

Autism and Asperger's syndrome

Introduction

Autism and Asperger syndrome are both part of a range of related developmental disorders known as autistic spectrum disorders (ASD). They begin in childhood and last through adulthood.

ASD can cause a wide range of symptoms, which are grouped into three categories:
problems and difficulties with social interaction – including lack of understanding and awareness of other people's emotions and feelings
impaired language and communication skills – including delayed language development and an inability to start conversations or take part in them properly
unusual patterns of thought and physical behaviour – including making repetitive physical movements, such as hand tapping or twisting (the child develops set routines of behaviour and can get upset if the routines are broken)

There is currently no cure for ASD. However, a wide range of treatments, including specialist education and behavioural programmes, can help improve symptoms. The conditions are more common in boys than girls. Boys are three to four times more likely to develop an ASD than girls.

Types of ASD

The term "spectrum" is used because the symptoms of autistic spectrum disorder (ASD) can vary from person to person and range from mild to severe.

It is also common for children with ASD to have symptoms or aspects of other conditions such as:

attention deficit hyperactivity disorder (ADHD)

Tourette's syndrome or other tic disorders

epilepsy

dyspraxia (developmental co-ordination disorder)

There are three main types of ASD:

autistic disorder, sometimes known as "classic autism"

Asperger syndrome

pervasive developmental disorder – not otherwise specified (PDD-NOS), also known as "atypical autism"

Autistic disorder

Children with autistic disorder usually have significant problems with language, social interaction and behaviour. Many children with autistic disorder also have learning difficulties and below-average intelligence.

Asperger syndrome

Children with Asperger syndrome have milder symptoms that affect social interaction and behaviour. Their language development is usually not affected. However, they often have problems in certain areas of language, such as understanding humour or figures of speech ("It's raining cats and dogs", for example).

Children with Asperger syndrome usually have intelligence within the normal range. Some children have particular skills in areas that require logic, memory and creativity, such as maths, computer science and music.

Pervasive developmental disorder – not otherwise specified

PDD-NOS is diagnosed in children who share some, but not all, of the traits of autistic disorder or Asperger syndrome.

Most children with PDD-NOS have milder symptoms than children with autistic disorder, but they do not share the language skills and normal range of intelligence associated with Asperger syndrome.

Autism in children

Autism can normally be diagnosed in children at around the age of two. However, it can be difficult to diagnose as the symptoms will often only become more noticeable as they get older.

See your DOCTOR if you notice any of the symptoms of ASD or if you're concerned about your child's development. You can discuss your concerns together in depth before deciding whether your child should be referred for a specialist assessment. Read more about diagnosing autism.

If your child is diagnosed with ASD, there will be many things to consider as a parent, including coping with daily life at home and choosing the right school. Read a parent's guide to autism for more information about coping with your child's diagnosis.

Autism in adults

Some people with ASD grow up without ever being diagnosed, sometimes through choice. However, getting a diagnosis of autistic spectrum disorder (ASD) as an adult can often help people with ASD and their families understand the condition and work out what kind of support they need.

A range of autism-specific services is available to help adults with ASD find advice and support, get involved in leisure activities and find somewhere they are comfortable living.

Some adults with ASD may also have difficulty finding a job because of the social demands and changes in routine that working involves. However, they can get support to help them find a job that matches their abilities and skills.

Are rates of autism increasing?

The number of diagnosed cases of ASD has increased over the past 20 years, but this does not necessarily mean that the condition is becoming more widespread.

Some experts argue that the rise in diagnosed cases may be due to health professionals getting better at diagnosing cases correctly. In the past, many children with an ASD may have been incorrectly labelled as "slow", "difficult" or "painfully shy", and not given the treatment they needed.

Some campaigners believe that the rise in cases is due to the MMR (mumps, measles and rubella) vaccine.

The MMR vaccine has been investigated extensively in a number of major studies around the world, involving millions of children. Researchers have found no evidence of a link between MMR and ASD.

