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Autismo: Treinamento para pais

Aula 12- Por que meu filho tem autismo?

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Quando assumimos que temos controle de tudo, nos culpamos injustamente pelo que não podemos controlar. Importante aceitarmos nossa vulnerabilidade.

- Rodrigo Silveira

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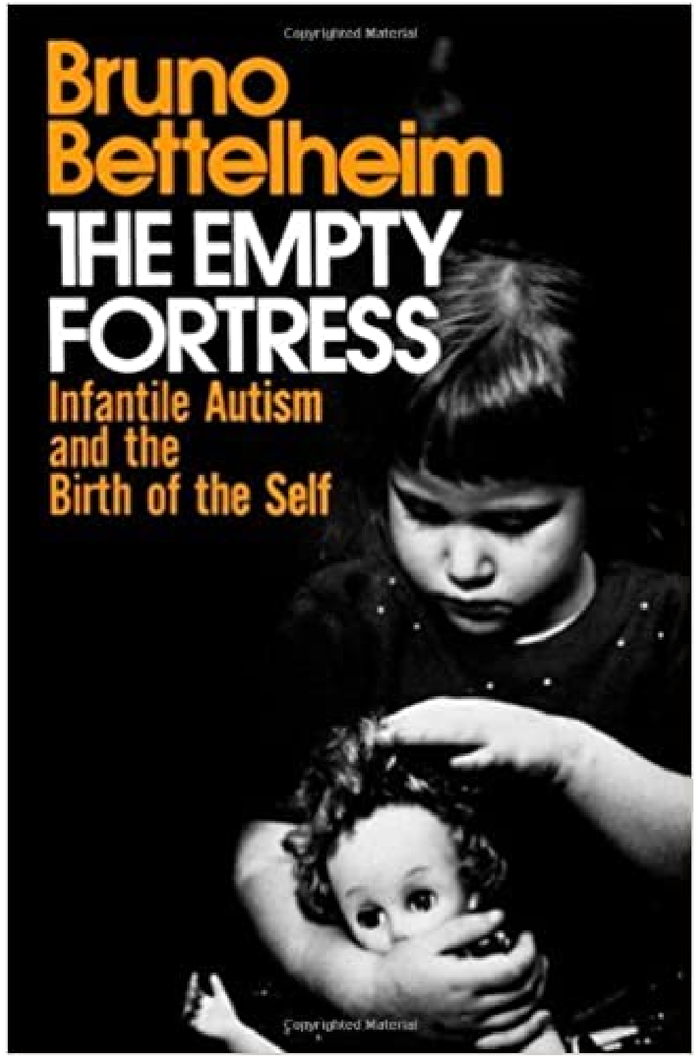
70 MILHÕES

1:54

PAIS

AS MÃES GELADEIRA 1967

Triste passado de achar culpado.



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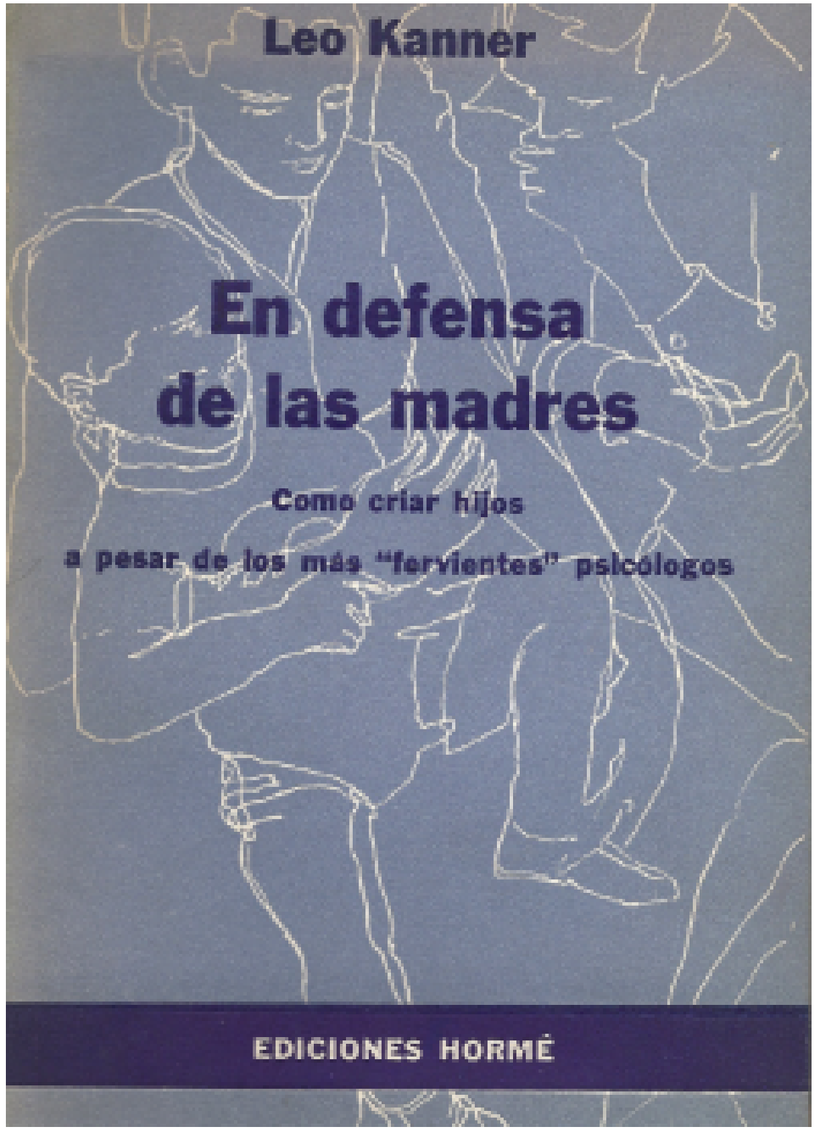

A CIÊNCIA DESFAZENDO A INJUSTIÇA...

