Dokotela

Autism Spectrum Disorder: Diagnosis and Intervention

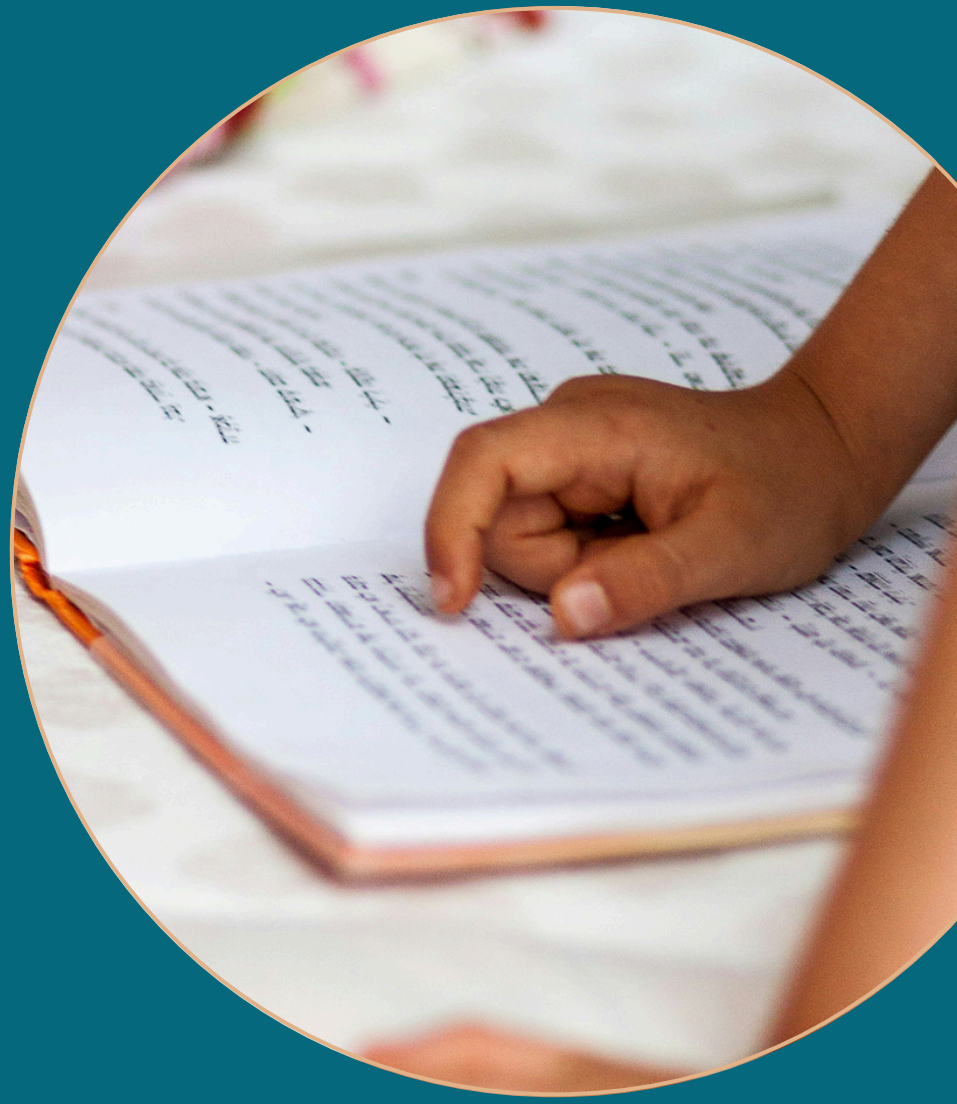
ASD is a Clinical Diagnosis

- Defined in DSM-5-TR and ICD-11 as based on developmental history, observation, and functional impact.

- No single test confirms ASD – clinical evaluation is the gold standard.

- Standardised tools (e.g., ADOS-2, ADI-R) can assist but must be interpreted in context.

- Diagnosis requires considering multiple settings and informants.



Role of Psychological Testing

- Useful for identifying intellectual disability, dyslexia, or speech/language delay.
- Helps with differential diagnosis and profiling strengths/weaknesses.
- Not essential for all ASD cases.
- Should not be the sole basis for diagnosis.

Limitations of Over-Reliance on Questionnaires

- Responses may be biased by parent or self-perception.
- Cultural and educational background can affect answers.
- Screening tools should be combined with clinical judgment and observation.

When to Use Psychological Testing

- Concerns about learning disorders or intellectual disability.
- Suspected speech/language disorder.
- Complex differential diagnosis (e.g., TBI vs ASD).

Principles

- Diagnosis should lead to a clear, tailored intervention plan.
- Address core ASD traits and co-occurring conditions.
- Focus on functional improvement and quality of life.