In 2009, one of the country's leading ASD charities, the National Autism Society, released a statement supporting the claim that there is no link between MMR and ASD.

In the US, a compound containing mercury called thiomersal, which is used as a preservative in some vaccines, has also been claimed to cause ASD.

Thiomersal has been extensively studied and no evidence of a link to ASD has been found. Furthermore, thiomersal was removed from vaccines in the US after 1999, yet the rates of ASD have continued to rise.

Outlook

Children with moderate symptoms who have average or above-average intelligence often grow up to be independent adults with jobs, long-term relationships and children.

Children with more severe symptoms who have below-average intelligence are likely to find it difficult to live independently as adults and may need additional care and assistance. However, there is no reason why they cannot enjoy a good quality of life.

Symptoms of autism and Asperger syndrome

Autistic spectrum disorders (ASDs) can cause a wide range of symptoms, and there are many different ways that those symptoms can be grouped.

It is useful for parents to know the signs and symptoms of autism and Asperger syndrome that are related to their child's stages of development.

Early signs of ASD: 6–18 months old

Although they can be difficult for parents to detect, the signs and symptoms of ASD begin to show between 6 and 18 months of age in most children. These signs and symptoms include the following:

Your baby often avoids or has limited eye contact (gaze aversion). They may prefer to watch people out of the corner of their eyes or watch them in a mirror, rather than directly.

Your baby does not follow your gaze. For example, when you look at your watch, a baby without ASD would copy you and look at your watch as well. Alternatively, your baby does not look at objects that have been pointed out to them.

Your baby has no happy expression when they look at you.

Your baby does not "babble" (respond in a "back-and-forth" manner when you talk to them).

Your baby does not seem to recognise or respond to your voice, yet is aware of other sounds, such as a bell ringing or a dog barking.

Your baby shows little interest in drawing your attention to things by pointing to them or pulling your hand towards them.

Your baby rarely or never makes gestures such as pointing or waving.

Signs of ASD in pre-school children

The signs and symptoms of ASD usually become more apparent as your child gets older.

Problems with language will become more noticeable. It is likely that your child will begin to have difficulty interacting socially. They will also show unusual patterns of behaviour.

The signs and symptoms that often develop during this age are explained below.

Language development

Your child's speech development may be delayed or they may not speak at all. Most children can construct two-word sentences, such as "ball ... want" or "me ... drink", by the age of two.

Delayed language development does not usually affect children with Asperger syndrome, but their speech may be affected in other ways. For example, it may sound very monotonous, flat or unusually fast.

Although children with ASD may have difficulty understanding long verbal instructions, they are often good at visual clues and instructions. This can be used to help them understand things such as visual timetables at school and at home, or picture exchange communication systems (PECS).

Playing

Your child may have little interest in playing with toys in an imaginative way, yet they may play in a repetitive manner.

For example, rather than pushing a toy car across the floor, your child may concentrate on spinning one of the wheels on the car. Or, rather than using blocks to build an object, they may line the blocks up in order of size or colour.

Children with ASD often prefer to play with household objects such as string, pens or keys, rather than toys. They are happy to play alone for hours without needing supervision or attention.

Social interaction

Many children with ASD often appear to look straight through someone. They have little or no awareness of other people.

Your child may have little interest in other children of the same age, or taking part in shared activities.

Some children with ASD may try to form friendships with children but then behave inappropriately, such as suddenly kissing or hitting another child. Or they may be unable to understand concepts such as taking turns.

Behaviour

Many children with ASD develop a repetitive pattern of physical behaviour. These patterns are known as stereotypies.

Examples of stereotypies include:

flicking their fingers

flapping their hands

rocking back and forth

persistent and unexplained sniffing

licking objects

They also often enjoy visual stimulation and may be seen waving shiny paper, such as a crisp packet, in front of their eyes or rocking backwards and forwards in front of a pattern of vertical lines, such as metal bars on a fence.

