DEVELOPMENT OF AUTISM RESEARCH, ORIGIN OF THE TERM 'AUTISM' AND CLASSIFICATION OF AUTISM SPECTRUM DISORDERS

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S u m m a r y. Autism spectrum disorders (ASD) are a group of childhood diseases which are raising controversy and emotions, both among parents of sick children as well as researchers, epidemiologists and physicians participating in the diagnosis and treatment. The diagnostic criteria were more specific, easier to observe and classify, also stressing that such behaviors must reflect disorders of individual development. In this text the two terms are used interchangeably, because many medical and scientific circles treat the nomenclature differences as irrelevant.

K e y w o r d s: autism spectrum disorders, classification

INTRODUCTION

Autism and autism spectrum disorders (ASD) are a group of childhood diseases which are raising more and more controversy and emotions, both among parents of sick children as well as researchers, epidemiologists and physicians participating in the diagnosis and treatment [11].

The issue of autism is also given more and more publicity, sometimes as an attempt to reliably present current knowledge on the subject, in other cases to evoke emotions based on cheap sensation to 'catch the light' in the professional field. Unfortunately, such examples of unreliability are also presented as methods of 'miraculous' treatment offered to parents of sick children since fragmentary and often misinterpreted scientific information is used by people who do not have right qualifications [13].

The significance of proper approach to the disease, how important prompt treatment is, how important it is to establish factors predisposing to

autism and design treatment – all these aspects have been reflected in the idea of the World Autism Awareness Day (April 2) celebrated with due seriousness in many Polish cities.

Many social groups, including self-help groups have been formed among parents of autistic children who try to promote social awareness, and inform about social problems related to the acceptance and help for those patients. Autistic adults who need to cope with their problem themselves often offer help to other patients, and meet together at so-called blogs on the Internet, and take part in TV programs or talk shows [14].

The duty of doctors and scientists involved in solving the problems of autism, depending on the disease stage and the specialty and professional interests, is to promote reliable knowledge and information verified and confirmed by researchers [12].

DEVELOPMENT OF AUTISM RESEARCH, ORIGIN OF THE TERM 'AUTISM'

According to the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) autism spectrum disorders (ASD) are classified as pervasive developmental disorders (PDD). They are characterized by persistently impaired social communication and interaction, accompanied by repeated stereotyped (schemes) atypical behaviors [15].

Until recently, autism was not perceived as a significant social, family or health problem. Our knowledge of the etiology, diagnosis and treatment of the disease was not sufficiently advanced. Increased perception, social understanding and awareness of autism in the last decade has been attributed to significant advances in scientific and clinical research, providing more information that allows for more precise diagnostics and stimulating further development of knowledge in this field [17].

The term 'autism' is derived from the socalled new Latin word '*autismus*', and was first used by a Swiss psychiatrist Eugen Bleuler in 1910 to define one of schizophrenia symptoms. The term has its roots in Greek, derived from the word ' $\alpha \dot{\nu} \tau \dot{\sigma} \zeta$ ' meaning self, and defines an exaggerated focus on selfness. The main symptom is autistic isolation and limitation to one's own world, with the simultaneous lack of tolerance to the influence from the outside world [1].

In 1943, Leo Kanner published an article entitled 'Autistic Disturbances of Affective Contact' in the magazine 'Nervous Child', where he described 11 children under the age of 11, in whom a set of symptoms indicated the need to distinguish a new disease entity. Kanner suggested the lack of emotional involvement of the mother in raising her baby as the main potential cause of the disease, the so-called 'Refrigerator Mother Theory' [2]. A year later, he used the term to name early infantile autism in the title of his article in 'The Journal of Pediatrics'. Until this publication, Kanner collected 22 cases of children with the symptoms of different behavior, dissimilar from any of the previously published descriptions of childhood psychiatric diseases [3].

The diagnostic criteria elaborated in 1956 by Kanner and Eisenberg were reduced to two domains: deep deficit of affective contact, and repetitive complex ritualistic behaviors. These domains were also referred to as extreme aloneness and preoccupation with preservation of sameness. Completely disregarded was impaired speech development, which Kanner initially called a significant factor in the original publication of 1943. However, such brief criteria were considered insufficient by practitioners [4].

