

Case Report On a child with Autism Spectrum Disorder and It's Management

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Abstract:

Introduction: Autism spectrum disorder (ASD) is a collection of neurodevelopmental disorders that affect many aspects of behaviour and cognition and manifest themselves early in life. It describes issues affecting three key areas: social functioning, communication, and stereotyped behaviour. Understanding how autism affects social development on both a behavioural and a brain level is essential for designing effective and early interventions. To help people with autism

Patient History:-A 7-year-old female child was admitted to tertiary care hospital with the primary complaint of delays in language, mobility, cognitive or learning skills, strange eating and sleeping habits, hyperactivity, and inventive behaviour.

Clinical findings: The patient had several tests, including a blood test, a history of a physical examination, a mental status examination are all required for children with mild stone development and a neurological exam.

Medical Management: Medical management was provided to the patient Tab. haloperidol 0.5mg BD, Tab. Olanzapine 0.5mg, Tab. Risperidone 0.5mg BD. It also includes providing to the Behavioural& developmental Therapies.

Nursing management: Provided various therapies, administered fluid replacement various therapy were provided, and fluid replacement as delivered, monitored the vital sign, monitored nutritional status, medication also offered to the patient as per doctor orders.

Conclusion: Autism is a lifelong developmental disease marked by a lack of or limited communication capacity. Numerous treatments have been developed that help children with autism spectrum disorder maximize their learning to become socially fluent, regardless of how severe their social impediment may be.

Keywords: hyperactivity, neurodevelopment, stereotyped behaviour, global.

Introduction:

ASD is a neurodevelopmental disease characterized by difficulties in social communication and interaction and restricted, repetitive patterns of behaviour, interests, or hobbies.¹ Attention deficit hyperactivity disorder (ADHD), anxiety, gastrointestinal problems, motor deficiencies, and seizures are some of the comorbid disorders associated with ASD.² Despite recent advances in communication technology, the child was assessed using a battery of language tests based on current international research. ³A non-structured observation was also used to record the outcomes. The difficulties that pupils experience throughout language exams.⁴ Determine any potential avoidance methods and note how long it took them to finish the activities. Finally, a structured interview was conducted to capture the child's parents' perspectives.⁵ All of the child's unique features and accurately flesh out the investigation situation. The qualitative data analysis reveals that the language profession faces significant challenges.⁶ Matching and oral response tests were particularly challenging. He was diagnosed with epilepsy at the age of seven in a British Columbia emerged etiopathogenesis by the department and treated at the Alberta Children's hospital.⁷

The ASD involves a mix of genetic, epigenetic, neurological, and dietary factors. He was diagnosed with epilepsy at seven in a British Columbia emergency department and treated at the Alberta Children's hospital.⁸ His doctor and a paediatric neurologist took him to the hospital (ACH). For seizures, he was advised to take carbamazepine, which he stopped taking in 2015 because of adverse effects (an upset stomach), and subsequently clobazam. The latter resulted

in a significant weight gain of almost thirteen kg in a year, resulting in an estimated Body mass index (BMI) of 25.5 kg/m². In the case of seizure, other Given its intricacy and a wide variety of clinical symptoms, environmental variables are important.⁸ Orally, he takes lamotrigine, lorazepam, melatonin, riboflavin, ransacks, magnesium, and CBE 0.2 mL for seizures, melatonin for sleeplessness, riboflavin, ransack magnesium, and CBE 0.2 mL for CBE for attention deficit hyperactivity disorder According to his mother, even though VPA and lamotrigine were given for their mood-altering effects, no counselling had been done for his behavioural issues. The Mediterranean Journal of Basic and Applied Sciences is a journal that focuses on fundamental and applied sciences in the Mediterranean region (MJBAS). A Case Study of Students with Disorder's Achievements Autism is a long-term developmental disorder affecting children and adults: People with autism are typically divided into two groups depending on their communication abilities: those who communicate primarily to meet their basic daily needs and do not use oral speech, and those who acquire verbal communication but only with the help of others. These disorders have a significant impact on how a person thinks and feels about themselves, their environment, their education, their behaviour, adaptability, and day-to-day functioning⁹. Children with autism develop communication in the same manner that children without autism do. However, it is hampered in different ways at different developmental stages, depending on the children's mental abilities and their severity As a result, communicational behaviour development in children with autism differs from that of children without autism. The story of the brain is also critical.⁹

Patient Information:

A 7-year-old girl kid was taken to the tertiary care hospital with the chief complaint of delays in language skills, delayed movement skills, delayed cognitive or learning skills, and unusual eating & sleeping habits. Inattentiveness is a type of conduct that occurs when someone is not paying attention.

