

**Joint Event on 7th International Conference on Advances in Skin, Wound Care and Tissue Science & 11th International Conference on Epidemiology & Public HealthSurgery \_Psychomotor function of children with autistic spectrum disorder – is a progress possible in six months period?\_Valdis\_Folkmanis\_Techincal University of Liberec**

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Autism Spectrum Disorder (ASD) is a diagnosis that describes deficits in social communication and repetitive behaviors of the sensory motor. The effect of different types of therapies in the case of ASD is proposed but not fully proven, and the scientific evidence is controversial. In this study, we sought to study the progress of the psychomotor function of children with ASD who participated in different types of therapies. The study sample consisted of 100 children aged 2 to 5 years who attended the Children Clinical University Hospital and the Social Pediatrics Center of the University of Latvia in 2013-2015. After an initial assessment of psychomotor function by the child's doctor, the children participated in different types of therapy or did not participate in any therapy, according to the decision of their parents. The second assessment was done 6 to 8 months after the baseline examination. Several logistic regression models adjusted for age, developmental conformity to age standards and the initial diagnosis of a child have been constructed for the association between the use of therapies and the improvement of psychomotor functions. In fully adjusted multiple logistic regression models, participation in any type of therapy was significantly associated with improvement in some or all of the psychomotor functions. For example, Montessori therapy has been particularly effective in improving hearing and fine motor skills (odds ratio, OR = 19.3 [95% confidence interval, CI 1.7; 221.1] and OR = 3.8 [2.81; 757.0], respectively). To conclude: Participation in therapy is essential for children with ASD, but a specific type of therapy must be tailored to the needs of each child individually.

According to statistics, it is estimated that there were 366 million people with diabetes worldwide in 2013, and that number will increase to almost 552 million by 2030 [1]. Diabetes is a kind of disease linked to dysfunction of glycemic control, to the destroyed management of protein metabolism and lipid metabolism [2]. Following the worsening of diabetes, some of the diabetic patients will suffer from diabetic foot ulcer (DFU), one of the complications of diabetes, which has the characteristics of the long-term process of wound closure and tends to hospitalization and even amputation in the future. Unfortunately, apart from the physical and mental impairment of diabetic patients, the cost of DFU treatment can be another heavy burden. To solve this problem, we must have a clear idea of why it is so difficult to heal the wound and we must understand what has prolonged the healing process.

Peripheral neuropathy, deformity and macrovascular disease may be the main factors behind the failure of the DFU healing process [3]. In addition, new discoveries may be factor supplements [3], including lack of resistance to infection, changes in microcirculation function and damage to the expression and activity of growth factors ( GF). In addition, another study is underway to find out whether peripheral arterial disease has a correlation with DFU, and the results indicate that there is some correlation between them, and DFU can be classified into two disease states depending on whether there is a peripheral artery. disease [4]. Other factors, which have important contributions to DFU, including the low proliferation capacity of fibroblasts, negative regulation of receptors and the absence of an appropriate protein matrix in the dermis [5]. In short, the mechanism of this problem is relatively complex and pharmacists still have a lot of leeway to participate in DFU treatment. DFU treatment methods vary depending on individual symptoms and stages of the disease. Several therapeutic approaches have been reported, glycemic control, such as adequate administration of insulin, is essential. Debridement, skin grafting and tissue replacement have particularly high wound closure efficacy [3]. Other approaches such as vascular reconstruction, hyperbaric oxygen therapy and granulocyte colony stimulating factor are also options for the treatment of DFU. In most cases, the dressing is used to create a beneficial environment for the open wound to achieve better and faster wound closure [6]. Unfortunately, conventional dressings like gauze have a limited basic function for their defective material properties. In addition, the different phases of diabetes healing have different pathological characteristics so that the multifunctional dressing with a specific material is in an emergency. Currently, advanced dressing technology such as nanofibrous (ND) dressing which can use specific materials to meet the specific needs of DFU treatment is receiving great interest and attention. ND is the collection of nanofibers ranging from nanometers to micrometers, as shown in Figure 1, ND is easy to remove. ntrolling resistance to antiseptics.