

THERAPEUTIC ~~OPTIONS~~ DISABILITIES IN PEDIATRIC NEUROPSYCHIATRY (AUTISM PROTOTYPE)

FACTS AND CONTROVERSIES

Even though we may be discussing only one molecule here.
There may be many such molecules claiming similar effects.

Surely, a Dr will be confused, and so patients are likely to be
misguided. Its doctors duty to not let them misguided.



KONDEKAR SV

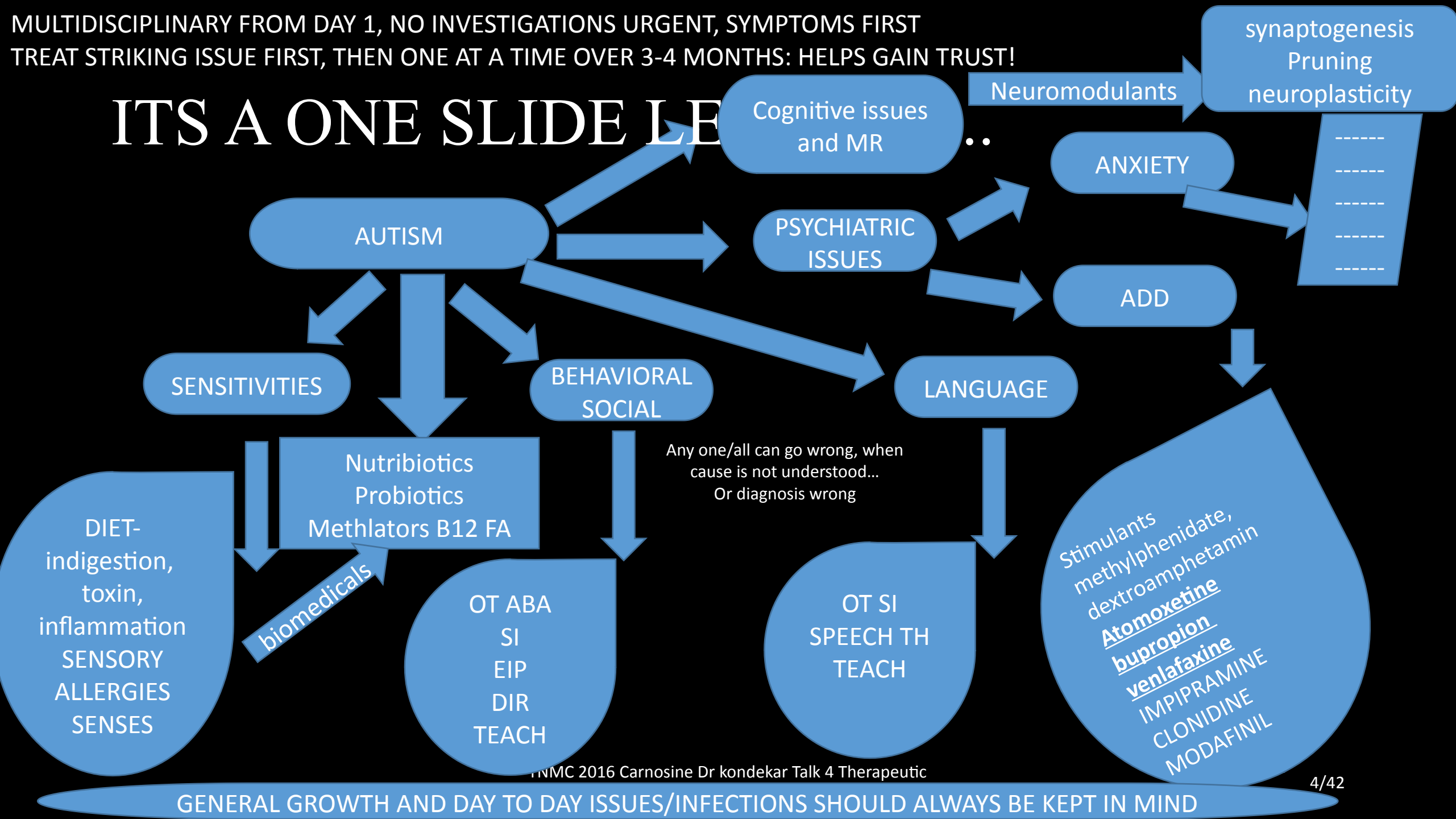
Every communication delay is not autism

But its wiser to keep it in mind to prevent
it progressing to autism.

