SESSION VI: Ageing and transition to older adulthood

Laura Klinger, PhD
July 16, 2020 // 2:00 pm EDT

The purpose of these materials is to help provide an introduction to the INSAR Institute session on understanding barriers and facilitators that influence autistic individuals’ transition through different life stages. The materials were designed to prepare students and trainees who are unfamiliar with this research with the general background to get the most educational benefit from the session. Toward this objective, we have prepared the following: (1) learning objectives for this session, (2) key terms and concepts, (3) a selection of recommended resources for further reading on the topic. These materials are considered supplemental to the presentation.

In collaboration with Dr. Klinger, these materials were developed by Jiedi Lei, MSc (doctoral student at the University of Bath; j.lei@bath.ac.uk), Charlotte Pretzsch, PhD (postdoctoral research fellow at King’s College London; charlotte.pretzsch@kcl.ac.uk), and Marika Coffman, PhD (Postdoctoral Clinical Research Fellow at Cincinnati Children’s Hospital Medical Center; marika@vt.edu). Feel free to contact us with questions/comments. Register for this course and other sessions in this series at https://www.autism-insar.org/general/custom.asp?page=SILanding.
Learning Objectives

The INSAR Institute for Autism Research was established in direct response to requests from students and trainees for multidisciplinary training opportunities. The INSAR Institute priorities are to provide a (1) freely available, (2) multidisciplinary training platform for young scientists and others from various backgrounds, that (3) allows for international participation. The overarching goal of the INSAR Institute is to expose junior scientists to topics they are not currently engaged in, with the hope that basic scientists and clinical scientists may learn from each other to ultimately advance the understanding of autism.

The current session, Ageing and transition to older adulthood, is led by Dr. Laura Klinger. A team of trainees who worked in tandem to prepare this handout and the web presentation. A session outline is provided below:

This presentation will focus on characterizing and understanding the needs of adults with autism from mid-life through older adulthood following the research agendas proposed by Piven et al. (2011) and Roestorf et al. (2019).

Specifically, the objectives of this presentation are to:
(1) Describe our current knowledge of ASD from mid-life through older adulthood with a focus on quality of life;  
(2) Understand the service needs of adults with ASD; and  
(3) Identify age-related changes across adulthood in ASD symptoms, daily living skills, and cognitive development. Recommendations for establishing guidelines for clinical care of older adults with ASD will be discussed.

Key Terms

Adaptive Behavior: Adaptive behavior is best understood as the degree to which people are able to function and maintain themselves independently and meet cultural expectations for personal and social responsibility at various ages. As such, adaptive behavior involves a person’s physical skills, cognitive ability, affect, motivation, culture, socioeconomic status, family, and environment. Autistic people often demonstrate a discrepancy between intellectual potential and consistently-displayed adaptive skills.

Atypical Ageing: Atypical ageing is when conditions that fall outside of the typical realm affect an older adult’s life. An example of a condition considered to be part of typical ageing is osteoarthritis, which can affect up to half of women over the age of 65. Atypical ageing may include psychological problems such as mood disorders, as well as dementia and cognitive impairments. You can read more about atypical ageing here:  
https://www.cambridge.org/core/books/an-introduction-to-gerontology/psychology-of-atypical-ageing/E4694BA7916FB19A4D8DF7E34D8CF63C
Autism Spectrum Disorder:

→ **Diagnostic Criteria:** The two core diagnostic criteria for autism described by Diagnostic Statistical Manual-5 are as follows -

1) **Restricted, Repetitive Behaviors, Interests, or Activities:** Repetitive behaviors occur over and over or are stereotyped. They can involve motor movements, use of objects, or speech. Restricted interests are highly restricted, fixated interests that are atypical in intensity or focus. There may be an insistence on sameness of activities or inflexible adherence to routines.

2) **Social Communication:** Social communication is a broad term that describes verbal and nonverbal behaviors used to interact with others. Examples include, but are not limited to, speech, prosody, gestures, and facial expressions. These behaviors can be used to initiate or respond to joint attention, to share emotion with others, or to signal when one person wants the attention of another person, and many other uses. Difficulties with social communication are a diagnostic characteristic of autism.

(More information: [https://www.cdc.gov/ncbddd/autism/hcp-dsm.html](https://www.cdc.gov/ncbddd/autism/hcp-dsm.html))

→ **Heterogeneity in Autism:** Autism spectrum disorder has been associated with many environmental and genetic risk factors (e.g., autism has been associated with more than 500 genetic risk factors). Similarly, there is a wide range of clinical phenotypes. Several researchers suggest that biomarker approaches that stratify the autism population into clinically and biologically meaningful subgroups may be helpful.

→ **Strengths in Autism:** while some areas of research tend to focus on weaknesses in ASD, it is crucial to note that ASD can also be accompanied by a wealth of strengths. Many of these can help in the context of employment. For instance, research studies have shown that autistic individuals may have strengths in paying attention to details, focusing and concentrating on particular topics, recognizing patterns, mathematical reasoning, and visual thinking. Strategies to enhance employment in ASD should aim to harness these strengths.

**Cognition:** Cognition can be defined as the mental processes involved in acquiring and processing information that are necessary for everyday living. You can read more about different aspects of cognition here: [https://www.sciencedirect.com/topics/medicine-and-dentistry/cognition](https://www.sciencedirect.com/topics/medicine-and-dentistry/cognition)

→ **Cognitive Ageing:** Cognitive ageing is the decline in cognitive processing that occurs as people get older. Age-related impairments in reasoning, memory and processing speed can arise during adulthood and progress into the elder years. You can read more about recent articles on cognitive ageing here: [https://www.nature.com/subjects/cognitive-ageing](https://www.nature.com/subjects/cognitive-ageing)

**Comorbidity:** True comorbidity is when there are two separable conditions that co-occur in the same individual. Comorbidity can be related to:

- Shared or associated environmental or biological risk factors;
● A unique syndrome with potentially different etiology, and outcome than either disorder in its ‘pure’ form;
● The case in which one disorder increases the risk of developing the second disorder

**Executive Functioning:** A set of skills that enable us to achieve goals, solve problems, and regulate our behavior.

**Quality of Life:** WHO defines Quality of Life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment. You can learn more here: [https://www.who.int/healthinfo/survey/whoqol-qualityoflife/en/](https://www.who.int/healthinfo/survey/whoqol-qualityoflife/en/)

**Recommended Readings & Resources**