They may sit close to the TV because they like the patterns they can see close up. Their visual skills are often revealed by their ability to do jigsaws or construction toys at an early age, or with a much greater ability compared to their other skills.

Many children with ASD develop strict routines, such as having to watch a certain cartoon at a certain time, or having to watch their favourite DVD from beginning to end, including all of the end credits. If these routines are disrupted, the child may have a severe temper tantrum or act in a self-harming way by banging their head or biting their skin.

Children with ASD often seem unaware of pain and injuries that would prompt other children to seek their parent's attention. Many parents whose children have ASD notice that they have a cut or a bruise, yet seem happy.

Children with ASD may suddenly become upset and distressed at certain sounds, such as a vacuum cleaner or a motorcycle, or the sudden appearance of bright lights.

Children with ASD often develop a strong dislike for certain foods. This is usually based on the texture or colour of the food rather than the taste. For example, they

may refuse to eat soft foods that dissolve in their mouth, or white or beige food such as rice, potatoes and pasta. It is also common that they insist food is separated on the plate and does not touch, which may mean using an airline-style plate to help cope with this.

Signs and symptoms of ASD in school-age children

Some children with mild to moderate ASD may see an improvement in their symptoms as they grow older. Sometimes, attending school gives them an opportunity to learn the social and communication skills that come naturally to children without ASD.

Children with more severe ASD may find the school environment increasingly stressful. This can trigger episodes of disruptive and difficult behaviour.

Signs and symptoms that can develop in older children and teenagers are explained below.

Language

Although most children with autistic disorder improve their language skills, specific difficulties with language may persist, such as:

- referring to themselves as "you", "she" or "he" rather than "I"

- repeating words and phrases, "parrot fashion", that they have just heard or have learnt from watching a film or TV programme

- speaking in pre-learned phrases, such as "I want it now" or "Where are we going?" rather than putting together individual words to form new sentences

- an unusual rhythm, stress or tone in their speech

- being unable to start or join in with a conversation unless it is about specific topics that interest them, such as dinosaurs or trains

In older children with Asperger syndrome, problems with their use and understanding of language often become more apparent. They include:

- talking "at" somebody, rather than having a two-way conversation

- being unable to adapt the tone and content of their speech to different social situations, for example speaking very formally at a party and then speaking to total strangers in a familiar way

- taking people's speech literally and being unable to understand humour, sarcasm, metaphors or figures of speech

Social interaction

Older children with ASD often have additional problems at school because they do not understand how to interact socially.

This lack of understanding occurs in a variety of ways. For example, they may not realise that people usually relate to their teacher differently from how they relate to their classmates.

A child may have little interest in issues and activities that are popular with other children, such as music, fashion, sport or going out.

Many children with ASD are not aware that they are intruding into other people's personal space. However, they can become extremely upset if they feel that their own personal space is being invaded.

All these factors often make it difficult for your child to make friends with children of the same age. However, some children with ASD do manage to form relationships with younger children or adults.

Behaviour

A child with ASD is likely to need strict routines as they get older. Many children with ASD develop a highly specific interest in a particular subject or activity, which usually involves collecting, numbering or listing.

This can range from a usual childhood activity, such as collecting football stickers (though children with ASD often pursue the interest much more intensely than other children) to activities or subjects not normally associated with childhood, such as an interest in train timetables or reading old computer manuals.

Children with ASD may move on from one intense special interest to another after a few months or years. They may wish to hold their special interest toy all the time, and even take it to bed with them rather than a cuddly toy.

Children with ASD prefer rigidity and predictability. Changes, even small ones, may result in major tantrums. This could include not being able to wear the socks they've worn for a week, or having a trip to the park suddenly cancelled for a trip to the swimming pool.

Tantrums are common and it's often difficult for parents to work out what has caused them. However, they usually occur because something they weren't expecting has happened or because the adult wants to make a change to the routine.