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MULTIDISCIPLINARY FROM DAY 1, NO INVESTIGATIONS URGENT, SYMPTOMS FIRST
TREAT STRIKING ISSUE FIRST, THEN ONE AT A TIME OVER 3-4 MONTHS: HELPS GAIN TRUST!

ITS A ONE SLIDE LE



Any one/all can go wrong, when cause is not understood...
Or diagnosis wrong

GENERAL GROWTH AND DAY TO DAY ISSUES/INFECTIONS SHOULD ALWAYS BE KEPT IN MIND

BROAD SPECTRUM

- NEUROLOGY
- BEHAVIOURAL ISSUES AND DISORDERS
- PSYCHIATRY
- MIXED PATHOPHYSIOLOGIES
- INADEQUATE KNOWLEDGE
- CHANGING DIAGNOSIS
- COMORBID DEVELOPMENTAL ASSOCIATIONS
- PERSONALITY ISSUES
- EMOTIONAL ISSUES
- DARK MATTER

DISABILITIES
DISORDERS
DISEASES
DEPENDENCIES
DEPRESSION
ANXIETY
MANIA – BIPOLAR
AGITATION, AGGRESSION
PSYCHOSIS
ADD
AUTISM
LD
MR

THOUGH NONE MAY BE CURABLE, ALL ARE MODIFIABLE

Whether to use medication or not is a hard decision?

- UNCERTAINTY
- NON CURATIVE
- SIDE EFFECTS
- ONLY TEMPORARY SYMPTOM CONTROL
- COST BENEFIT?

MEDICINES ARE ATTEMPTED IN INCURABLE CASES, WITH A HOPE TO IMPROVE BEARABILITY OF THE MORBIDITY AND TO IMPROVE QUALITY OF LIFE OF CHILD AND FAMILY

IS cp CURABLE?

NO. BUT MODIFIABLE TO MAKE LIFE EASIER.

WHEN WE KNOW SOMETHING IS NOT CURABLE, WE AS DOCTORS,
AND PARENTS/PATIENTS AS SUFFERERS CONSTANTLY LOOK OUT OR
SERACH FOR SOMETHING THAT MAY HELP...

WE DO USE PHYSICAL THERAPIES, EXERCISES, RELAXANTS,
ANTISEIZURE MEDICINES, VITAMINS SUPPLEMENTS,
VARIOUS SENSORY SCREENINGS TO IMPROVE OR MODIFY
CONGNITIVE OUT PUTS

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AND TO IMPROVE QUALITY OF LIFE OF CHILD AND FAMILY

WHY ONLY MEDICINES?

- EASY MAGIC REMEDY?

BUT PRIMARILY ,
EVERY INDIVIDUAL IN SO CALLED HOPELESS SITUATION
IS LOOKING FOR SOMETHING THAT MAY WORK.

AND WHEN WE HAVE MIX UP OF ISSUES AND UNCERTAINTIES,
THERE WILL BE LOTS OF MEDICINES AND THERAPIES, TRIED,
TESTED, TITRATED... EVEN AT INDIVIDUAL LEVELS... BY DOCTORS
AND PATIENTS ALIKE..... JUST FOR HOPE.. WITH A STRING OF
EVIDENCE OR BELIEF

LETS TRY TO TREAT AUTISM...

- WE NEED TO UNDERSTAND VARIOUS POSSIBLE COMPONENTS:
- The KID MAY HAVE seizures, ADD; social anxiety, task performance anxiety, anticipatory anxiety, sensory overload, separation anxiety, and generalized anxiety. The anxiety can drive obsessive compulsive behavior, frequent tantrums or meltdowns, rigid adherence to rituals, resistant/oppositional behavior, and
- constant need to control everything and improve concentration, impulse control, and reduce over-activity.

sensory diets, biomedical supplements, behavioral strategies, SSRI Antidepressants/antipsychotics... STIMULANTS for ADD

So someone treating autism with pharmacotherapy is not prescribing off label, but is likely to have analysed the case in detail to the roots and **understood** need to control issues

THESE DRUGS PROBABLY ARE NOT CURATIVE, BUT ONLY CONTROL THE ISSUES TEMPORARILY AND RELAPSES WITH NONCOMPLIANCE DO OCCUR; BUT MAY SURELY HELP LIFE BEARABLE..

