Can I Tell You About Asperger Syndrome

Societal and cultural aspects of autism

used terms, such as: Aspie – a person with Asperger syndrome. Autie or Autist – an autistic person. It can be contrasted with aspie to refer to those

Societal and cultural aspects of autism or sociology of autism come into play with recognition of autism, approaches to its support services and therapies, and how autism affects the definition of personhood. The autistic community is divided primarily into two camps: the autism rights movement and the pathology paradigm. The pathology paradigm advocates for supporting research into therapies, treatments, or a cure to help minimize or remove autistic traits, seeing treatment as vital to help individuals with autism, while the neurodiversity movement believes autism should be seen as a different way of being and advocates against a cure and interventions that focus on normalization (but do not oppose interventions that emphasize acceptance, adaptive skills building, or interventions that aim to reduce intrinsically harmful traits, behaviors, or conditions), seeing it as trying to exterminate autistic people and their individuality. Both are controversial in autism communities and advocacy which has led to significant infighting between these two camps. While the dominant paradigm is the pathology paradigm and is followed largely by autism research and scientific communities, the neurodiversity movement is highly popular among most autistic people, within autism advocacy, autism rights organizations, and related neurodiversity approaches have been rapidly growing and applied in the autism research field in the last few years.

There are many autism-related events and celebrations; including World Autism Awareness Day, Autism Sunday and Autistic Pride Day, and notable people have spoken about being autistic or are thought to be or have been autistic. Autism is diagnosed more frequently in males than in females.

Catatonia

it’s recognized as its own syndrome. Catatonia is diagnosed when a person shows at least three key symptoms at once. These can include: · Not moving

Catatonia is a neuropsychiatric syndrome that encompasses both psychiatric and neurological aspects. Psychiatric associations include schizophrenia, autism spectrum disorders, and more. Neurological associations can include encephalitis, systemic lupus erythematosus, and other health problems. Clinical manifestations can include abnormal movements, emotional instability, and impaired speech.

Treatment usually includes two main methods:

· Pharmacological therapy, often using benzodiazepines.

· Electroconvulsive therapy (ECT).

Catatonia used to be seen as a type of schizophrenia. Now, it’s recognized as its own syndrome.

Down syndrome

Kindness. Retrieved 2023-04-01. "Down syndrome advocate Grace Strobel on pushing boundaries: 'Let no one tell you what you can and cannot achieve'". Yahoo Life

Down syndrome or Down's syndrome, also known as trisomy 21, is a genetic disorder caused by the presence of all or part of a third copy of chromosome 21. It is usually associated with developmental delays, mild to moderate intellectual disability, and characteristic physical features.

The parents of the affected individual are usually genetically normal. The incidence of the syndrome increases with the age of the mother, from less than 0.1% for 20-year-old mothers to 3% for those of age 45. It is believed to occur by chance, with no known behavioral activity or environmental factor that changes the probability. Three different genetic forms have been identified. The most common, trisomy 21, involves an extra copy of chromosome 21 in all cells. The extra chromosome is provided at conception as the egg and sperm combine. Translocation Down syndrome involves attachment of extra chromosome 21 material. In 1–2% of cases, the additional chromosome is added in the embryo stage and only affects some of the cells in the body; this is known as Mosaic Down syndrome.

Down syndrome can be identified during pregnancy by prenatal screening, followed by diagnostic testing, or after birth by direct observation and genetic testing. Since the introduction of screening, Down syndrome pregnancies are often aborted (rates varying from 50 to 85% depending on maternal age, gestational age, and maternal race/ethnicity).

There is no cure for Down syndrome. Education and proper care have been shown to provide better quality of life. Some children with Down syndrome are educated in typical school classes, while others require more specialized education. Some individuals with Down syndrome graduate from high school, and a few attend post-secondary education. In adulthood, about 20% in the United States do some paid work, with many requiring a sheltered work environment. Caregiver support in financial and legal matters is often needed. Life expectancy is around 50 to 60 years in the developed world, with proper health care. Regular screening for health issues common in Down syndrome is recommended throughout the person's life.

Down syndrome is the most common chromosomal abnormality, occurring in about 1 in 1,000 babies born worldwide, and one in 700 in the US. In 2015, there were 5.4 million people with Down syndrome globally, of whom 27,000 died, down from 43,000 deaths in 1990. The syndrome is named after British physician John Langdon Down, who dedicated his medical practice to the cause. Some aspects were described earlier by French psychiatrist Jean-Étienne Dominique Esquirol in 1838 and French physician Édouard Séguin in 1844. The genetic cause was discovered in 1959.