Children with Asperger syndrome often do well at academic subjects that involve facts, figures and logic. But they may struggle with subjects that require abstract thought, such as English Literature or Religious Education.

Causes of autism and Asperger syndrome

The exact causes of autistic spectrum disorders (ASD) are unknown. However, it is thought that several complex genetic and environmental factors are involved or, in some cases, an underlying condition that causes symptoms of ASD.

The causes of ASD can be described in two ways:

Primary ASD (also known as idiopathic ASD) – no underlying medical condition can be found to explain the symptoms of ASD.

Secondary ASD – an underlying medical condition is thought to be responsible, or partially responsible, for the symptoms of ASD.

90% of cases of ASD are primary, and 10% secondary.

Primary ASD

Researchers have studied four possible causes of primary ASD. These are:

Genetic factors – certain genetic mutations may make a child more likely to develop an ASD.

Environmental factors – during pregnancy, a child may be exposed to certain environmental factors that could increase the risk of developing an ASD.

Psychological factors – people with ASD may think in certain ways that contribute towards their symptoms.

Neurological factors – specific problems with the development of the brain and nervous system could contribute to the symptoms of ASD.

Each of these factors is described in more detail below.

Genetic factors

Most researchers believe that certain genes a child inherits from their parents could make them more vulnerable to developing an ASD.

Cases of ASD have been known to run in families. If an older child develops an ASD, there is a 5–6% chance that any new child born to the same parents will also develop an ASD.

If an identical twin develops an ASD, there is a 60% chance that the other twin will develop the condition.

At present, no specific genes linked to ASD have been identified and there are currently no tests that can screen for "ASD genes".

Environmental factors

Some researchers have argued that ASDs are not primarily caused by genes, but also by environmental factors. The theory is that a person is born with a vulnerability to an ASD, but the ASD develops only if that person is exposed to a specific environmental trigger.

Some suggested environmental triggers include:

the mother having a viral or bacterial infection during pregnancy

the mother smoking during pregnancy

the age of the father

air pollution

pesticides

There is evidence to support the first three factors listed above.

Women exposed to a rubella infection during pregnancy are estimated to have a 7% risk of giving birth to a child with an ASD. Women who smoke daily throughout early pregnancy are 40% more likely to give birth to a child with an ASD.

New fathers who are older than 40 are estimated to be six times more likely to father a child with an ASD than fathers under 40. This is possibly because a man's genetic material is more at risk of developing mutations as he gets older.

Researchers are currently studying the possibility that air pollution and pesticides may cause ASDs, under what is known as the CHARGE study. However, it will probably be several years before there is definitive information on environmental factors.

Psychological factors

Much of the research into the possible psychological factors behind ASD is based on a concept known as "theory of mind" (TOM). This is a person's ability to understand other people's mental states, recognising that each person they meet has their own set of intentions, beliefs, emotions, likes and dislikes. To put it simply, it's seeing the world through another person's eyes.

It is thought that most children without ASD have a full understanding of theory of mind by around the age of four. Children with ASD develop a limited understanding or no understanding at all of theory of mind. This may be one of the root causes of their problems with social interaction.

Neurological factors

Much research into neurological factors that may be associated with ASD has focused on part of the brain that matches your emotions to the situation you're in (the amygdala).

The amygdala chooses emotional responses from the part of the brain that regulates your emotion (the limbic system) and relays them to the part of your brain that processes sensory information (cerebral cortex).

Brain imaging studies carried out in people with ASD suggest that the connections between the cerebral cortex, the amygdala and the limbic system have become scrambled.

As a result, people with ASD may suddenly experience an extreme emotional response when seeing a trivial object or event. This may be a reason why people with ASD are fond of routines: they have found a set pattern of behaviour that does not provoke an extreme emotional response. It may also explain why they often become very upset if that routine is suddenly broken.

This confusion of emotional responses may also explain why children with ASD are interested in topics that most children would find boring, such as train timetables.

Another area of research into ASD has focused on special types of brain cells called mirror neurones, which were first discovered in the 1990s.