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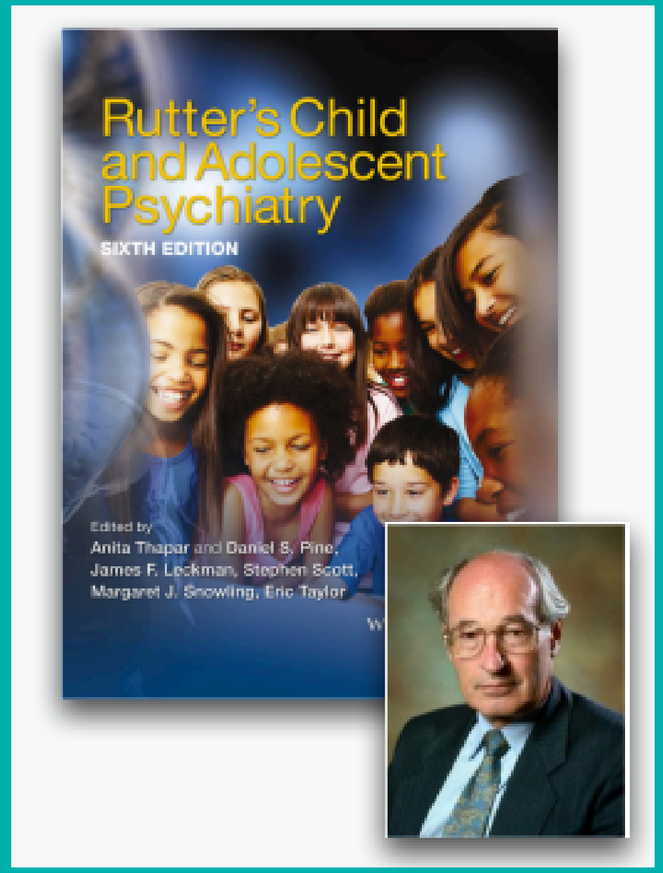
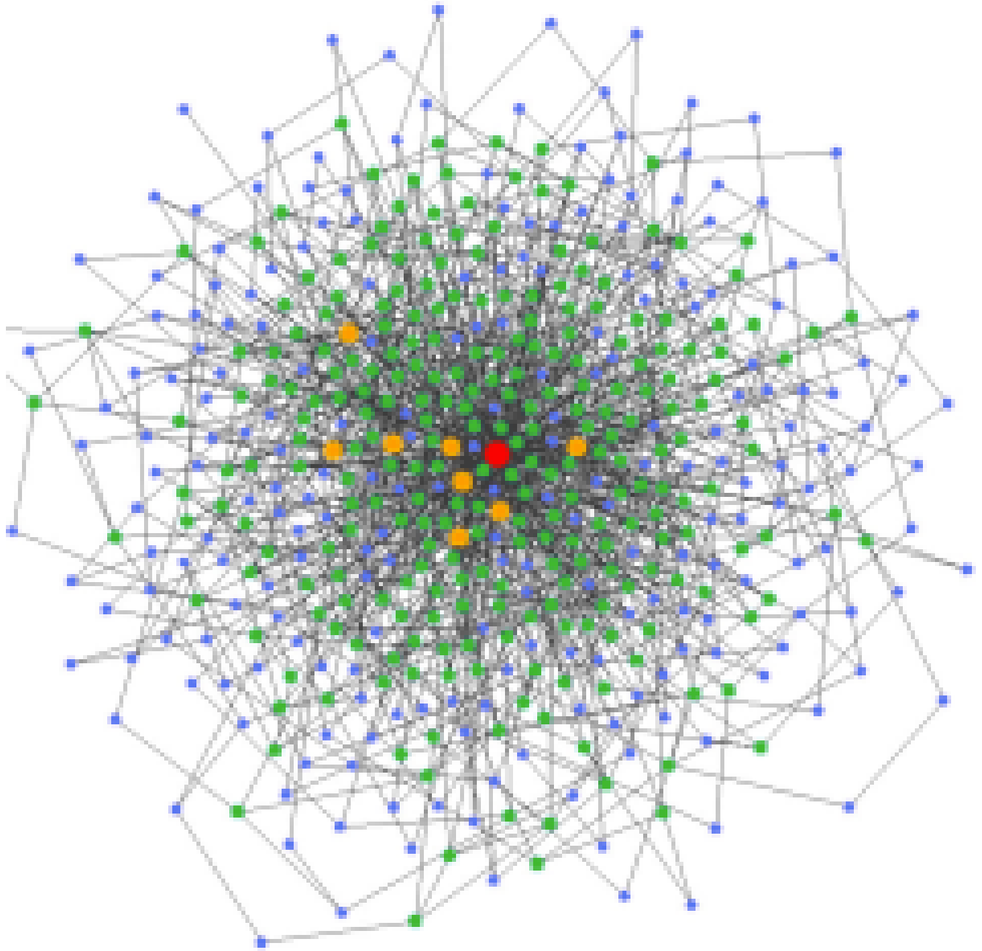