In 1978, Rutter began to use three terms interchangeably: autism, infantile autism, and childhood autism. The diagnostic criteria were also extended again to name the deficits in the three behavioral domains, i.e. impaired social interactions, underdevelopment of speech, and impaired communication abilities with lack of openness to changes [3].

When discussing autism, it is impossible not to mention Asperger syndrome. For the first time it was described by a pediatrician from Vienna, Hans Asperger in 1944. He observed autistic behaviors as well as difficulties in social interaction and understanding in children with normal intelligence and speech. Many specialists perceived Asperger Syndrome as so-called 'milder form of autism'. According to the International classification of diseases (ICD-10) Asperger syndrome is described as a disease characterized by the same qualitative disturbances of social interaction that are typical of autism, including stereotypical, repetitive interest and activities. It differs from autism mainly by the lack of delay in speech development and cognitive abilities [7].

CLASSIFICATION OF AUTISM SPECTRUM DISORDERS

According to the official classification and nomenclature system, Diagnostic and Statistical Manual of Mental Disorders, first and second editions (DSM-I and DSM-II) children with autistic symptoms were included in the group of psychotic diseases of childhood schizophrenia (childhood schizophrenics). DSM-III (third edition) used the term infantile autism and counted the disease as a separate diagnostic category, considering it in the context of pervasive developmental disorder (PDD) [4]. In 1987, the revised edition of DSM-III-R stopped using the term 'children's autism', among others, to draw attention to cases in which the occurrence of the disease did not manifest itself in childhood. DSM-III-R also distinguished between 'autism' and 'pervasive developmental disorder not otherwise specified' (PDD-NOS). The diagnostic criteria were more specific, easier to observe and classify, also stressing that such behaviors must reflect disorders of individual development [5]. The changes between DSM-III and DSM-III-R brought a rapid increase in the diagnosis of autism, mainly due to the fact that diagnostic criteria were easier to observe and describe [6].

In 1993, the World Health Organization (WHO) published International Classification of Diseases, 10th revision (ICD-10), and the term 'childhood autism' was used. ICD-10 requires at least 6 symptoms in three categories: social interactions, communication skills and repetitive stere-otypical behaviors [7]. The DSM-IV classification introduced in 1994 includes autistic disorders into overall developmental disorders aside Rett syndrome, children disintegrative disorders, Asperger syndrome, and pervasive developmental disorders not otherwise specified [8].

DSM-V includes four entities previously classified separately, i.e. Asperger Syndrome, autistic disorders, disintegrative disorders, and pervasive developmental disorders unspecified in other ways into one group of 'Autism Spectrum Disorders' (ASD). The two behavioral domains, deficits in the social area, and communication were joined into one, and thus the three domains of behavior mentioned in DSM-IV were replaced by two. Thus, according to DSM-V, ASD is characterized by disorders in the areas of communication and social interaction, and limited restrictive behaviors (RRB). Since both criteria are required to diagnose ASD, communication/social disorder provides diagnosis if RBB component is absent. The level of intellectual advancement and language skills are also assessed [9].

Moreover, the severity of symptoms is determined for both domains separately and divided into three levels. The third level requires much advanced aid and medical and social intervention, the second level in which the patient needs considerable aid and care, and the first level in which the patient can lead an independent life with little aid. The diagnosis should also include concomitant diseases, known genetic factors or the presence of harmful or potentially harmful environment or individual elements of the environment. It is also important that the DSM-V classification began to take into account the clinical heterogeneity of symptoms in individual patients, and at the same time included more options to adjust symptoms and to make a more precise diagnosis. It facilitates a more in-depth understanding of the disease and its pathogenesis [10].

As it usually happens in terms of nomenclature and classification, disputes sometimes arise as to proper name of a separate disease entity. Some sources refer to autism as a disease, others state that the correct term is a disorder which would be consistent with the DSM-V classification. In English, it is referred to as a disease. Another argument is also the fact that in the case of a disease, the cause and mechanisms are known, which is not always the case with a disorder [16].

CONCLUSIONS

In this text the two terms are used interchangeably, because many medical and scientific circles treat the nomenclature differences as irrelevant.

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