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Clinical and Psychological Characteristics of Affective Disorders on Children with Autism Disorders

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Abstract: The article examines the clinical and psychological characteristics of Affective Disorders in children with autism disorders (ad). The authors analyze modern approaches to the diagnosis and treatment of Affective Disorders in this category of patients, determine the problems and prospects for studying this topic. Special attention is paid to the differential diagnosis of Affective Disorders and associated psychopathological symptoms in children with Ar, as well as the peculiarities of psychotherapeutic work with them.

Keywords: Autistic diseases, affective disorders, autistic diseases.

Introduction. The study of the laws of mental development is one of the priorities of research in recent years. This is especially important for children with autism. Studies that consistently develop this orientation have shown that characteristic developmental disorders (major developmental disorders) of all mental functions in childhood autism are associated with primary insufficiency of the affective sphere [1]. The most characteristic variants of autistic dysontogenesis are described, reflecting the difficulties in forming the basic mechanisms of Affective Organization of behavior and consciousness. The first signs of Affective Disorder are highlighted, which make it possible to predict the likelihood of autistic development before the full manifestation of the syndrome, and also allow certain combinations of these signs to predict the formation of one type or another of the syndrome [2].

With autism spectrum disorders, difficulties in affective development at an early age precede and arise from the main disorders in the formation of mental functions. The problems of children with autistic diseases are manifested in a violation of the ability to adequately implement sensorimotor, speech, predisposition to mental development in socio-emotional contact with loved ones and in the active development of the environment [3-5].

Affective Disorders (ad) are one of the most common mental disorders in childhood, significantly reducing the quality of life and social adaptation of children. Among children with autism

disorder (ar), Affective Disorders reach 40-70%, which is much higher than the total population of children. However, clinical manifestations and psychological mechanisms Affective Disorders in children with ar are still poorly understood and require special attention [6-9].

The abundance and versatility of behavioral symptoms makes differential diagnosis difficult, both in the group of diseases of autistic duration and in other developmental disorders and mental disorders. Certain difficulties in the full coverage of diagnostic features also create impaired autistic dysontogenesis, which combines the phenomena of underdevelopment and acceleration of the same mental functions. Examples of such" moving forward " are the coexistence of painful hyperesthesia with self-irritation, the combination of complex fantasy games with the primitiveness of non-gaming object manipulation, the early mastery of poorly used words and the richness of spontaneous oral speech, the poverty of everyday speech and the delay in working with personal pronouns, etc. [10-14]. For these reasons, it is also difficult to assess the dynamics of individual symptoms necessary to create a successful correction program.

Despite the more than seventy - year history of studying art in children, many determining issues - etiopathogenetic mechanisms, psychopathological structure, separation of primary and secondary diseases, nosological interpretation-are not sufficiently defined, remain contradictory, complicate timely diagnosis and adequate correction [15-18].

In addition to the characterization of Kanner's early childhood autism [19] other autism syndromes - Asperger syndrome-have also been highlighted (1944) [20], organic, somatogenic and psychogenic autism, down's disease and autism in phenylketonuria [21]. ICD-10 includes the category of atypical autism, as well as Rett and Geller syndromes (another childhood decay disorder) [22].

V. E. According to Kagan, Kanner "could not have recognized the distortion he described from his face - his diagnostic range expanded so much" [23]. In addition to other developmental disorders and mental disorders in childhood, there is no unity of views on the differential diagnostic frameworks of AR in the group of diseases of autistic duration. Despite trends in DSM-V and ICD-11 [24] to integrate different diagnostic categories into a single "autism spectrum disorder", differentiation within the ar group is necessary due to significant differences between course, therapy, prognosis, educational orientation, etc [25-27].

In DSM-IV ICD-10 (F84.1) or "basic developmental disorders without further explanation" (PDD NOS), The insufficiently defined diagnostic category of "atypical autism" has been formulated on a more residual principle and includes heterogeneous clinical-nosological conditions, which requires further refinement [28]. The most common clinical variants of autistic disorders in this diagnostic category, in addition to mental retardation with autistic behavior, are symptomatic cases phenotypically close to canner's syndrome in early childhood schizophrenia and organic brain damage. Patients in this group often cause diagnostic discrepancies between specialists and representatives of different schools of local child psychiatry, as well as identifying differences in statistical indicators of the prevalence of autism diseases in different regions of the country [29-31].