Primary concerns & symptoms of a patient:

A 7-year-old girl was seen in the Rural hospital's outpatient department., chief complaints were delayed cognitive or learning skills, unusual eating & sleeping habits, hyperactivity, and inattentive behaviour.

The patient-specific information:-A seven-year girl child was placed in rural Hospital on with the problem of a temper tantrum, elevated mood, sleep disturbance, hyperactivity, loudly speaking, difficulty in speech, and so onetc.

Previous Treatment:-patient first visit to Jain clinic at Wardha from she was referred to rural hospital where antipsychotic drug, various therapies well autism spectrum disorder was done.

Sociated illness:-patient testing negative for a covid-19 patient was admitted to a psychiatric ward for further management where she has advised four weekly cycles of Inj. Tab etc.

Patient History:-patient received her 1st symptomatic therapy on dated 15/05/2021 and 2nd drug therapy on dated 10/06/2021. Hypertension, pneumonia, jaundice, asthma bleeding problems, or any other systemic condition are absent.

Patient Habits:-No H/O long term medicine.

Family History:- The fact that you have a family background is irrelevant.

Habit history:-H/O Continuous thumb sucking, inappropriate behaviour, pica, and speaking loudly have been a habit for three years.

Medical family and psychological History: Medical, family, and psychological, Present history case show mental illness family history. The patient belongs to a nuclear family. There are four family members in their family she was. She is not mentally stable and does not maintain good relationships with doctors, nurses, and other clients.

Relevant past interventions with outcomes: Current condition of the client has a mental illness; the patient visited tertiary care hospital took the regular Treatment & response the procedure.

Clinical finding:

The current situation was hazardous. The client's body build was moderate, and she had decent personal hygiene. The client was conscious and oriented to time, date, and place. Her blood pressure was slightly elevated, her pulse rate increased, and her heart sound was typical. A mental status evaluation and a neurological examination were also performed.

Diagnostic Assessment:

A physical examination based on the patient's medical history, mental status, and neurological examination were performed. In the mental status assessment, social judgement was present, and the patient's distant and recent memories were intact, but his immediate memory was impaired.

ASD does not have any diagnostic biomarkers. Clinical information obtained from a complete history, physical examination, and observation of specific characteristic behaviour is used to diagnose this illness. Although three respected guidelines propose a 3- to a 6-month interval between referral and assessment, most guideline documents do not provide a maximum acceptable wait time for diagnosis (8,11-15). (6,7,10). Early and possibly concurrent access to educational treatments and community-based resources is facilitated by an expedited ASD diagnostic

screening or a referral for GARS-2 (Gilliam Autism Rating Scale). This test can be used by teachers, parents, and clinicians to assist children aged 3 to 22 in recognizing and diagnosing autism.

It also helps determine the severity of the condition in the child. In addition to the techniques listed above, the Diagnostic and Statistical Manual, Fifth Edition (DSM-5) of the American Psychiatric Association (APA) includes standardized criteria for diagnosing ASD. An investigation shows the present case has a medical illness. In the mental examination in judgement, social judgement is present; in memory, a patient having remote and recent is intact but immediate memory is impaired.

Therapeutic Interventions:

The present case took the management with tab haloperidol 0.5 mg, Olanzapine 0.5 mg, and Risperidon 5 mg.

Autistic children can benefit from a variety of therapy and support. These therapies and supports address a variety of issues. Behavioural and developmental therapies and supports, as well as medical and alternative therapies, are among them. They also contain mixed-methods approaches.

The primary forms of Treatment and assistance for autistic children are summarized below. This is only one approach to categorizing therapies and supports; you'll discover that some are based on or combine several treatments and supports.

We also look at the evidence of whether these therapies and supports help in each of the categories below. The best benefits come from behavioural and developmental interventions and support.

Nursing Perspective:

The environment has a significant impact. Treatment for ASD is not available at this time. There are various methods for assisting your child's development and acquisition of new skills. Starting them earlier may need you to get a better outcome. All alternatives of Treatment such as Behavioral and communication therapy, skill training, and symptom-controlling medications.

Discussion:

Management of Autism Spectrum Disorder In Children:

It's also important to remember that toddlers with ASD, similar to those without, can become ill or injured. A Toddler treatment plan must include regular checkups. It might be hard to determine whether a toddler's behaviour is due to ASD or else clinical condition. Head pounding, i.e. could be an indication of ASD or a sign that the toddler is injured from head pain or earaches. In these situations, a thorough physical examination is essential. Keeping track of a child's healthy development demands keeping track of the client's physical and mental health in addition to ASD symptoms.

