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Autism: A continuum of emergence

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Since the first documented cases of autism conditions by Leo Kanner in 1943 and Hans Asperger in 1944, conceptualisation of autism spectrum disorders has shifted greatly. It is now evident that it is not a rare childhood disorder. Over the past three decades, billions of funds have been invested in to researching and understanding the causes of autism spectrum disorders. However, research to date has not produced a single causal link but produced a complex picture of associated genetic, environmental and neurological factors. What has been confirmed through empirical research is there a number of genetic variations in individuals with autism (Abrahams and Geschwind, 2008), and neurological differences in how the brain develops (Courchesne, Carper at al. 2003), demonstrating a varied and complex etiology and heterogeneity

It is also important to note that our general understanding of the brain and how it works is still limited, for instance recent research by the Human Connectone Project highlights just how little is still understand about the complex mechanisms of the human brain. It may besomewhat naïve to assume that the neurological difference reported is as simple as typical (non-autistic) versus atypical (autistic). The range of individual difference can vary so much across what is described as the autism spectrum, that a recurring phrase often used best encapsulates this, which is 'when you've met one person with autism, you've met one person with autism'. The rangeof inter-connecting variables from genetics, cognition, environment, personality and other factors meansresearching causes is an onerous task.

This does not provide solace for many parents and families, particularly following a recent diagnosis. For parents seeking information on autism via the web, it yields a minefield of confusing, misleading and contradictory claims that it can be an exhausting emotional cocktail of uncertainty, despair and hope.

The supposed 'epidemic'

The suggestion of an 'autism epidemic' rose to prominence in the 1990s, alongside tenuous links that the cause was the MMR or other childhood vaccinations. Although these links have proven to be unfounded (Stehr-Green, Tull et al. 2003; Thompson, Price at al. 2007), the murmurings of epidemic and concerns of vaccinations have not yet faded. It may appear that there are increased numbers diagnosed,

however changes in our recognition, diagnosis, support and inclusive practices, genetics and societal views has shifted widely over the years that tracking back to ascertain whether there has been a rise in numbers is futile. Steve Silberman, in his book 'Neurotribes', provides the most accurate examination of this reported phenomenon to date.

At present, diagnosis in the UK involves multidisciplinary assessment and the use of interview and observation schedules (e.g. ADOS, ADI, DISCO, etc.) to assess for marked difference in social communication and interaction, and social imagination; based on DSM-V or ICD-10 criteria and follow NICE guidelines. Sensory needs are often commonly associated but not necessary in diagnostics. The National Autistic Society website report that there are currently 700,000 people in the UK on the autism spectrum. Although, this is probably not a true representation. To ascertain an accurate figure of numbers of individuals with autism continues to prove difficult. This is due to a number of reasons, for example changes in diagnostic criteria and inclusion criteria and terminology of prevalence studies varies when gathering data. For example, it is now becoming more widely recognised that the assumption autism affects four times more boys than girls is inaccurate. Judith Gould (Consultant Clinical Psychologist) and Sarah Hendrickx (adult and author with Asperger syndrome) report that autism presents differently in women and girls, and the most widely used diagnostic tools have not been designed to assess girls accurately. Meaning there is likely to be a whole cohort of women and girls missing from the prevalence data. In one London borough I have worked, figures are as high as 145 children diagnosed per year over the last five years (94 aged 2-5 years old, and 51 aged 5-18 years). Prevalence studies widely vary in estimations from 1.4 per 10,000 (Al Farsi, 2011) in the population to 350 per 10,000 people (Dillenburger et al.,, 2015).