

**Keywords:** Autism Spectrum Disorder

**Problem:** Early diagnosis and treatment are essential for autism spectrum disorder (ASD). However, the average age of diagnosis is later than optimal. Approximately one-third of providers offer resources to families facing ASD, and only 6% refer patients to an autism specialist. Consequently, families turn to non-medical resources for information and help regarding ASD.

**Solution:** This piece aims to help clinicians:

1. Understand the importance of ASD recognition
2. Gain confidence in supporting patients and caregivers

## Autism Spectrum Disorder: Better Results with Resources and Referrals

*The National Institute of Health (NIH) claims that awareness of autism spectrum disorder is inadequate. But why? Approximately 1 in 36 children have autism spectrum disorder (ASD). Early diagnosis and treatment maximize therapy benefits. However, more than half of family physicians feel ill-equipped to address autism. Many never consider referring patients with ASD symptoms to a specialist. Consequently, families struggle alone, turning to the internet or a well-meaning friend for help. Providers can supply better results with reliable resources and referrals.*

### Key Takeaways

- Autism spectrum disorder (ASD) affects 1 in 36 children. However, the NIH claims that physician support and awareness are inadequate.
- Children with ASD often avoid eye contact and have repetitive movements.
- Milestone monitoring and screening are essential for all children, even those with no apparent symptoms. Collaboration between parents and providers helps promote awareness.
- Diagnosing ASD is challenging since it is dependent on screening tools and questionnaires. A diagnosis comes after a formal evaluation from an ASD specialist.
- Family physicians can change the trend by providing resources and referrals for ASD.

### What is Autism Spectrum Disorder?

Autism spectrum disorder (ASD) is a developmental condition caused by differences in brain formation. This disorder typically begins before 3 years of age. It causes varying degrees of behavioral and social differences. Common symptoms associated with ASD are:

- Social challenges
- Communication difficulties
- Repetitive movements
- Learning differences

According to the NIH, **avoidance of eye contact (72.9%) and repetitive movements (47.9%) are the most common clinical findings.** Boys are nearly 4X as likely to have ASD than girls.

## Inadequate awareness

The NIH reports inadequate physician awareness and subpar support for caregivers. Approximately 40% of providers offer resources to families facing ASD, and **only 6% refer patients to an autism specialist.** Consequently, families turn to non-medical resources for information and help.

The NIH recommends that all family physicians receive training for ASD screening, diagnosing and providing supportive services. Less than 40% of PCPs are ASD-trained. Busy schedules prevent many from receiving this necessary training. Physicians feel ill-equipped, so they hesitate to offer resources. However, parents value physicians who provide direction and referrals. They feel supported even when the PCP does not have all the answers but directs them to someone who can help.

## Screening and diagnosing autism spectrum disorder

Diagnosing autism is difficult. There is no easy test, and symptoms and severity vary from patient to patient. Physical appearance offers no clue. Parents can detect differences before 18 months, but a diagnosis is reliable at two or later. According to the NIH, the average diagnosis age is four years and ten months, which is later than optimal. So, how can conscientious clinicians improve ASD care? The Centers for Disease Control and Prevention (CDC) provides steps for screening and monitoring.

## Developmental monitoring

Developmental monitoring involves proactive, ongoing observation of pediatric milestones. Healthcare providers should encourage caregivers to participate in observing and tracking these accomplishments. **A milestone tracker app can help parents** recognize, remember and celebrate their child's achievements. Additionally, a milestone checklist assists pediatricians in identifying developmental disorders, responding to concerns, and supporting children and families.

## Developmental screening

Developmental screening is part of regular well-child visits. The American Academy of Pediatrics (AAP) recommends physicians **screen all children for ASD at 18- and 24-months**. A caregiver answers a questionnaire about language, movement, behavior, emotions and thinking skills. Developmental monitoring and screening help clinicians determine if a patient needs a referral to a developmental specialist.

## Developmental diagnosis

Screening tools are valuable, but they are insufficient for a diagnosis. An **ASD diagnosis requires a formal evaluation performed by a trained specialist**. This evaluation highlights the child's strengths and difficulties. Additionally, it determines if the child meets the criteria for ASD diagnosis. Autism spectrum disorder includes conditions that were once diagnosed separately:

- Autistic disorder
- Pervasive developmental disorder not otherwise specified (PDD-NOS)
- Asperger syndrome

Most providers use the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) to make a diagnosis.

## How to support those facing ASD

Parents facing their child's developmental differences feel overwhelmed and afraid. They may dismiss concerns or obsess about delays. Family physicians need to know how to support those facing autism spectrum disorder.

## Awareness

PCPs need knowledge about ASD and the medical conditions associated with it. Several organizations offer continuing medical education (CME) credits related to ASD. These easily accessible resources support physicians as they seek to serve families.

## Screening

Blood tests are undeniable and precise. However, there is no lab test to diagnose ASD. Physicians can recognize signs of developmental differences using an array of screening tools. Unfortunately, **parents and providers often dismiss differences** found in these developmental screens.

## Referral

Family physicians are masters of versatility. They are at the front lines, fighting for early detection and prevention of many diseases. Their superpower is recognizing and responding to signs and symptoms early.

Developmental pediatricians are ASD trained and able to perform a formal diagnosis. Family physicians who are not ASD-trained can **support caregivers by referring patients presenting with developmental differences.**

## Treatment

Autism spectrum disorder impacts each child differently. There is **no one-size-fits-all approach** to ASD intervention. A collaborative approach ensures that each patient receives a personalized, holistic treatment plan. Types of treatments include:

- Behavioral
- Developmental
- Social-relational
- Educational
- Pharmacological
- Psychological
- Complementary

Since there are so many treatment paths, social media or a neighborhood friend is ill-equipped to provide personalized advice to families facing ASD. They need help from a medical professional.

## Changing trends in autism support and education

Autism spectrum disorder is emotionally and socially challenging for everyone involved. Parents need support and help navigating the many treatment paths.

Knowing all the nuances of neurodevelopmental disorders like ASD is overwhelming for many family physicians. That's why we are here to be your partner in care. Our hospital offers accessible, quality care, so you can rest assured that your families get the support and help they need.

## Resources

"Autism Spectrum Disorder (ASD)." Centers for Disease Control and Prevention (CDC), 2024, Autism Spectrum Disorder (ASD) | Autism | NCBDDD | CDC.

"Family Physicians' Awareness of Autism Spectrum Disorder: Results from a Survey Study."  
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"The importance of physician knowledge of autism spectrum disorder: results of a parent  
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