

Asperger Syndrome

What is Asperger Syndrome?

Asperger Syndrome involves several social impairments and restricted interests. A diagnosis of Asperger Syndrome is given to individuals who experienced no speech or cognitive delay as children—they were talking on time and have at least a normal IQ—but who nevertheless display a range of autistic-like behaviors and ways of taking in the world. Hallmark characteristics of Asperger's include immersion in an all-consuming interest and a one-sided, self-focused social approach. Not everyone who is eccentric has Asperger's and not everyone with Asperger's is a genius. Each person is differently able across several areas of challenge and giftedness.

Autism and Asperger's were first studied at the same time, but in different parts of the world. Leo Kanner, who developed the first child psychiatric service in the United States, described autism in 1943 and it became widely known as the basis for the modern concept of autism. Hans Asperger, an Austrian pediatrician, worked with children who, although bright, exhibited difficulty with non-verbal communication, prone to behavior problems, and appeared clumsy. His work remained unknown until it was translated into English in 1991, when it was finally included in the Diagnostic and Statistical Manual-IV and the International Classification of Diseases-10.

What are the common aspects of Asperger Syndrome?

Social And Emotional

People with Asperger's have a hard time understanding socially what is really going on around them. There are claims that their desire to interact is what sets them apart from those with traditional autism. Children with Asperger's tend to be active but odd. They are not content to be alone all the time and they long to form friendships with others. Since they cannot read social or emotional cues well, they come off as insensitive, pushy or strange, yet have very little insight into how they are perceived. They have very little idea how to make a friendship work. A child's social deficits may not come to light until later as they become involved in informal playgroups or preschool. Normally around this time, parents first become aware of the way their child functions in a social setting. People with Asperger's are often characterized as lacking empathy. This does not mean that they are devoid of all compassion, but rather that they are more self-centered with an attitude that can range from indifference to deep concern. Rarely is it ever malicious in nature.

No Speech Delay

Language is acquired on time or even early. The trouble comes with reading non-verbal cues, such as body language and facial expression as well as difficulty with prosody and pragmatic language. Prosody refers to how one speaks—tone, volume, and speed—while pragmatic language refers to the art of conversation. This includes taking turns speaking, staying on a topic for a polite number of turns, and showing interest in someone else's comments. People living with Asperger's tend to talk at people instead of with them, and will often talk about their favorite topics long after the other person has become tired of the subject.

"Normal" IQ

People with Asperger's must have suffered from no cognitive delays during their first three years of life. This means that they will have at least a "normal" IQ. Having a normal or higher IQ allows a person to learn and know, to push the envelope in intellectual ability, and to rejoice in the pursuit of some realm of knowledge, but there can also be negative effects. When someone is aware he is different, when, for all his intelligence, he cannot successfully make a friend, or get a date, or keep a job, he may end up far more prone to depression and despair than a person with a lower IQ. It has been found that children with both high-functioning autism and Asperger's suffer from depression and anxiety more than their typical peers. This is also one of the reasons that people advocating for Asperger's face the challenge of conveying to others the truly crippling extent of the disability, to counter the instant assumption that "high IQ" equates with "non-disabled."

Circumscribed Interests

Those living with Asperger's are known for having one, or several, intensely focused interests. Persons with Asperger's seem drawn or driven to their special interests, zoning out on them in the middle of school, spending hours on them during free time, and talking about them to anybody who will listen. Topics vary widely, from computers to deep fryers. Even if the topic is not that unusual, the intensity of the focus is. The link has even been made to the anxiety experienced by adults with Asperger's and the intense need for routine and predictability.

Meltdowns

Coping with stress, confusion, and frustration is an enormous challenge for individuals with Asperger's. They depend on predictability, and living in the day-to-day world can be taxing. Added stress for those living with Asperger's can come from wanting to connect with others, but rarely succeeding, resulting in meltdowns. Tantrums—or rage attacks in the case of children—often take place either only at school where the stress is

greatest, or only at home where they are free to let it all out. One way to help alleviate this “Jekyll and Hyde” character is to notice the patterns or total stress load around the meltdowns and intervene before a blow-up. Working to know what types of stressors build up to crisis and helping the person with Asperger’s recognize and defuse the situation is an important goal.

