



Autism Spectrum Disorder

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It is a pleasure to serve as guest editor of this issue of *Psychiatric Annals* on autism spectrum disorder (ASD). This issue is timely considering the recent focus on a dyadic definition of core symptoms in the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition,¹ and an increase in the prevalence of ASD, which now stands at 1 in 59 children nationally.² ASD is a multifactorial disorder with rapidly evolving scientific literature on its etiology, diagnosis, and treatments, and there are numerous exciting developments in our understanding of this disorder because of cutting-edge research in genetics and neuroimaging.

The issue covers a variety of topics including history, genetics, and nonpharmacological/pharmacological treatments of ASD. The first article, “Autism Spectrum Disorder: A Concept in Evolution,” by myself, Dr. Nehdia Hashemi, Dr. Nazish Imran, and Dr. Muhammad Waqar Azeem provides a comprehensive overview of the history of ASD. Historically, re-

search on autism has lagged behind that of other developmental disorders, mostly because of the flawed constructs during the first 30 years of its inception. In this article, we have identified relevant personalities and milestones that are important for readers to understand before appreciating the ongoing discussions about its prevalence and diagnostic criteria.

In the second article, “Genetics of Autism Spectrum Disorder: An Update,” Drs. Salma Malik, Yasser Saeed Khan, Robert Sahl, Khalid Elzamzamy, and myself review the current understanding of the genetics of autism and describes both common and rare genetic variations that contribute to autism. We have briefly highlighted recent findings in the field of autism genetics including the role of copy number variations and the interactions between gene and the environment. At the end of the article, we discuss the clinical implications that are important for psychiatrists, pediatricians, and primary care physicians to know to make a timely diagnosis and provide appropriate treatment.

In the next article, “Evidence-Based Treatments of Autism Spectrum Disorder,” Drs. Nahed Alateeqi and Maria Fatima Janjua explain the nonpharmacological therapies for early interventions along with evidence of their effectiveness. Presently, there are no established pharmacological interventions to treat the core symptoms of ASD. Therefore, behavioral, developmental, and educational approaches are recommended as primary treatments to minimize core deficits in people with

ASD and to maximize their functional independence and quality of life.

In the final article, “Psychopharmacology of Autism Spectrum Disorder,” Dr. Joseph L. Calles, Jr. presents a brief overview of current and potential psychopharmacologic agents for the treatment of psychiatric comorbidities in children and adolescents with ASD. Dr. Calles also discusses the role of novel agents, including pioglitazone, balovaptan, and L1-79, a tyrosine hydroxylase inhibitor, as the potential breakthrough agents in the treatment of ASD. Additionally, he emphasizes the importance of a comprehensive assessment as outward manifestations of behaviors (eg, self-aggression) are common in people with ASD and can be the result of undetected physical or emotional disorders.

I am humbled and thankful for the remarkable support of my colleagues, contributing authors, and co-authors. They are all well-respected clinicians, educators, and researchers in the field of child and adolescent psychiatry. We are all hopeful that you will find these articles useful in your clinical practice.

REFERENCES

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Arlington, VA: American Psychiatric Publishing; 2013.
2. Baio J, Wiggins L, Christensen DL, et al. Prevalence of autism spectrum disorder among children aged 8 years - Autism and Developmental Disabilities Monitoring Network, 11 sites, United States, 2014. *MMWR Surveill Summ*. 2018;67(6):1-23. doi:10.15585/mmwr.ss6706a1.

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