OR MAY BE THE CLINICIAN IS TITRATING THE DRUG TO DESIRABLE ACCEPTANCE OF MORBIDITY

Pharmacotherapy treats only added on morbidities/symptoms

- How to improve behavior?
- Attention span?
- Response time?
- Sensory issues?
- Perceptions?
- Cognition?
- Concentration?
- Social interaction?
- Academic performance?

Since these are issues in developing brain

EIP has a proven role in improving outcomes in these issues through a stepwise periodic training program. Started Earliest the best; at best available contact.

Even if child has not been diagnosed with an ASD, he or she may be eligible for early intervention treatment services.

Thorough history and examination and early intervention is the key

- An autistic child with head banging can be a symptom of autism; or may have truly headache or sinusitis for that matter., The physician needs to be alert.
- Its very important to pick up signs early; when they are mild and without comorbidities even though the signs donot satisfy full definition.
- They are modifiable if picked early and may not progress to florid if Early intervention Therapy is initiated with multidisciplinary assessment.
- Research shows that early intervention treatment services can greatly improve a child's development.
- **Early intervention services** help children from birth to 3 years old (36 months) learn important skills. Services include therapy to help the child talk, walk, and interact with others. **Field of affection decides type of intervention**

EARLY INTERVENTION THERAPIES

DOMAINS

HELP learn the basic skills that typically develop during the first three years of life, such as:

- *physical* (reaching, rolling, crawling, and walking);
- *cognitive* (thinking, learning, solving problems);
- *communication* (talking, listening, understanding);
- *social/emotional* (playing, feeling secure and happy); and
- *self-help* (eating, dressing).

MODES

Assistive technology (devices a child might need)
Audiology or hearing services
Speech and language services
Counseling and training for a family
Medical services
Nursing services
Nutrition services
Occupational therapy
Physical therapy
Psychological services

IN AUTISM, ITS **Neuromodulation, CBT, ABA, SI, DI, TEACH, PECS**

OT SI: when Sometimes one or more senses are either over- or under-reactive to stimulation

Sensory problems may be the underlying reason for such behaviors as rocking, spinning, and hand-flapping

Sensory integration focuses primarily on **three basic senses**--tactile, vestibular, and proprioceptive.

general goals are:

- (1) To **provide** the child with sensory information which helps organize the central nervous system,
- (2) To assist the child in **inhibiting and/or modulating** sensory information, and
- (3) To assist the child in **processing** a more organized response to sensory stimuli.

You can teach – learning, behaviour,
understanding, communication...

You can teach those whose brain is ready to
learn, is receptive and sensory modulated.

You need to establish basic understanding to learn what experts are trying to teach

- LOOK, LISTEN, FOLLOW, COPY
- 4 BASIC STEPS OF LEARNING
- ONLY WHEN THIS IS READY, CHILD CAN BE TAUGHT BETTER AS BELOW.

ABA encourages **positive** behaviors and discourages **negative** behaviors in order to improve a variety of SOCIAL skills

- **Discrete Trial Training (DTT)**

DTT is a style of teaching that uses a series of trials to teach each step of a desired behavior or response. Lessons are broken down into their simplest parts and positive reinforcement is used to reward correct answers and behaviors. Incorrect answers are ignored.

- **Early Intensive Behavioral Intervention (EIBI)**

This is a type of ABA for very young children with an ASD, usually younger than five, and often younger than three.

- **Pivotal Response Training (PRT)**

PRT aims to increase a child's motivation to learn, monitor his own behavior, and initiate communication with others. Positive changes in these behaviors should have widespread effects on other behaviors.

