THE DAILY CHECKUP BY KATIE CHARLES

New directions in autism care

Early behavioral therapy and genetics research offer hope in tracking and treating the disease

The specialist: Dr. Joseph Buxbaum on autism

As director of the Seaver Autism Center, Buxbaum focuses on the causes of psychiatric and neurodevelopmental disease. He specializes in autism and related diseases.

Who's at risk

Autism is a serious developmental disorder that appears in early childhood. "Technically, autism is a narrowly defined disorder within the wider set of autism spectrum disorders (or ASDs)," says Buxbaum. "That's an important distinction for researchers and clinicians, but most people call all of the disorders on the spectrum autism."

Autism and the other ASDs are behavioral diagnoses that become evident in the first year of life, usually by age 3. "The hallmarks are abnormalities in social and relationship skills, delays and deficiencies in communication, and repeated and stereotyped patterns of behavior," says Buxbaum. For a strict diagnosis, patients must meet four criteria: social impairment, communication impairment, presence of stereotyped behavior and early onset in the first years of life.

Recent studies show that autism is more prevalent than previously thought. "The newest numbers are in the order of around one kid out of every 100 has an ASD, to one kid out of every 156," says Buxbaum. "But that is lumping together all the autism spectrum disorders, so autism itself isn't that prevalent."

New studies indicate that race and geography are not factors. "Whenever autism has been looked at, the rates are about the same, which is part of the evidence that this is genetic, not environmental," says Buxbaum.

Autism does tend to run in families to some degree. "If there's one child in the family with autism, that family has a 5% to 10% higher risk of a second child with it," says Buxbaum.

Autism is also four times more common in boys than girls. "What we're learning is that it's a genetic disorder, but within that framework, there are many different genetic causes," says Buxbaum.

Signs and symptoms

One defining characteristic of autism is early onset, so parents often notice symptoms before their child is talk-}

What you can do

Get informed

There are lots of great national sites, like autismspeaks.org, which has a whole section devoted to family services. For local services, check seaversautismcenter.org, where Dr. Joseph Buxbaum and colleagues host information on research and clinical services.

Get early screening

The American Academy of Pediatrics recommends screening for autism by 18 months. Those children who responded so well to treatment in a recent study started at 14 months.

Don't put off getting an evaluation

"The most important thing is what not to do," says Buxbaum. "Don't wait and see." Get to a specialist and a center that specializes in diagnosing treatment.

Get support for the whole family

Autism puts a lot of stress on the whole family and on a marriage. An autism center can help you obtain parent and sibling training and respite support.

Dr. Joseph Buxbaum says autism tends to run in families and it's four times more common in boys than girls.

Such behavioral therapy focuses on skill-building and functional communication skills. A recent study showed that kids in intensive therapy showed a 10-point gain in IQ scores.

Research breakthroughs

Some of the most promising research on autism is happening in genetics. "One of the biggest recent breakthroughs is a discovery that autism's cause can be diagnosed in about 15%-20% of cases," says Buxbaum.

"Sometimes, the doctor can find that the mutations that lead to autism weren't found in the mother or father, but were produced in the production of egg or sperm." That discovery lets parents know if they have an increased risk of having a second child with autism. Discovering the genetic cause also lets the doctor think about how to target subtypes of autism and where to intervene with new drugs.

Questions for your doctor

If your child is diagnosed with autism, ask the doctor, "How do the interventions affect outcomes? What can be expected?" There's no cure for autism, but the treatment can be very effective at improving social skills and communication. A good follow-up question is, "How do we monitor progress and evaluate the treatments?"

This is especially important because behavioral therapy needs to be tailored to each child. "Because so much of this treatment is individualized, we have to pay attention," says Buxbaum.

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