SOME CURRENT ASPECTS OF SOCIAL ADAPTATION OF CHILDREN WITH AUTISM SPECTRUM DISORDERS

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https://doi.org/10.5281/zenodo.10696808

Abstract. *Studies consistently developing this area have shown that the characteristic developmental disorders of all mental functions in childhood autism (pervasive developmental disorders) are associated with primary deficiency of the affective sphere [4]. The study of the patterns of mental development is one of the priority areas of research in recent years. This is especially important for children with autistic disorders. The most characteristic variants of autistic disontogenesis are described, reflecting the difficulties of forming the basic mechanisms of affective organization of behavior and consciousness [1,3].*

Keywords: *pervasive developmental disorders, catatonic, delusional, Geller's disease.*

Relevance. The problems of children with autistic disorders are manifested in a violation of the ability to adequately realize the makings of sensorimotor, speech, and mental development in social and emotional interaction with loved ones and active development of the environment. The first signs of affective distress are highlighted, which make it possible to predict the probability of autistic development to the obvious manifestation of the syndrome in its entirety, as well as certain combinations of these signs that allow predicting the formation of a particular type of syndrome [2,13]. In autism spectrum disorders, difficulties in affective development at an early age precede and cause pervasive disorders in the formation of mental functions [4,12]. Under the name of autism, psychopathological disorders of various registers are described: psychotic and non-psychotic; catatonic, delusional, as well as pathocharacterological and neurotic [5,14]. This is reflected in the classification systems - if in ICD-9 early childhood autism was included in the category of childhood psychoses (299.0), then in ICD-10 it is in the section "Disorders of psychological (mental) development" in the diagnostic group "General (pervasive) developmental disorders" (B84) [6.10]. Asperger's syndrome is assigned to the ICD-10 in the same section, while schizoid personality disorder, based only on age differences, is considered in the section "Personality and behavior disorders". Along with the search for etiological factors, the "primary lesion", attempts were also made to more clearly identify these disorders. Kagan cited many diagnostic categories with which children with autistic behavior were described: early infantile autism, Kanner syndrome, infantile autism, childhood autism, atypical children, non-contact children, atypical development, atypical psychoses, early childhood psychoses, symbiotic psychoses, childhood and early schizophrenia, Geller's disease, oligophrenia, pseudoligophrenia, pseudoautism, schizoform syndromes, schizoid psychopathy, autistic psychopathy, symptomatic autism, etc. Among the autistic syndromes in children, primary and secondary (regressive, post psychotic, "acquired"), symptomatic, true and pseudo-autism were distinguished [7,11]. V.E. Kagan also proposed to distinguish dissociative (determined by dissociation in childhood schizophrenia) and productive (accompanied by productive symptoms) autism [8,9].

The aim. To study the current aspects of social adaptation of children with autism spectrum disorder.

Materials and methods of research. During the work, 47 children with autistic disorders aged 5 to 13 years were examined. All the examined patients were hospitalized. The criteria for inclusion in the study were: absence of autistic disorders, endogenous process in childhood in all examined patients. The children studied were either in a mass school or in specialized educational institutions, sometimes in an individual form. A control group was formed for comparison. The control group consisted of 28 healthy children, pupils of mass schools from 5 to 13 years old. The criteria for inclusion in the control group were: the absence of requests to specialized institutions for psychiatric and neuropsychiatric care, the absence of endogenous and psycho-organic pathology in the anamnesis. The study used clinical-psychopathological, clinical-catamnestic, clinical-pathopsychological research methods. Somato-neurological and other studies necessary for an objective assessment of the condition of patients in different periods of the disease were used as additional ones. An adapted questionnaire for parents of children with autism disorders was used to assess the signs of autism. The clinical and psychopathological method was used in the process of classical interviewing patients and their relatives and included a subjective assessment of the mental status of patients, collecting detailed anamnestic information from the words of the patient and his immediate environment and compiling a detailed anamnesis on this basis using additional data from archival medical histories and extracts from other hospitals. The qualification of the mental status at the time of admission and in dynamics was carried out during the initial examination and in the process of further curation of patients. The psychometric method was used to unify clinical data and conduct parametric studies.

Results and discussion. A retrospective analysis of the development histories of children with autism and the possibility of observing the peculiarities of their interaction with others made it possible to confirm and systematize affective disorders in the early stages of autistic disontogenesis. The accumulation of these disorders during the first two to two and a half years of life and their formation in certain combinations determines the formation of variants of the syndrome of childhood autism, differing in the degree of early affective interaction of the child with loved ones and with the environment as a whole. A comparative analysis of the affective sphere in normal and autistic disontogenesis allows us to confirm the importance of the full-fledged formation of the earliest stages of affective interaction between the infant and the mother, the content of which is emotional and social development. Various forms of pregnancy pathology were detected in 73.5% of cases, which was almost 1.5 times more common than among healthy children. It was also noted that pregnancy toxicosis occurred in all groups with the same frequency, while the threat of termination of pregnancy occurred somewhat more often in the control group, where the mothers had a history of pregnancy without peculiarities. Perinatal pathology was observed in 68.3% of patients. The highest incidence of perinatal pathology - in 85.6% of cases - was observed in the main group. In most cases (73.2%), motor skills were formed according to age standards, the predominance of normal motor development in the premorbital period was observed in all groups. Normal motor development in the first year of life was significantly more common (79.6%) among healthy children. Distortions in speech development in the pre-manifest period were observed in most cases (78.6%). In the group with severe mental retardation, the lag ranged from 5% to 12.6%. This group was characterized by pronounced dissociation in the development of individual spheres, and disintegration mainly in the development of executive cognitive functions.

