

**PACIENTES
PORTADORES DE
NECESSIDADES
ESPECIAIS**



AUTISMO

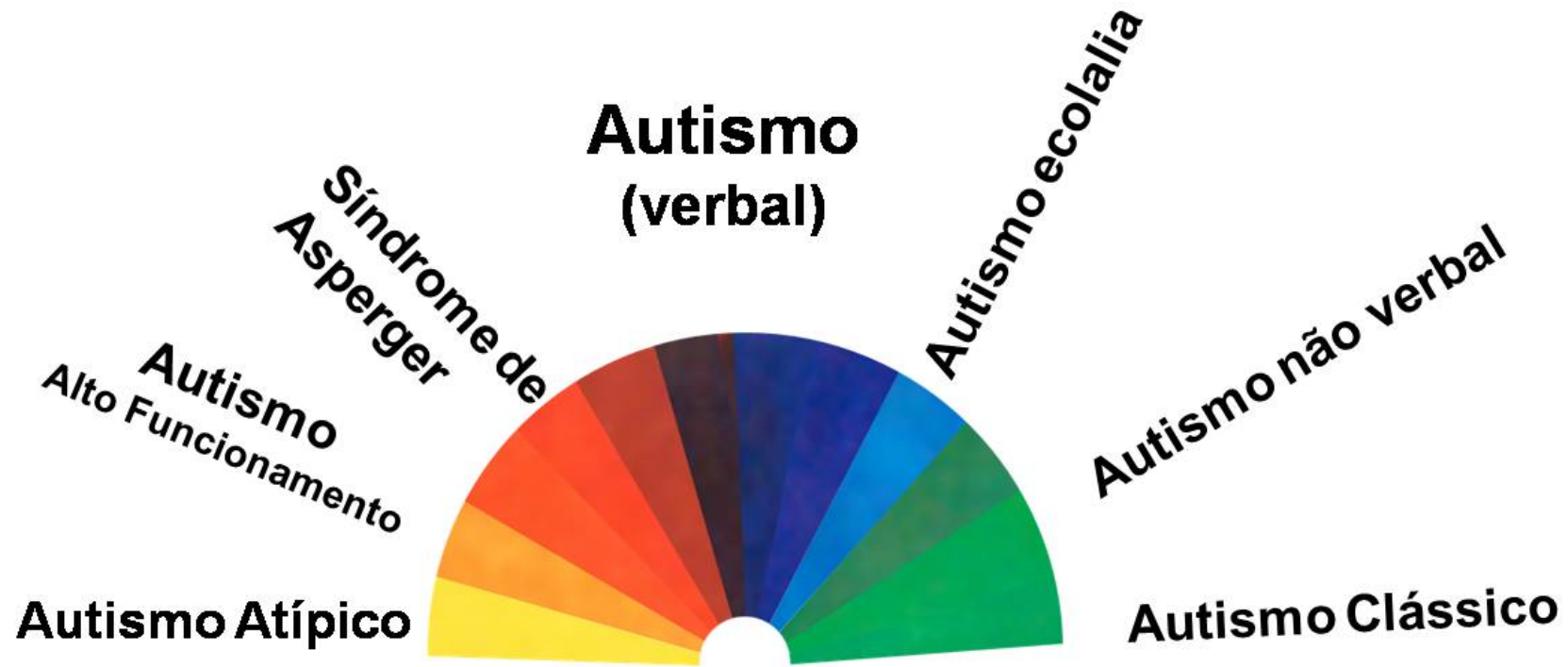
PROFA. DRA. ANDIARA DE ROSSI

TEA

TEA

TEA

Transtorno do Espectro Autista



PACIENTES PORTADORES DE NECESSIDADES ESPECIAIS

AUTISMO

TRÍADE

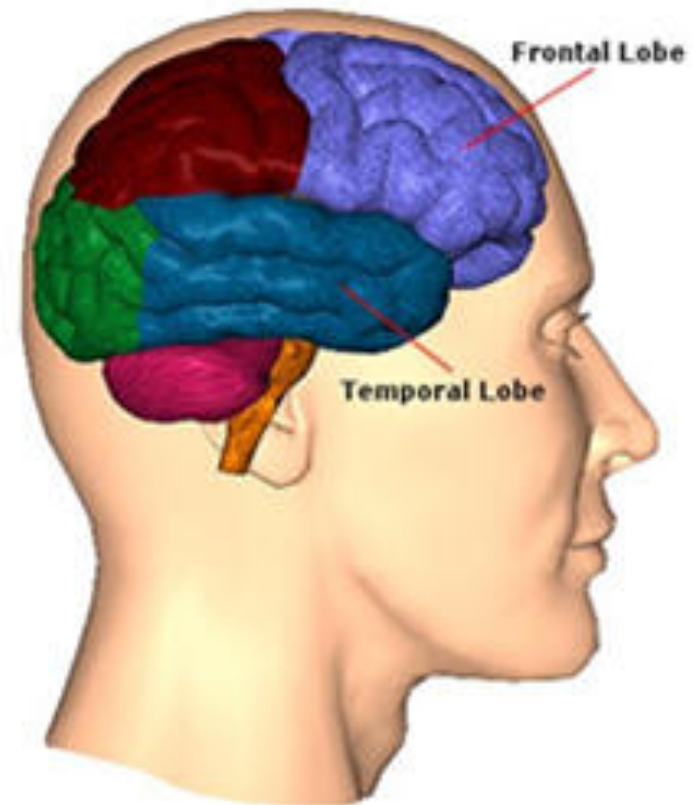
- **Comunicação**
- **Socialização**
- **Comportamentos**
repetitivos e estereotipados



DEFINIÇÃO

Autism Society of American, 1978

- Inadequacidade no **desenvolvimento** que se manifesta de maneira grave por toda a vida
- Diagnosticado **até 3 anos** de idade
- Mais comum no **sexo masculino** (4:1)
- Disfunções físicas do **cérebro**



DIAGNÓSTICO

- Comportamental
- Anamnese
- Exames laboratoriais
- Diagnóstico por imagem
- Genético
- Neurológico



CARACTERÍSTICAS

- **Preferência pela solidão; modos arredios** - busca o isolamento e não procura outras crianças
- **Ausência de resposta aos métodos normais de ensino** - muitos precisam de material adaptado
- **Procedimento com poses bizarras** (fixar objeto ficando de cócoras; colocar-se de pé numa perna só)
- **Ecolalia** (repete palavras ou frases em lugar da linguagem normal)
- **Recusa colo ou afagos** - bebês preferem ficar no chão que no colo
- **Age como se estivesse surdo** - não responde pelo nome
- **Dificuldade em expressar necessidades** - sem ou limitada linguagem oral e/ou corporal (gestos)
- **Acessos de raiva** - demonstra extrema aflição sem razão aparente
- **Irregular habilidade motora** - pode não querer chutar uma bola, mas pode arrumar blocos
- **Desorganização sensorial** - hipo ou hipersensibilidade, por exemplo, auditiva
- **Não faz referência social** - entra num lugar desconhecido sem antes olhar para o adulto (pai/mãe) para fazer referência antes e saber se é seguro

AUTISMO

**ATENÇÃO
A ESSAS
CARACTERÍSTICAS**



SINTOMAS

AUTISMO



SINTOMAS



SINTOMAS

**obias, perturbações de sono ou da alimentação,
ises de birra ou auto-agressividade aparente
sensibilidade dolorosa.**



HISTÓRICO

Eugene Bleuler, 1911

- Esquizofrenia "fuga da realidade"

Autism: A Short, Turbulent History

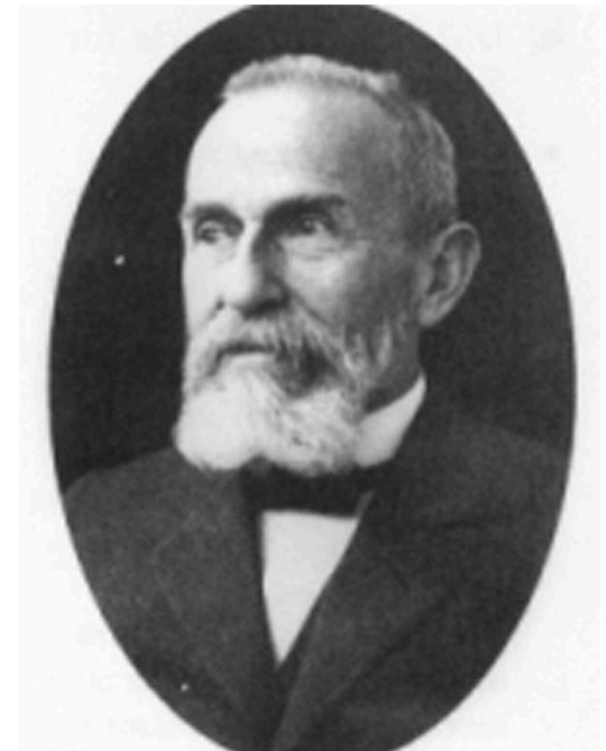
9/1/2010

1911 > Swiss psychiatrist Eugen Bleuler coins the word *autism* to describe a tendency among some schizophrenics to wall off reality in favor of an inner fantasy life.