Mirror neurones are thought to enable us to copy other people's actions. At the most basic level, mirror neurones may give a baby the ability to return their mother's smile.

As a person becomes older, the mirror neurones create more complex pathways in the brain that may be involved in many of the higher brain functions, such as:

language

the ability to learn from others

the ability to recognise and understand other people's emotional states (theory of mind)

Brain imaging studies have found that mirror neurones do not respond in the usual way in people with ASD.

Mirror neurone dysfunction may be responsible for the difficulties children with ASD have with language, social interaction and some types of learning.

Secondary ASD

Some conditions that are known to cause symptoms of ASD are listed below:

Fragile X syndrome – an uncommon genetic condition that is more common in boys. It is estimated that one in every 3,600 boys and one in every 6,000 girls are born with the condition. Children with fragile X syndrome usually develop certain facial and bodily characteristics, such as a long face, large ears and flexible joints.

Tuberous sclerosis – a rare genetic condition that causes multiple non-cancerous tumours to grow throughout the body, including the brain. It is estimated that one in every 6,000 children is born with tuberous sclerosis.

Rett syndrome – a rare genetic condition that almost always affects girls. It causes symptoms of ASD, and difficulties with physical movement and development. It is estimated that one in every 20,000 girls is born with Rett syndrome.

Diagnosing autism and Asperger syndrome

In most cases, parents notice the symptoms of an autistic spectrum disorder (ASD) when their child is around two years old. In some cases, mild symptoms of ASD may not be detected until adulthood.

Diagnosing ASD in children

Screening

If you are worried about your child's development, visit your DOCTOR. Your DOCTOR may use a brief screening test, such as the checklist for autism in toddlers (CHAT).

CHAT consists of a series of questions, such as:

Does your child take an interest in other children?

Does your child ever pretend, for example, to make a cup of tea using a toy cup and teapot, or pretend other things?

Does your child ever bring objects to show you?

Your DOCTOR may also carry out a series of exercises with your child, such as asking them to point out certain objects, or encouraging them to engage in imaginative play, such as pretending to make a cup of tea with a toy teapot.

Assessment

If the results of the CHAT screening suggest that your child may have an ASD, you will be referred to a health professional who specialises in diagnosing ASD. They will make a more in-depth assessment.

This health professional may be:

a psychologist – a health professional with a psychology degree, plus further training and qualifications in psychology

a psychiatrist – a medically qualified doctor with further training in psychiatry

a paediatrician – a doctor who specialises in treating children

Some local health authorities now use multidisciplinary teams. These are made up of a combination of professionals, who work together to make an assessment.

Assessment for ASD is a rigorous process that involves a number of detailed steps, which are explained below:

Any existing information about your child's development, health and behaviour will be sought from relevant people, such as your DOCTOR, nursery or school staff.

You will be asked to attend a series of interviews so that a detailed family history and the history of your child's development can be drawn up.

Your child will be asked to attend a series of appointments so that specific skills and activities can be observed and assessed. This is known as a focused observation. Focused observation looks at language, behaviour, the pattern of your child's thinking (known as their cognitive ability) and how they interact with others.

A detailed physical examination will be carried out, and some children may be referred for further tests, such as testing your child's blood for genetic conditions that are known to cause ASD.

Once this process is complete, an autism diagnosis can usually be confirmed or ruled out.

After diagnosis

Parents may react in different ways when ASD has been confirmed. Some parents feel relieved because they now understand the reasons behind their child's behaviour and can begin to treat them.

Other parents feel an immense sense of shock and disbelief, as they are naturally worried about what the diagnosis means for their child's future.

However, the diagnosis offers an insight into your child's individuality and personality. In turn, it gives you a chance to guide their development and growth.

When a child is diagnosed with ASD, many parents are keen to find out as much as they can about the condition. The National Autistic Society (NAS) has an excellent range of resources and advice on its website.

