

Infantile Autism

Vimla Prakash, Sheeba Chandy, Meerabai and Manoranjitham S.

Infantile autism was described for the first time by Leo Karner in 1943. As the name suggests this illness begins before 30 months of age, but the age at which it is first noticed varies with the perspectiveness of the parents as well as the severity of signs. In some cases the onset may occur later in childhood.

This syndrome is 3-4 times more common in males and has a prevalence rate of 0.4 - 0.5 per 1000 population.

Clinical Features

It is mainly divided into three:

Autistic aloofness which includes absence of social smile, lack of eye contact, lack of awareness and feeling for others, lack of attachment to parents, preferring solitary play or abnormal play, impairment in making friends, lack of initiative behaviour, and absence of fear of danger.

Disorders of speech and language which includes marked impairment in language, lack of verbal or facial response to sound or voice, absence of sounds like babbling, delayed or absent speech, abnormal speech

patterns like echolalia, preservation and poor articulation.

Abnormal behavioural characteristics like body spinning, hand flicking, rocking, clapping etc, ritualistic and compulsive behaviour, resistance to slightest change in the environment, attachment to inanimate objects and hyperkinesis.

Along with these only 25% of all autistic children have an IQ of more than 70. Majority of these children have moderate mental retardation.

Other features include obsessive desire for sameness like preferring same dress, food, play objects etc.

Course of infantile autism is usually chronic and only 1-2% become near normal in areas of marital, social and occupational functioning. A large majority of about 70% lead dependent lives.

The cause is predominantly biological. This includes history of perinatal CNS insult, EEG abnormalities, epilepsy, ventricular dilatation seen on CT scan brain, increased serotonin levels in brain and neurophysiological abnormalities.

Treatment

Mainly is of a three mode interventions:

- ♦ Behaviour therapy which focuses on the de-

velopment of a regular routine structured classroom training, learning new materials and maintenance of acquired learning. Positive reinforcements are also given to teach self care skills. Speech therapy or teaching sign language to improve and encourage interpersonal interactions.

- ♦ Psychotherapy focuses on parent counselling and supportive therapy in allaying parents' anxiety and guilt. It also ensures active involvement of the parents in the therapy.

- ♦ Pharmacotherapy focuses on behaviour management and epilepsy. Fenfluramine is useful in decreasing behavioural symptoms. Haloperidol to decrease the hyperactivity and abnormal behavioural symptoms. Anti epileptic medications like valporate etc for seizures. Risperidone is also said to be helpful in some autisms.

Case Presentation

Master Z, a 4 year, 4 month old boy got admitted on 25/04/05 with the complaints of inability to speak fluently and clearly, not mingling with or playing with other children, head banging, demanding others to hit his head, restlessness, poor attention and concentration, shouting, screaming, temper tantrums

The authors are Lecturer in Psychiatric Nursing, Associate Professor in Psychiatric Nursing, Senior Staff Nurse, Mental Health Centre and Professor in Psychiatric Nursing respectively at College of Nursing, CMC, Vellore.

and being dependent on others in meeting his self care activities.

Nursing Management

This revolves around maintaining nutrition, hydration, meeting the eliminational needs, teaching self care skills, day-to-day activities, improving socialization & communication skills, reducing autistic features, and health education to parents.

Meeting Nutritional Needs and Hydration

Include food like biscuits, rice balls, giving the rice balls in his hands and helping him eat with support. Making the patient eat the food on his own and teaching to mix the food on his own. Checking if his food intake is adequate. Teaching to hold glass of water, teaching to open and close the water bottle lid, teaching pouring water into a glass and drinking from a glass. Also ensuring adequate fluid intake.

Self Care Needs

Keeping the articles like soap, towel etc for bath ready, teaching to hold the mug properly and taking water from the bucket and doing the process of bathing step by step.

Eliminational Needs

Toilet training the child step by step. Also, checking if the child is passing the motion regularly and check if bowel movements are regular.

Communication and Socialization Needs

Speech therapy or sign lan-

guage teaching to encourage interpersonal interactions. Training at learning new materials, developing regular routine in day to day activities.

Reducing Autistic Features

Using behavioural techniques like positive reinforcement and time outs. Making the child run around till he becomes tired to reduce hyperactivity. Giving the same activity to do like threading beads etc, making the child sit in a circle for a reasonable time.

Health Education to Parents

Psycho-education was given to the parents to remove the misconceptions about mental retardation and education was given to parents to make them aware of the causes of mental retardation and autism. Parental counselling was mainly given to help them overcome their feelings of guilt and sadness. Educating the parents about continuation of the medication and follow-up, about maintaining adequate nutrition and hydration and maintaining the toilet training and regular bowel pattern.

Evaluation

There was marked improvement noticed in the patient after admission. After the first week, he started meeting the self care needs and was cooperative for activities. There was also mild improvement in the area of speech. In another two weeks' time, he started eating food by himself, writing alphabets in his mother tongue, drawing or joining the dots of a

picture, brushing his front teeth. Following this in another two weeks' time, he started eating food without spilling, his restlessness had reduced, comprehension had improved, and he learnt to open the lock by himself. His adamant behaviour came down, started indicating for urination. Started speaking that his mother could understand him, started responding when his name was called and there was also a bit improvement in his concentration. He got discharged after three months.

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