

key points

SELECTED BY

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Autism affects 1.1% of the adult population. The spectrum of symptoms is wide; some individuals have above average intelligence and are fully independent, while others have limited independence because of a learning disability. Developmental delay is a core feature, and autism is usually diagnosed in childhood. High-functioning individuals with autism, Asperger's syndrome, may remain undiagnosed until adulthood.

Autism is a life-long condition characterised by problems in two core dimensions: difficulties with social communication and strongly repetitive behaviour, resistance to change or restricted interests. The history should identify early developmental and behavioural problems in different settings e.g. at home, in education or employment. Sensory and GI problems are very common, and should be asked about. Up to 90% of adults with autism without a learning disability are hyper- or hyposensitive to sound, light, colour, smell or taste. Almost half of adults with autism and a learning disability suffer from GI disorders.

The Autism-Spectrum Quotient (AQ-10) is a 10-item questionnaire for people with suspected autism. The advantage of using this in primary care is that it provides a time-efficient, structured way of ascertaining key symptoms and clearly signals those who should be referred for further assessment. Biological tests should not be used during the initial assessment. Patients should be referred if autism is suspected clinically and a diagnosis of autism should be confirmed by a specialist multidisciplinary team. If a diagnosis of autism is made, clinicians should do a risk assessment and formulate risk and crisis management plans. These should include details of the roles and responsibilities of both the specialist team and primary care team in managing crisis situations.

For adults with autism a group-based or an individual learning programme to improve social interaction is recommended. Adults with autism have high rates of unemployment, and employment programmes have been successfully used to support people. There is promising trial evidence that fluoxetine significantly improves repetitive behaviours, and is well tolerated. Before considering any psychosocial or pharmacological intervention for challenging behaviour, an assessment should be made of factors that may be triggering or maintaining the behaviour, including any physical symptoms, coexisting mental disorders and the physical or social environment. First-line treatment should focus on psychosocial interventions relevant to unmet needs, triggers and reinforcements of the challenging behaviour, and a complete evaluation of the behaviour, the individual and their environment.

People with autism, and if appropriate, their carers, should have the opportunity to be involved in making informed decisions about their care, in partnership with healthcare professionals. It is helpful to consider the impact of the practice environment, including noise, proximity of others and time pressure.