1944 > Johns Hopkins psychiatrist Leo Kanner defines autism as a childhood disorder marked by a "desire for sameness" and a "profound aloneness which dominates all behavior."

> Vienna psychiatrist Hans Asperger publishes a paper on a mental disturbance that leads to social isolation, poor body control, and occasionally intellectual brilliance.

1956 > University of Chicago's Bruno Bettelheim launches a 12-year study that culminates in *The Empty Fortress*, a best-seller blaming the unfeeling "refrigerator mother" as a major cause of autism.



Autismo clásico

Johns Hopkins Hospital

Leo Kanner



the man who first described autism in 1943

The name Kanner should be pronounced "Connor" (Kanner was Austrian). The mispronunciation always bothered Kanner. Only one person ever got it consistently right, a long-time Irish patient of the Phipps asylum in Baltimore, where Kanner worked, who consistently called him Father O'Connor and said he was ready to give confession. In *Unstrange Minds*, I argue that Kanner was a brilliant observer. But I also argue that in addition to his clinical skills, there were aspects of his personality that helped him to see the range of symptoms that today make up the autism spectrum. In Kanner's day, unfortunately, it was thought that autism affected only the children of highly educated parents.

Kanner L. *Autistic disturbance of affective contact.*
Nervous Child, 1943:2,217-250

Leo Kanner, 1943

Autismo clásico



Leo Kanner

It is likely that autism has existed through the ages, but the first ever clinical account of the disorder was published by Dr. Leo Kanner in 1943.⁵ Dr. Kanner, who developed the first child psychiatric service at a U.S. hospital, described a group of 11 children – eight boys and three girls – who suffered from "autistic disturbances of affective contact."⁶

Dr. Kanner based his insightful report on direct observation, and much of what he set down has stood the test of time. He vividly depicted the essential features of autism, all of which are echoed in current-day diagnostic manuals:

- [Impairments in Social Interaction](#)
- [Problems with Communication](#)
- [Restricted, Repetitive, and Stereotyped Patterns of Behavior, Activities and Interests](#)

It is interesting to note that, just as in Kanner's study, the rate of autism in males continues to be much higher than the rate in females.⁷

*Kanner L. Autistic disturbance of affective contact.
Nervous Child, 1943:2,217-250*

Hans Asperger, 1943



Asperger performing a psychological test on a child at the University Pediatric Clinic, Vienna,

Síndrome de Asperger

(Aus der Wiener Universitäts-Kinderklinik [Vorstand: Prof. Franz Hamburger].)

Die „Autistischen Psychopathen“ im Kindesalter¹.

Von

Doz. Dr. Hans Asperger,

Leiter der Heilpädagogischen Abteilung der Klinik.

(Eingegangen am 8. Oktober 1943.)

Problemstellung.

Ordnung und Erkenntnis des Aufbaues der Dinge ist eines der letzten Ziele der Wissenschaft. In der Fülle der Erscheinungen des Lebens, die voller Gegensätze sind, die mit verschwimmenden Grenzen in einander übergehen, sucht der denkende Mensch dadurch einen festen Standpunkt zu finden, daß er den einzelnen Erscheinungen einen Namen gibt, sie abgrenzt gegen die anderen Erscheinungen, Zusammenhänge, Ähnlichkeiten und Gegensätze feststellt, kurz, die Dinge in eine Ordnung, in ein System bringt. Diese Arbeit ist eine wesentliche Voraussetzung des Erkennens.

Die Wissenschaft vom Menschen mußte ähnliche Wege gehen. Nirgendwo aber sind die Schwierigkeiten größer als hier:

Jeder Mensch ist ein einmaliges, unwiederholbares, unteilbares Wesen („In-dividuum“), darum auch letztlich unvergleichbar mit anderen. In jedem Charakter finden sich einander scheinbar widersprechende Züge — gerade aus Gegensätzen und Spannungen lebt ja das Leben.

Endlich ist der Mensch das rätselhafteste Geschöpf auf Erden; das innerste Wesen einer Persönlichkeit wird weder dem offenbar, der sich

Asperger H. "Die "Autistischen Psychopathen. *Archiv für psychiatrie und nervenkrankheiten* 1944;117:76–136.



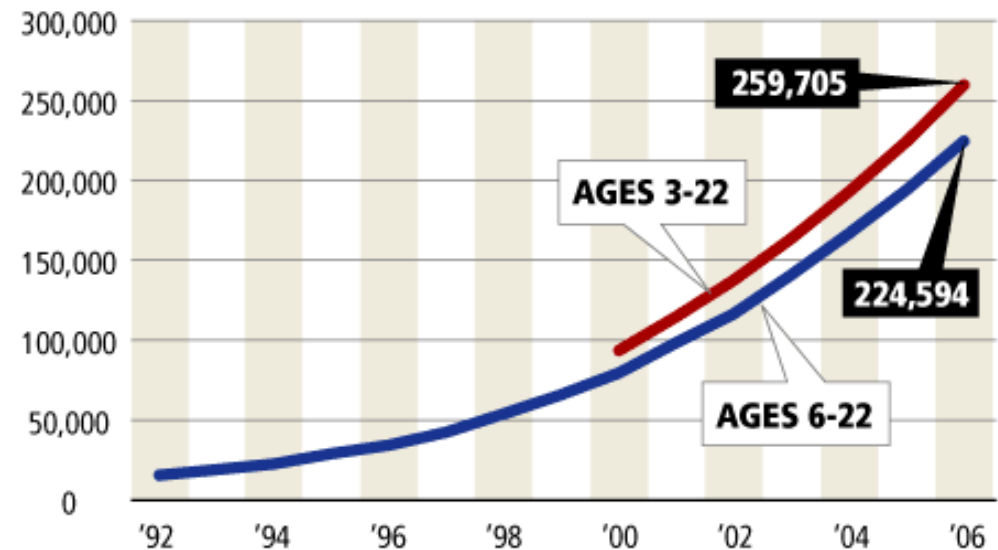
INCIDÊNCIA

- **EUA: 1:110**
(CDC, 2009)
- **Brasil: 1:368**
(Ribeiro, 2010; Zorzetto, 2011)
- **Mundo: 70 milhões de pessoas**
(ONU, 2010)
- **“Epidemia da síndrome no planeta”**

RECOGNIZED CASES OF AUTISM IN U.S.