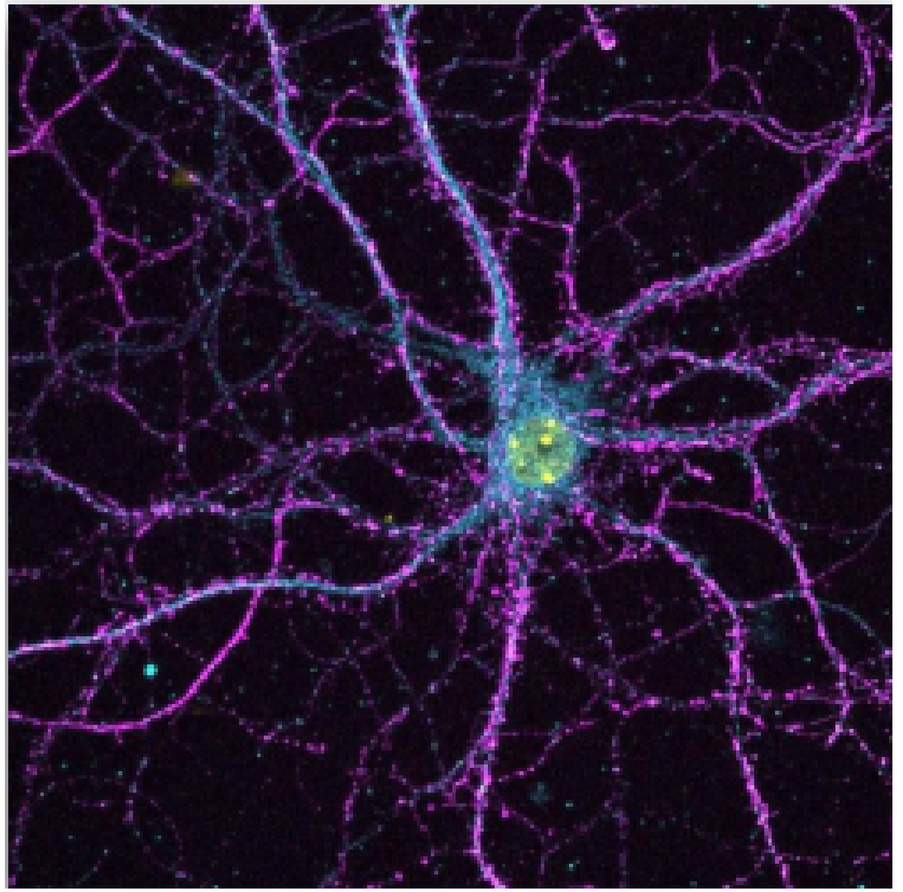
MICHAEL RUTTER, 1978

- Atrasos no desenvolvimento SOCIAL
- Problemas de COMUNICAÇO
- ESTERIOTIPIAS
- Sintomas presentes antes de 30 meses

COMPLEXO

PAIS





RESPOSTA SIMPLES E ERRADA

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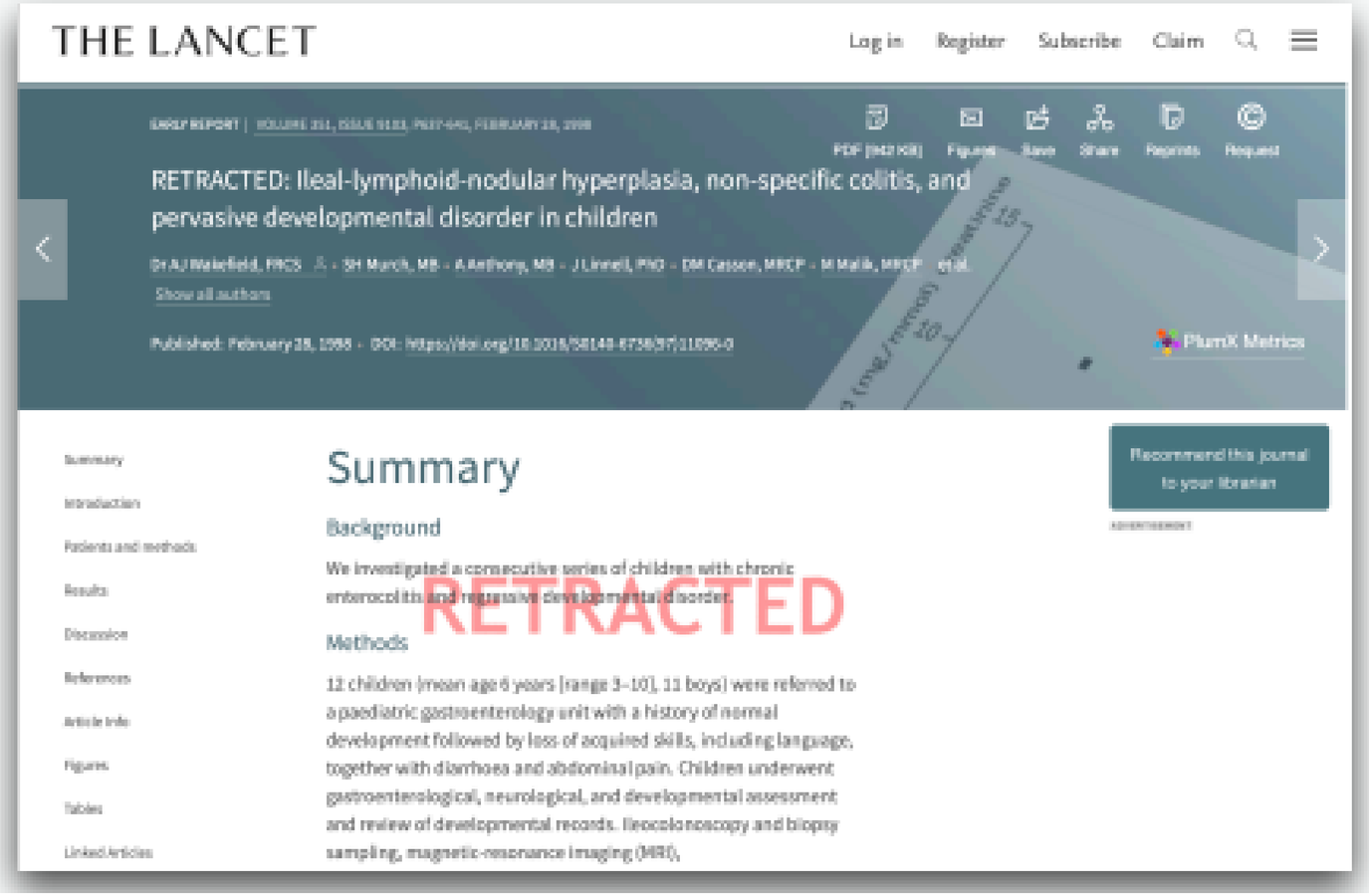


