Editorial

It has been an extraordinary experience for us to have the great privilege of working with a group of world-class authors and to benefit from the tremendous experience of our consulting editor, one of the most eminent international leaders in the field, Professor Sir Michael Rutter. Not only have we learned an enormous amount from these experts in their field but we have also been deeply impressed by their support, warmth and, in many cases, remarkably good humour. It is no way to detract from these outstanding contributors, to comment that the papers that moved us most were the three written by people who have had experience of autism in their own lives: a foster carer of a child with autism, a parent of two children with autism and an adult who not only has autism himself but also has a son with autism. In this context we must also draw attention to the poem "Same" written on behalf of a teenager with autism by his foster carer. These three papers and the poem tell us how it really is. We recommend all the papers in this remarkable collection but please do not miss the experience of reading these contributions, in particular.

The field of autism has undergone some remarkable changes in recent years. It was not very long ago that the prevalence of autism was said to be around 4 per 10,000 whereas now the prevalence is quoted as being around 1% or more. Why has there been this major change? Has autism actually become more prevalent? Has the awareness of autism increased? Have the diagnostic criteria been set more widely? The growing recognition that relatively mild features of autism can, nevertheless, be significantly handicapping to the individual, has rightly developed into the concept of "autism spectrum disorder". In contrast to the idea that people were either autistic or not, the diagnosis is now considered to be "dimensional", rather like blood pressure: the features of autism can be present to any degree. The situation is even more complicated because different features of autism may be present to a different degree in the same individual. The clinical wisdom in management is assessing how much each of these features is impairing the life of the individual and how appropriate intervention might improve matters.

Because of the growing realisation of how common autism spectrum disorder is, there has been considerable debate about terminology. Some prefer the term "autism spectrum condition", on the basis that the autistic features might not always be handicapping and consequently might not always be correctly classified as a "disorder". However, the cases that present to clinicians usually do so because of significant problems that have arisen from the autism and, because of this, we have adopted the term "autism spectrum disorder" throughout this publication. There has also been some debate about whether the term "Asperger syndrome" should be retained, especially since DSM-5 has effectively removed this as a main category. However, there is an international community of people who are proud to have "Asperger syndrome", celebrating the advantages that this can bestow, even if they do not always strictly fit the criteria of having better formal language abilities than other abilities.

Another remarkable change has been in the attitude towards autism, largely inspired by the North Carolina work on TEACCH. Blaming the parents for the condition was not only both wrong and unjustified but also blocked opportunities of thinking about how those affected by the condition, especially those severely affected, might be managed and educated. Fortunately, the situation is very different now, although there is still much work to be done, perhaps particularly in less-developed areas of society. The neurobiological basis of autism has been convincingly confirmed not only by genetic studies but also by neuroimaging work that has demonstrated both structural and functional differences in the brains of people with this condition.

One of the most important aspects of managing autism spectrum disorder is the recognition of the high rate of comorbidity, including attention deficit hyperactivity disorder (ADHD), epilepsy, anxiety and a number of other disorders. It is gratifying to note that the DSM-5 now allows the diagnosis of ADHD in people with autism, with the implication that, hopefully, more of them will receive and benefit from treatment of the ADHD. Good management of the individual with autism must include assessment and effective management of any comorbidities. This management will typically require a multidisciplinary team, well integrated with education, health and voluntary agencies. Support

agencies, especially the National Autistic Society, play a major role. The message is clear: if you have autism, or if someone close to you does, you are not alone. It really is worth seeking the help that is available.

It has been frustrating that, after all these years, although there are several good treatments for the comorbidities, there is no established treatment for the core social-communication disorder of autism; there is, however, some interesting emerging research in this area, particularly with regard to the role of oxytocin. A further frustration has been that the enormous amount of genetic research has not yielded any clear and simple answers, despite the unequivocal indication from twin studies that a very large contribution to the causation of autism is genetic. An interesting development has been the strong evidence for environmental factors in utero contributing to the risk for developing autism. For the developing foetus during pregnancy, there is little doubt that adequate folate decreases the risk and there is considerable evidence to show that factors such as pollution may increase the risk.

Central to the management of autism is psychoeducation of family members, carers, teachers, employers and the individuals with autism themselves. Management can be informed and transformed by a good appreciation of the concept of poorly developed "theory of mind" or "mind-blindness", together with an understanding of the difficulties that people with autism may have with coping with change. In addition, knowing that a person with autism may have the over-sensitivity or under-sensitivity to sensory inputs, for example being unable to cope with certain loud noises, can affect management in a major way.

There is no doubt that the social deficits of autism can cause great distress to the individual and their family. However, many of the greatest contributors to our society have had features of autism and have learned to use these in a remarkably positive way. We very much hope that, with greater understanding of the condition, people with autism spectrum disorder will be enabled to lead much more fulfilling lives in the future. If this focus issue of Cutting Edge Psychiatry in Practice has contributed in any way to increasing the understanding of autism spectrum disorder, we shall be even more delighted to have had the opportunity of playing some role in its production.

Uttom Chowdhury and Chinnaiah Yemula, Guest Editors
Frank Besag, Editor-in-Chief.