



DS & AUTISM

Health

A guide to help parents who may be concerned about Down syndrome and Autism.



DOWN SYNDROME & AUTISM

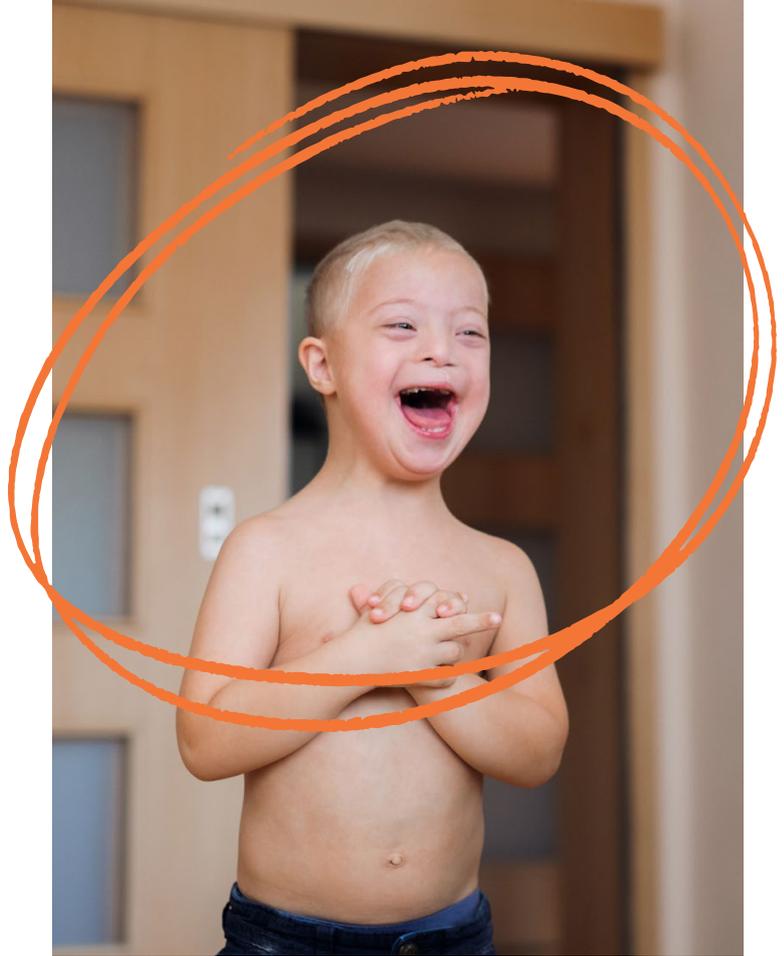
Autism in people with Down syndrome is a difficult area for parents and professionals alike as often behaviours that are attributable to autism spectrum disorders are sometimes dismissed as 'just part of Down syndrome'. This brochure will hopefully assist parents and caregivers to have a better understanding of autistic behaviours, and suggests what you could do next if you are concerned.

Diagnosing autism in people with Down syndrome can be difficult for a number of reasons. Often the parents of a child with Down syndrome, as well as the health and education professionals involved in their care, are understandably preoccupied with the Down syndrome itself. Delays in development are expected and given this expectation, it simply does not occur to parents or professionals that

autism may be present. Sometimes parents are completely unaware of symptoms and unfortunately, the same can sometimes be true for some of the professionals dealing with children with Down syndrome. Some health professionals may not wish to burden the family with an additional 'label'. However, this denies the family the opportunity to join autism support groups and to seek out autism interventions. While autism and Down syndrome intervention protocols can often overlap, the autism treatments are much more specific.

From our research it is clear that diagnosing autism in a person with Down syndrome can be more difficult than in a person without Down syndrome. We have been advised that diagnosing a child with Down syndrome below four years of age can prove difficult. Some of the criteria for autism are normally present in persons with Down syndrome ***and in itself does not mean that autism is present.*** Below are behaviours that are worth considering that are found in people with autism, but are not usually found in people with Down syndrome.

- Lack of use of multiple nonverbal behaviours such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction. (This is not normally seen in Down syndrome and more indicative of autism).
- Failure to develop peer relationships appropriate to developmental level. (This is not normally seen in Down syndrome and is more indicative of autism.)
- A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by Jack of showing, bringing, or pointing out objects of interest). (This is somewhat true in Down syndrome but much more pronounced in autism.)
- Lack of social or emotional reciprocity. (This is somewhat true in Down syndrome but much more pronounced in autism.)
- Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime). (This is not normally seen in Down syndrome.)
- In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others. (This is sometimes seen in Down syndrome although not to the extent seen in autism.)
- Stereotyped and repetitive use of language or idiosyncratic language. (This is seen somewhat in Down syndrome but not to the extent seen in autism.)
- Lack of varied, spontaneous make-believe play or social initiative play appropriate to developmental level. (This is not normally seen in Down syndrome.)
- Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal in either in intensity or focus. (This is not normally seen in Down syndrome.)
- Apparently inflexible adherence to specific, nonfunctional routines or rituals. (This is not normally seen in Down syndrome.)
- Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting or complex whole body movements). (This not normally seen in Down syndrome.)
- Persistent preoccupation with parts of objects. (This is not normally seen in Down syndrome.)



Other signs to look out for include:

- Unusual response to sensations (especially sounds, lights, touch or pain)
- Food refusal (preferred textures or tastes)
- Unusual play with toys and other objects
- Difficulty with changes in routine or familiar surroundings
- Little or no meaningful communication
- Disruptive behaviours (aggression, throwing tantrums, or extreme noncompliance)
- Hyperactivity, short attention, and impulsiveness
- Self-injurious behaviour (skin picking, head hitting or banging, eye-poking, or biting)
- Sleep disturbances.

This is just a guide to help parents who may be concerned. As the parent, you will know if anything is worrying you about your child's behaviour. Believe in yourself, have confidence in your knowledge, and seek help. Do not be put off if you do encounter "it's just Down syndrome" until you are fully satisfied yourself that your concerns have been taken seriously. If you think your child may have autism, share this with a health professional. Don't wait to see what might happen. Speak to your paediatrician or intervention therapist.

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NZDSA

resources

Want to know more?

The NZ Down Syndrome website can provide more information and link you to many more articles and organisations.

www.nzdsa.org.nz



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