#RELATO DE CASO

#OPINIÃO DE ESPECIALISTA

REVISÃO SISTEMÁTICA
VÁRIOS CENTROS DE PESQUISA

PAIS

frontiers in Microbiology

REVIEW
published: 17 March 2020
doi: 10.3389/fmicb.2020.00372

Vaccine Safety: Myths and Misinformation

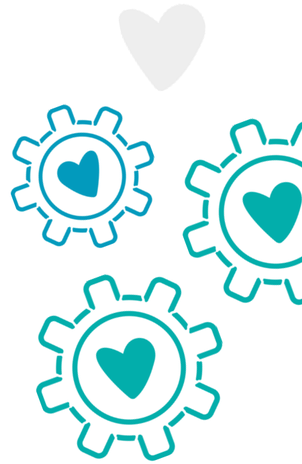
*Sarah Geoghegan[1,2], Kevin P. O'Callaghan[1] and Paul A. Offit[1]**

[1] Division of Infectious Diseases, The Children's Hospital of Philadelphia, Philadelphia, PA, United States, [2] National Children's Research Centre, Dublin, Ireland

The World Health Organization has named vaccine hesitancy as one of the top ten threats to global health in 2019. The reasons why people choose not to vaccinate are complex, but lack of confidence in vaccine safety, driven by concerns about adverse events, has been identified as one of the key factors. Healthcare workers, especially those in primary care, remain key influencers on vaccine decisions. It is important, therefore, that they be supported by having easy access to trusted, evidence-

PAIS

TEA 80%
HEREDITÁRIO
DEPENDE FATORES GENÉTICOS



PAIS

ESTUDO TEVE 2 MILHÕES DE PESSOAS AVALIADAS

Concluiu que a causa é 80% hereditária

JAMA Psychiatry | Original Investigation

Association of Genetic and Environmental Factors With Autism in a 5-Country Cohort

Dan Bai, MSc; Benjamin Hon Kei Yip, PhD; Gayle C. Windham, PhD, MSPH; Andre Sourander, PhD; Richard Francis, PhD; Rinat Yoffe, MPH; Emma Glasson, PhD; Behrang Mahjani, PhD; Auli Suominen, MSc; Helen Leonard, MBChB, MPH; Mika Gissler, PhD; Joseph D. Buxbaum, PhD; Kingsley Wong, PhD; Diana Schendel, PhD; Arad Kodesh, MD; Michaeline Breshnahan, PhD, MPH; Stephen Z. Levine, PhD; Erik T. Parner, PhD; Stefan N. Hansen, PhD; Christina Hultman, PhD; Abraham Reichenberg, PhD; Sven Sandin, PhD

IMPORTANCE The origins and development of autism spectrum disorder (ASD) remain unresolved. No individual-level study has provided estimates of additive genetic, maternal, and environmental effects in ASD across several countries.

OBJECTIVE To estimate the additive genetic, maternal, and environmental effects in ASD.

DESIGN, SETTING, AND PARTICIPANTS Population-based, multinational cohort study including full birth cohorts of children from Denmark, Finland, Sweden, Israel, and Western Australia born between January 1, 1998, and December 31, 2011, and followed up to age 16 years. Data were analyzed from September 23, 2016 through February 4, 2018.

MAIN OUTCOMES AND MEASURES Across 5 countries, models were fitted to estimate variance components describing the total variance in risk for ASD occurrence owing to additive genetics, maternal, and shared and nonshared environmental effects.

RESULTS The analytic sample included 2 001 631 individuals, of whom 1 027 546 (51.3%) were male. Among the entire sample, 22 156 were diagnosed with ASD. The median (95% CI) ASD heritability was 80.8% (73.2%-85.5%) for country-specific point estimates, ranging from 50.9% (25.1%-75.6%) (Finland) to 86.8% (69.8%-100.0%) (Israel). For the Nordic countries combined, heritability estimates ranged from 81.2% (73.9%-85.3%) to 82.7% (79.1%-86.0%). Maternal effect was estimated to range from 0.4% to 1.6%. Estimates of genetic, maternal, and environmental effects for autistic disorder were similar with ASD.

CONCLUSIONS AND RELEVANCE Based on population data from 5 countries, the heritability of ASD was estimated to be approximately 80%, indicating that the variation in ASD occurrence in the population is mostly owing to inherited genetic influences, with no support for contribution from maternal effects. The results suggest possible modest differences in the sources of ASD risk between countries.

Os pais não precisam saber ler artigos científicos, mas precisam saber questionar as fontes de informação.