Attention deficit hyperactivity disorder

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Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder characterised by symptoms of inattention, hyperactivity, impulsivity, and emotional dysregulation that are excessive and pervasive, impairing in multiple contexts, and developmentally inappropriate. ADHD symptoms arise from executive dysfunction.

Impairments resulting from deficits in self-regulation such as time management, inhibition, task initiation, and sustained attention can include poor professional performance, relationship difficulties, and numerous health risks, collectively predisposing to a diminished quality of life and a reduction in life expectancy. As a consequence, the disorder costs society hundreds of billions of US dollars each year, worldwide. It is associated with other mental disorders as well as non-psychiatric disorders, which can cause additional impairment.

While ADHD involves a lack of sustained attention to tasks, inhibitory deficits also can lead to difficulty interrupting an already ongoing response pattern, manifesting in the perseveration of actions despite a change in context whereby the individual intends the termination of those actions. This symptom is known colloquially as hyperfocus and is related to risks such as addiction and types of offending behaviour. ADHD can be difficult to tell apart from other conditions. ADHD represents the extreme lower end of the continuous dimensional trait (bell curve) of executive functioning and self-regulation, which is supported by twin, brain imaging and molecular genetic studies.

The precise causes of ADHD are unknown in most individual cases. Meta-analyses have shown that the disorder is primarily genetic with a heritability rate of 70–80%, where risk factors are highly accumulative. The environmental risks are not related to social or familial factors; they exert their effects very early in life, in the prenatal or early postnatal period. However, in rare cases, ADHD can be caused by a single event including traumatic brain injury, exposure to biohazards during pregnancy, or a major genetic mutation. As it is a neurodevelopmental disorder, there is no biologically distinct adult-onset ADHD except for when ADHD occurs after traumatic brain injury.

History of autism

1930s and 1940s, Hans Asperger and Leo Kanner described two related syndromes, later termed infantile autism and Asperger syndrome. Kanner thought that

The history of autism spans over a century; autism has been subject to varying treatments, being pathologized or being viewed as a beneficial part of human neurodiversity. The understanding of autism has been shaped by cultural, scientific, and societal factors, and its perception and treatment change over time as scientific understanding of autism develops.

The term autism was first introduced by Eugen Bleuler in his description of schizophrenia in 1911. The diagnosis of schizophrenia was broader than its modern equivalent; autistic children were often diagnosed with childhood schizophrenia. The earliest research that focused on children who would today be considered autistic was conducted by Grunya Sukhareva starting in the 1920s. In the 1930s and 1940s, Hans Asperger and Leo Kanner described two related syndromes, later termed infantile autism and Asperger syndrome. Kanner thought that the condition he had described might be distinct from schizophrenia, and in the following decades, research into what would become known as autism accelerated. Formally, however, autistic children continued to be diagnosed under various terms related to schizophrenia in both the Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Classification of Diseases (ICD), but by the early 1970s, it had become more widely recognized that autism and schizophrenia were in fact distinct mental disorders, and in 1980, this was formalized for the first time with new diagnostic categories in the DSM-III. Asperger syndrome was introduced to the DSM as a formal diagnosis in 1994, but in 2013, Asperger syndrome and infantile autism were reunified into a single diagnostic category, autism spectrum disorder (ASD).

Autistic individuals often struggle with understanding non-verbal social cues and emotional sharing. The development of the web has given many autistic people a way to form online communities, work remotely, and attend school remotely which can directly benefit those experiencing communicating typically. Societal and cultural aspects of autism have developed: some in the community seek a cure, while others believe that autism is simply another way of being.

Although the rise of organizations and charities relating to advocacy for autistic people and their caregivers and efforts to destigmatize ASD have affected how ASD is viewed, autistic individuals and their caregivers continue to experience social stigma in situations where autistic peoples' behaviour is thought of negatively, and many primary care physicians and medical specialists express beliefs consistent with outdated autism research.

The discussion of autism has brought about much controversy. Without researchers being able to meet a consensus on the varying forms of the condition, there was for a time a lack of research being conducted on what is now classed as autism. Discussing the syndrome and its complexity frustrated researchers. Controversies have surrounded various claims regarding the etiology of autism.

