

Autism Spectrum Disorder

A guide for community physicians

Autism spectrum disorder (ASD) is a life-long neurodevelopmental disorder, characterized by impairments in social communication, repetitive, restricted patterns of behaviour, and unusual sensory sensitivities or interests. ASD significantly impacts the lives of children and their families. Timely diagnosis of ASD, and referral for intensive behavioural and educational interventions at the earliest age possible, may lead to better long-term outcomes by capitalizing on the brain's neuroplasticity at younger ages.

This tool is a companion to 3 Canadian Paediatric Society statements that provide clear, comprehensive, evidence-informed recommendations and tools to help community paediatricians and other primary care providers monitor for the earliest signs of ASD—an important step toward an accurate diagnosis and comprehensive needs assessment for intervention planning.

The estimated prevalence of ASD is 1 in 66 Canadians aged 5 to 17 years

KEY POINTS

Early detection

- All Canadian children should be monitored for early behavioural signs of ASD as part of general developmental surveillance.
- Children identified as being at increased risk for ASD should receive an early, focused evaluation to determine need for further diagnostic assessment.

Diagnostic assessment

- Three diagnostic pathways are described, to address the continuum of complexity of clinical presentation of children with suspected ASD, and also to be flexible to community strengths and collaboration between community paediatricians, other developmental health professionals and specialty centres.