- Rodrigo Silveira

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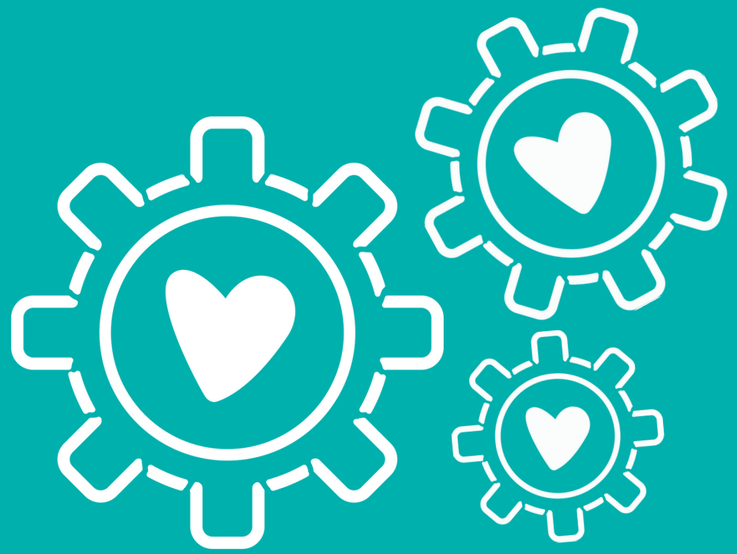
TEA É POLIGÊNICO



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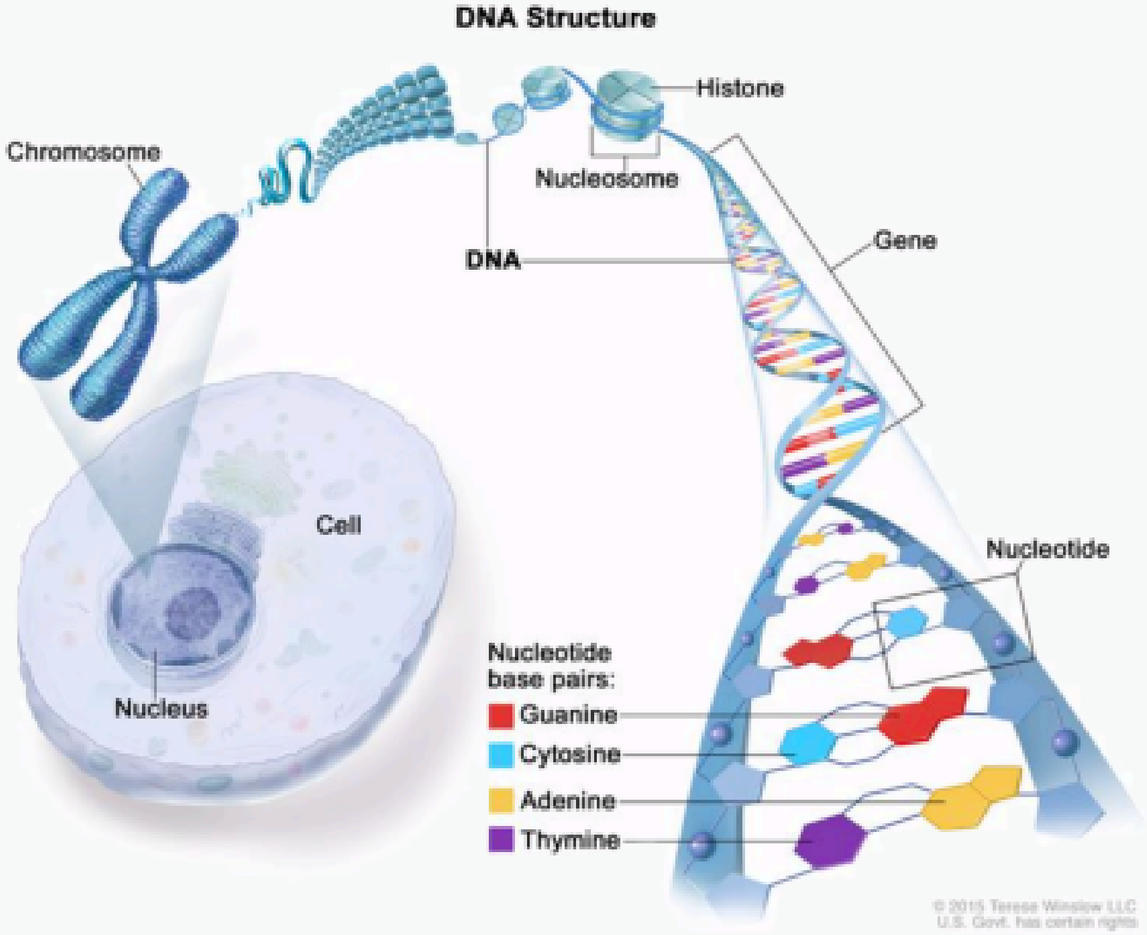
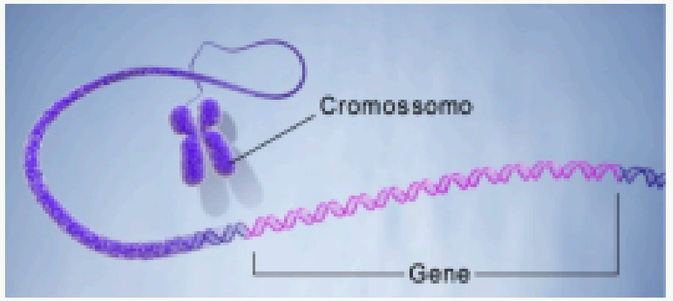
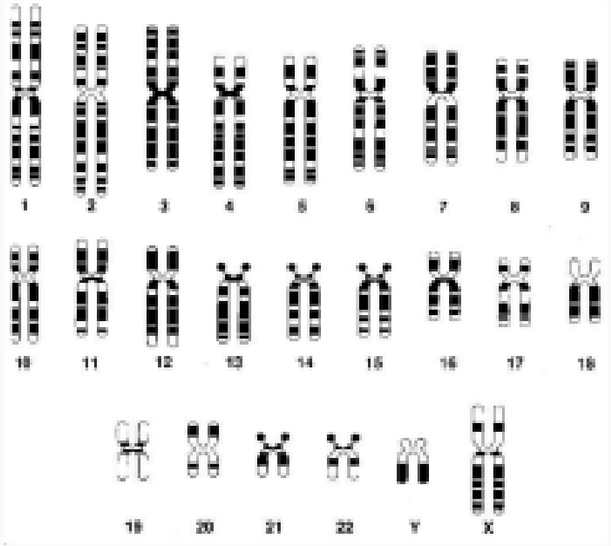