Factitious disorder imposed on another

Munchausen" tells fantastic and impossible stories about himself, establishing a popular literary archetype of a bombastic exaggerator. "Munchausen syndrome" was

Factitious disorder imposed on another (FDIA), also known as fabricated or induced illness by carers (FII), medical child abuse and originally named Munchausen syndrome by proxy (MSbP) after Munchausen syndrome, is a mental health disorder in which a caregiver creates the appearance of health problems in another person – typically their child, and sometimes (rarely) when an adult falsely simulates an illness or health issues in another adult partner. This might include altering test samples, injuring a child, falsifying diagnoses, or portraying the appearance of health issues through contrived photographs, videos, and other 'evidence' of the supposed illness. The caregiver or partner then continues to present the person as being sick or injured, convincing others of the condition/s and their own suffering as the caregiver. Permanent injury (both physical and psychological harm) or even death of the victim can occur as a result of the disorder and the caretaker's actions. The behaviour is generally thought to be motivated by the caregiver or partner seeking the sympathy or attention of other people and/or the wider public.

The causes of FDIA are generally unknown, yet it is believed among physicians and mental health professionals that the disorder is associated with the 'caregiver' having experienced traumatic events during childhood (for example, parental neglect, emotional deprivation, psychological abuse, physical abuse, sexual abuse, or severe bullying). The primary motive is believed to be to gain significant attention and sympathy, often with an underlying need to lie and a desire to manipulate others (including health professionals). Financial gain is also a motivating factor in some individuals with the disorder. Generally, risk factors for FDIA commonly include pregnancy related complications and sympathy or attention a mother has received upon giving birth, and/or a mother who was neglected, traumatized, or abused throughout childhood, or who has a diagnosis of (or history of) factitious disorder imposed on self. The victims of those affected by the disorder are considered to have been subjected to a form of trauma, physical abuse, and medical neglect.

Management of FDIA in the affected 'caregiver' may require removing the affected child and putting the child into the custody of other family members or into foster care. It is not known how effective psychotherapy is for FDIA, yet it is assumed that it is likely to be highly effective for those who are able to admit they have a problem and who are willing to engage in treatment. However, psychotherapy is unlikely to be effective for an individual who lacks awareness, is incapable of recognizing their illness, or refuses to undertake treatment. The prevalence of FDIA is unknown, but it appears to be relatively rare, and its prevalence is generally higher among women. More than 90% of cases of FDIA involve a person's mother. The prognosis for the caregiver is poor. However, there is a burgeoning literature on possible courses of effective therapy. The condition was first named as "Munchausen syndrome by proxy" in 1977 by British pediatrician Roy Meadow. Some aspects of FDIA may represent criminal behavior.

Tourette syndrome

2007. Ringman JM, Jankovic J (June 2000). "Occurrence of tics in Asperger's syndrome and autistic disorder". J. Child Neurol. (Case report). 15 (6): 394–400

Tourette syndrome (TS), or simply Tourette's, is a common neurodevelopmental disorder that begins in childhood or adolescence. It is characterized by multiple movement (motor) tics and at least one vocal (phonic) tic. Common tics are blinking, coughing, throat clearing, sniffing, and facial movements. These are typically preceded by an unwanted urge or sensation in the affected muscles known as a premonitory urge, can sometimes be suppressed temporarily, and characteristically change in location, strength, and frequency. Tourette's is at the more severe end of a spectrum of tic disorders. The tics often go unnoticed by casual observers.

Tourette's was once regarded as a rare and bizarre syndrome and has popularly been associated with coprolalia (the utterance of obscene words or socially inappropriate and derogatory remarks). It is no longer considered rare; about 1% of school-age children and adolescents are estimated to have Tourette's, though coprolalia occurs only in a minority. There are no specific tests for diagnosing Tourette's; it is not always correctly identified, because most cases are mild, and the severity of tics decreases for most children as they pass through adolescence. Therefore, many go undiagnosed or may never seek medical attention. Extreme

Tourette's in adulthood, though sensationalized in the media, is rare, but for a small minority, severely debilitating tics can persist into adulthood. Tourette's does not affect intelligence or life expectancy.

There is no cure for Tourette's and no single most effective medication. In most cases, medication for tics is not necessary, and behavioral therapies are the first-line treatment. Education is an important part of any treatment plan, and explanation alone often provides sufficient reassurance that no other treatment is necessary. Other conditions, such as attention deficit hyperactivity disorder (ADHD) and obsessive–compulsive disorder (OCD), are more likely to be present among those who are referred to specialty clinics than they are among the broader population of persons with Tourette's. These co-occurring conditions often cause more impairment to the individual than the tics; hence it is important to correctly distinguish co-occurring conditions and treat them.