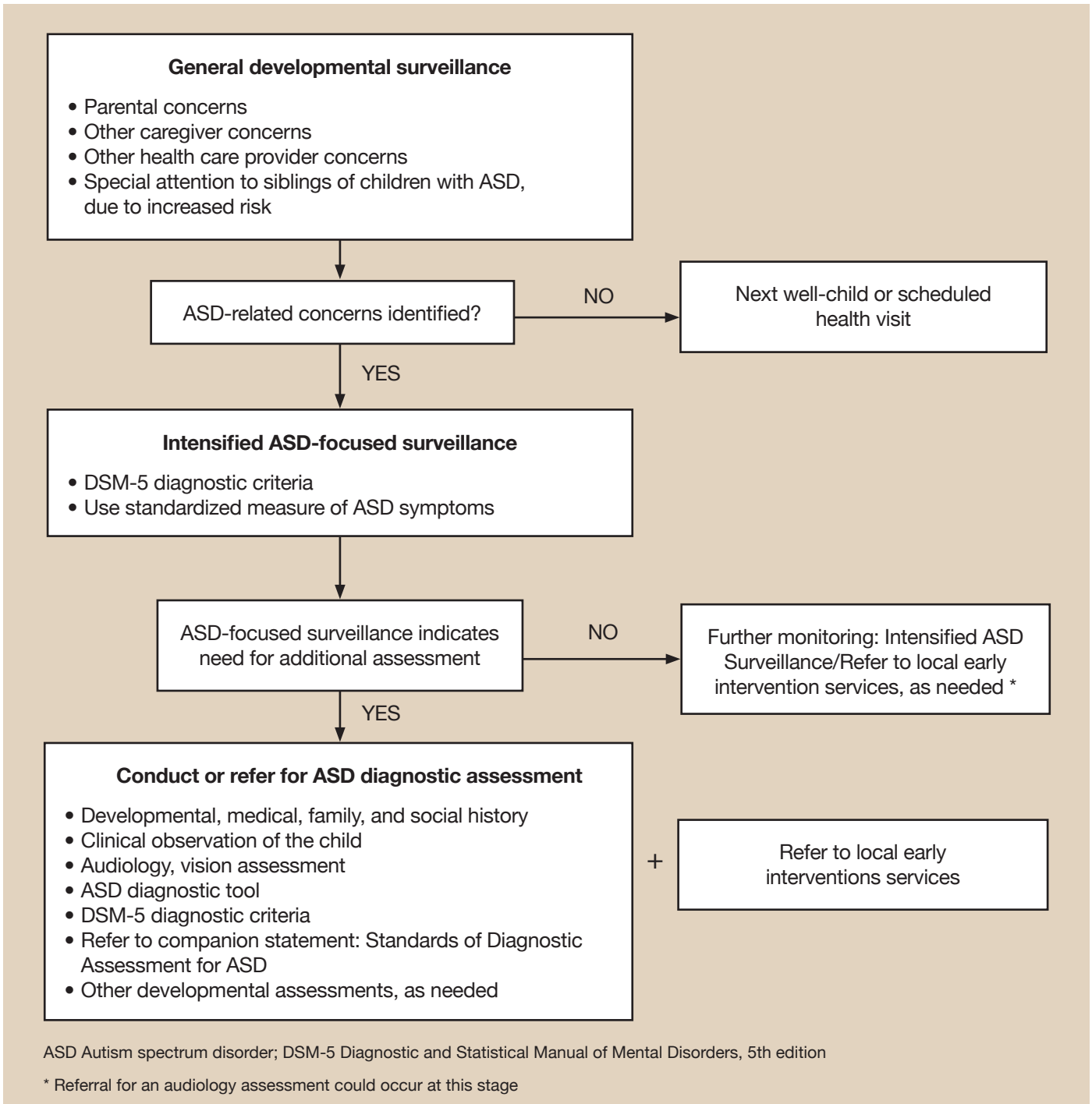
Post-diagnostic management

- Paediatricians and other primary care providers are well-positioned to provide or coordinate ongoing medical and psychosocial care and support services for children with ASD.
- Managing ASD includes treating medical and psychiatric co-morbidities, behavioural and developmental interventions, and providing supportive social care services to enhance quality of life for affected children and families

For more information: www.cps.ca/autism

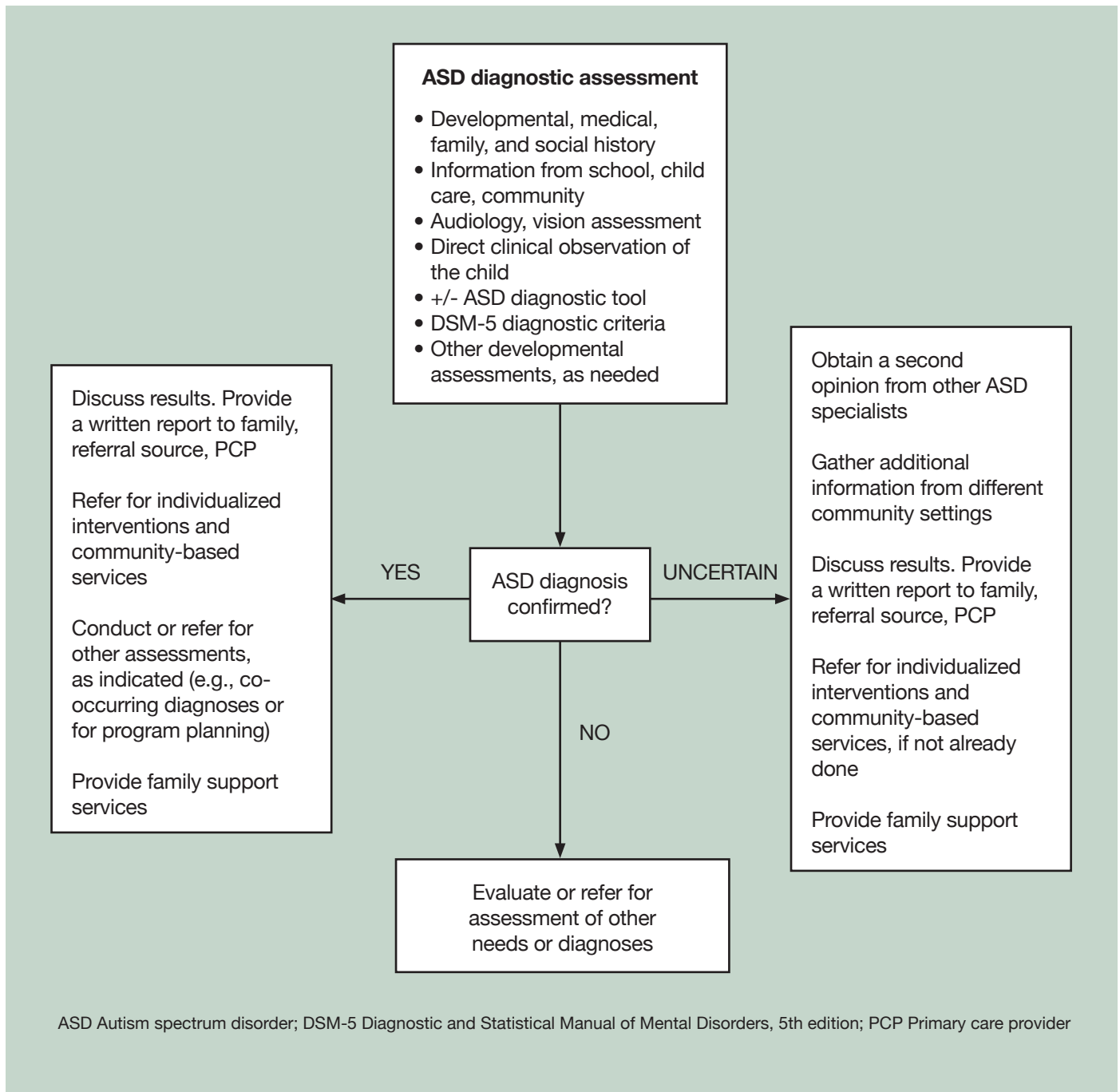
Developmental surveillance and screening for ASD