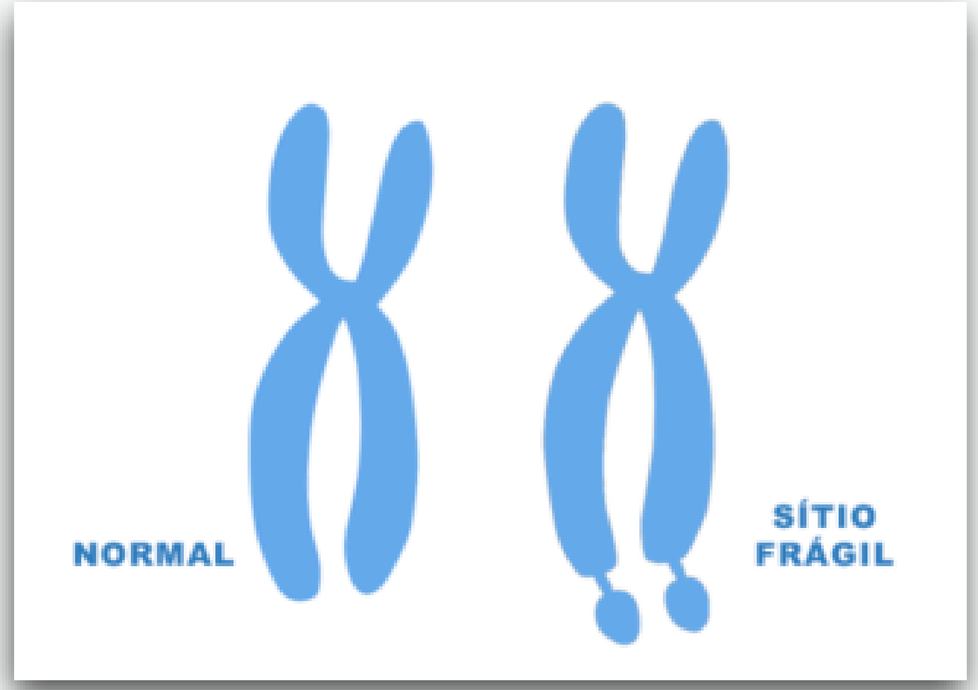




PAIS

S. DOWN

S. X FRÁGIL



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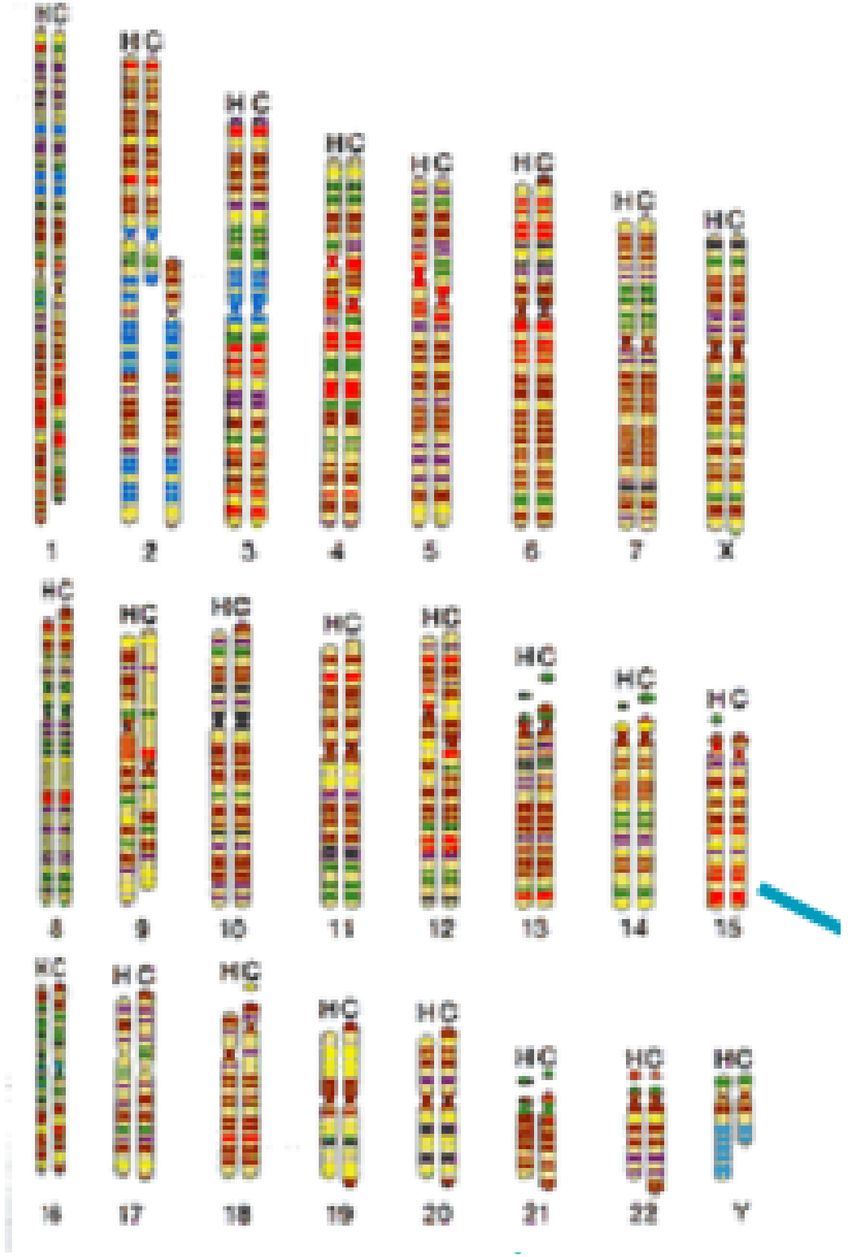
CADA UMA DAS CORES É UM GENE!