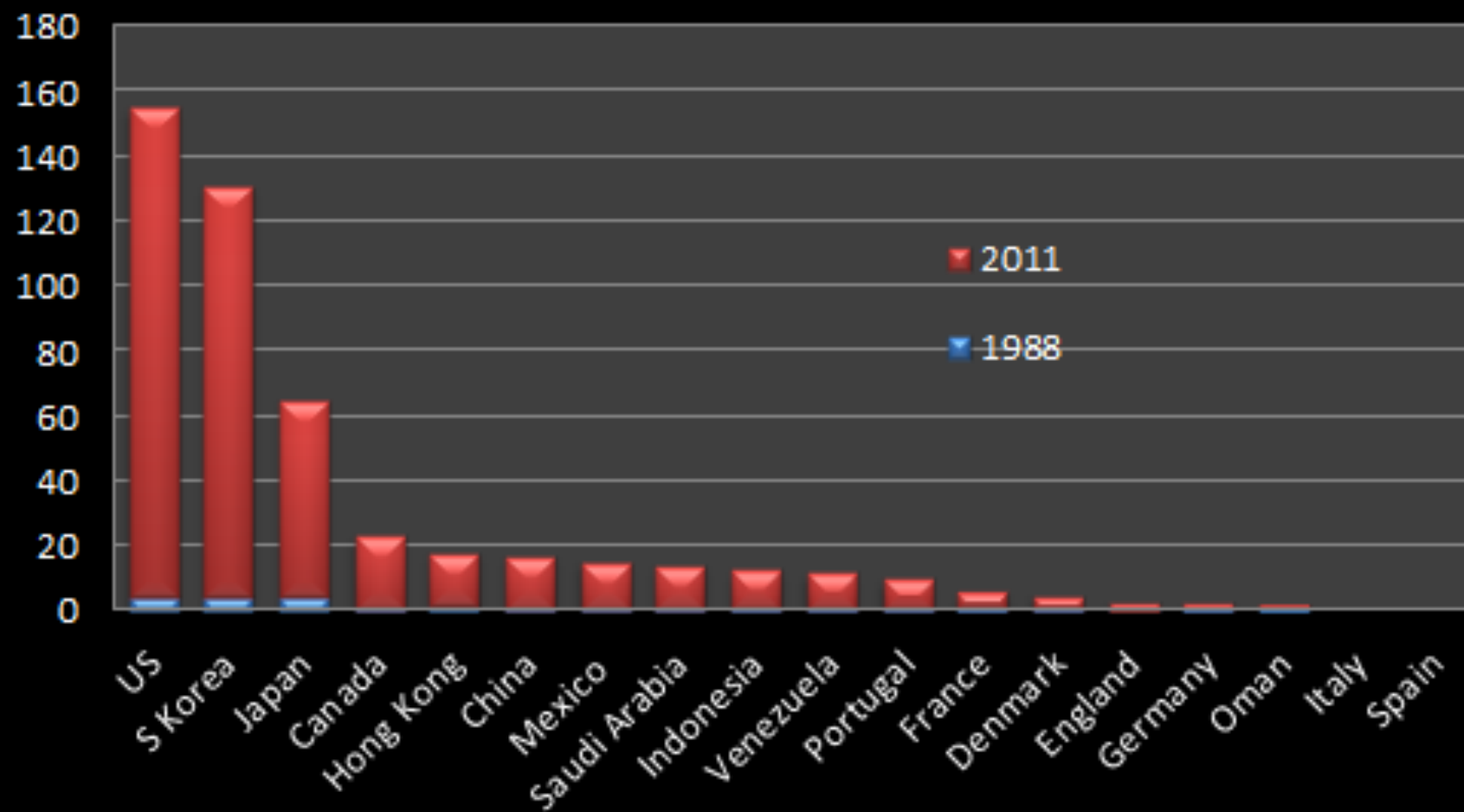
Cases of diagnosed autism spectrum disorders have increased dramatically. But it is not clear how much of this is because of improved diagnosis and expanded classifications of autism versus an actual increase in the disorder. Today, scientists estimate that 1 in 150 children has an autism spectrum disorder.

Number of cases



Sources: www.fightingautism.org, www.ideadata.org, Centers for Disease Control SEATTLE P-1

Autism Rate per 10,000 Children



Aumenta la prevalencia de los Trastornos del Espectro del Autismo en niños latinos en los EE.UU.

Publicado por Daniel Comín el 3 junio, 2011.

Archivado bajo Autismo, EE.UU., Noticias

Tags: Autismo, genética, hispano, latino, prevalencia

URL Corta: <http://wp.me/p1IU3-1Tf>

11

68

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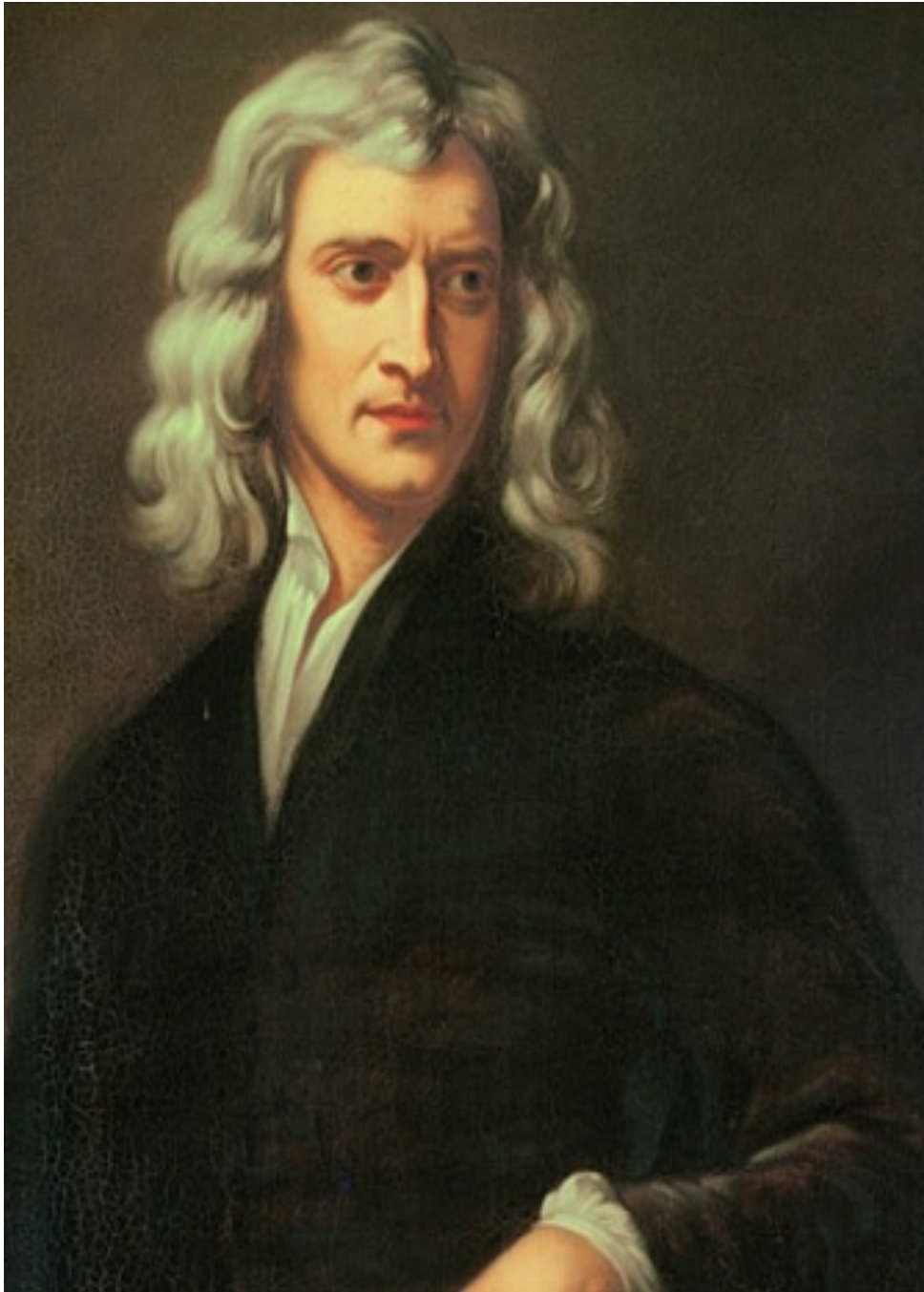
Like

+1

Aunque en el pasado mes de Febrero nos hacíamos eco de un estudio que nos hablaba de la **baja prevalencia de los Trastornos del Espectro del Autismo entre niños latinos en los EE.UU.**, esta tasa está cambiando, y lleva camino de equipararse al resto de la población infantil del citado país.



Según el CDC, la prevalencia en niños de origen caucásico es de 1 de cada 100, mientras que en los niños de origen hispano es de 1 de cada 170. Según el estudio realizado entre 400.000 niños nacidos entre el 2001 y el 2005 en Massachusetts. Así, mientras en el 2001 la diferencia de la incidencia de los Trastornos del Espectro del Autismo entre niños de origen caucásico y de origen hispano era de casi un 90 % de diferencia, en el 2005 esta brecha se redujo de forma considerable.



Isaac Newton

- Caso clássico da síndrome de Asperger. Não falava e esquecia de comer, tamanho seu envolvimento com o trabalho.
- Começou a desvendar a lei da gravidade aos 23 anos, era um sujeito distante, de poucas palavras, e freqüentemente tinha acessos de mau humor.
- Longos períodos de solidão para estudo
- Desleixo com a aparência
- Mania de reescrever até vinte vezes os seus estudos, sem fazer quase nenhuma alteração de uma cópia para outra.