- **Verbal Behavior Intervention (VBI)**

VBI is a type of ABA that focuses on teaching verbal skills

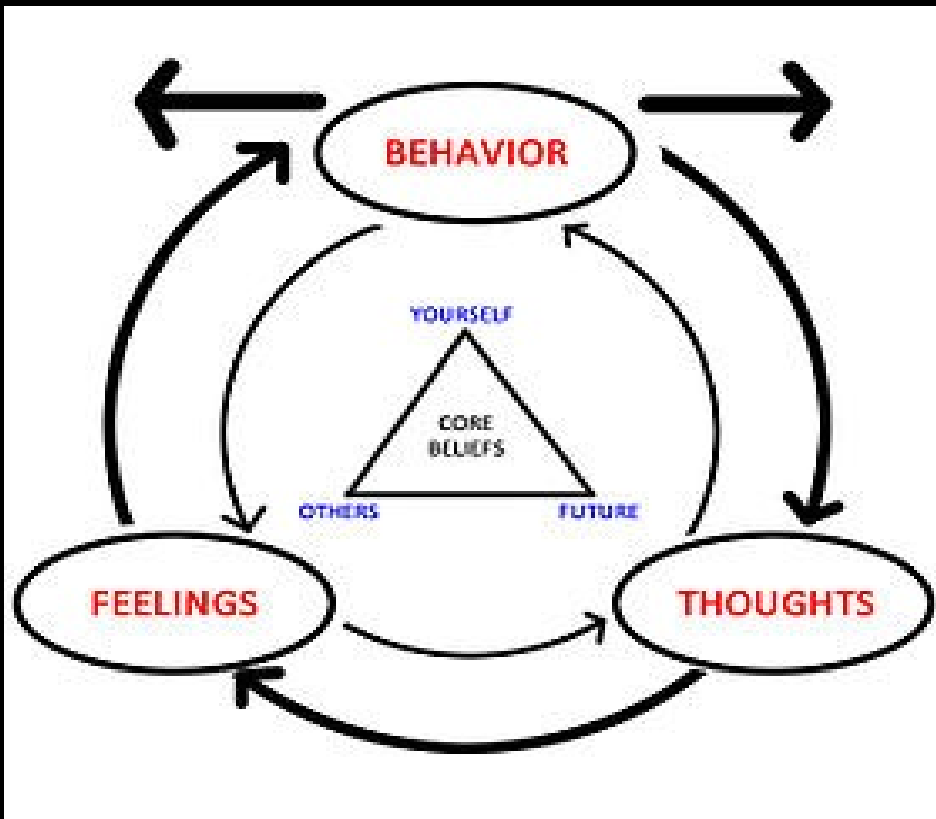
APPLIED BEHAVIORAL ANALYSIS & SI: THE ONLY PROVEN THERAPIES FOR AUTISM

TNMC 2016 Carnosine Dr kondekar Talk 4 Therapeutic
disabilities

Don't get carried by names: these are techniques to make learning simple

- RDI/DIR (**Developmental, Individual Differences, Relationship-Based Approach**) Floortime focuses on emotional and relational development (feelings, relationships with caregivers). It also focuses on how the child deals with sights, sounds, and smells
- Treatment and Education of Autistic and related Communication-handicapped Children (TEACCH)
TEACCH uses visual cues to teach skills. For example, picture cards can help teach a child how to get dressed by breaking information down into small steps.
- **The Picture Exchange Communication System (PECS)**
PECS uses picture symbols to teach communication skills. The person is taught to use picture symbols to ask and answer questions and have a conversation.

CBT is based on the belief that **thought distortions** and **maladaptive behaviors** play a role in the development and maintenance of psychological disorders



- Step 1: Identify critical behaviors
- Step 2: Determine whether critical behaviors are excesses or deficits
- Step 3: Evaluate critical behaviors for frequency, duration, or intensity (obtain a baseline)
- Step 4: If excess, attempt to decrease frequency, duration, or intensity of behaviors; if deficits, attempt to increase behaviors

HELPFUL IN ASPERGERS FOR ANXIETY/PHOBIA/AGITATIONS

Diet – not enough evidence, practised heavily

- Assumed/proven deficiency?: **vitamins minerals**
- Dietary sensitivities: **consistency, choices, anxiety**
- Associated allergies
- Specific Diet as Cure? **GF CF, Carnosine**
- Diet for health and growth
- perceptions

AND MANY DOCTORS DON'T KNOW
WHAT TO DO....

CLINICAL BETTERMENT IS ALWAYS PARENTS
HARD EFFORT AND NEVER A MIRACLE.

FOR FREE HELP WHATSAPP 9869405747

INDIA