



NeuroSaber

Autismo : Características, Diagnóstico e Intervenção

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Transtornos do Espectro Autista (TEA)

- * 1 : 68 crianças nascem com Autismo (1% das crianças)
- * 20-30 / 10.000 nascimentos
- * Risco de recorrência em famílias : 19%
- * Causas genético-ambientais
- * Principais causas são pré e perinatais
- * Heterogeneidade clínica de início de apresentação e de sinais e sintomas
- * Recomendação: rastreamento dos sinais dos 18-24 meses de vida

(Am Acad Pediatrics, 2015; Ramos e cols., 2012)

Intervenção precoce

- * Reduz sintomas principais do transtorno
- * Melhora o nível intelectual
- * Melhora a atenção social
- * Reduz agressividade e adaptação às regras e rotinas
- * Aumenta a capacidade de linguagem e comunicação

(Am Acad Pediatrics, 2015)

Importante para o diagnóstico

- * CONHECIMENTO !!! Quem vai identificar?
- * Saber os primeiros sinais na infância
- * Desenvolvimento normal ou anormal??
- * Fatores de risco : tenho risco maior ou menor ?

Treatment

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There are no medications that can cure ASD or treat the core symptoms. However, there are medications that can help some people with ASD function better. For example, medication might help manage high energy levels, inability to focus, depression, or seizures.

Medications might not affect all children in the same way. It is important to work with a health care professional who has experience in treating children with ASD. Parents and health care professionals must closely monitor a child's progress and reactions while he or she is taking a medication to be sure that any negative side effects of the treatment do not outweigh the benefits.

It is also important to remember that children with ASD can get sick or injured just like children without ASD. Regular medical and dental exams should be part of a child's treatment plan. Often it is hard to tell if a child's behavior is related to the ASD or is caused by a separate health condition. For instance, head banging could be a symptom of the ASD, or it could be a sign that the child is having headaches. In those cases, a thorough physical exam is needed. Monitoring healthy development means not only paying attention to symptoms related to ASD, but also to the child's physical and mental health, as well.

Early Intervention Services

Early Intervention for Children With Autism Spectrum Disorder Under 3 Years of Age: Recommendations for Practice and Research

abstract

This article reviews current evidence for autism spectrum disorder (ASD) interventions for children aged <3 years, based on peer-reviewed articles published up to December 2013. Several groups have adapted treatments initially designed for older, preschool-aged children with ASD, integrating best practice in behavioral teaching methods into a developmental framework based on current scientific understanding of how infants and toddlers learn. The central role of parents has been emphasized, and interventions are designed to incorporate learning opportunities into everyday activities, capitalize on “teachable moments,” and facilitate the generalization of skills beyond the familiar home setting. Our review identified several comprehensive and targeted treatment models with evidence of clear benefits. Although some trials were limited to 8- to 12-week outcome data, enhanced outcomes associated with some interventions were evaluated over periods as long as 2 years. Based on this review, recommendations are proposed for clinical practice and future research. *Pediatrics* 2015;136:S60–S81

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Early Screening of Autism Spectrum Disorder: Recommendations for Practice and Research

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abstract

This article reviews current evidence for autism spectrum disorder (ASD) screening based on peer-reviewed articles published to December 2013. Screening provides a standardized process to ensure that children are systematically monitored for early signs of ASD to promote earlier diagnosis. The current review indicates that screening in children aged 18 to 24 months can assist in early detection, consistent with current American Academy of Pediatrics' recommendations. We identify ASD-specific and broadband screening tools that have been evaluated in large community samples which show particular promise in terms of accurate classification and clinical utility. We also suggest strategies to help overcome challenges to implementing ASD screening in community practice, as well as priorities for future research. *Pediatrics* 2015;136:S41–S59

Guidelines for Educating Students with Autism Spectrum Disorders



Primeiros sinais nos primeiros 3 anos

- Pouco/pobre contato visual
- Ausência de balbúcio
- Indiferença ao colo
- Pobres gestos sociais
- Ato de brincar pobre (pouco contexto)
- Auto-agressividade
- Faz-de-conta e esconde-esconde
- Rituais-maniás-estereotípias

Observação pelos pais e cuidadores

- * Quanto menor a criança, mais evidente os relatos
- * Quanto mais velha, mais se esquece detalhes progressos
- * Presença de complicações perinatais, problemas sensoriais, deficiência intelectual e doenças médicas adiantam a suspeita de TEA
- * Ordem de nascimento, perfil social e sexo da criança : não fazem diferença na suspeita

(De Giacomo & Fombonne, 1998; Noterdaeme & Hutzelmeyer-Nickels, 2010; Shattucket al., 2009; Wiggins, Baio, & Rice, 2006)

Sinais significativos que levam a suspeita de TEA pelos pais

(Daley, 2004; Werner & Dawson, 2005)

Problemas de
comunicação e de fala

Atraso motor e do
brincar

Olhar dos pais

Problemas alimentares

Alterações de sono

Autismo ao nascer X Regressão Autística

- * 70% das crianças com autismo tem os sintomas ao nascer
- * 30% nascem normais e vão apresentando o transtorno até o 3º ano de vida
- * Observar presença de epilepsias como fatores desencadeantes
- * Pais e cuidadores percebem nitidamente a perda de palavras

(Backes, Zanon, & Bosa, 2013; Wiggins, Rice, & Baio, 2009; Backes et al. 2013; Backes, Zanon, Endres, Meimes, & Bosa, 2012)

8 a 10 meses de vida : emerge a atenção compartilhada ! (Tomasello, 2003)



O que observar na creche ou na escola

- * Contato visual
- * Apontar
- * Reconhecer pelo nome
- * Atenção compartilhada (“*joint attention*”) ou jogo interativo
- * Faz-de-conta
- * Trazer objetos para os pais verem
- * Interesse em outras crianças / continuidade comunicativa
- * Imitação

(Baron-Cohen, 2000)

Orientações da Academia Americana de Pediatria (1992,1993, 2001 e 2015)



Em caso de suspeita...