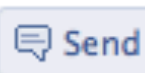


Albert Einstein

Autismo de alto funcionamento

- Andou e falou aos 3 anos de idade.
- Quando criança, ele costumava repetir a mesma frase durante horas e estava sempre sozinho.
- Na Universidade de Princeton, adotou uma rotina curiosa. Fizesse chuva ou sol, todos os dias, ele e seu único amigo saíam para passear depois de se telefonarem pontualmente às 11 horas.
- Maneira peculiar de vestir-se. Ele mantinha sete ternos idênticos.

Estudo mostra que Warhol, Sócrates e Darwin tinham tipo de autismo



Be the first of your friends to like this.

REVISTA ÉPOCA

Um estudioso da Irlanda descobriu que alguns dos grandes nomes da história podem ter sido vítimas de uma forma de autismo. Michael Fitzgerald, da universidade Trinity College, de Dublin, afirmou que figuras como o filósofo Sócrates e o biólogo Charles Darwin transpareciam sintomas de síndrome de Asperger.

Pessoas com a síndrome apresentam geralmente, fraca habilidade de interação social e obsessões por temas complexos. Por outro lado, os portadores também são com frequência brilhantes.

Fitzgerald informou que a síndrome de Asperger dá às pessoas mais um diferencial, alta criatividade. O cientista explicou ainda que os portadores dessa desordem, são em sua maioria, viciados em trabalho, muito concentrados em suas atividades e com tendência para ver as coisas a partir dos detalhes.

Para exemplificar, o estudioso utilizou o pintor Andy Warhol, um dos grandes nomes do movimento conhecido como Pop Art. Ele disse que Warhol era um grande colecionador de coisas, contudo nem ao menos desembalava os pertences, sua casa era como um mausoléu.

Albert Einstein e Isaac Newton também já haviam sido enquadrados com portadores da síndrome de Asperger



Mozart

Bill Gates

Se balança continuamente durante reuniões de negócios e em aviões (autistas fazem isso quando nervosos), não gosta de manter contato olho-a-olho e tem pouca habilidade social. Não dá importância à sua aparência.



Courtney Love



Foi diagnosticada na idade de três anos como “levemente autista “. Ela teve seus altos e baixos, mas sua banda Hole fez algum sucesso.

“levemente autista”



Síndrome de Asperger



- É uma estudante americana de arte e moda que ficou conhecida quando participou do America's Next Top.
- Durante o programa foi revelado que ela tem Síndrome de Asperger e TDAH (Transtorno do Déficit de Atenção com Hiperatividade).
- As coisas mais difíceis para ela são, se aproximar de pessoas e suas habilidades de comunicação.

Temple

Grandin

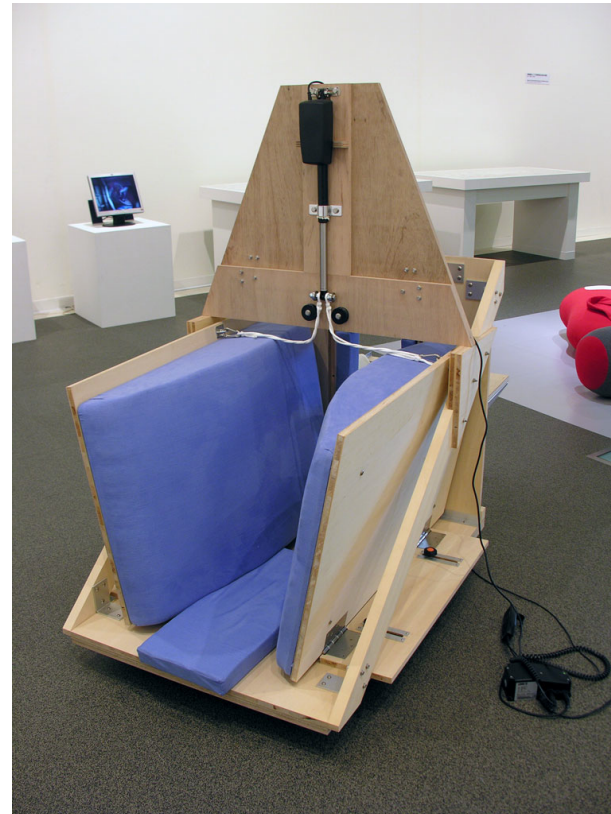


Autismo de alta
funcionalidade

Seu jeito peculiar de pensar e seu comportamento antissocial e agressivo eram mal vistos por professores e colegas de escola na infância. Frequentemente brigava com outras crianças. Ela tinha dificuldade de aprender certas coisas, porque as coisas para ela seguiam uma lógica particular. A única coisa que podia deixar Temple mais calma era um abraço forte.

Temple Grandin

"Máquina do Abraço"



Asperger's and Self-Esteem

Insight and Hope
Through
Famous
Role Models



Norm Ledgin

FOREWORD BY

Dr. Temple Grandin

Temple Grandin e o autismo: uma análise do filme



Quero deixar o link do artigo que trata de uma análise do filme *Temple Grandin*, o qual apresenta um panorama do autismo a partir da experiência singular de vida da protagonista. É apresentada uma breve sinopse do filme que descreve a trajetória de uma pessoa com autismo no enfrentamento de barreiras cotidianas em uma época em que esta condição ainda era muito pouco conhecida:

ETIOLOGIA

DESCONHECIDA

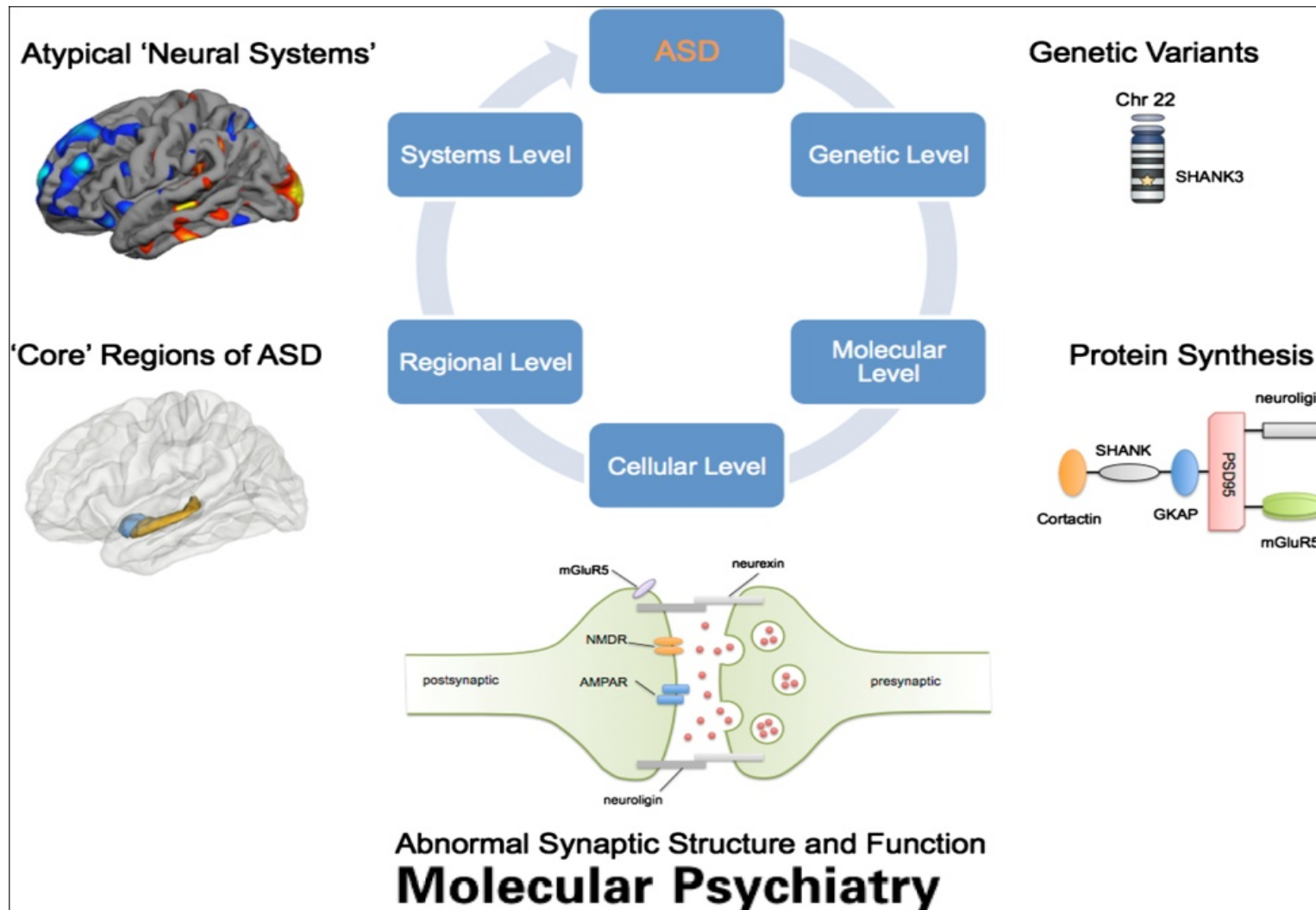
MULTIFATORIAL

- Fatores genéticos, metabólicos ou ambientais
- Transtornos na gestação
- Alterações anatômicas no cérebro
- Fatores neuro-químicos – lobo frontal

