDD in terms of clinical presentation, treatment response and outcome. In this light, additional longitudinal studies that better reflect the results of clinical practice and build bridges between children's and adult lives would be helpful. Currently, people with severe mental illness (such as psychosis) appear more likely to transition to adult care, but people with NDD report a more difficult transition process. For example, UK and US studies report that only about 15% of adolescents diagnosed with ADHD undergo a successful transition process to adult mental health services. In addition, access to adult services and specially trained professionals is limited. Several studies conducted in developing countries confirm that only a limited number of young people are using adult health services. Patients and their families may feel inadequately supported during the transition process, may not be fully aware of available options, or may be reluctant to seek help due to stigma associated with mental illness. In addition, the complex and evolving pathology of NDD has potentially comorbid medical and psychiatric issues and does not adhere to rigorous and well-recognized standards of adult services that have already undergone many transitions [8, 9].

Conclusion

Overall, many young people report having varying degrees of difficulty transitioning to adult mental health services and being at risk of transitioning without proper referral and support. Adolescents/young adults may experience a lack of ongoing and appropriate care during the transition from pediatric care to adult care. The transition period is a critical time when new challenges can arise for people living with lifelong mental illness. Therefore, paying attention to the migration process can also improve overall results. Success includes not only controlling core symptoms, but also improving overall quality of life, mental health, work and school performance, and overall functioning. Therefore, it is considered important to develop and implement existing transitional programs that enable adults with NDD to access health services while meeting their individual needs [10].

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Conflict of Interest

None

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