A multidisciplinary team (MDT) comprised of parents, therapist psychologists, special educators, and medical specialists are needed to manage autism spectrum disorder. The goal of therapy is to assist the child in developing valuable abilities in daily life, diminish the primary symptoms of autism, and remove unhelpful or disruptive behaviour. Every member of the MDT must examine the kid thoroughly to develop an intervention plan, which is then brought together to create a unique treatment plan for each child. Parents or caregivers must participate throughout the entire process. Communication, social skills, and behaviour should all be addressed. Current management in child neurology. Applied behavioural analysis (ABA), occupational therapy, speech therapy, physical therapy, and pharmaceutical therapy are today's most effective treatments. Treatment seeks to stop the impact of ASD's core traits and associated deficits while enhancing the overall quality of life and functional independence. In 2012, the Missouri Guidelines Initiative released a report that compiled the findings of six reviews on behavioural and pharmacological treatments for autism.

Applied behavioural analysis (ABA) tries to systematically change behaviour using behavioural psychology learning concepts. Fosters good things while discouraging bad things. In addition, ABA teaches new abilities.

A lower CBE dose is a benefit for essential social, communicative, and behavioural functions, which is demonstrated in this case.¹⁰When you speak to someone with ASD, they may have difficulties communicating with you or can't make eye contact.¹¹They may also have a narrow variety of interests and participate in the same activities repeatedly. It will take some time to put all things back in order, or they could keep saying the similar something again and above. 5

Frequently, they may appear to be in their "own world."The health care provider should examine your child's development at well-child visits. If your child shows indicators of ASD, they will be extensively evaluated.

A group of professionals may be convened to arrive at a diagnosis to undertake various tests and examinations.¹² The cause of autism spectrum disorder (ASD) is unknown. According to studies, both tenants can be used in several conditions.

Speech-Language Pathology:

Because people with ASDs experience social communication challenges, speech therapy is an essential therapeutic choice.¹³ licensed speech-language pathologists can help you with your speech. Improves a person's communication abilities, allowing him to express his needs and desires more effectively.¹⁴ Speech treatment for children with ASD is most effective when speech-language pathologists collaborate with teachers, support staff, families, and peers to promote functional communication in natural contexts.¹⁵⁻¹⁸

Occupational Therapy:-

Occupational therapy is widely used to help persons with ASDs address their sensory integration challenges. It's also used to teach fine-motor abilities, including dressing, utensil use, scissors cutting, and writing, all of which require fine-motor motions. Occupational therapy aims to improve a person's quality of life and capacity to participate in daily activities fully. Individual evaluations and goals guide each occupational therapy program. Sensory integration and sensorimotor difficulties are frequently addressed in occupational therapy for children with ASD. Occupational therapy for older children is usually focused on improving social conduct and increasing independence.¹⁹⁻²¹

Physical Therapy:-

Physical therapy helps to strengthen gross motor skills and address sensory integration problems, especially those influencing a person's capacity to feel and be aware of his Body in space. Physical therapy, like occupational therapy, is used to help people improve their ability to participate in everyday activities. Walking , sitting, coordination, and balance are all skills that PTs seek to teach and improve. Physical therapy is most effective when utilized in conjunction with an early intervention programme.²²

Conclusion:

Autism is a lifelong developmental disease marked by a lack of or limited communication capacity. Numerous treatments have been developed that help children with autism spectrum disorder maximize their learning to become socially fluent, regardless of how severe their social impediment may be.

References:

