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DIAGNOSTIC DIFFERENTIATION IN AUTISM SPECTRUM DISORDER :CLINICAL SYMPTOM DISTINCTION AND DIFFERENTIAL DIAGNOSIS

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Abstract:
Diagnosis of Autism Spectrum Disorder discusses the importance of distinguishing autism spectrum disorder from other psychological and neurological conditions that may overlap in symptoms. It focuses on the challenges faced by specialists during the diagnostic process, such as the similarity of symptoms with other disorders like intellectual disabilities, Rett syndrome, childhood schizophrenia, and communication disorders.

This is based on the latest updates in classification systems, diagnostic tools, and follow-up and care programs. The article also highlights the role of comprehensive clinical assessments, specialized evaluation tools, and accurate behavioral observations in achieving precise diagnoses.

It concludes by emphasizing the importance of early and accurate diagnosis to ensure appropriate treatment and improve the quality of life for affected individuals and their families.

Keywords: Autism Spectrum, Diagnosis , Differences , Distinction.

1. Introduction

Autism is a developmental disorder, which in turn hinders the development of a child's social skills and his ability to communicate with others and hinders his response to the outside world, and shows us its types that share symptoms, all of which fall within the pervasive developmental disorders. The knowledge of the characteristics of children with autism and its distinction from other children helped specialists and researchers to find some diagnostic methods and modern ways to care for these children in order to develop their abilities and modify their social and educational behaviour and psychological compatibility.

Some disabilities and diseases are similar to autism, so it is important to carefully explore any issue before diagnosing autism.

2. The importance of differential diagnosis of autism spectrum disorder:

Differential diagnosis of autism spectrum disorder (ASD): It is a vital process that aims to distinguish between ASD and other neuropsychiatric disorders that may share symptoms, and the importance of this process lies in the following points:

-Ensuring an accurate diagnosis: A differential diagnosis helps rule out other conditions, some of which will be discussed in a article that may exhibit similar symptoms.

- Identify individual needs: An accurate diagnosis can guide specialists to design personalised treatment plans that suit the needs of the affected person.
- Early and effective intervention: A differential diagnosis helps identify the disorder early, allowing for appropriate interventions that maximise the chances of improvement.
- Minimise psychosocial risks: By avoiding misdiagnosis, the psychosocial challenges that may arise because of misunderstandings or inappropriate treatments are minimised.
- Provide appropriate support for the family: A differential diagnosis allows families to better understand their child's condition and direct them towards appropriate resources for support. Therefore, a differential diagnosis is a foundation for success in providing comprehensive care and advancing the quality of life for children with ASD.

2.2 The practical aims of the differential diagnosis of autism spectrum disorder (ASD): Differential diagnosis of autism spectrum disorder (ASD):

It aims to achieve a set of practical goals that contribute to improving the accuracy of diagnosis and the quality of therapeutic interventions:

- Exclude similar disorders: Helps determine whether symptoms are caused by ASD or other disorders such as ADHD, anxiety disorders, intellectual disability, or communication disorders.
- Accurate identification of the disorder: Provides a clear and accurate description of the patient's condition, which helps in designing personalised treatment plans.
- Choosing appropriate treatment strategies: By understanding the nature and roots of the symptoms, the most effective interventions and treatments can be identified for each case.
- Avoid wrong treatments and follow-ups: Minimises the likelihood of providing inappropriate interventions that may lead to negative outcomes for the patient's mental and physical health.
- Effective resource allocation and planning: A differential diagnosis helps direct medical, educational and social resources towards areas that meet the patient's real needs.
- Promote family and community awareness: By providing an accurate explanation of the condition, the family can be helped to understand the nature of the disorder and how to deal with it effectively.
- Achieve early intervention: Supports early detection of ASD, increasing the chances of optimising growth and development.

These goals play a pivotal role in improving the quality of life of individuals with ASD and providing the necessary support for them and their families.

- Autism and mental retardation:

Autism often accompanies cases of mental retardation, and some of their symptoms are similar and mixed, especially if the child's mental age is less than 20 months, and Marthe on pointed out that autism is similar to mental retardation in the following symptoms and features: Repetitive and compulsive behaviours, speech and communication difficulties:

- Repetition of stereotypical and compulsive behaviours, speech and communication difficulties.

The differences between them are:

- The autistic child does not have the ability to communicate with others, with no desire for social contact and interaction, while the mentally retarded child is characterised by the ability to communicate with others, which is why they often have the ability to interact with people.
- Autistic children show outstanding performance in some of their abilities, such as music and arithmetic, while mentally disabled children have a noticeable decline in their abilities in many areas.
- Autistic children have almost no physical defects, while mentally handicapped children have many physical defects.
- Autistic children have no social awareness of what is going on around them, while mentally handicapped people have an awareness of the social reality in which they live.
- Autistic children do not have the ability to remember and recall events, while mentally retarded people have the ability to remember events in terms of short-term memory (Ismail, 2009, p. 81).
- Autism and Rett syndrome:

Rett's disorder is a rare disorder that affects only girls and appears after a period of normal development, usually between the sixth and eighth month of the child's life, when the child's mental, linguistic, social and motor abilities begin to decline, avoiding eye contact, responding poorly to parents, foot control during walking becomes weak, and strange movements appear in the hands, such as waving them.