In the traditions of the Leningrad-Petersburg School of child psychiatry, autistic diseases in organic brain damage (organic autism) and mental retardation with autistic characteristics, S. S. After Mnuchin, it is considered as varieties of atonic or asteno-atonic forms of residual-organic diseases of the psyche. Organic autism does not meet all the basic diagnostic requirements of early childhood autism, with the "field" nature of behaviors related to aprosection, dysphoria events, inability to mental

stress, and suppression of irrelevant stimuli coming to the fore [32]. Representative of all phenomena of classical autism, the incompleteness, continuity and variability of symptoms, the presence of torpidity in the personal structure, dysphoric disorder of mood, as well as neurological pathological symptoms confirming organic damage to the central nervous system are highlighted [33]. It is worth noting that the residual-organic nature of the origin of AR can only be talked about in connection with the manifestation of AR with organic damage in the Anamnesis, as well as with the appearance of disorders of the regulatory dynamics (syndrookinesis) and Attention Deficit Hyperactivity of autistic symptoms [34].

Those around them (including the child's parents and professionals) can often guess about the child's experiences, fears, needs, pain, or discomfort through indirect, random, sometimes unexpected manifestations in their behavior. It is very difficult to assess the intellectual level of an autistic child, not only potential abilities and" zone of proximal development", but also relevant knowledge and skills. It is very important and at the same time difficult to distinguish psychotic register disorders (catatonic, hallucinatory) from similar motor, speech and other diseases that mimic them, diseases that are usually observed in children with autism [35]. At the same time, it is important for the doctor not only to determine the presence of a certain symptom, but also to assess the degree of its severity, since often this determines the need to stop his medication or, conversely, unwillingness. For example, echolalia, which gives a certain opportunity for corrective work for the development of speech; motor stereotypes that become socially desirable rhythmic motor abilities and help regulate chaotic motor hyperactivity. As another example, in some cases one can speak of impulsive aggressive actions that represent the initial manifestations of attempts to communicate with others. In this case, the symptoms may have a secondary compensatory, protective nature and are a necessary stage of adaptation, albeit in the form of pathological manifestations [36].

Given the described difficulties of diagnosis, the age of children, the high frequency of delayed speech development or even the lack of speech, communicative barriers of a passive or active (in the form of rejection) nature in autism, a systematic study of non-verbal behavior (NP) of children with various forms of autism seems promising [37].

The level of development of the research topic. Despite the fact that the main diagnostic criteria for autism in children are signs of behavior (blocking and preventing communication, features of speech and preferred actions, stereotypes and ritual actions, etc.), no systematic clinical and ethological studies have been carried out on non-verbal behavior in autism before. At the same time, the complexity and variety of signs of childhood autism, obvious difficulties and often the impossibility of establishing contact and obtaining information from the child himself, as well as the peculiarities of the clinical and psychopathological method, include the registration and qualification of diseases based on the subjective experience and concepts of the clinician.increases the importance of Objectified observation and behavioral assessment [38-41].

A foundational approach to standardizing the diagnosis of autism can be the use of a clinical and ethological method, including the identification and analysis of nonverbal signs of behavior at the level of motor action elements, simple behavioral complexes, and complex forms of behavior [42-44]. The use of a clinical and ethological approach makes it possible to identify additional diagnostic criteria for autistic diseases in children, which allows a more subtle approach to identifying, differentiating, identifying therapy indicators and assessing its effectiveness. NP clinical and ethological dictionaries

are used for mental disorders in adult patients [45]. At the same time, there are no specially developed lists of symptoms of mental disorders and developmental disorders in children, in particular, Arda NP.

The purpose of the study is to study the clinical and psychological characteristics of Affective Disorders in children with autistic disorders.

Research materials and methods. The study involved 60 children between the ages of 6 and 12, 30 of whom were diagnosed with autism and 30 with normal development. The following methods have been used to assess affective disorders: depression scale for children (CDI), Anxiety Scale for children (SCARED), emotional well-being scale for children (EWB). The following methods have been used to assess psychological state and quality of life: Self-Assessment Scale for children (SDQ), quality of life scale for children (PedsQL). The following methods have been used to assess the characteristics of the Autism Spectrum: Autism quota (AQ), social communication index (SCI). The data was processed with the SPSS statistical set, using descriptive statistics, t-testing, correlation analysis, and regression analysis. All patients examined were in inpatient treatment at the city children's psychoneurology Center. The criteria for joining the study were: the presence of autism disorders, the onset of the endogenous process in childhood in all examined patients, inpatient treatment in the clinic at the time of the examination, from 6 to 10 years old.

