

Autism Spectrum Disorder A guide for community physicians

Source: Canadian Paediatric Society
www.cps.ca/uploads/issues/CPS Autism-EN-clinical-tool 1.pdf
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The estimated prevalence of ASD is 1 in 66 Canadians aged 5 to 17 years

Autism spectrum disorder (ASD) is a life-long neurodevelopmental disorder, characterized by impairments in social communication, repetitive and restricted patterns of behaviour, and unusual sensory sensitivities or interests. ASD significantly impacts the lives of children and their families. Timely diagnosis of ASD, and referral for intensive behavioural and educational interventions at the earliest age possible, may lead to better long-term outcomes by capitalizing on the brain's neuroplasticity at younger ages.

This tool is a companion to 3 Canadian Paediatric Society statements that provide clear, comprehensive, evidence-informed recommendations and tools to help community paediatricians and other primary care providers monitor for the earliest signs of ASD-an important step toward an accurate diagnosis and comprehensive needs assessment for intervention planning.

Key Points

Early detection

- All Canadian children should be monitored for early behavioural signs of ASD as part of general developmental surveillance.
- Children identified as being at increased risk for ASD should receive an early, focused evaluation to determine need for further diagnostic assessment.

Diagnostic assessment

• Three diagnostic pathways are described, to address the continuum of complexity of clinical presentation of children with suspected ASD, and also to be flexible to community strengths and collaboration between community paediatricians, other developmental health professionals, and specialty centers.

Post-diagnostic management

- Paediatricians and other primary care providers are well-positioned to provide or coordinate ongoing medical and psychosocial care and support services for children with ASD.
- Managing ASD includes treating medical and psychiatric co-morbidities, behavioural and developmental interventions, and providing supportive social care services to enhance quality of life for affected children and families.

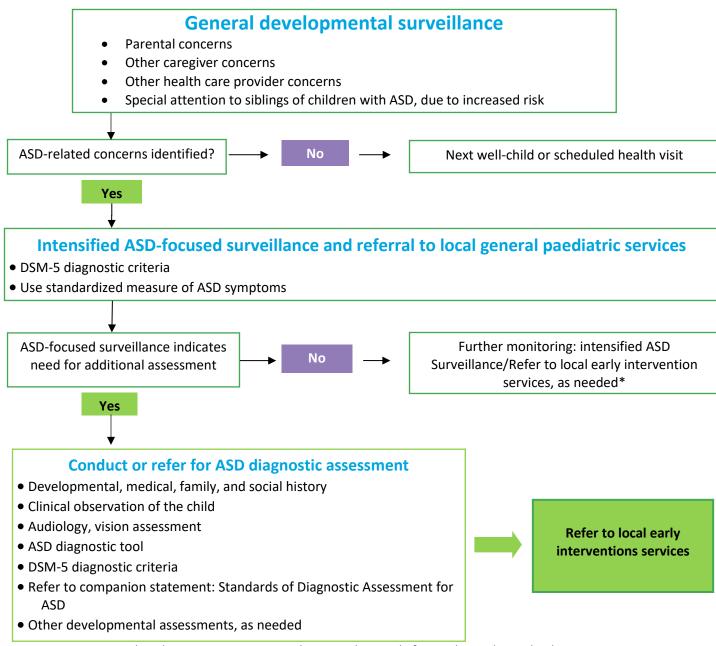
Source: Canadian Paediatric Society: www.cps.ca/uploads/issues/CPS_Autism-EN-clinical-tool_1.pdf. Adapted with permission.





Developmental surveillance and screening for ASD

When developmental surveillance indicates a possible risk for ASD, further in-depth assessment is needed. This stage of assessment, which is more intensively ASD-focused, should include a standardized measure of ASD symptoms. Children who meet scoring criteria according to this first screening tool, or whose clinical presentation indicates a high index of suspicion to their health care provider, should proceed to a diagnostic assessment, either by a community paediatrician or a specialized team.