- People with Rett's disorder look at others but do not interact with them, especially in early childhood, while autistic children have deficits in social interaction.
- Movement in autism is often non-existent, and if it is, it is the result of acquired habits, while in Rett syndrome it is random and stereotyped in hand movement, lack of body balance (Al-Maghlouth et al., 2011, p. 26).

As for the last element, based on our experience in the field, movement in autistic children is characterised by stereotyped and monotonous movements.

Table (01): Differences between autism and Rett syndrome

The number	Rett Syndrome	Autism disorder
1	- Predominantly affects females.	A. Affects boys and girls at a rate of 1 in 4.
2	-The main disability in girls lies in floundering and staggering, loss of motor balance of the limbs and stereotyped manual movements: Squeezing and washing hands involuntarily or wrapping one hand around the other, with the arms in a flexed state on the chest or chin. B- Typical wetting of the hands with saliva. Difficulty swallowing and breathing c. Persistent failure to control urination and defecation C- Excessive protrusion of the tongue. D- These symptoms develop in mid-childhood, causing truncal clumsiness, motor blindness, and sometimes accompanied by kyphotic scoliosis.	B- Symptoms in autism do not occur.
3	E - Seizures and epileptic seizures occur before the age of eight.	C- Epileptic seizures occur at some point in their lives, especially in adulthood.
4	F - Atrophy of the vertebral muscles with severe motor deficits that affect the lower limbs more than the upper	D- These symptoms are not present.

	ones, leading to loss of mobility and walking.	
5	G. Injured cases are associated with severe mental disability.	E- 40% of autistic people have an IQ of less than 50, which falls into the category of moderate mental disability, 30% fall into the category of mild disability, a small percentage fall into the category of severe mental disability, and 30% or less fall into the category of normal or genius.
6	D- Rare presence of self-harming behaviour, preoccupation with trivial matters and stereotypical non-purposeful movements.	E- The emergence of deliberate victimisation, preoccupation with trivial matters, and stereotypical, non-purposeful movements.
7	i. The causes of the injury are limited to damage to the brain, spinal cord, cerebellum, or the nervous system in general.	A- Unspecified causes, which may be hereditary.

(Al Jalamdeh, 2016, p199)

3. Autism and childhood schizophrenia:

Goldstein (1986) and Bakhit (1997) posit that the similarity between the two disorders was so logical that some researchers used to call autism schizophrenia, until the relative distinctions between them were used through the results of some studies, and the most important differences were the following:

- The autistic child is unable to use symbols compared to the schizophrenic.
- Linguistic development is generally more impaired in autism than in schizophrenia.
- Poor social development in autistic children more than schizophrenic children.
- Emotional development is generally more impaired in autism than in schizophrenia.
- Lack of hallucinations and hallucinations in autism while they are more frequent in schizophrenia.
- The onset of autism begins before the age of two and a half years, while schizophrenia begins after this age, as schizophrenia begins in late childhood or early adolescence.

4- Autism and communication disorders:

- The inability to use language as a tool for communication in the autistic person, while the communication disorder learns the basic meanings and concepts of language to try to communicate with others.
- The autistic person shows appropriate emotional changes or accompanying non-verbal means, while the communication disorder tries to achieve communication with gestures and facial expressions to compensate for the speech issue.
- Both can repeat speech, but the autistic person shows more delayed re-speech (Al-Khattab, 2005, p.71).

Table (02): Differences between autism and communication disorders:

People with autism spectrum disorders	People with communication disabilities
- They exhibit characteristics of automatic repetition of words, which is called synaesthesia.	-They do not exhibit the phenomenon of automatic repetition (echoing) and confusion in the use of pronouns.
- Linguistic deficiencies are more frequent.	- They have a lower degree of language impairment.

They have deficiencies in verbal and non-verbal forms of communication.	- Limited linguistic deficiencies (in a particular type of communication).
- They are clearly deficient in the area of imaginative creative play.	- They immerse themselves in imaginative creative play.
-Lower IQ.	-Higher IQ.

(Khattab, 2005, pp. 71-72)

3.1 - Autism and psychotic disorders:

Shaker Kandil (2000) and Kurita et al (1992) study, which applied a special questionnaire for mothers with continuous follow-up of psychotic and autistic cases, showed that there are some differences between the two disorders as follows:

1- Clear deterioration and disturbance of attention in the autistic compared to the psychotic.
2- Lack of verbal and non-verbal communication in autistic people compared to psychotic people.
3- Excessive motor activity in autism.
4- The percentage of disability among males is more than females (1-4), while both sexes are equal in psychosis (schizophrenia).
5- The presence of hallucinations and delusions in psychosis and their absence in autism.
6- Some symptoms of retardation appear in autistic children while psychotic children do not.
7- The autistic child suffers from a behavioural and emotional developmental disorder, while psychosis is only a mental disorder. (Al-Khattab, op. cit., pp. 72-75).

4. CONCLUSION

In conclusion, the differential diagnosis of ASD is a critical step to ensure appropriate care and treatment for children and adults presenting with autism-like symptoms. This process requires a thorough understanding of the disorder and accurate analytical skills to differentiate it from other conditions such as anxiety disorders, ADHD, and language and communication disorders.

An accurate diagnosis not only improves the quality of life for the sufferer, but also supports their families and guides them towards effective intervention strategies. Professionals should strengthen their collaboration and utilise advanced diagnostic tools and new technologies to ensure decisions are based on solid scientific evidence.

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