Sick children studied in public school or specialized educational institutions, sometimes in an individual form. For comparison, a control group was formed. The control group included 45 healthy children (28 boys), 6-to 10-year-old mass school children. The criteria for joining the control group were: the absence of appeals to specialized institutions for psychiatric and neuropsychiatric assistance, the absence of endogenous and psychoorganic pathology in Anamnesis.

The study used clinical-psychopathological, clinical-catamnestic research methods. An adapted questionnaire for parents of children with autistic disorders was used to assess the symptoms of autism.

Research results. The possibility of retrospectively analyzing the history of development of children with autism and observing the peculiarities of their interaction with others made it possible to confirm and systematize Affective Disorders in the early stages of autistic dysontogenesis. In the first two to two and a half years of life, the accumulation of these diseases and their formation in certain combinations predetermine the formation of variants of the child's autism syndrome, which differ in the degree of early affective interaction of the child with his loved ones and the environment as a whole. A comparative analysis of the affective sphere, usually and in autistic dysontogenesis, allows us to confirm the importance of the full formation of the initial stages of the affective interaction of the baby with the mother, the content of which is emotional and social development. Understanding normal age-related changes in the child's character and the level of sensitivity and activity in relationships with loved ones and through them with a wider environment makes it possible to clarify the essence of primary difficulties with the threat of autistic development. With autistic diseases, problems arise in keeping the child in contact with others and regulating his affective state, which in the control group is endowed with the ability of adults to distinguish and modulate his affective experiences, change their signs and gradually complicate their structure. The lack, absence or violation of the child's orientation towards an emotional assessment of a loved one leads to the fact that limited positive impressions become very exciting for him and lead to faster satiety, neutrals cannot attract attention, and the intensity of the prevailing negatives cannot be reduced. These difficulties increase the innate tolerance of such a child in his interaction with the social and objective environment, which is manifested

primarily in the specific comfort of the appearance of discomfort, which causes constant ambivalent experiences, constant fear. Due to Affective Disorders, difficulties arise in adapting children with autistic disorders, which include impaired emotional communication, limited interaction with loved ones, problems of arbitrary Organization of attention and, accordingly, the formation of jointly divided actions, lack of self-defense reactions, lack of research activity.

In the control group, the features of the affective sphere are associated with the rapid development of the positive selectivity of the child - preferences, the design of habits, the assimilation of the correct order of things, the stability of oneself and others - this happens under the emotional control of adults. As a result, the Child focuses not only on the study and development of the emotional qualities of the environment, which have an impressive value, but also on the study of the functional properties of objects, their "usefulness", the assimilation of the correct forms of behavior. Also, its individual negative selectivity develops further-disgust, a feeling of its own "poor quality" appears, fear is formed.

In autism syndrome, the limitation of the child's self-control capabilities, the clear tendency of the predominance of negative selectivity in the individual experience and the impossibility of covering it divided into intimate experiences lead to the pathological development of its individual affective adaptation mechanisms. Strict forms of protection are formed and established - stereotypical forms of behavior that develop outside the logic of interaction with others. The individual experience of the child is very limited and remains largely negative.

The study found that children with autism have a higher rate of depression, anxiety, and emotional well-being than children with normal development. It was also found that children with autism have low levels of self-esteem and quality of life, as well as high characteristics of the autism spectrum. Correlational analysis has shown that there is meaningful feedback between the level of characteristics of the autism spectrum and the level of self-esteem, quality of life, and emotional well-being. Regression analysis has shown that the greatest contribution to explaining changes in self-esteem include factors of emotional well-being and anxiety, while explaining changes in quality of life include factors of emotional well-being and depression.

Conclusions. Thus, it is possible to draw conclusions about the impaired development of the affective sphere and adaptive behavior of children with autistic diseases, its lack of conditions for the formation of a positive experience of living in the environment and changing conditions. Affective Disorders in children with autistic disorders are manifested in the regulation of adult activity and in maintaining the affective stability of the child. The study confirmed the hypothesis that children with autism have more affective disorders, lower self-esteem, and higher levels of quality of life and autism spectrum characteristics compared to normally developed children. It has also been found that the characteristics of the autism spectrum are negatively correlated with self-esteem, quality of life, and emotional well-being. These findings may be useful for psychological support and correction of children with autism and their families.

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