You can also read the National Institute for Health and Clinical Excellence (NICE) guidelines for diagnosing autism in children and young people (PDF, 301Kb).

Diagnosis of ASD in adults

Some people with autistic spectrum disorder (ASD) grow up without their condition being recognised. But it's never too late to get a diagnosis. Some people may be scared of being diagnosed because they feel it will "label" them and lower other people's expectations of them. But there are several advantages.

Getting a diagnosis of Asperger syndrome or another condition on the autistic spectrum will help people with the condition and their families understand ASD and decide what sort of support they need.

A diagnosis also means that the person will be classed as having a disability under the Disability Discrimination Act. This means that their employer (if they work) must make "reasonable adjustments" for them in the workplace, such as providing clear written instructions.

Once diagnosed, adults may be able to access autism-specific services, such as supported living services and social groups, if these are available in their area. Services for adults are listed on the Autism Services Directory.

See your DOCTOR if you are concerned and ask them to refer you to a psychiatrist or clinical psychologist. The National Autistic Society website has information on the process of being diagnosed with ASD for adults.

If you're already seeing a specialist for other reasons, you may want to ask them for a referral instead. However, some PCTs do not provide NHS funding for diagnosing ASD in adults.

Treating autism and Asperger syndrome

There is currently no cure for autistic spectrum disorder (ASD). However, a range of specialist education and behavioural programmes (often referred to as interventions) can be effective in improving the skills of children with ASD.

There are many different types of intervention for ASD, so it is often hard to judge which one will work best for your child.

Some types of intervention can involve hours of intensive work, and this is not always possible for many families because of the practical, emotional and financial commitments necessary.

The National Autism Society website has information on the many different approaches, therapies and interventions available for ASD.

Any intervention should focus on important aspects of your child's development.

These are:

communication skills – such as the ability to start conversations

social interaction skills – such as the ability to understand other people's feelings and respond to them

cognitive skills – such as encouraging imaginative play

academic skills – the "traditional" skills that a child needs to progress with their education, such as reading, writing and maths

Some widely used interventions for ASD are explained below.

Applied behavioural analysis (ABA)

Applied behavioural analysis (ABA) is based on:

breaking down skills (such as communication and cognitive skills) into small tasks, and then teaching those tasks in a highly structured way rewarding and reinforcing positive behaviour while discouraging and redirecting inappropriate behaviour

ABA programmes usually take place in the home. They consist of 40 hours a week of intensive therapy over two to three years.

An ABA programme is usually delivered by a consultant, who oversees the programme, and a team consisting of at least three therapists who alternate working with your child.

The programme team will work with your child on a one-to-one basis, in sessions of two to three hours. The team will try to teach your child by breaking skills down into smaller tasks. These tasks are then taught in a repetitive and structured way, with a particular emphasis on praising your child and reinforcing positive behaviour.

An ABA programme usually begins with simple tasks. Over time, these small tasks will build up into more complex skills that will help with your child's development.

TEACCH

TEACCH is a type of educational intervention that places great emphasis on structured learning by using visual prompts. Research has found that children with ASD often respond better to information that is presented visually.

TEACCH is often delivered at special day centres, but you can also have training so you can continue the intervention activities in your own home.

Speech and language therapy (SLT)

Speech and language therapy is a type of skills training designed to improve your child's language skills. This can improve their ability to interact with others socially. The therapist uses a number of techniques, such as visual aids, stories and toys to improve communications skills.

Speech and language therapy

A speech and language therapist explains how the therapy works and who can benefit from it.

Medication

No medication is available to treat the core symptoms of ASD, but medication may be able to treat some of the related symptoms, such as:

repetitive thoughts and behaviour

aggressive behaviour, such as tantrums or self-harming

One type of medication used in the UK is the class of antidepressants called selective serotonin reuptake inhibitors (SSRIs). These work by changing the levels of a chemical called serotonin in the brain. Serotonin is known to affect behaviour and mood.

