

International conference on **Adolescent Medicine & Child Psychology**

September 28-30, 2015 Houston, USA

Aggressive behavior in autism spectrum disorders preschool children with or without attention deficit/hyperactivity disorder

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Objective: Aggressive behavior is a commonly co-occurring problem with autism spectrum disorders (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD). Therefore, we designed this study to investigate the pattern of aggression in children with only ASD and ASD comorbid with ADHD and explore whether aggressive behavior is associated with the severity of sleep problems and autism symptoms.

Methods: Three hundred and seventy five ASD children, 129 ASD children comorbid with attention-deficit (ASD+AD), 75 ASD children combined with attention-deficit and hyperactivity disorder (ASD+ADHD) and 428 control children, age 4-6 years were recruited in this study. Modified Overt Aggression Scale (IBR-MOAS) was used to measure the pattern of aggression. This scale includes five domains: Verbal aggression toward others (VAO), verbal aggression toward self (VAS), physical aggression against other people (PAP), physical aggression against objects (PAO) and physical aggression against self (PAS). Children Sleep Habits Questionnaire (CSHQ) and Social Responsiveness Scale (SRS) were used to measure the severity of sleep problems and autism symptoms respectively.

Results: The total scores of IBR-MOAS were significant different among four groups after control gender of children and parental education level [3.54 (4.59) in control, 3.98 (6.25) in ASD, 5.05 (4.42) in ASD+AD, 8.72 (8.81) in ASD+ADHD, $F=17.826$, $p<0.001$]. The total and all sub scores except PAO of IBR-MOAS in ASD+ADHD group were significant higher than other groups (all, $p<0.05$). The total IBR-MOAS score and sub scores of VAS, PAO and PAS in ASD+AD group were significant higher than control group (all, $p<0.05$); the sub scores of PAO and PAS in ASD+AD group were significant higher than ASD group (all, $p<0.05$). The sub score of PAS in ASD group was significant higher than control group ($p<0.001$) and no significant different was found in total IBR-MOAS score and other sub scores between ASD and control groups. Although there was no significant difference in the total score of CSHQ among four groups, the total and all sub scores of IBR-MOAS positively associated with the total scores of CSHQ in whole subjects significantly (all, $p<0.05$). The total scores of SRS were significantly different among four groups [41.56 (10.96) in control, 83.91 (21.68) in ASD, 98.89 (23.07) in ASD+AD, 103.65 (24.87) in ASD+ADHD, $F=493.137$, $p<0.001$]. The IBR-MOAS total and sub scores of VAS, PAO and PAS positively associated with the total scores of SRS in whole subjects significantly (all, $p<0.05$).

Conclusion: The pattern of aggressive behavior in children with only ASD and ASD comorbid with ADHD was different. ASD children had more self-injurious behavior than normal children. However, when ASD comorbid with ADHD, children would not only had worse autism symptoms but also had more aggression against themselves and others. Aggressive behavior is positively associated with the severity of sleep problems and autism symptoms

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