




MANAGEMENT OF AUTISM SPECTRUM DISORDER (ASD) AND COLLABORATIVE TEAM

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Autism Spectrum disorder (ASD) is a disorder that affects how the brain develops and can result in persistent challenges with socialization, restricted interests, and repeated behavior. Approximately 40% of children with ASD are nonverbal, 31% have intellectual disabilities¹, 28% engage in self-harming activities, The American Psychiatric Association's DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) is based on the diagnosis of ASD. Although the cause of ASD is still unknown, a number of strategies have been developed that have helped people around the world to live independently². There are currently no verifiable statistics on the prevalence of ASD in Pakistan. However, the Pakistan Autism Society estimates that, roughly 350,000 children in Pakistan who have ASD³. In Pakistan ASD is still a new phenomenon, we have very restricted qualified human resources to provide a reliable rehabilitation service for a child with ASD. Apart from that due to inadequate awareness exposure, knowledge, and incompetency in diagnosis, these children go undiagnosed and are mishandled⁴. It can be crucial to take a multidisciplinary approach into account when planning initiatives to improve the efficiency of service delivery models for kids with ASD. It has been discovered that cross-disciplinary collaboration does not always occur, leaving practitioners to work independently. A multidisciplinary strategy is required for improved interprofessional collaboration given the rising complexity of autism and the number of healthcare providers' involved⁹. ASD is often combined with comorbid gastrointestinal complications, diarrhea, feeding problems, sleep disturbances, and seizure disorders⁵.

As a solution, evidence-based therapeutic interventions including Pediatrician (to screen developmental milestones, dealing with comorbid issues like diarrhea, sleep and stomach problems and also to refer families to specialized services), Neurologist (if conditions like epilepsy and fits are observed), Psychologist and Psychiatrist (for evaluation, diagnosis, medication, and treatment services like Cognitive Behavior therapy, Occupational therapy (to develop Activities of Daily living and strategies that can help them manage their motor and sensory issues), Speech-language therapy (help them to build their communication skills for both receptive and expressive language skills and therapy techniques like Picture Exchange Communication System for non-verbal children with ASD)¹⁰, Physical therapy (for concerns like mobility issues), Behavior therapy (for behavioral problems or Applied Behavior Analysis is a behavior treatment for ASD children), and Special Educational Services (To meet child's educational or academic needs)⁶ and Nutritionist (for problems like: food selectivity and refusal

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to intake food from one or more food group is commonly observed in children with ASD leading them to be overweight or underweight or in guiding food modification)⁷. All these specialists can be utilized to manage ASD caseload.

The future strategy should include including ASD in medical and allied health sciences curricula, ongoing medical education, public awareness campaigns, promotion of services like school setup, and support groups for caregivers and families of ASD children. Taking these measures will incorporate the immediate identification and diagnosis for ASD, which will lead to early interventions and eventually will proceed to good quality of life and prognosis⁸.

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