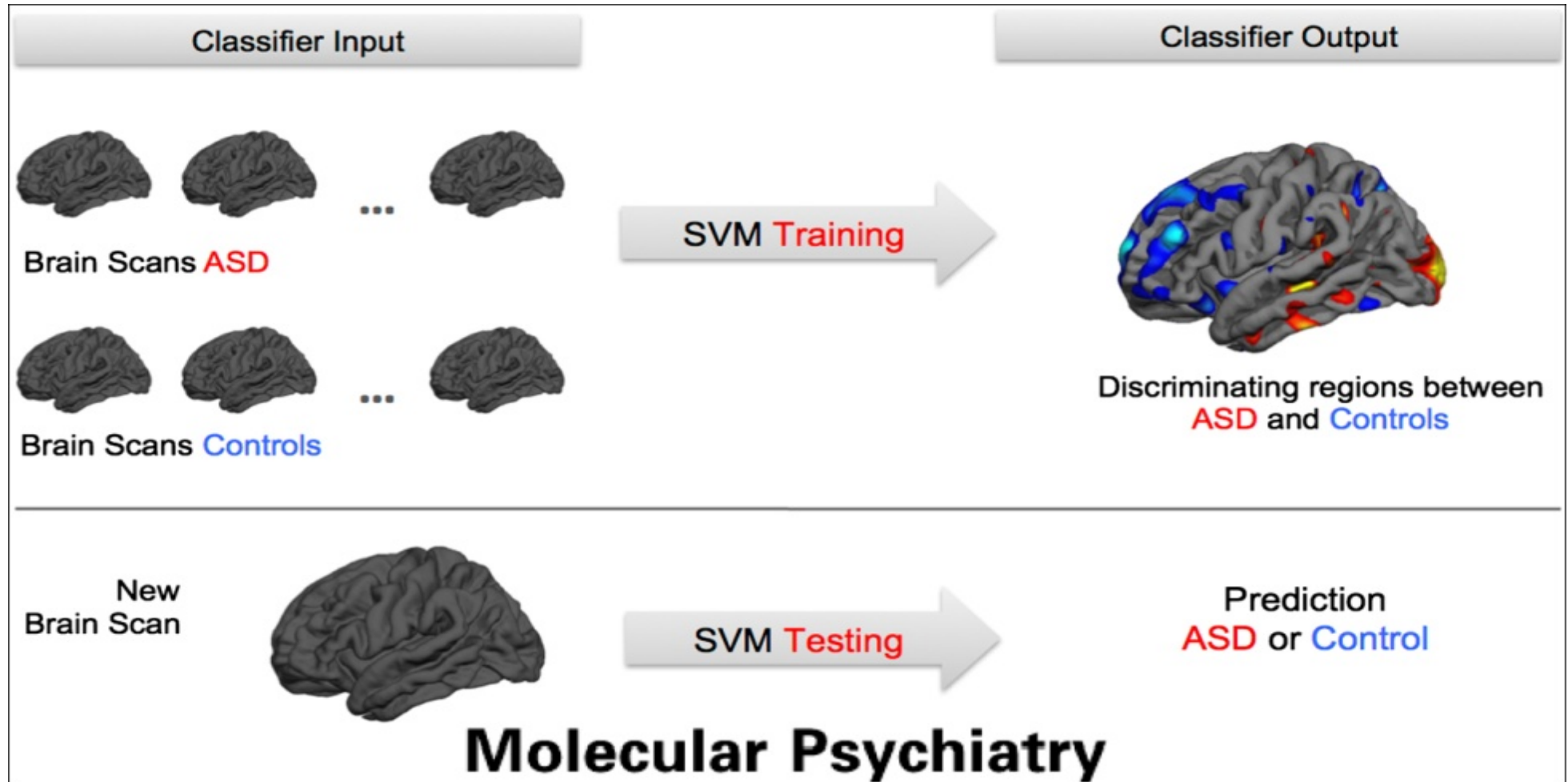
Teorias Psicanalíticas

Lippi, 2001

Synaptic functioning and brain connectivity in Autism Spectrum Disorders (ASD)— from the molecular level to the neural systems level



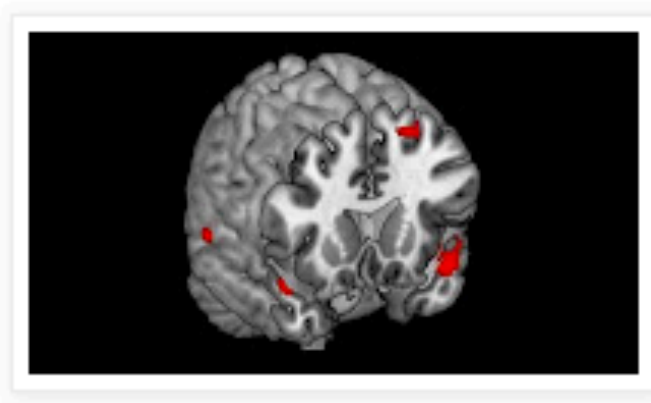
Biomarcadores – Ressonância Magnética



Emoção: Atividade cerebral reduzida

DOMINGO, 17 DE JULHO DE 2011

Biomarcador para o autismo



Os irmãos de pessoas com autismo apresentam um padrão semelhante de atividade cerebral ao observado em pessoas com autismo quando olham para expressões emocionais faciais. Pesquisadores da Universidade de Cambridge identificaram a atividade reduzida numa parte do cérebro associada com a empatia e argumentam que pode ser um 'marcador biológico' para o risco familiar de autismo.

Dr Michael Spencer, que liderou o estudo de Pesquisa da Universidade Autism Centre, disse: "Os resultados fornecem um trampolim para investigar que genes específicos estão associados a este biomarcador. A resposta do cérebro à emoção facial pode ser um bloco de construção fundamental nas causas do autismo e nas dificuldades subjacentes."

Article types

- Clinical Trial
- Review
- Customize ...

Text availability

- Abstract
- Free full text
- Full text

PubMed Commons

- Reader comments
- Trending articles

Publication dates

- 5 years
- 10 years
- Custom range...

