# key points

SELECTED BY

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**Autism spectrum disorder (ASD) is a complex pervasive** neurodevelopmental disorder with an estimated lifetime prevalence of 1%. ASD presents across a wide range of intellectual ability and persists throughout life. Core symptoms include abnormal social interaction and communication, restricted and repetitive interests or activities, associated with lack of cognitive flexibility, and unusual sensory responses. A key diagnostic criterion in both DSM-5 and ICD-11 is that symptoms must be sufficiently severe to undermine the individual's functioning in everyday life.

**ASD is highly heritable and polygenic. The risk of ASD** increases with advancing paternal and maternal age and is also associated with the parental age difference. The male: female ratio of ASD is 3:1. Antenatal risk factors include maternal diabetes (pre-existing and gestational), vitamin D deficiency, placental insufficiency, maternal obesity, and pre-eclampsia. ASD risk is also associated with intrauterine exposure to: infections such as cytomegalovirus and rubella; maternal drinking; antidepressants; and several antiepileptic drugs, especially valproate. Perinatal risk factors include low birthweight, breech delivery and premature birth.

**Although the behavioural presentation has a childhood** onset, approximately 40% of children with ASD are undiagnosed. In those who reach adulthood without being diagnosed, the symptoms may only come to the surface when they experience adversity, such as work-related stress, redundancy, divorce, bereavement or problems with the law. Presenting concerns are often about mental health rather than autism per se.

**The following signs should make the clinician consider the** possibility of ASD: difficulties with social relationships; abnormal communication; absorbing and narrow interests; onset in childhood; a known neurodevelopmental condition, including learning disabilities and ADHD. NICE recommends that GPs should: pay attention to parental concerns; recognise speech delay or regression; review the obstetric history for risk factors; and review the family history for developmental or psychiatric diagnoses. Developmental screening tools such as the Modified Checklist for Autism in Toddlers (M-CHAT) may be useful but should not be used to make or rule out a diagnosis of autism. If ASD is suspected based on screening or clinical judgement a referral to psychiatric services should be made.

**Core symptoms in children can be improved by a** social-communication intervention that uses play-based strategies with parents, carers and teachers to increase joint attention, engagement and reciprocal communication. Challenging behaviour should be addressed through the clear identification of target behaviours, assessment and modification of environmental factors that may contribute to initiating or maintaining the behaviour, and consistent application in all settings.