The development of imitation, executive and verbal cognitive functions, and expressive speech was at the lowest possible level. Most of the children of the main group uttered phrases only in a state of emotional tension or did not use phrasal speech at all, there was a general underdevelopment of speech. This group was characterized by stereotypical manipulation. Difficulty in responding to verbal reactions was noted in children as learning difficulties due to severe attention deficit, and in some children due to frequently occurring states of pronounced motor arousal. Due to the low learning ability of patients in this group, it is difficult to expect at least partial compensation for the delay. When comparing the groups, there were significant differences in the distribution of patients in each group, depending on the variant of the onset of the disorder. Spontaneous speech delay is observed in 76.2% of children aged 5-7 years. Up to 12 years of age, speech development distortions persist in 1/3 of children, gradually decreasing to 32.7% in the age group under 12 years, adolescents over 12 years of age have similar disorders in 24.3% of cases, differences in indicators whose reliability has remained ($p<0.001$).

Thus, it can be argued that this symptom of such a disorder is gradually reduced without the intervention of specialists as the child grows up. Depending on gender, the following indicators were recorded: in girls from 5-7 years old, speech delay occurs in 78.7%, and in boys of this age in 80.6%, from 7 to 10 years old it remains almost the same, which was 51.5% of boys and 79.2% of girls, in adolescents under 13 years old, speech is formed in 35.7% of girls and 46.5% of boys. At the age of 13, almost 44.3% of boys still have pronounced unformed speech development, while girls of the same age had much less speech development disorder, which was 9.7%. It should also be noted that girls and boys under the age of 10 have almost the same severity of disorders, and after 10 years the most persistent speech underdevelopment persists much higher than boys. Violation or absence of role-playing and imitation games in children under 7 years old occurs in 86.9% of cases, play activity in a child with an autism spectrum disorder is difficult to form, as evidenced by the above-mentioned data. In the group of children who were first examined by a specialist aged 5-11 years, these symptoms were noted in 78.3% of cases. In the older age group, speech impairment accounted for 65.8% of such sick children.

Thus, there was no significant difference in the design of the clinical picture in boys and girls for this diagnostic feature. Stereotypical, repetitive speech, as well as autonomous speech, can significantly complicate the adaptation of children in preschool institutions or in children's schools, other children's groups. In the age group of children under 7, similar violations occurred in 43.5% of cases, and in the age group under 13, stereotypical speech was observed in almost 82.6% of cases. Thus, children under 7 years of age with autism spectrum disorder often lack spontaneous speech, and when it appears, various speech disorders are noted. They are also noted when contacting a specialist at an older age. Thus, in children under 15 years of age, it is observed in 72.2% of cases, in children and adolescents over 11 years of age - in 42.6%. Speech autonomy is noted in almost half of girls under 7 years of age (49.1%) and is detected at the same age in 63.2% of boys. At the age of 5 to 10 years, distortion of speech function can be noted in almost boys and amounted to 79.2%) and in girls 63.6%. At the age of 13, speech stereotypes are detected in 52.4% of girls and 64.5% of boys. In the older age group, these changes are more often observed in boys 32.8%, and in girls it was 121.7%. In children under 7 years of age, symptoms were detected more often in boys, more than half (46.2%), and in girls of this age they were registered in 32.8%. By the age of 11, boys had a slight increase in manifestations (up to 53.4%), and in girls the frequency of manifestations increased to 79.2%. It should also be noted that by the age of 13,

51.4% of girls have a tendency to adhere to a certain routine and rituals; boys have an increase to 63%. After the age of 12, specific behavioral changes persist in half of the boys and all of them. Stereotypical behavioral changes, which were pronounced in 54.1% of children in the age groups up to 7, up to 13 years, their severity was almost 45.2%, slightly more of them were detected at the age of 11 years. A significant decrease in manifestations was detected in adolescents over 11 years of age.

Conclusions. Thus, based on the results obtained, it can be assumed that behavioral disorders in autism spectrum disorders, expressed in disorders of socialization, communication, decrease with age even without seeking help from a specialist. Understanding the normal age-related changes in the nature and degree of responsiveness and activity of a child in relationships with and through loved ones, with a wider environment allows us to clarify the nature of primary difficulties in the threat of autistic development. In autistic disorders, problems arise in maintaining the child's activity in contacts with others and regulating his affective states, which in the control group was provided by the adult's ability to share his affective experiences.

The results obtained demonstrate a significantly frequent detection of speech stereotypes in boys. The insufficiency, absence or distortion of the child's response to the emotional assessment of a close adult leads to the fact that limited positive emotional impressions remain exciting for him, and neutral ones do not begin to attract attention. Emotional disorders in children with autistic disorders are manifested in a violation of adult regulation of activity and maintenance of emotional stability of the child. As a result of affective disorders, difficulties arise in the adaptation of children with autistic disorders, manifested by a violation of emotional contact, limited ways of interacting with loved ones, problems of arbitrary organization of attention and, accordingly, the formation of jointly divided actions, lack of research activity.

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