However, SSRIs are used only extremely rarely to treat children and young people, and only by specialist consultants such as a child psychiatrist.

It is more common for specialists to use melatonin or other prescribed medication to help sleep (which is commonly disturbed in ASD). Specialist consultants may also use stimulant medication such as methylphenidate for young people who also have attention deficit hyperactivity disorder (ADHD).

It is not possible to predict how an individual will respond to SSRIs and whether they are a suitable treatment, but the clinical use of SSRIs has increased greatly in the last decade.

Examples of SSRIs include:

fluoxetine

paroxetine

Some children with ASD who are taking SSRIs can suddenly have a sharp rise in serotonin levels. This can trigger a group of side effects known as serotonin syndrome.

Symptoms of mild to moderate serotonin syndrome include:

confusion

agitation

muscle twitching

sweating

shivering

diarrhoea

If your child has any of the above symptoms, stop their medication and seek immediate advice from your DOCTOR.

Symptoms of severe serotonin syndrome include:

a high temperature of 39.4C (103F) or above

seizures (fits)

irregular heartbeat

unconsciousness

If your child has any of these, phone and ask for an ambulance.

Complementary and alternative medicines (CAM)

A number of studies have found that most parents have tried at least one type of complementary and alternative medicine (CAM) to improve their child's symptoms.

Examples of suggested CAMS to treat ASD include:

special diets, such as gluten-free diets

vitamin supplements

anti-fungal medication

chelation therapy, which uses medication or other agents to remove metal, in particular mercury, from the body

There is little or no evidence that any of these approaches are effective, and some may even be potentially dangerous.

Do not make changes to your child's diet without first consulting your DOCTOR.

It is strongly recommended that you do not try chelation therapy as there is no evidence of its effectiveness. It is based on a theory that mercury is responsible for the symptoms of ASD. But this theory is not shared by mainstream ASD experts, and it is potentially dangerous.

Risks associated with chelation therapy include kidney damage and liver failure. One child is reported to have died as a result of chelation therapy.

If you are considering a CAM, look out for certain claims and signs that suggest that the treatment may be unsound. These include claims that:

are based on overly simplified scientific theories – for example, that ASD is caused by mercury in the body

promise effective treatment for a wide range of unrelated symptoms

offer dramatic results or the possibility of a cure

rely on unpublished case reports rather than carefully designed studies

the treatment has no risks or side effects

Adults living with autism

Some people with autistic spectrum disorder (ASD) grow up without their condition being recognised, sometimes through choice. However, once diagnosed, adults may access a range of autism services, such as social groups that may be available locally. Adults with ASD will need to consider where they'd like to live, and whether they might need any support at home.

It is never too late to be diagnosed with ASD, although it is not always easy as some primary care trusts (PCTs) do not provide NHS funding for diagnosing ASD in adults.

Where to live

Adults with ASD can live in all types of housing. For example, some people may be suited to a residential care home, while others may prefer to live on their own and receive home support. Others live completely independently.

Supported living can work very well for some adults with ASD. They can choose a place to live in the community, they can live alone or with other people, and get the support they need. They may need 24-hour care, or they may only need help with important tasks for a couple of hours each week.

Some adults with ASD may not want to move out of the family home. A 2001 survey by the National Autistic Society found that half of adults with ASD still lived with

their parents. Caring for anyone with a disability can be challenging, and parents may need additional support. For more information, see the Carers Direct practical guide to caring.

Respite care is short-term care provided either in or outside the family home. It is funded by the local authority and gives families and carers of people with ASD a break from their daily care routine.

Read more information about breaks from caring.

The level of support an adult with ASD needs (from round-the-clock care to simple adaptations to the home) is decided after social services make an assessment and it is agreed with the person and their carer.

Access in the community

Community support services (or outreach services) help adults with ASD get out and about in their local area. They provide advice, support, social skills training and social or leisure opportunities.

For example, they may help people with ASD to get to the local gym for a couple of hours a week, to keep fit and healthy.