Clumsiness

Individuals with the disorder have been observed to exhibit poor motor skills and clumsiness. Children with Asperger’s often display an odd or uneven gait when walking or running, trouble with ball skills, difficulty with balance, poor handwriting skills, and difficulty imitating or mirroring others’ postures, gestures or movements. Researchers have theorized that they are due to faulty proprioception, a problem with the sensory system that provides information about where one’s body is in space and how one is moving. This would explain the variable results that have been obtained across many studies on motor deficits, and would also explain why a child described as having poor eye-hand coordination could perform nearly perfect on computer games requiring eye-hand coordination. It has been suggested that clumsiness and motor skills deficits might be a factor that distinguishes people with Asperger’s from those with high-functioning autism.

How is Asperger Syndrome diagnosed?

According to the International Classification of Diseases-10 the diagnosis of Asperger Syndrome includes four major grouping criteria. First, there must be a lack of any clinically significant general delay in spoken or receptive language or cognitive development. Diagnosis requires that single words should have developed by two years of age or earlier, and that communicative phrases be used by three years of age or earlier. Self-help skills, adaptive behavior, and curiosity about the environment during the first three years should be at a level consistent with intellectual development. However, motor milestones may be somewhat delayed and motor clumsiness is usual. Isolated special skills, often related to abnormal preoccupations are common but are not required for diagnosis.

Second, the person must show qualitative abnormalities in reciprocal social interactions (they exhibit the same criteria as those with traditional autism): the person must also have an unusually intense circumscribed interest or restrictive, repetitive, and stereotyped patterns of behavior, interests and activities. Finally, the disorder is not attributed to other varieties of pervasive developmental disorder, schizotypal disorder, simple schizophrenia, reactive and disinhibited attachment disorder of childhood, obsessional personality, or obsessive-compulsive disorder.

How is Asperger Syndrome treated?

There is no specific treatment or “cure” for Asperger Syndrome. Treatment for Asperger’s strives to improve a child’s abilities to interact with other people and to function effectively in society. Since the severity of symptoms can vary, treatment should be designed to meet individual needs and available family resources. All the interventions outlined below are mainly symptomatic and/or rehabilitational. Specific treatments should be based on individual symptoms.

Psychosocial Interventions

- Individual psychotherapy to help the individual to process the feelings of being socially handicapped
- Parent education and training
- Behavioral modification
- Social skills training
- Educational interventions

Psychopharmacological Interventions

- For hyperactivity, inattention and impulsivity: psychostimulants (methylphenidate, dextroamphetamine, amphetamine), clonidine, tricyclic antidepressants (desipramine, nortriptyline), Strattera (atomoxetine)
- For irritability and aggression: mood stabilizers (valproate, carbamazepine, lithium), beta blockers (nadolol, propranolol), clonidine, naltrexone, neuroleptics (risperidone, olanzapine, quetiapine, ziprasidone, haloperidol)
- For preoccupations, rituals and compulsions: selective serotonin reuptake inhibitors (SSRIs) (fluvoxamine, fluoxetine, paroxetine), tricyclic antidepressants (clomipramine)
- For anxiety: SSRIs (sertraline, fluoxetine), tricyclic antidepressants (imipramine, clomipramine, nortriptyline)

Securing Services

Start by contacting local school districts to find out which services are available. Federal law requires public schools to provide appropriate educational services for people with disabilities (including Asperger's) between the ages of three and 21. In addition, there may be state and local laws or policies to aid children with Asperger's.

Treatment Strategies

Treatment is geared toward improving communication, social skills, and behavior management. A treatment program may be frequently adjusted to be the most advantageous for the child at hand. Activity-oriented groups and focused counseling can also be helpful. Many children with Asperger Syndrome also have other coexisting conditions, including attention deficit hyperactivity disorder (ADHD), bipolar disorder, obsessive-compulsive disorder (OCD), social anxiety disorder, and depression. These conditions can place extra demands on parents who are already dealing with a child with extra needs. These conditions may require treatment with medications and other therapies.