Species

- Humans
- Other Animals

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Send to:

Filters: [Manage Filters](#)

Results: 1 to 20 of 29396

<< First < Prev Page 1 of 1470 Next > Last >>

[Disease Gene Prioritization Using Network and Feature.](#)

1. Xie B, Agam G, Balasubramanian S, Xu J, Gilliam TC, Maltsev N, Börnigen D.
J Comput Biol. 2015 Apr;22(4):313-323.
PMID: 25844670
[Related citations](#)

[FMRP regulates neurogenesis *in vivo* in *Xenopus laevis* tadpoles.](#)

2. Faulkner RL, Wishard TJ, Thompson CK, Liu HH, Cline HT.
Eneuro. 2015 Jan-Feb;2(1):e0055.
PMID: 25844398
[Related citations](#)

[Developmental changes in large-scale network connectivity in autism.](#)

3. Nomi JS, Uddin LQ.
Neuroimage Clin. 2015 Mar 6;7:732-41. doi: 10.1016/j.nicl.2015.02.024. eCollection 2015.
PMID: 25844325 **Free Article**
[Related citations](#)

[ADHD severity is associated with white matter microstructure in the subgenual cingulum.](#)

4. Cooper M, Thapar A, Jones DK.
Neuroimage Clin. 2015 Feb 20;7:631-9. doi: 10.1016/j.nicl.2015.02.012. eCollection 2015.
PMID: 25844319 **Free Article**
[Related citations](#)

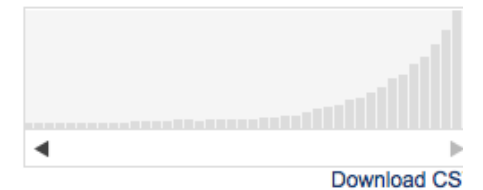
[Cerebellar gray matter and lobular volumes correlate with core autism symptoms.](#)

5. D'Mello AM, Crocetti D, Mostofsky SH, Stoodley CJ.
Neuroimage Clin. 2015 Feb 20;7:631-9. doi: 10.1016/j.nicl.2015.02.007. eCollection 2015.
PMID: 25844317 **Free Article**
[Related citations](#)

New feature

Try the new Display Settings option - **Sort by Relevance**

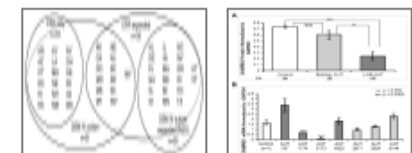
Results by year



Related searches

- [autism spectrum disorder](#)
- [vaccine autism](#)
- [therapy autism](#)
- [autism review](#)
- [autism genetics](#)

PMC Images search for autism



Cientistas ingleses convocam bebês para estudar evolução do autismo

G1

👍 Curtir

💬 Enviar

🐦 Tweetar 0

A Universidade de Durham, no Reino Unido, está à procura de bebês de até dois meses e meio para estudar como o autismo se desenvolve no cérebro.

Os cientistas esperam que a pesquisa também ajude a esclarecer como as crianças aprendem ainda muito cedo só de verem os outros fazendo coisas, como andar e falar.

Na infância, a compreensão do mundo e o desenvolvimento do corpo e da mente atingem um ritmo não observado em nenhuma outra fase da vida.



Os testes de monitoramento cerebral por meio de sensores serão indolores e não invasivos, acompanhados o tempo todos pelos pais dos pequenos voluntários.

Cérebro de autistas tem alterações aos 6 meses de idade



Crianças que desenvolvem a doença apresentam modificações ainda bebês

Um novo estudo feito na Universidade da Carolina do Norte descobriu diferenças significativas no desenvolvimento do cérebro aos seis meses de idade em crianças com alto risco que desenvolveram autismo mais tarde, comparado às crianças de alto risco mas que não tiveram a doença diagnosticada.

TRATAMIENTO

Pediatría

Neurología

Psiquiatría

Psicología

Musicoterapia

Fonoaudiología

Terapia ocupacional

Fisioterapia



Terapias comportamentais



Crianças com autismo necessitam de uma maior consistência de relações estímulo, resposta e reforço, para que o controle do estímulo apropriado se desenvolva.

Spradlin e Brady, 1999

TERAPIA ABA

Applied Behavior Analysis.

Análise do Comportamento Aplicada.

“Aprendizagem sem erro”

Associação para a Ciência do Tratamento do Autismo dos Estados Unidos, afirma que a **terapia ABA** é o único tratamento que possui evidência científica suficiente para ser considerado eficaz.

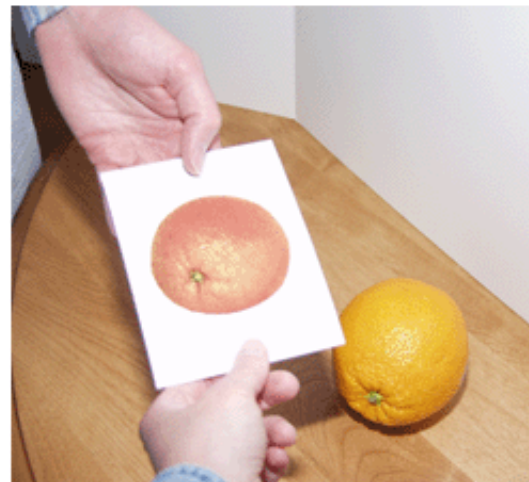
ABA ETAPAS

- Instruções iniciais e imediatas
- Garantir sucesso
- Avisos desaparecem com o tempo
- Aluno capaz de responder por conta própria
- Diminui a frustração e aumenta a motivação

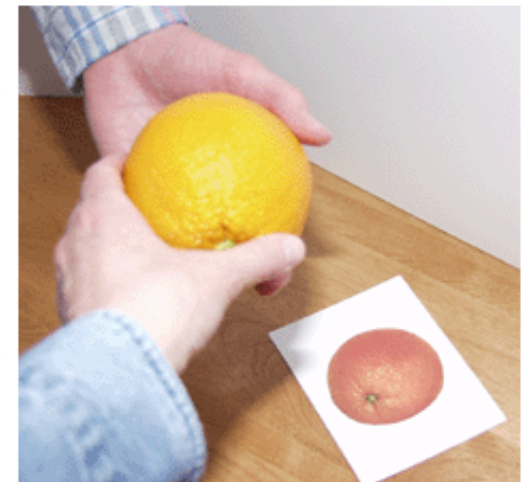
TERAPIA ABA

- 1- Comportamentos sociais, tais como contato visual e comunicação funcional;
- 2- Comportamentos acadêmicos tais como pré-requisitos para leitura, escrita e matemática;
- 3- Atividades da vida diária como higiene pessoal (HIGIENE BUCAL!!).
- 4- A redução de comportamentos tais como agressões, estereotípias, autolesões, agressões verbais, e fugas

Picture Exchange Communication System (PECS)



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Método TEACCH

Treatment and Education of Autistic and Related
Communication Handicapped Children



Associação numeral x quantidade - princípios concretos



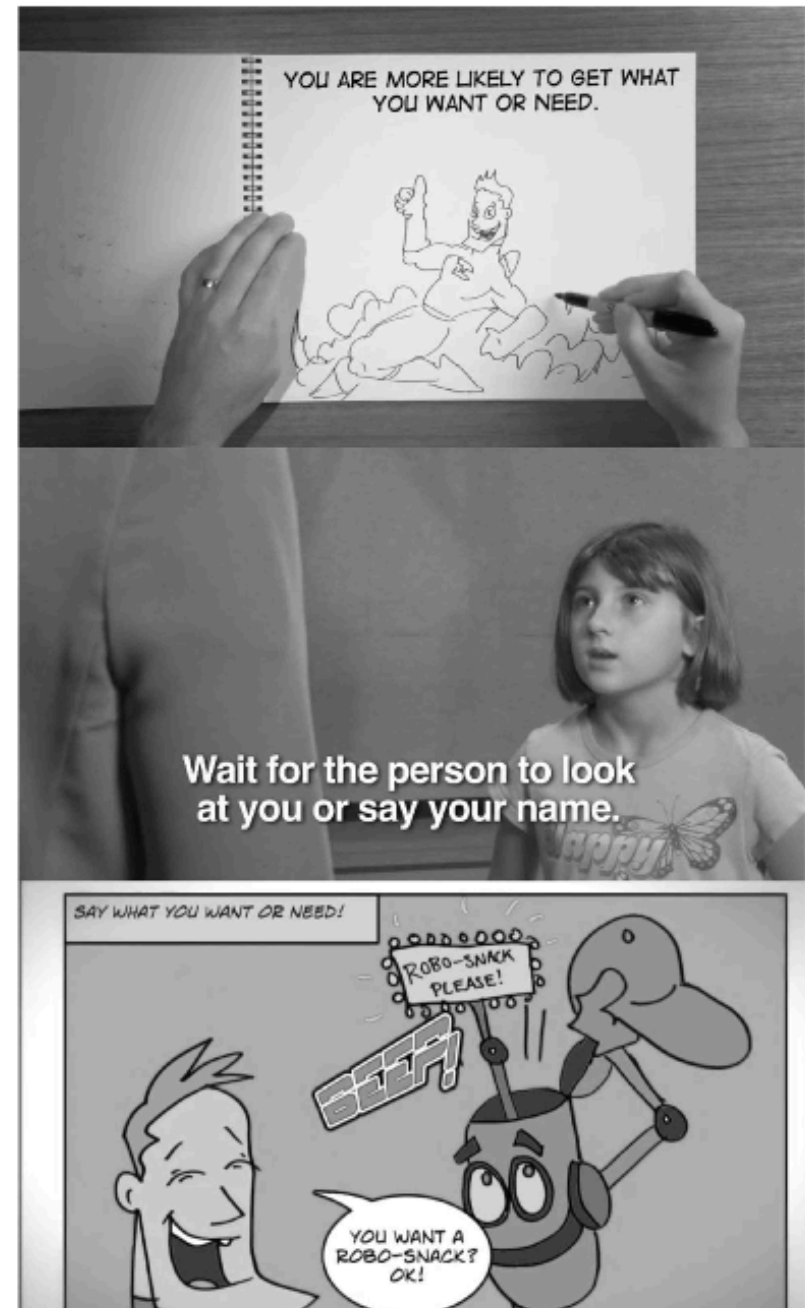




Brief Report: Use of Superheroes Social Skills to Promote Accurate Social Skill Use in Children with Autism Spectrum Disorder

