Affectivity in children with pervasive developmental pattern

SIMONA MACOVEI¹, CARMEN TRUŢESCU², ELENA TUDORACHE²

Abstract: The purpose of our work is to review the literature information about the occurrence of affective disorders in children and adolescents with pervasive pattern of development.
Adolescents with ASD (Autism Spectrum Disorders) are at increased risk of developing depressive disorders, anxiety.
Key words: ASD, depression, affective disorders.

Rezumat:
Lucrarea noastră are ca scop trecere în revistă a informaţiilor din literatură cu privire la apariţia tulburărilor afective la copiii şi adolescenţii cu pattern pervaziv de dezvoltare.
Adolescenţii cu TSA (Tulburarari de spectru autist) au un risc crescut de a dezvolta tulburări depresive, anxietate.
Cuvinte cheie: TSA, depresie, tulburări afective.

INTRODUCTION

Variation in temperament is characteristic for all people but is rarely studied as a predictor of individual differences among individuals with autism. Relative to a matched comparison sample, adolescents with High-Functioning Autism (HFA) reported lower levels of Surgency and higher levels of Negative Affectivity. Variability in temperament predicted symptomotology, social skills, and social-emotional outcomes differently for individuals with HFA than for the comparison sample.

¹ MD, PhD, Child and Adolescent Psychiatrist, Child and Adolescent Psychiatry Department, “Prof. Dr. Al. Obregia” Hospital of Psychiatry, Bucharest
² MD, resident in Child and Adolescent Psychiatry, Child and Adolescent Psychiatry Department, “Prof. Dr. Al. Obregia” Hospital of Psychiatry, Bucharest
This study is unique in that temperament was measured by self-report, while all outcome measures were reported by parents. The broader implications of this study suggest that by identifying individual variability in constructs, such as temperament, that may influence adaptive functioning, interventions may be developed to target these constructs and increase the likelihood that individuals with HFA will achieve more adaptive life outcomes (Schwartz, et al., 2009).

Affect regulation (AR) and temperament were examined in children with Autism Spectrum Disorder (ASD). To determine AR, children were exposed to a mildly frustrating situation.

Temperament was assessed by the Children's Behavior Questionnaire (CBQ). Children with ASD showed greater variability in AR and used less effective AR strategies compared to controls. Lower academic ability was associated with less effective AR strategies for the ASD while for the controls older age predicted more effective AR strategies. Those with ASD were lower than controls in Attention Focusing, Inhibitory Control and Soothability.

Of the three overarching temperament factors of the CBQ, only Effortful Control but not Negative Affectivity and Surgency/Extraversion distinguished those with ASD from controls. For the ASD group, higher academic ability predicted higher Negative Affectivity. Fewer symptoms and older chronological age predicted higher Effortful Control (Konstantareas, Stewart, 2006).

**INCIDENCE**

Depression is common in autism and Asperger disorder, but despite this there are few studies in this regard.

Autistic disorder and Asperger disorder are associated with an increased incidence of other psychiatric disorders, the most common reported being depression and anxiety reported (Howling, 2003).

**PREVALENCE**
Estimated prevalence of depressive disorder with autistic disorder or Asperger disorder varies widely from 4-38%.

Studies of large populations showing the incidence and prevalence of depression in autistic disorder or Asperger were not achieved.

**PRESENTATION OF DEPRESSION IN AUTISTIC DISORDER OR ASPERGER**

The main symptoms are:

- depression reported by the patient or observed by the clinician / parent;
- decreased interest or pleasure in almost all activities;
- significant weight loss or significant change in appetite;
- insomnia or hypersomnia;
- psychomotor agitation or slowness;
- fatigue or loss of energy;
- feelings of worthlessness, excessive or inappropriate guilt;
- decreased ability to think or concentrate or indecisiveness;
- recurrent thoughts of death, suicidal ideation, suicide attempt or suicide plan.

**CLINICAL PRESENTATION**

Depressive mood is the most cited marker for depression associated with autism or Asperger disorder. Reporting this symptom is rarely made by individuals, most often a third party is the one who observes, most often parents. This declaration of a third party is based on sad facies, or on changes in behavior, such as increased irritability or crying frequently.

Suicidal ideation or attempted suicide are extremely rare (Clarke, et al., 1989).

Decreased interest in activities was observed the second in frequency, in some studies severe enough to stop the individual from participating in group activities or to
give up his passion for a particular task. Disorders of sleep and appetite were also reported.

A study also highlights a patient reported fatigue (Clarke, et al., 1989).

**FEATURES IN CLINICAL PRESENTATION**

- The onset and natural history of depression were unusual and associated with appearance de novo or exacerbation of maladaptive behaviors, such as auto-or heteroaggressiveness;
- The decrease in functioning and in ability for self help;
- Loss of sphincter continence, both in people with cognitive disabilities, as in people with some skills already acquired, during the installation of depression (Clarke, et al., 1989).

**MEASUREMENT AND ASSESSMENT OF DEPRESSION ASSOCIATED WITH AUTISM OR ASPERGER'S DISORDER**

There is no specific scale for assessing depression in people with autism or Asperger's disorder. They used structured or semi-structured interviews based on DSM criteria, applied their parents:

1. Diagnostic Interview for Children and Adolescents;
2. Ontario Child Health Study – Revised;

They have also used Children's Depression Inventory, which is a personal reporting scale, based on Hamilton Depression Scale, and Beck Depression Inventory (Barnhill, 2001).

**POOR SOCIAL NETWORKING IN ASD**
Children with High-functioning autism reports social concern and anxiety, and those with Asperger disorder are aware of their social difficulties, are sensitive to teasing and rejection of the age group, they are prone to loneliness and negative self-assessments.

The failure to give competent answers, to see multiple perspectives and the strong emotional reactivity can generate risk for poor psychological adjustment for these children (Gillott et al., 2001).

**SOCIAL COMPARISON PROCESS**

For people with Asperger disorder social comparison and awareness of the fact that they are different are prominent features of daily life that may be exacerbated at adolescence when increases the social interest.

Howlin argues that young people with Asperger disorder face greater social attempts due to social information processing deficits.

Even if there is a desire to socialize and make friends, tests of people with Asperger's disorder are often received with rejection, are ridiculed and excluded (Howlin, 2003).

They are often unable to learn the skills to successfully integrate into a group (6-9 years).

The process of investing in a group (9-12 years) runs with difficulty. Applying it in new situations of individual and group skills is problematic (12-16 years).

The combination of a lower cognitive ability and social deficit in information processing may lead to awareness of difference regarding those peers and contribute to the vulnerability to depressive symptoms in this group.

**TREATMENT**

Multimodal approach, pharmacological treatment and psychotherapy, is recommended in these situations.

1. **Drug therapy:**
   - tricycle antidepressants;
• selective serotonin reuptake inhibitors;
• mood stabilizers;
• antipsychotics;
• hypnotics.

2) Psychotherapy:
• cognitive-behavioral therapy.

The most effectiveness have had the selective serotonin reuptake inhibitors, with:
• reducing depressive symptoms;
• reduction self harm behaviors;
• increased capacity for self help.

CONCLUSIONS

Depression is common in Asperger disorder with a variable incidence, but studies are scarce. It requires both measuring instruments and evaluation especially created for this target population.

These tools must take into account changes in behavior, such as self aggressiveness, and establish arrangements for assessing the more specific provision for this population.

There is a lack of studies showing the benefit of therapeutic interventions in groups with depression.

References:
