

What does the Brazilian Unified Health System offer in terms of care technologies for people with Autism Spectrum Disorder?



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Emanuela Machado Silva Saraiva

Doctoral student in Clinical Nursing and Health Care
State University of Ceará
E-mail: emanuela.machado@aluno.uece.br

Ana Raquel Bezerra Saraiva Tavares

PhD in Clinical Care in Nursing and Health
University of Pernambuco
E-mail: raquel.tavares@aluno.uece.br

Vanusa Maria Gomes Napoleão Silva

Doctoral student in Clinical Care in Nursing and Health
State University of Ceará
E-mail: vanusa.napoleao@aluno.uece.br

Maria Solange Nogueira dos Santos

Doctoral student in Clinical Care in Nursing and Health
State University of Ceará
E-mail: solange.nogueira@aluno.uece.br

Maria Isabel Ribeiro de Andrade Maia

Specialist in Nutrition from Preconception to
Adolescence
Cruzeiro do Sul University
E-mail: isabelmaianutricionista@gmail.com

Gislei Frota Aragão

PhD in Pharmacology
State University of Ceará
E-mail: gislei.frota@uece.br

Edna Maria Camelo Chaves

PhD in Pharmacology
State University of Ceará
E-mail: edna.chaves@uece.br

ABSTRACT

Autism spectrum disorder is a neurodevelopmental disorder characterized by impairment in communication and social interaction and behavioral problems, such as repetitive behaviors and restricted patterns of interest. The treatment of people with autism should be based on the implementation of multidisciplinary strategies that aim to prevent and intervene early in behavioral excesses and deficits through rehabilitation therapies that should be directed according to the needs of each person. Within the scope of the Unified Health System, the document entitled Line of care for the care of people with autism spectrum disorders and their families in the Psychosocial Care Network of the Unified Health System, lists 07 (seven) technologies aimed at the care of these individuals. It is possible that health professionals will find it difficult to apply the proposed technologies, as well as the availability of these technologies will be limited, requiring the government to develop and implement public policies that guarantee the necessary infrastructure for the best possible care for people with autism spectrum disorder and their families.

Keywords: Rehabilitation, Unified Health System, Health Technology, Autism Spectrum Disorder.

1 INTRODUCTION

Autism or autism spectrum disorder (ASD), a term used in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) and in the WHO International Classification of Diseases, 11th revision (ICD-11), is a highly heritable and heterogeneous neurodevelopmental disorder (FERNANDES; TOMAZELLI; GIRIANELLI, 2020; LORD et al., 2020) *characterized by impairment in communication and social interaction and behavioral problems, such as repetitive behaviors and restricted patterns of interest* (LORD et al.,



2018). The term heterogeneous describes the diversity of ways in which autism manifests among different people who have the condition and in the individual themselves throughout life (LORD *et al.*, 2020).

In view of this heterogeneity, the treatment of people with ASD should enable them to participate actively and independently in the activities presented to them (BRASIL, 2014), and should be based on the implementation of multidisciplinary strategies that aim to prevent and intervene early in behavioral excesses and deficits through rehabilitation therapies that should be directed according to the needs of each person. The main goals of treatment are to improve social functioning and communication skills and reduce negative and non-functional behaviors and thus contribute significantly to the quality of life of people with ASD and their family members/caregivers (JANG *et al.*, 2011).

In the context of the Unified Health System (SUS), there is a national document entitled *Line of care for people with autism spectrum disorders and their families in the Psychosocial Care Network of the Unified Health System* (BRASIL, 2015), published by the Ministry of Health in 2015, is aimed at managers and professionals of the Psychosocial Care Network (RAPS) and aims to contribute to the expansion of access and qualification of care for people with Autism Spectrum Disorders (ASD) and their families.

This document bases the care of people with ASD on the concept of comprehensiveness, recognizing this subject as an integral and singular being, as well as the indispensability of organizing the care network to meet the multiplicity of demands of this subject. The text also categorically states that a fragmented view of the subjects and a segmentation of actions and services cause consequences such as segregation and exclusion of these.

It is evident that there is a need to provide care to people with ASD through a multi- and interdisciplinary team, considering that this care should be extended to the individual's family. On the other hand, the construction of a singular therapeutic project (PTS) is an important strategy to be implemented (DA ROCHA *et al.*, 2017), and should be built with the family and the person himself, as well as involving a multidisciplinary team and be open to propositions that will improve the subject's quality of life (BRASIL, 2015).

Referring to the document of the Line of Care for people with ASD, some care technologies are presented, however, it highlights that "there is no single approach to be privileged in the care of people with autism spectrum disorders. It is recommended that the choice between the various existing approaches consider their effectiveness and safety and be made according to the uniqueness of each case." Below we will present the 07 (seven) technologies listed in the document, as well as some considerations.



The psychoanalytically-based clinical treatment considers the singularity of the subject, how he relates to the environment, what his interests are, seeking to enhance the conditions to relate to others, since in ASD social interaction is impaired (BRASIL, 2015). Since the last decade, studies have demonstrated the increase in symbolic capacity and the emergence of symbolic play in patients' activities as a sign of positive evolution resulting from the psychoanalytic therapeutic process (WAJNTAL, 2013; KAUFFMAN, 2014; LEIRAS, BATISTELLI, 2014; SILVA, 2014).

Applied Behavioral Analysis (ABA) consists of analytical-behavioral interventions that contribute to the autonomy of people with ASD in the execution of routine activities, in addition to reducing non-adaptive behaviors, such as stereotypies (BRASIL, 2015). Especially in the school environment, an ABA-based intervention aims to promote and expand socially important behaviors and reduce disruptive behaviors, such as inappropriate stereotypies, inflexibility and attachment to routines, aggression, self-aggression (CAMARGO; RISPOLI, 2013; DUARTE; SILVA; VELLOSO, 2018).

Supplementary and Alternative Communication (CSA) consist of devices, methods or systems used to complement speech or for communication itself when there is no speech development on the part of the child with ASD, including sign and gesture language and the use of symbols and figures. This technology has the potential to improve communication, language, and literacy for children with complex communication needs (ANDZIK, SCHAEFER, NICHOLS, and CHUNG, 2018). This fact was observed in the studies by Bondy and Frost (1994), who developed the training protocol called Picture Exchange Communication System (PECS), where 76% of children with ASD who used this protocol began to use speech concomitantly.

Sensory Integration aims to qualify occupational performance in daily activities in children with ASD who present impairment due to sensory processing disorders. The occupational therapist uses this technology to increase the repertoire of adaptive responses and reduce high levels of activity in children with ASD (BRASIL, 2015), since in the disorder there is a loss in the processing of sensory flows and the adaptive responses of the subjects (CASE-SMITH and O'BRIEN, 2010) in the face of stimuli from the visual, olfactory, gustatory, tactile, auditory, vestibular and proprioceptive.

The Treatment and Education for Children with Autism Spectrum Disorder (TEACCH) will support the development of the child with ASD to achieve the greatest possible autonomy in adulthood. The goal is to achieve independence through education, so the learning environment should visually expose the routine or activities in a clear way, using materials appropriate to the child with ASD. This technology highlights the essentiality of the articulation between health and school (BRASIL, 2015).

Therapeutic Accompaniment (TA) is considered an expansion of the form of care, expanding the autonomy of these subjects and promoting social reintegration (BRASIL, 2015). According to Bertazzo (2014), the professional who acts as a therapeutic companion plays a decisive role as a



facilitator of socialization, contributing to the appropriation of the public space by the accompanied subject and seeking through the support offered his inclusion in society and his place as a citizen.

In addition to technologies aimed at behavioral interventions, the document includes drug therapy as an alternative to be considered in specific cases to treat accessory symptoms, such as aggressiveness, restlessness, motor stereotypies, among others. When it is necessary to introduce psychotropic drugs, it is essential that the prescriber discuss with the members of the care team the benefit of the medication to the detriment of the side effects that may arise. Likewise, discontinuation of medication should be carefully considered with the family. It should also be noted that medication should not be used as the only or main resource for the care of people with ASD (BRASIL, 2015).

Finally, the achievement of the proposed objectives based on the implementation of the care technologies presented follows the construction of the bond involving care professionals, people with ASD and their families. For Merhy (2002), the production of bonding is an example of relationship technology, classified by the author as light technology, which occurs through an open dialogue and a qualified listening to the subject's needs. This linkage is independent of the physical infrastructure of the health units, based on the professionals' ability to welcome, understand and intervene in the patient's desires.

In the context of the Brazilian Unified Health System, it is possible that health professionals encounter difficulties in building bonds, either due to work overload, or due to the short time of care in the face of the growing demand or even due to the lack of training to care for people with autism spectrum disorder.

In addition, the availability of the technologies presented may be limited and difficult to access, requiring the development and execution of public policies that guarantee the necessary infrastructure for the best possible assistance to people with autism spectrum disorder and their families.



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