Common Pitfalls to Avoid

- Costly testing without intervention.
- No follow-up or care coordination.
- Families left without guidance on next steps.

Hierarchy of Diagnostic Process

- Base: Comprehensive clinical assessment & differential diagnosis — foundation.
- Developmental history & direct observation — core diagnostic evidence.
- Structured tools & questionnaires — screen & inform clinical judgement.
- Top: Optional adjunct testing (cognitive, speech, academic) — only where indicated.

Core Steps After Diagnosis

Step	Intervention	Evidence Base
1	Psychoeducation for individual & family	Improves understanding, reduces stigma (NICE CG128)
2	Management of co-occurring mental health conditions	SSRIs, CBT, ACT show benefit for anxiety/depression in ASD
3	Speech and language therapy	Improves pragmatic language and social communication
4	Occupational therapy / sensory integration	Enhances daily functioning & reduces sensory distress
5	Social skills training	Improves peer interaction & social reciprocity
6	Educational support & accommodations	Improves academic access and reduces behavioural stress
7	Vocational and life skills programs	Supports independence in adolescence/adulthood

Matching Interventions to Need

- Children: speech therapy, social skills, parent training.
- Adolescents: vocational guidance, mental health support.
- Adults: workplace accommodations, therapy for anxiety/depression.

Coordinated Care

- Multidisciplinary approach → GP, psychiatrist, psychologist, speech therapist, OT.
- Clear written plan provided to family/patient.
- Review progress every 6–12 months.

Key References

- American Psychiatric Association. DSM-5-TR. APA, 2022.
- World Health Organization. ICD-11. WHO, 2022.
- NICE CG128 & NG170.
- Volkmar FR, Wiesner LA. A Practical Guide to Autism. Wiley, 2019.
- National Autism Center. National Standards Project, Phase 2.

Co-occurring Conditions in ASD

Common Co-occurring Conditions in ASD

- ADHD — prevalence between 30–80% (Simonoff et al., 2008; Antshel et al., 2016)
- Anxiety disorders — lifetime prevalence 40–50% (van Steensel et al., 2011)
- Depression — prevalence 20–30%, higher in adolescence/adulthood (Hudson et al., 2019)
- Eating disorders — elevated risk of ARFID, anorexia nervosa, bulimia; linked to restrictive eating patterns (Westwood & Tchanturia, 2017)
- Vitamin deficiencies — especially vitamin D, B12, iron due to restrictive diets (Holick, 2007; Hyman et al., 2012)
- Sleep disorders — up to 50–80% affected, including insomnia and delayed sleep phase (Cohen et al., 2014)
- Epilepsy — 20–30% prevalence, higher with co-occurring intellectual disability (Amiet et al., 2008)
- Gastrointestinal disorders — constipation, diarrhoea, abdominal pain more prevalent (McElhanon et al., 2014)

ASD and Gender Dysphoria: Overview

- Elevated co-occurrence between Autism Spectrum Disorder (ASD) and Gender Dysphoria (GD)/Gender Incongruence (GI).

- ASD prevalence among GD/GI individuals: ~7.8% to 11% in clinical and research samples.

- Individuals with ASD are ~3x more likely to have a GD diagnosis compared to the general population.

- Rates vary depending on population, methodology, and diagnostic criteria.

- Research since 2018 has grown rapidly, but methodology remains variable.

Prevalence of Gender Dysphoria in ASD: Selected Studies

Finding	Source
ASD prevalence in GD/GI ~11%	Kallitsounaki & Williams, 2022 (Meta-analysis)
Youth with ASD 3x more likely to have GD	PEDSnet US Study, 2023
ASD prevalence ~7.8% in gender clinic attendees	Westwood & Tchanturia, 2017
Odds of GD diagnosis 3x higher in ASD	Kahn et al., 2023
Research on ASD-GD overlap growing	Scoping review, 2024

References — ASD and Gender Dysphoria

- Kallitsounaki A, Williams DM. Autism Spectrum Disorder and Gender Dysphoria: A Systematic Review and Meta-Analysis. J Autism Dev Disord. 2022.
- Van der Miesen AIR, Hurley H, et al. Prevalence of Gender Dysphoria in Children and Adolescents with ASD. Pediatrics. 2023.
- Westwood H, Tchanturia K. Autism Spectrum Disorder in Anorexia Nervosa and Gender Dysphoria Clinics. Eur Eat Disord Rev. 2017.
- Kahn NF, et al. Co-occurring ASD and Gender Dysphoria Diagnoses. StatsForGender.org, 2023.
- Scoping Review. Autism and Gender Diversity Intersection. J Autism Dev Disord. 2024.