Tourette syndrome was named by French neurologist Jean-Martin Charcot for his intern, Georges Gilles de la Tourette, who published in 1885 an account of nine patients with a "convulsive tic disorder". While the exact cause is unknown, it is believed to involve a combination of genetic and environmental factors. The mechanism appears to involve dysfunction in neural circuits between the basal ganglia and related structures in the brain.

Chris Packham

programme, Packham examined critically the approach taken to autism and Asperger syndrome in the United States. In January 2018 he presented BBC Two's The Real

Christopher Gary Packham CBE (born 4 May 1961) is an English naturalist, nature photographer, television presenter and author, best known for his television work including the CBBC children's nature series The Really Wild Show from 1986 to 1995. He has also presented the BBC nature series Springwatch, including Autumnwatch and Winterwatch, since 2009.

Sheldon Cooper

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Sheldon Lee Cooper, B.S., M.S., M.A., Ph.D., Sc.D., is a fictional character and one of the protagonists in the 2007–2019 CBS television series The Big Bang Theory and its 2017–2024 spinoff series Young Sheldon, portrayed by actors Jim Parsons and Iain Armitage respectively (with Parsons as the latter series' narrator). For his portrayal, Parsons won four Primetime Emmy Awards, a Golden Globe Award, a TCA Award, and two Critics' Choice Television Awards. The character's childhood is the focus of Young Sheldon, in which he grows up as a child prodigy in East Texas with his family: Missy Cooper, George Cooper, Sr., George Cooper, Jr., Mary Cooper, and his grandmother, Connie Tucker.

The adult Sheldon is a senior theoretical physicist at the California Institute of Technology (Caltech), and for the first ten seasons of The Big Bang Theory shares an apartment with his colleague and best friend, Leonard Hofstadter (Johnny Galecki); they are also friends and coworkers with Howard Wolowitz (Simon Helberg) and Rajesh Koothrappali (Kunal Nayyar). In season 10, Sheldon moves across the hall with his girlfriend Amy Farrah Fowler (Mayim Bialik), in the former apartment of Leonard's wife Penny (Kaley Cuoco).

He has a genius-level IQ of 187; however, he displays a fundamental lack of social skills, a tenuous understanding of humor, and difficulty recognizing irony and sarcasm in other people, although he himself often employs them. The antihero of the series, he exhibits highly idiosyncratic behaviour and a general lack of humility, empathy, and toleration. These characteristics provide the majority of the humor involving him, which are credited with making him the show's breakout character. Some viewers have asserted that Sheldon's personality is consistent with autism spectrum disorder (or what used to be classified as Asperger's Syndrome). Co-creator Bill Prady has stated that Sheldon's character was neither conceived nor developed

with regard to Asperger's, although Parsons has said that in his opinion, Sheldon "couldn't display more facets" of Asperger's syndrome.

My Name Is Khan

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My Name Is Khan is a 2010 social drama film directed by Karan Johar and co-written by Shibani Bathija and Niranjan Iyengar. It stars Shah Rukh Khan and Kajol in the lead roles, and is a co-production between India, the United States and United Arab Emirates. The film narrates the fictional story in which Rizvan Khan (Khan), an autistic Muslim, sets out on a journey across the United States to meet the President after Mandira Rathod Khan (Kajol), his Hindu wife, suffers from Islamophobic discrimination following the September 11 attacks.

Johar began developing the film in 2007, seeking a departure from his previous romantic films; it is Johar's first directorial effort for which he did not contribute to the screenplay. Johar and Bathija extensively researched autism in preparation for the film, especially Asperger syndrome, as well as Islam. The film was co-produced by Johar's mother, Hiroo Yash Johar, and Khan's wife, Gauri Khan, under their respective production companies, Dharma Productions and Red Chillies Entertainment. Khan and Kajol's involvement was confirmed by May 2008, with the remainder of the cast rounded out by January 2009. Principal photography began in December 2008 and lasted until October 2009, with filming locations including Los Angeles, Mumbai, and San Francisco. The film's soundtrack was composed by Shankar–Ehsaan–Loy.

My Name Is Khan first premiered in the United Arab Emirates on 10 February 2010 and was theatrically released worldwide two days later by 20th Century Fox. It received widespread acclaim for its subject matter, direction, music, screenplay, cinematography, performances, particularly of Khan, and social message. It grossed ?223 crore (US$48.77 million) worldwide, becoming one of the highest-grossing Hindi film of 2010 and the second-highest-grossing Indian film of 2010. It received numerous awards and nominations, including three wins at the 56th Filmfare Awards. It is used as a scholarly case study for its cinematic portrayal of autism and Islamophobia.

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