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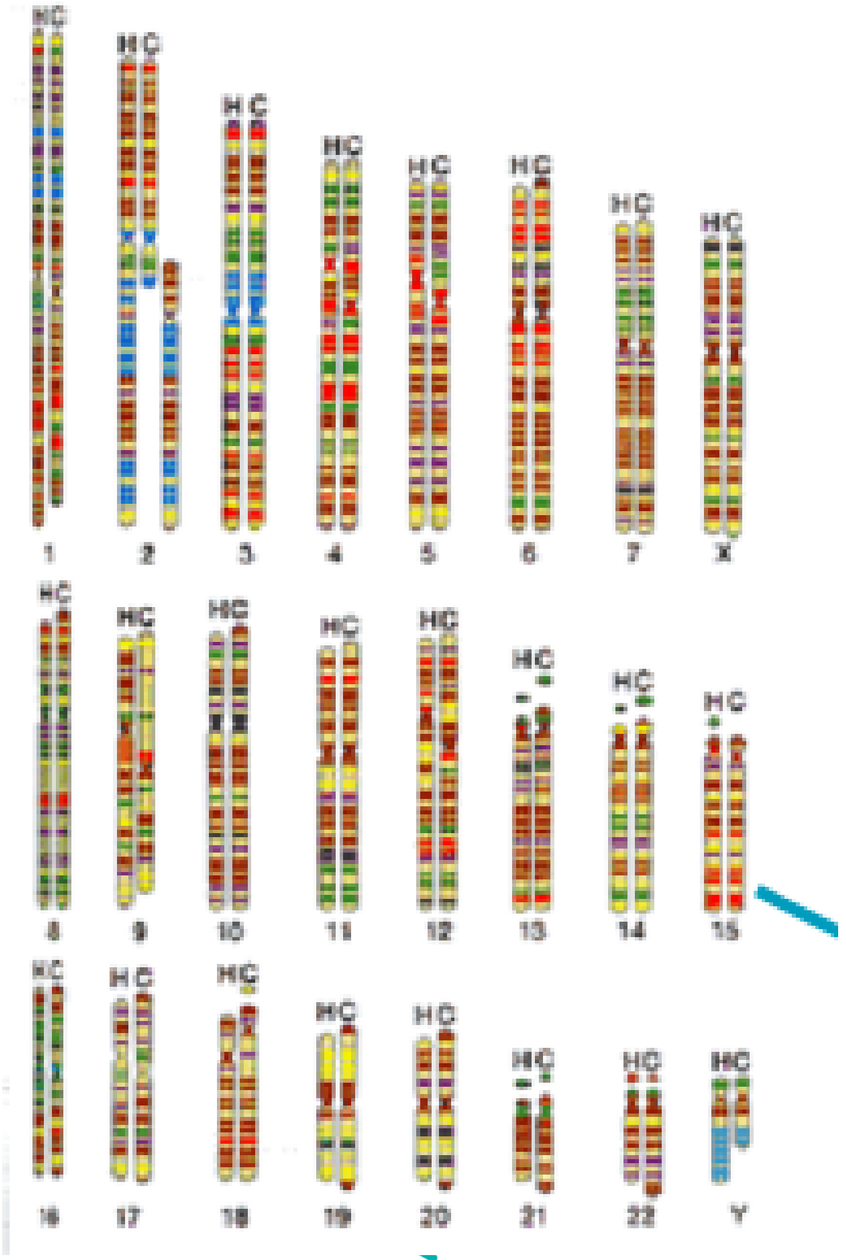
NO TEA EXISTEM MAIS DE 600 GENES RELACIONADOS