Keith C. Radley² · W. Blake Ford¹ · Melissa B. McHugh¹ · Komila Dadakhodjaeva¹ · Roderick D. O'Handley¹ · Allison A. Battaglia¹ · John D. K. Lum¹

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Manifestações Bucais

- Comportamento auto-mutilante
- Problemas Periodontais
- Maloclusões

Klein e Nowak, 1998



Risco e Atividade da doença cárie ??

J Am Dent Assoc. 2008 Nov;139(11):1518-24.

The caries experience and behavior of dental patients with autism spectrum disorder.

Loo CY, Graham RM, Hughes CV.

Department of Pediatric Dentistry, School of Dental Medicine, Tufts University, Boston, MA 02111, USA. c.loo@tufts.edu

Abstract

BACKGROUND: Autism spectrum disorder (ASD) is a lifelong neurodevelopmental disorder. The authors conducted a study to evaluate the demographics, caries experience and behavior of patients with ASD and compare these characteristics with those of patients without ASD (unaffected patients).

METHODS: The authors reviewed patients' charts and identified a group of 395 patients with ASD and a group of 386 unaffected patients. They obtained the following patient data for analysis: primary diagnosis, age, sex, residence (home versus institution or group home), presence of seizure disorder, additional diagnosis (mental retardation, cerebral palsy, self-injurious behavior or pica), medications, caries prevalence, caries severity and behavior.

RESULTS: The ASD group had a male:female ratio of 4:1, and patients had a diagnosis of autism, pervasive developmental disorder-not otherwise specified or Asperger syndrome. Sex distribution was equal in the unaffected group, which was younger and had a higher decayed, missing and filled teeth (DMFT) score than did the ASD group. When the authors controlled for age and sex, they noted a statistically significant association between ASD and dental caries prevalence. A significantly higher percentage of patients with ASD than unaffected patients were uncooperative and required dental treatment to take place under general anesthesia. Caries prevalence and severity in patients with ASD were not associated with institutionalization, presence of seizure disorder or additional diagnosis.

CONCLUSIONS: People with ASD were more likely to be caries-free and had lower DMFT scores than did their unaffected peers. Significantly more patients with ASD than unaffected patients were uncooperative and required general anesthesia to undergo dental treatment.

Menor ?

Risco e Atividade da doença cárie ??

J Evid Based Dent Pract. 2010 Jun;10(2):105-6.

Autism spectrum disorder (ASD) may lead to lower prevalence and severity of dental caries than in children without ASD.

Slayton RL.

Department of Pediatric Dentistry, University of Iowa College of Dentistry, S201 Dental Science Bldg., Iowa City, IA 52242, USA. rebecca-slayton@uiowa.edu <rebecca-slayton@uiowa.edu>

Abstract

ARTICLE TITLE AND BIBLIOGRAPHIC INFORMATION: The caries experience and behavior of dental patients with autism spectrum disorder. Loo CY, Graham RM, Hughes CV. J Am Dent Assoc 2008;139(11):1518-24. REVIEWER: Rebecca L. Slayton, DDS, PhD
PURPOSE/QUESTION: What is the caries experience and behavior of children with autism spectrum disorder compared with children without this disorder? SOURCE OF FUNDING: Information not available TYPE OF STUDY/DESIGN: Cross-sectional study (chart review)
LEVEL OF EVIDENCE: Level 3: Other evidence STRENGTH OF RECOMMENDATION GRADE: Not applicable.

Menor ?

Risco e Atividade da doença cárie ??

Autism. 2014 Nov 28. pii: 1362361314553439. [Epub ahead of print]

Oral health among preschool children with autism spectrum disorders: A case-control study.

Du RY¹, Yiu CK¹, King NM², Wong VC¹, McGrath CP³.

⊕ Author information

Abstract

AIM: To assess and compare the oral health status of preschool children with and without autism spectrum disorders.

METHODS: A random sample of 347 preschool children with autism spectrum disorder was recruited from 19 Special Child Care Centres in Hong Kong. An age- and gender-matched sample was recruited from mainstream preschools as the control group. Dental caries status, gingival health status, tooth wear, malocclusion, dental trauma and oral mucosal health were assessed and compared between the two groups.

RESULTS: It was feasible to conduct a comprehensive oral health screening among 74.1% (257) of the children with autism spectrum disorder. The mean age was 59 ± 10 months (range from 32 to 77 months), of whom 84.4% were males. Children with autism spectrum disorder had better gingival health than children without autism spectrum disorder (mean plaque score and gingival score $p < 0.001$). Children with autism spectrum disorder had less caries experiences than children without autism spectrum disorder (mean decayed, missing and filled surfaces and decayed surfaces, $p < 0.05$). Children with and without autism spectrum disorder had similar prevalence of tooth wear, malocclusion, dental trauma experience and oral mucosal lesions ($p > 0.05$).

CONCLUSION: Differences in oral health status exist among preschool children with and without autism spectrum disorder. Preschool children with autism spectrum disorder exhibited lower caries experiences and better gingival health than children without autism spectrum disorder.

Menor ?

Risco e Atividade da doença cárie ??

Arch Oral Biol. 2012 Apr 20. [Epub ahead of print]

Salivary antioxidants and oral health in children with autism.

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Abstract

Individuals with autism vary widely in abilities, intelligence, and behaviours. Autistic children have preferences for soft and sweetened food making them susceptible to caries. A wide spectrum of medical and behavioural symptoms is exhibited by children with autism, which makes routine dental care very difficult in them. Mental retardation is evident in approximately 70% of individuals with autism and most psychiatric disorders including autism are associated with increased oxidative stress.

OBJECTIVES: To evaluate the oral health status of children with autism and to determine the salivary pH and total salivary antioxidant concentration (TAC).

MATERIALS AND METHODS: 101 subjects with autism between age group of 6 and 12 year were part of the study and 50 normal healthy siblings of same age group were taken as control group. Oral health status was analysed using oral hygiene index-simplified and dentition status index. The salivary total anti-oxidant level was estimated using phosphomolybdic acid using spectrophotometric method and the salivary pH using the pH indicating paper. The results were statistically analyzed using Mann-Whitney U test.

RESULTS: A statistically very highly significant difference was seen in the mean oral hygiene index scores (autistic group - 1.2 and control group - 1, $P < 0.001$) and the mean salivary total antioxidant concentration (autistic group - $5.7 \mu\text{g/ml}$ and control group - $38 \mu\text{g/ml}$, $P < 0.001$). No statistical significant difference was observed in the dental caries status and the salivary pH of autistic group and the control group.

CONCLUSIONS: Similar dental caries status was observed in children with autism and their healthy normal siblings. Oral hygiene was poor in children with autism whereas the Salivary TAC was significantly reduced in autistic children.

Igual

Risco e Atividade da doença cárie ??

Eur Arch Paediatr Dent. 2012 Jun;13(3):126-31.

Oral health status of children with autistic disorder in Chennai.

Vishnu Rekha C¹, Arangannal P, Shahed H.

⊕ **Author information**

Abstract

AIM: To assess the oral health status of autistic children in Chennai.

DESIGN AND METHODS: Oral health status was assessed for 483 children with autism, solicited from special education schools, autistic child centres and therapy centres. Conditions assessed were plaque accumulation, gingival health, dental caries, malocclusion, developmental anomalies, oral injuries and restorations.

