Autism Spectrum Disorder Diagnosis – Screening and Evaluation

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Lecture Series #2
Learning Objectives
What can we talk about in 20 minutes?

• Why should we identify early?
• How to assess?
• And a few Autism-isms
Why Identify Early?

• Autism spectrum disorders are common
  – 1 per 110

• Autism causes severe disruptions for children and their families

• Early intervention works
  – ABA versus special education:
    • 25 points in IQ (vs 14)
    • Increased adaptive functioning
    • More inclusion
Why Identify Early?

• Because we should and we can…
  – Age of diagnosis in the US: 3 - 4 years
  – Age of parental concern: before 18 months
    • Signs in the second year of life
      – Reduced frequency of protodeclarative behaviors
      – Lacking coordination of gaze, facial expression, gesture, and sounds when communicating
      – Differences in verbal communication
    • Signs in first year of life
      – Reduced response to name
      – Reduced frequency of looking at faces and people
      – Increased frequency of repetitive motor behaviors
  – Parents usually know that something is wrong
What parents report

- Delayed language
  - Response to name and use of words
- Delayed social abilities
  - Eye contact and “in own world”
- Sensory difficulties
  - Sounds, textures, tastes, sights / lights
- Challenging behaviors
  - Self-injury, aggression, self stimulation, refusal to follow directions, withdrawal
  - These behaviors may be serving a real purpose for the child
    - Communication
    - Escape
What to look for

• Social Communication Behaviors:
  – Not responding to their name, using meaningful words, paying attention when someone enters the room
  – Lack of Joint attention
  – Communication “Red Flags”
    • No babbling by 12 months
    • No gesturing (pointing, waving bye-bye) by 12 months
    • No single words by 16 months
    • No two-word spontaneous phrases by 24 months
    • Any loss of language or social skills at any age

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Joint Attention

2 months….reciprocal smiling
5 months….attachment to caregiver
8 months….gaze monitoring
9 months….follows a point
12 months….shows objects
    proto-imperative pointing (“want that”)
14 months….proto-declarative pointing (“look at that”)

From: Chris P. Johnson, MD, FAAP. University of Texas Health Science Center, San Antonio, TX
What to look for

• Developmental Delays
  – Speech / language
  – Social skills
  – Play

• Loss of milestones
  – 20-35%: developmental regression between 18 months and 2 years
  – Reason for concern – loses words and social skills for > 1 month
AUTISM - ISM

• So literal
How to assess

• Listen to parent concerns

• Developmental Screening Tools
  – **PEDS** (Parent Evaluation of Developmental Status)
  – **ASQ** (Ages and Stages Questionnaire)
  – **M-CHAT** (Modified CHAT)
  – **PDDST** (Pervasive Developmental Disorder Screening Test)
  – **SCQ** (Social Communication Questionnaire)

• PCP – Physical / Neurological
  – Macrocephaly, dysmorphic features, neurocutaneous syndromes, neuro soft signs
LEVEL 1: DEVELOPMENTAL SURVEILLANCE / SCREENS
PEDS, ASQ, Brigance, CDI

IMMEDIATE EVALUATION IF:
No babbling, pointing, or other gesture by 12 months
No single words by 16 months
No 2-word spontaneous phrases by 24 months
Any loss of language or social skills at any age

Fail | Pass

Labs: Audiology, lead if Pica
Screen for Autism: M-CHAT, ASQ, PDDST-II

Fail | Pass

Refer to Early Intervention / Local School district
Proceed to Level 2 | Refer to Level 2 as indicated

LEVEL 2: DX AND EVAL
Formal evaluation
Genetic testing, metabolic testing

Adapted from the AAN Guidelines
AUTISM-ISM

Bad Words