

Evidence based interventions in ASD : Bridging the gap between research and evidence

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Globally there is an increase in prevalence of autism. The CDC data from 2014 indicates that 1 in 59 children have ASD. Most clinicians are noticing an increase in the number of children with developmental disorders and ASD. Though there is slowly an increasing awareness it does not seem enough. Most children are still being identified only by about 4 years of age on an average even in developed countries. This is inspite of experts being able to confidently diagnose autism by 2 years of age. Professional organisations have suggested that intervention can be started even before a formal diagnosis so as to avoid delay in treatment.

Early detection and intervention of autism spectrum disorder have received greater attention as it results in a favourable outcome. Several well conducted studies have proven this beyond doubt. But there are several challenges in actually translating research into practice.

One of the first challenges is how ASD is conceptualised by doctors. Most physicians look at a ASD as a categorical diagnosis. That is whether it is present or not. However ASD is a heterogenous disorder with children at various levels of development across different domains. This makes application of research evidence into practice all the more challenging as the models have to be tailored to the individual child.

Dimensional assessment of the different domains in a child with autism can help us tailor interventions. It is important to know the level of receptive language, expressive language, socialization, play, imitation, joint attention, fine motor, gross motor, cognitive functioning and adaptive functioning.

The second challenge is to target these domains at the level where the child is currently at using evidence based strategies that are systematic. It appears that in many instances such a scientific approach to therapy is lacking. Research has indicated that a formal manualized systematic program such as the lovaas method is likely to have a far greater impact than a loosely offered eclectic program. In this background it is heartening to note that there are programs in our country which are able to provide such high quality therapy.

Com Deall, Ummeed Child developmental centre and CMC Vellore have been offering these programs for many years. Outside of these, sensory integration is by and large the most commonly offered form of therapy. It will be invaluable to understand these models in detail to pick the ones that might be suitable in individual contexts and to offer these with high levels of fidelity.

As it is, parents with autism undergo an enormous amount of suffering. There is an important responsibility for the scientific community to offer evidence based standardised services at an affordable cost and make such services widely available.

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