STATISTICS: Chi-square and Fisher's exact tests of significance were used to compare groups. Proportions test was used to compare the significance of the parameters between boys and girls.

RESULTS: Autistic children with primary dentition showed significantly higher incidence of dental caries (24%), when compared to other oral conditions. Children with mixed dentition had more gingivitis (50%) and children with permanent dentition had more gingivitis (48.96%) and malocclusion (71.15%). All the oral conditions were seen more in boys than girls.

CONCLUSION: Autistic children have significantly poor oral hygiene and higher incidence of malocclusion and dental caries when compared to other oral conditions.

Maiores?

Risco e Atividade da doença cárie ??

J Appl Oral Sci. 2011 May-Jun;19(3):212-7.

Dental caries experience, oral health status and treatment needs of dental patients with autism.

Jaber MA¹.

⊕ Author information

Abstract

OBJECTIVES: Autism is a lifelong neurodevelopmental disorder. The aims of this study were to investigate whether children with autism have higher caries prevalence, higher periodontal problems, or more treatment needs than children of a control group of non-autistic patients, and to provide baseline data to enable comparison and future planning of dental services to autistic children.

MATERIAL AND METHODS: 61 patients with autism aged 6-16 years (45 males and 16 females) attending Dubai and Sharjah Autism Centers were selected for the study. The control group consisted of 61 non-autistic patients chosen from relatives or friends of autistic patients in an attempt to have matched age, sex and socioeconomic status. Each patient received a complete oral and periodontal examination, assessment of caries prevalence, and caries severity. Other conditions assessed were dental plaque, gingivitis, restorations and treatment needs. Chi-square and Fisher's exact test of significance were used to compare groups.

RESULTS: The autism group had a male-to-female ratio of 2.8:1. Compared to controls, children with autism had significantly higher decayed, missing or filled teeth than unaffected patients and significantly needed more restorative dental treatment. The restorative index (RI) and Met Need Index (MNI) for the autistic children were 0.02 and 0.3, respectively. The majority of the autistic children either having poor 59.0% (36/61) or fair 37.8% (23/61) oral hygiene compared with healthy control subjects. Likewise, 97.0% (59/61) of the autistic children had gingivitis.

CONCLUSIONS: Children with autism exhibited a higher caries prevalence, poor oral hygiene and extensive unmet needs for dental treatment than non-autistic healthy control group. Thus oral health program that emphasizes prevention should be considered of particular importance for children and young people with autism.

Maiores?

Higiene bucal deficiente

Table 4- Oral hygiene and gingival status of the 61 autistic patients and 61 healthy control subjects

Treatment needs	Autistic patients		Control		Total	
	No	%	No	%	No	%
Good oral hygiene	2	3.3*	36	59.0	38	31.1
Fair oral hygiene	23	38.0*	16	26.2	39	32.0
Poor oral hygiene	36	59.0*	9	14.8	45	37.0
Gingivitis	59	97.0	25	41.0	84	100
Generalized	46	78.0*	5	20.0	51	61.0
Localized	13	22.0*	20	80.0	33	39.0

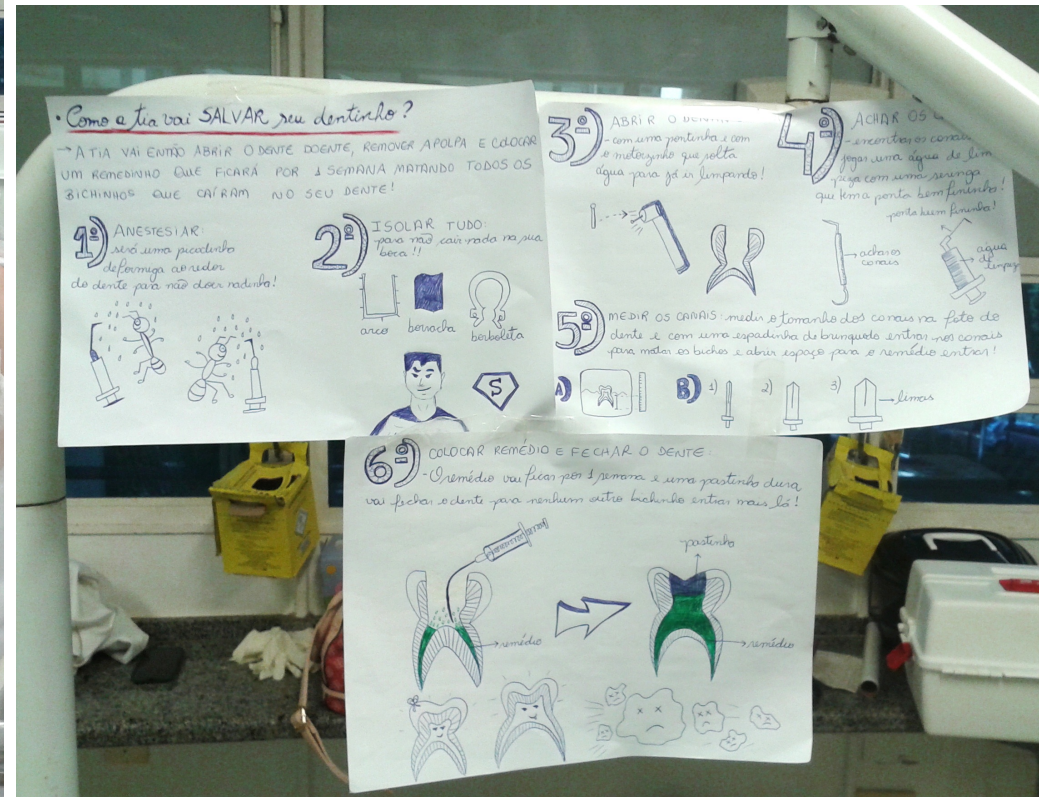
*p<0.05 as compared to the control group

Tratamento Odontológico

- Individualizado
- Anamnese detalhada (experiências anteriores e comportamento)
- **Manutenção de rotina:** dia, horário, equipo e profissionais
- Consultas curtas
- Evitar espera na recepção
- Utilizar comandos claros e simples
- Ignorar comportamentos automutiladores
- **Reduzir luzes, sons,** odores e toques
- Técnicas dizer-mostrar-fazer e reforço positivo
- Esquematizar consultas com figuras.
- Ensaio no lar (psicólogo).

Klein e Nowak, 1998; Campos e Haddad, 2007; Muranetto, 2002

Esquemática da consulta



TÉCNICAS BÁSICAS DE MANEJO DO COMPORTAMENTO

Estabilização Protetora

Int J Paediatr Dent. 2009 Nov;19(6):390-8. Epub 2009 Jul 9.

Behaviour guidance in dental treatment of patients with autism spectrum disorder.

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Abstract

BACKGROUND: Autism spectrum disorder (ASD) is a neurodevelopmental disorder categorized into autism, pervasive developmental disorder - not otherwise specified (PDD-NOS) and Asperger syndrome.

AIMS: To identify factors associated with the behaviour of patients with ASD in a dental setting, use of general anaesthesia (GA), and protective stabilization.

DESIGN: The dental charts of 395 patients with ASD patients and 386 unaffected patients were reviewed. The following data were analysed: ASD diagnosis, age, gender, residence, seizure disorder, additional diagnosis (mental retardation, cerebral palsy, self-injurious behaviour or pica), medications, caries prevalence and severity, dental treatment history, behaviour, and behaviour guidance technique(s) used.

RESULTS: Within both groups, younger patients were more uncooperative. ASD patients with autism were more uncooperative than patients with PDD-NOS; patients with an additional diagnosis were also more uncooperative. ASD patients with higher caries severity, who were uncooperative or female, were more likely to require GA. Use of protective stabilization was associated with lower caries severity, presence of seizure disorder, uncooperative behaviour, male gender, or residency in a group home/institution.

CONCLUSIONS: Autism spectrum disorder patients with autism, younger age and an additional diagnosis were more uncooperative. Factors associated with the use of GA and protective stabilization in patients with ASD were also identified.

"Ensina-me de várias maneiras,
pois sou capaz de aprender."



World Autism
Awareness Day



2 de Abril
Dia Mundial de Conscientização do
AUTISMO.



VOCÊ ESTÁ ASSISTINDO
MISTÉRIOS DO AUTISMO