

Visual impairment and autism in children: when the ophthalmologist makes the difference

Deficiência visual e autismo em crianças: quando o oftalmologista faz a diferença

GALTON CARVALHO VASCONCELOS¹, ERIKA MARIA PARLATO-OLIVEIRA²

Our gaze is affected by social and emotional representations, contextualized with the environment in which we are living. Is what we see with our eyes the reality or a mere interpretation of feelings? Certainly, there is no easy answer. Currently, there is an increase in the number of diagnoses of autism due to a greater number of qualified health professionals, a modification in the classification of mental illnesses published in the American *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V), and an increase in the dissemination of information by the electronic media⁽¹⁾. It is not uncommon to hear a parent say during clinical consultation, "My son does not look at me" or "He does not answer when called." Children with low vision due to various causes may present with loss of fixation and follow-up of objects, depending on the severity of the eye injury. Because ophthalmologic diagnoses in children may not be performed during the early stages of life, which mainly means during the first year, the fact that the baby presents poor eye contact to family members can generate confusion that leads to the suspicion of autism. Autistic children prefer to fix their gaze on objects rather than on faces, which is not the case in children with low vision, whose visual impairment is not so selective⁽²⁾. Babies usually look at their parents, are looked at in return, and are able to attract attention from their parents in order to communicate. In daily practice, we observe that children with visual impairment, despite their losses, whether in fixation or follow-up ability, visual fields, or the discrimination of color and contrast, are still able to perform this "provocation of the other," a term often employed by psychoanalysts. This capability of provoking the other is not seen in autistic children⁽³⁾. These intriguing interactions between gaze and vision, which are sometimes subtle, should be investigated. The ophthalmologic examination is essential for the differential diagnosis of autism. The ophthalmologist should be alert to signs of autism during routine clinical eye examinations of children. Other health professionals who care for autistic children also need to know about this interface between communication and vision and make routine referrals to the ophthalmologist. The ophthalmologist evaluation certainly matters in order to determine if the baby has visual deficiency or autism.

REFERENCES

1. Ansermet F, Giacobino A. Autisme: à l'heure de son génome. Paris: Le champ Freudien; 2012.
2. Vasconcelos GC. Abordagem clínica da criança com baixa visão. In: Conselho Brasileiro de Oftalmologia. (Org.). Refração e visão subnormal. Rio de Janeiro: Guanabara Koogan (Grupo GEN); Cultura Médica; 2008. v. 13, p.457-62. (Série Oftalmologia Brasileira).
3. Laznik MC, Parlato-Oliveira EM. Interações sonoras. In: Laznik M. A hora e a vez do bebê. São Paulo: Instituto Language; 2013. p.176.

Submitted for publication: November 11, 2016
Accepted for publication: November 11, 2016

¹ Department of Ophthalmology and Otorhinolaryngology, Faculdade de Medicina, Universidade Federal de Minas Gerais, Belo Horizonte, MG, Brazil.

² Department of Speech-Language Pathology and Audiology, Faculdade de Medicina, Universidade Federal de Minas Gerais, Belo Horizonte, MG, Brazil.

Funding: No specific financial support was available for this study.

Disclosure of potential conflicts of interest: None of the authors have any potential conflicts of interest to disclose.

Corresponding author: Galton C. Vasconcelos. Departamento de Oftalmologia e Otorrinolaringologia. Universidade Federal de Minas Gerais. Av. Prof. Alfredo Balena, 190 - Belo Horizonte, MG - 30130-090 - Brazil - E-mail: galtoncvasc@yahoo.com.br