









Autism spectrum disorder (ASD): A complex developmental condition with persistent deficits in social communication and interaction marked by restrictive and repetitive behaviours.

- Prevalence ~ 1 in 100
- Males > Females (3 - 4 : 1)
- 10% prevalence in siblings of a child with ASD
- Prevalence increased over time, *mostly due to changes in case definition & increased awareness*
- Severity classifications: Level 1 ("Requiring support"), Level 2 ("Requiring substantial support"), and Level 3 ("Requiring very substantial support")

COMMON PRESENTATIONS

 Infant with little social smiling, fixation on objects	 Troubles in social interactions Ex. conflicts with others, few friends, bullying	 Speech delay
 Extreme need for consistency and routines	 Troubles reading non-verbal cues such as facial expressions, tone of voice	 Excessive focus in narrow area

DSM-5 CRITERIA

Must have persistent deficits in all 3 of...


- Social-emotional reciprocity**
- Nonverbal communication**
- Developing & understanding relationships**

AND ≥ 2 of:

- Stereotyped or repetitive motor movements, use of objects, or speech** (ex; lining up toy train as opposed to imagining it's a train)
- Insistence on sameness** with inflexibility
- Highly restricted, fixated interests**
- Hyper- or hypo-reactivity to sensory input** (ex; sensory processing issues such as extreme sensitivity to sounds, touch, etc.)

Symptoms must present early in development, cause significant impairment in functioning, and not better explained by intellectual disability or global developmental delay

COMPONENTS OF DIAGNOSTIC ASSESSMENT

- Developmental history and physical exam
- Information about the child from various contexts.
Tools such as the ADI-R and SCQ may prove useful
- Direct clinical observation to assess for social interaction & communication abilities.
Tools such as ADOS-2 and CARS-2 useful for assessment
- Audiology & vision assessments 

DDX (SOME OF WHICH CO-OCCUR)

- Neurodevelopmental disorders:** ADHD, global developmental delay, intellectual disability
- Mental/ behavioural disorders:** anxiety disorders, depressive disorder
- Genetic conditions:** fragile X syndrome
- Neurological:** cerebral palsy, epilepsy

MANAGEMENT

Services and Supports	Pharmacological (mostly off-label use)
Diagnosis: Wondering about ASD? Connect them to ASD diagnostic services or make the diagnosis yourself	For aggression, agitation, irritability, hyperactivity, self-injurious behaviours in those over 5 years: risperidone or aripiprazole (RCT evidence available)
Service navigation: Connect family to ASD services and supports	For anxiety / depression, consider SSRI, such as sertraline or fluoxetine (stop if paradoxical activation)
<i>Interventions may include :</i> <ul style="list-style-type: none"> Educational groups for individuals / parents about ASD, ex; self-regulation, social skills, etc. Help with behaviours, ex; Applied Behaviour Analysis (ABA) therapy + Discrete Trial Training (DTT) + structured teaching (TEACCH model) Help with sensory issues, ex; OT Social communication → Speech language therapist 	For ADHD comorbidity: stimulants, guanfacine, or atomoxetine (RCT evidence available)
	For sleep disturbances: Sleep hygiene; low blue light environment ; melatonin therapy

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