key points

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Autism is a disorder of social communication, originally described by a triad of impaired social interaction, communication, and imagination, associated with a rigid, repetitive pattern of behaviour. More recently the core deficit has been described as a lack of social instinct. The term autism spectrum disorder (ASD) includes autism, atypical autism and Asperger's syndrome. ASD was once believed to be relatively rare but is now thought to occur in about 1% of children.

The two primary diagnostic classification systems currently in use are the ICD-10 and the DSM-IV. The ICD-10 is the most commonly used ASD classification system in the UK and forms the basis for the SIGN guideline. According to the NICE guidelines, diagnostic assessment should start within three months of referral. Information from all sources (i.e. medical history, parental concerns, clinical judgement) should be used to diagnose ASD based on ICD-10 or DSM-IV criteria. It is not advisable to rely on any one autism-specific diagnostic tool alone to diagnose ASD.

Diagnosis is based primarily on the recognition and interpretation of behavioural symptoms. The Checklist for Autism in Toddlers (CHAT) or the modified version (M-CHAT) are simple checklists that can be used for the assessment of young children in primary care by GPs or health visitors when ASD is suspected. They can identify clinical features indicative of increased risk but should not be used to rule out ASD. The M-CHAT is a promising instrument for the early detection of ASD, but it fails to recognise 15% of children with the condition.

There is a substantial genetic basis with strong heritability. Approximately 70% of individuals with ASD also meet diagnostic criteria for at least one other mental and behavioural disorder. GPs should be aware of the importance of considering comorbid problems in children and young people with ASD.

The decision to refer should be made on the basis of signs or symptoms. Children younger than three years should be referred to an autism team if there is regression in language or social skills. In children older than three, referral should be to a paediatrician or paediatric neurologist. Irrespective of any earlier assessments, re-referral for further ASD assessment should be considered at any age. ASD should not be ruled out because of: good eye contact; smiling and showing affection to family members; reported pretend play or apparently normal language development.

The majority of intensive behavioural programmes for ASD are based on the principles of behaviour modification using applied behavioural analysis.