1. Faras H, Al Ateeqi N, Tidmarsh L. Autism spectrum disorders. *Annals of Saudi medicine*. 2010 Jul;30(4):295-300.
2. Mannion A, Leader G. Attention-deficit/hyperactivity disorder (AD/HD) in autism spectrum disorder. *Research in Autism Spectrum Disorders*. 2014 Apr 1;8(4):432-9.
3. Conti-Ramsden G, Botting N, Faragher B. Psycholinguistic markers for specific language impairment (SLI). *Journal of child psychology and psychiatry*. 2001 Sep;42(6):741-8.
4. Schmitz J. Effects Of Structured Versus Non-Structured Language Sampling Methods On The Expressive Language Output Of Children.
5. Goodman R, Ford T, Richards H, Gatward R, Meltzer H. The Development and Well-Being Assessment: description and initial validation of an integrated assessment of child and adolescent psychopathology. *The Journal of Child Psychology and Psychiatry and Allied Disciplines*. 2000 Jul;41(5):645-55.
6. Merriam SB, Tisdell EJ. *Qualitative research: A guide to design and implementation*. John Wiley & Sons; 2015 Aug 24.
7. Guilfoyle FJ, Milner R, Kissoon N. Resuscitation interventions in a tertiary level pediatric emergency department: implications for maintenance of skills. *Canadian Journal of Emergency Medicine*. 2011 Mar;13(2):90-5.
8. Raine A. Antisocial personality as a neurodevelopmental disorder. *Annual review of clinical psychology*. 2018 May 7;14:259-89.
9. El-Guebaly N, Els C, Amin A, Straube S, Bahji A, Mazhar MN, Ahmed S, Doukas N, Zivanovic R, Wood E, Nolan S. *Canadian Journal Addiction*. Abstracts from CSAM-ISAM Montreal. 2016:25.
10. Ponton JA, Smyth K, Soumbasis E, Llanos SA, Lewis M, Meerholz WA, Tanguay RL. A pediatric patient with autism spectrum disorder and epilepsy using cannabinoid extracts as complementary therapy: a case report. *Journal of Medical Case Reports*. 2020 Dec;14(1):1-7.
11. Argyle M, Dean J. Eye-contact, distance and affiliation. *Sociometry*. 1965 Sep 1:289-304

12. Jaeschke R, Guyatt GH, Sackett DL, Guyatt G, Bass E, Brill-Edwards P, Browman G, Cook D, Farkouh M, Gerstein H, Haynes B. Users' guides to the medical literature: III. How to use an article about a diagnostic test B. What are the results and will they help me in caring for my patients?. *Jama*. 1994 Mar 2;271(9):703-7.
13. Sartorato F, Przybylowski L, Sarko DK. Improving therapeutic outcomes in autism spectrum disorders: Enhancing social communication and sensory processing through the use of interactive robots. *Journal of psychiatric research*. 2017 Jul 1;90:1-1.
14. Brown K, Worrall LE, Davidson B, Howe T. Living successfully with aphasia: A qualitative meta-analysis of the perspectives of individuals with aphasia, family members, and speech-language pathologists. *International journal of speech-language pathology*. 2012 Apr 1;14(2):141-55.
15. Daughrity B, Bittner M, Ocampo A, Lavay B, Chevalier S, Jimenez S, Le A. Interprofessional collaboration: Training preservice adapted physical education teachers to facilitate peer engagement among children with disabilities. *Perspectives of the ASHA Special Interest Groups*. 2020 Oct 23;5(5):1313-23.
16. Telang, P.A., Naqvi, W., Dhankar, S., Jungade, S., 2020. Effect Of Manual Therapy (Met) Vs Conventional Therapy For Improving Tendo-Achilles (Ta) Flexibility And Foot Posture In Children With Autism Spectrum Disorder. *International Journal Of Physiotherapy* 7, 181–185. <https://doi.org/10.15621/ijphy/2020/v7i4/749>
17. Bodliya, M., Sushil, C.S., 2019. "A Comparative Study Of Cognitive Impairment In Patients Of Schizophrenia And Bipolar Affective Disorder." *Indian Journal Of Psychiatry* 61, S510.
18. Ghogare, A.S., Saboo, A.V., 2019. A Cross Sectional Study of Cognitive Impairment in Patients of Alcohol Use Disorder Attending a Tertiary Health Care Center in Central India. *Annals Of Indian Psychiatry* 3. https://doi.org/10.4103/aip.aip_34_19
19. Kelkar, P., 2019a. Prevalence Of Substance Abuse In Patients Of Schizophrenia. *Indian Journal Of Psychiatry* 61, S472–S473.
20. Kelkar, P., 2019b. Prevalence Of Substance Abuse In Patients Of Schizophrenia. *Indian Journal Of Psychiatry* 61, S495.
21. Ohri, N., Gill, A., Vankar, G., Patel, A., Dubey, A., 2019. Impact of Educational Intervention on Common Beliefs about Sex among Adolescent Health Sciences Students. *Annals Of Indian Psychiatry* 3. https://doi.org/10.4103/aip.aip_3_19
22. Padole, D., Kelkar, P., Vankar, G.K., 2019. Stigma related to Psychiatric disorders among Physiotherapy Students in Central India. *Indian Journal Of Psychiatry* 61, S495.