ASD Autism spectrum disorder; DSM-5 Diagnostic and Statistical Manual of Mental Disorders, 5th edition *Referral for an audiology assessment could occur at this stage

Source: Canadian Paediatric Society: www.cps.ca/uploads/issues/CPS Autism-EN-clinical-tool 1.pdf. Adapted with permission. Source: Canadian Paediatric Society, Autism Spectrum Disorder Guidelines Task Force (Principal author: Lonnie Zwaigenbaum). Early detection for autism spectrum disorder in young children. Paediatr Child Health. 2019;24(7):424-432.





opinion from other

ASD specialists

settings

information from

different community

a written report to

interventions and

community-based

services, if not

already done

services

family referral

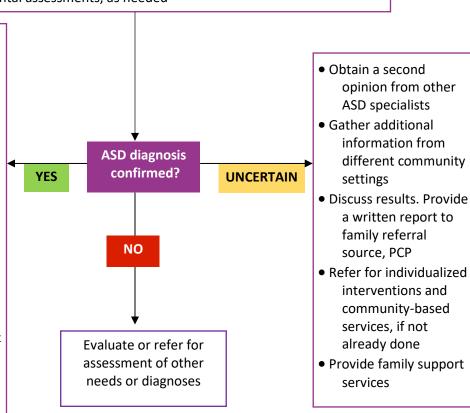
source, PCP

Diagnostic evaluation: Three approaches

Children with suspected ASD are often first identified by a paediatrician, family physician, parent or another caregiver, and can present with a wide range and severity of symptoms. A "one-size-fits-all" multidisciplinary team diagnostic approach is inefficient and contributes to long wait times. The CPS proposes three ASD diagnostic approaches, the choice of which depends upon the paediatric care provider's clinical experience and judgment, and the complexity of symptom presentation. Regardless of the approach taken, open communication, collaboration, and consent to share information among professionals may help to achieve diagnostic accuracy and avoid duplication of effort.

ASD diagnostic assessment

- Developmental, medical, family, and social history
- Information from school, child care, community
- Audiology, vision assessment
- Direct clinical observation of the child
- +/- ASD diagnostic tool
- DSM-5 diagnostic criteria
- Other developmental assessments, as needed
- Discuss results. Provide a written report to family stating diagnosis, referral source, PCP and school if school age
- Refer for individualized interventions and community-based services
- Conduct or refer for other assessments, as indicated (e.g., cooccurring diagnoses or for program planning)
- Provide family support services
- Individualized Funding forms and private providers for applicable age groups:
 - www.saskatchewan.ca/residents/h ealth/accessing-health-careservices/health-services-for-peoplewith-disabilities/autism-services
- Autism Services, Early Entrance Programming, if applicable: Jordan's Principle, Community Living Service Delivery (CLSD), Cognitive Disability Strategy (CDS), School supports



Source: Canadian Paediatric Society: www.cps.ca/uploads/issues/CPS_Autism-EN-clinical-tool_1.pdf. Adapted with permission. Source: Canadian Paediatric Society, Autism Spectrum Disorder Guidelines Task Force (Principal author: Jessica Brian). Standards of diagnostic assessment for autism spectrum disorder. Paediatr Child Health. 2019;24(7):444-451.





Checklist Post Diagnostic management of Autism Spectrum Disorder (ASD)

| 1. | Etiological testing for associated medical conditions | 2. Management of Comorbid conditions |
|--|--|--|
| | Dh. sical and a complexical coord | Refer to specialist when appropriate |
| | ☐ Physical and neurological exam | ☐ Gastrointestinal conditions |
| | ☐ Hearing assessment | □ Nutrition |
| | ☐ Vision assessment | |
| | □ Dental assessment | ☐ Sleep |
| | ☐ Genetic testing including microarray assessment; | ☐ Anxiety, depression, and other mood and |
| | other investigations if indicated | psychiatric disorders |
| | ☐ Metabolic testing is indicated | Attention deficit and hyperactivity disorder (ADHD) |
| | | , |
| 2.0 | oth or accessorate and themenics that address ACD | Other child-specific conditions |
| 3. Other assessments and therapies that address ASD-associated functional challenges | | 4. Behavioural and developmental interventions for core |
| asso | ociated functional challenges | and associated features of ASD. Refer to specialists |
| | ☐ Speech-language therapy | when appropriate |
| | ☐ Psycho-educational assessment | ☐ Become familiar with available community |
| | □ Occupational therapy | programs |
| | ☐ Physical therapy | Provide information about essential components |
| | ☐ Individualized education supports | and effectiveness of treatment interventions and |
| | □ Behavioral intervention | programs |
| | | Facilitate enrollment into behavioral and |
| | | developmental intervention programs (therapist- |
| | | delivered or parent-mediated approaches) |
| | | delivered of parent-inediated approaches) |
| 5. N | lanagement of challenging behaviours | 6. Complementary and alternative medicine (CAM) |
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Resources and References

For more information and additional Resources: www.cps.ca/autism
https://www.cps.ca/uploads/issues/CPS_Autism-EN-clinical-tool_1.pdf

References

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