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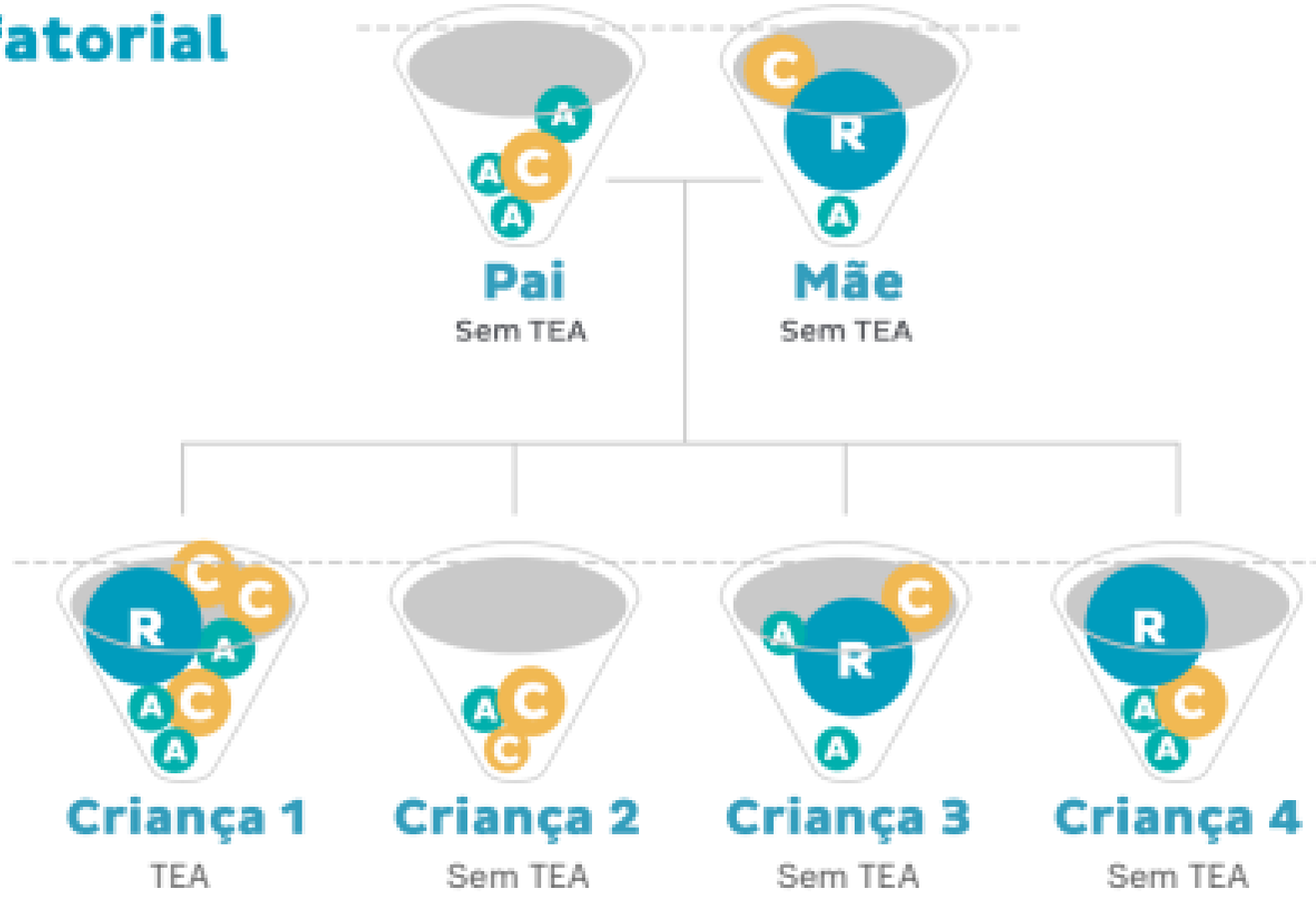
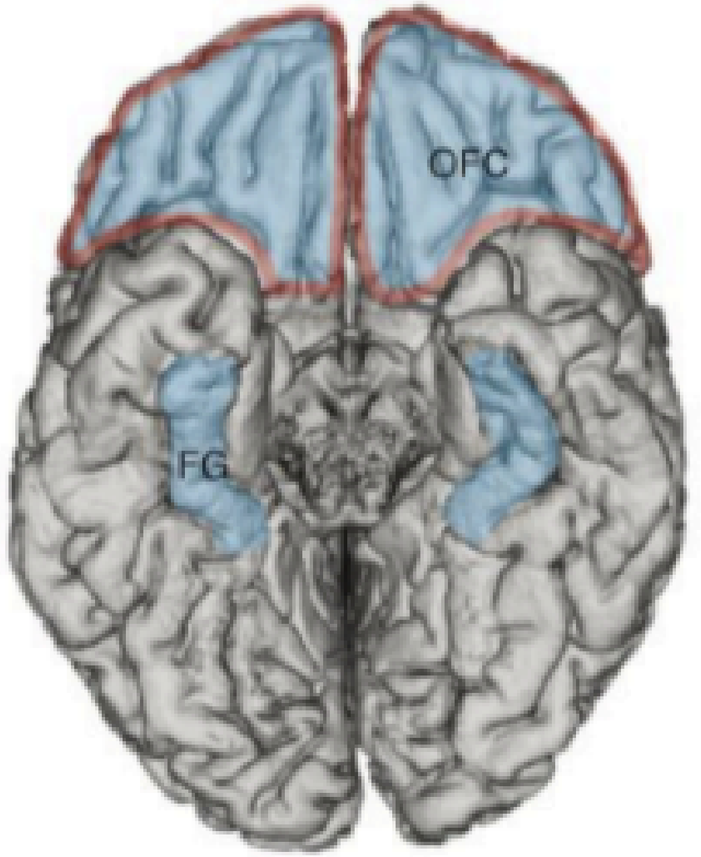
Modelo de copo – TEA Multigênico, Multifatorial e Aditivo



Hoang, Cytrynbaum, Scherer, 2018

Áreas implicadas no TEA

Áreas ligadas a prejuízos na interação social
Córtex orbitofrontal (OFC)
Córtex cingulado anterior (ACC)
Giro fusiforme (FG)
Sulco temporal superior
Regiões de neurônio espelho da amigdala
Giro frontal inferior
Córtex parietal posterior (PPC)



PAIS

INSTITUTO SINGULAR

MAYRA GAIATO