Triagem

Especialista

Escalas
Diagnósticas



Escalas de triagem

- * ATA (Avaliação de Traços Autísticos)
- * M-CHAT (Checklist Autism in Toddlers)
- * ABC (Autism Behavior Checklist)

Escalas de Confirmação Diagnóstica

- * ADI-R (Autism Diagnostic Interview Revised)
- * ADOS-2 (Autism Diagnostic Observation Schedule)
- * DISCO (*Diagnostic Interview for Social and Communication Disorders*)

Autismo em Adultos

- * 9,8 / 1000 adultos apresentam TEA
- * Não há redução de prevalência com a idade
- * Menos escolaridade e menor renda
- * Menos favorecidos no trabalho
- * Maior risco de comorbidades psiquiátricas
- * Causa frequente de depressão e suicídio

Suspeita clínica

- * Filho com TEA
- * História crônica de dificuldade de socialização e comportamentos estranhos
- * Difícil diagnosticar : pais ausentes e relatos/registros médicos indisponíveis
- * Problemas de desenvolvimento infantil (como saber?)
- * Comorbidades psiquiátricas podem mascarar

Diagnóstico

- * Escalas estruturadas de avaliação
- * Informações de parentes e cônjuges
- * Entrevistas e observação sistematizada
- * Perfil no trabalho e com os amigos

O QUE SE DEVE AVALIAR ??

(Ramos e cols., 2012)

Avaliação do QI e da
capacidade adaptativa
(WISC-IV , Vineland)

Manifestações do TEA
(ADOS-2, ADI-R, DISCO)

**AUTISMO EM
ADULTOS**

Comportamentos desafiantes
e interesses

Sinais de comorbidades
psiquiátricas

Ao longo da vida...

MELHORA

PIORA

AGRESSIVIDADE

DEPENDÊNCIA

RECIPROCIDADE

COMUNICAÇÃO
NÃO-VERBAL

EMPATIA



ATIVIDADES TÍPICAS DA FASE ADULTA



EMPREGO

ATIVIDADE SOCIAL

AUTONOMIA

Melhor evolui e se estabelece :

- 1) Nível de inteligência/QI
- 2) Nível de Linguagem
- 3) Oportunidade de recursos educativos
- 4) Severidade dos sintomas autísticos
- 5) Serviços favorecedores da comunidade

(Howling & Moss, 2012)

Comorbidades Psiquiátricas

(Ramos e cols., 2012)

CONDIÇÕES COMUNS

- * Depressão
- * Transtorno Bipolar
- * TDAH
- * Transtorno de Ansiedade
- * Esquizofrenia



DESENCADEANTES

- * Solidão
- * Bullying
- * Perda de entes queridos
- * Dificuldade de comunicação
- * Presença de Deficiência Intelectual

Autism, Aspergers, employment and mental health

This leaflet is designed to help Human Resources departments understand Autism Spectrum Disorder (ASD) and the impact of mental health on individuals with ASD in the workplace.

What is autism?

Autism is a lifelong developmental disability. It is part of the autism spectrum and so is sometimes referred to as ASD. People with autism have difficulty with social communication, social interaction and social imagination but the same condition can affect each individual in different ways. Around 1 in 100 people in the UK have autism.

What is Asperger syndrome?

Asperger syndrome is a form of autism, mostly a 'hidden disability' because you can't tell if someone has this condition just by their outward appearance. People with Asperger syndrome often have average or above average intelligence and do not have the accompanying learning disabilities associated with autism. Only around 15% of adults with Asperger syndrome are in employment, despite the majority being keen and capable of work.

What jobs can people with ASD do?

People with ASD can do all types of jobs ranging from sales assistants or computer programmers to graphic designers or statisticians. People with ASD often demonstrate high levels of concentration, accuracy and close attention to detail and employees with ASD can prove to be some of the most reliable, conscientious and valued workers in an organisation.

Mental health & ASD

Precisa de exames ??

- * Eletroencefalograma
- * Radiografias (RX)
- * Tomografia ou Ressonância de Crânio
- * Exames de investigação genética
- * Exames metabólicos/hormonais
- * Avaliação do sono
- * Testes alérgicos e/ou alimentares

Lei Berenice Piana (2012)

- * Intersetorialidade
- * Participação da comunidade na formulação política
- * Atenção integral `as necessidades
- * Inserção no mercado de trabalho
- * Responsabilidade do poder público
- * Capacitação dos profissionais
- * Estímulo `a pesquisa científica
- * Parceria com setor privado/PJ

Lei Berenice Piana (2012)

- * Acesso `as ações de saúde :
 - Diagnóstico precoce
 - Intervenção precoce
 - Atendimento multiprofissional
 - Suporte nutricional
 - Medicamentos
 - Informações para o diagnóstico/tratamento
 - Acesso `a educação, moradia, mercado de trabalho e providência / assistência social

Lei Berenice Piana (2012)

- * Gestor que recusar matrícula : punição de 3-20 salários-mínimos
- * Reincidência: perda do cargo

Muito obrigado !!

* www.entendendoautismo.com.br

* www.neurosaber.com.br



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