When developmental surveillance indicates a possible risk for ASD, further in-depth assessment is needed. This stage of assessment, which is more intensively ASD-focused, should include a standardized measure of ASD symptoms. Children who meet scoring criteria according to this first screening tool, or whose clinical presentation indicates a high index of suspicion to their health care provider, should proceed to a diagnostic assessment, either by a community paediatrician or a specialized team.



Diagnostic evaluation: Three approaches

Children with suspected ASD are often first identified by a paediatrician, family physician, parent or another caregiver, and can present with a wide range and severity of symptoms. A 'one-size-fits-all' multidisciplinary team diagnostic approach is inefficient, and contributes to long wait times. The CPS proposes three ASD diagnostic approaches, the choice of which depends upon the paediatric care provider's clinical experience and judgment, and the complexity of symptom presentation. Regardless of the approach taken, open communication, collaboration, and consent to share information among professionals may help to achieve diagnostic accuracy and avoid duplication of effort.



Checklist of approaches to post-diagnostic management of Autism Spectrum Disorder (ASD)

1. Etiological testing for associated medical conditions

- Physical and neurological exam
- Hearing assessment
- Vision assessment
- Dental assessment
- Genetic testing including chromosomal microarray; other investigations if indicated
- Metabolic testing, if indicated

2. Management of comorbid conditions.

Refer to specialists when appropriate.

- Gastrointestinal conditions
- Nutrition
- Sleep
- Anxiety, depression, and other mood and psychiatric disorders
- Attention deficit hyperactivity disorder (ADHD)
- Other child-specific conditions

3. Other assessments and therapies that address ASD-associated functional challenges

- Speech-language therapy
- Psycho-educational assessment
- Occupational therapy
- Physical therapy
- Individualized educational supports

4. Behavioural and developmental interventions for core and associated features of ASD. Refer to specialists when appropriate.

- Become familiar with available community programs
- Provide information about essential components and effectiveness of treatment interventions and programs

- Facilitate enrollment into behavioural and developmental intervention programs (therapist-delivered or parent-mediated approaches)

5. Management of challenging behaviours

- Offer anticipatory guidance on safety issues (e.g., wandering, bolting, vulnerability to bullying or abuse)
- Identify and assess target behaviours
- Assess existing and available supports
- Offer first- or second-line treatment, as appropriate
- Refer for parent training

6. Complementary and alternative medicine (CAM) approaches

- Become familiar with CAM therapies
- Inquire and provide guidance about using CAM therapies

7. Family and other support interventions

- Provide parents with educational resources about ASD and local community supports
- Provide information about in-home supports and interventions and help with securing respite care and social assistance
- Inquire about family and sibling support and parental physical and mental health issues and unmet needs, and refer appropriately
- Assist with application for Disability Tax Credit, and provide information regarding opening a Registered Disability Savings Plan
- Advocate for local services and education programs
- Obtain and share information, with parental consent, with schools, program staff, and health and social service personnel (especially during major transition periods)

Source: Canadian Paediatric Society, Autism Spectrum Disorder Guidelines Task Force (Principal author: Angie Ip). Post-diagnostic management and follow-up care for autism spectrum disorder. *Paediatr Child Health*. 2019;24(7):461-468.

