

# Features and Clinical Manifestations of Autism Spectrum Disorder

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**Received Date:** December 16, 2022; **Accepted Date:** January 02, 2023; **Published Date:** January 09, 2023

**Citation:** Gudisa Bereda (2023), Features and Clinical Manifestations of Autism Spectrum Disorder. *J. Biomedical Research and Clinical Reviews*. 8(1); DOI:10.31579/2692-9406/141

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## Abstract

Autism spectrum disorder is defined as a childhood onset, lifelong disorder that impacts socio-communicative development and is also characterized by rigidity and ritualistic/ repetitive patterns of behaviour. A poor long-term outcome has been demonstrated in both low-functioning autism spectrum disorder (such that patients with autism spectrum disorder and a co-existing intellectual disability) and high functioning autism spectrum disorder (such that patients with autism spectrum disorder and intellectual capability in the average or above range). There are three core features of autism spectrum disorder; which are severe and pervasive deficits in social communication and interactions; and presence of restricted, repetitive patterns of behaviour, interests, and activities and poorly developed social skills. The common clinical manifestations of autism spectrum disorders are listed below as follows; impairments in social communication and interaction (inspecting with toys rather than playing with family and playing alone), sensory anomalies (heightened sensitivity and sensory aversion), disturbed movement abilities (flapping hands or repetitive gestures).

**Key words:** autism spectrum disorders; childhood onset; clinical manifestations; features

## Introduction

Autism is defined as a neurodevelopmental disorder characterized by restricted, repetitive interests and behaviors, stereotypical behaviors and injured expressive social communication and interaction, which has since been folded into the wider categorization of autism spectrum disorders [1]. Autism is described as a heterogeneous neurodevelopmental disorder mainly characterized by impaired social interaction and restricted and stereotyped behaviors and, reflecting this heterogeneity, the term autism has been used in several ways to describe both a wider presentation as well as a specific diagnosis following its consideration as a subgroup within the general diagnostic category of 'pervasive developmental disorders' [2, 3].

In diagnostic and statistical manual of mental disorders fifth edition, the concept of a "spectrum" autism spectrum disorder diagnosis was created, combining the diagnostic and statistical manual of mental disorders fourth edition, separate pervasive developmental disorder diagnoses which includes autistic disorder, Asperger's disorder, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified [4]. A separate social communication disorder was established for those with disabilities in social communication, but dearth repetitive, restricted behaviors. Additionally, severity level descriptors were added to help categorize the level of support needed by an individual with autism spectrum disorder [5]. Autism spectrum disorder influences between 60 and 70/10,000 pediatric [6]. Males are influenced about 4 times more

frequently than females and although there is recently unknown cause, evidence proposes that the cause is highly genetic with multifactorial risk factors that interact leading to changes in brain development [7]. A poor long-term outcome has been demonstrated in both low-functioning autism spectrum disorder (such that patients with autism spectrum disorder and a co-existing intellectual disability) and high functioning autism spectrum disorder (such that patients with autism spectrum disorder and intellectual capability in the average or above range) [8, 9]. Psychiatric comorbidity is common in patients with autism spectrum disorder, and particularly low-functioning autism spectrum disorder perhaps part of a known genetic syndrome ('syndromic' autism), such as fragile X syndrome, Down syndrome or tuberous sclerosis [10]. Risk of premature mortality has been demonstrated to be raised among patients with autism spectrum disorder, compared with the general population, as well as compared with healthy cousin or sibling controls [11].

There are three core features of autism spectrum disorder; which are severe and pervasive deficits in social communication and interactions; and presence of restricted, repetitive patterns of behaviour, interests, and activities and poorly developed social skills [12].

The common clinical manifestations of autism spectrum disorders are listed below as follows; impairments in social communication and interaction (inspecting with toys rather than playing with family and playing alone), sensory anomalies (heightened sensitivity and sensory aversion), disturbed movement abilities (flapping hands or repetitive gestures), occurrence of seizure, gastrointestinal problems such as

constipation, unusual mood or emotional reactions (repeating phrases and babble), sleeping and eating disturbances, hyperactive, impulsive and inattentive behaviour, cognitive and learning difficulties, poor eye contact, unresponsive to his/her name, obsessive interests, loss language skills, repetitive behaviours and varying levels of intellectual disability [13-17].

### Conclusion

Autism spectrum disorder can be described as a group of neurobiological disorders with long-term implications for the individuals concerned, their families, and for the provision of education and rehabilitative services. There are three core features of autism spectrum disorder; which are severe and pervasive deficits in social communication and interactions; and presence of restricted, repetitive patterns of behaviour, interests, and activities and poorly developed social skills. Sleeping and eating disturbances, hyperactive, impulsive and inattentive behaviour, cognitive and learning difficulties, poor eye contact, unresponsive to his/her name, obsessive interests, loss language skills, repetitive behaviours and varying levels of intellectual disability the common signs and symptoms of autism spectrum disorder.

### Acknowledgments

The author would be grateful to anonymous reviewers for the comments that increase the quality of this manuscript.

**Data Sources:** Sources searched include Google Scholar, Research Gate, PubMed, NCBI, NDSS, PMID, PMCID, Scopus database, Scielo and Cochrane database. Search terms included: melancholic depression

### Funding

None

### Competing interests

The author has no financial or proprietary interest in any of material discussed in this article.

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