



- Appreciate how common autism spectrum disorder (ASD) is by discussing the epidemiology.
- Review the current understanding of the pathogenesis of ASD.
- Identify clinical features and associated conditions of ASD.
- Summarize the surveillance and screening of ASD, as well as next steps.

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• DSM-5 2013

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- Neurodevelopmental disorder
 - Deficits in social communication and interaction
 - Restrictive repetitive behaviors, interests, and activities
- Must be present in early development
- Must substantially impair functioning

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Epidemiology Prevalence 1/40 to 1/500 Increased over time, esp. since 1990s Changes in definitions Increased awareness Earlier detection

- More specialized developmental services
- Diagnostic substitution
- True increase

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Epidemiology

- More common in US
- 3-4 x more common in males
- 10-20% siblings
- 33-45% intellectual disability
- 50% ADHD

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- 30% Epilepsy
- 25% Genetic cause

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Pathogenesis: Genetics

- · Incompletely understood
- · Genetic factors that alter neural connectivity
- Environmental modifiers
- Polygenic variants, single nucleotide variants, copy number variants, rare inherited variants, tandem repeats, noncoding variants

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Pathogenesis: Genetics

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- Supported by unequal sex distribution, increased prevalence in siblings, high concordance in monozygotic twins, increased risk with increased relatedness
- Linkage studies and WES has identified many genetic variations, no individual variation accounts for >1% and no specific mutation is unique to ASD

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Pathogenesis: Neurobiologic Factors

- Neuroimaging, electrophysiology, autopsy studies
 - Brain abnormalities, particularly atypical neural connectivity
- Accelerated head growth during infancy and increased overall brain size

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Pathogenesis: Environmental Factors Toxic exposures, teratogens, perinatal insults, prenatal infections

 Second-hit: modulating existing genetic factors predisposing to ASD

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Pathogenesis: Parental Age Advanced parental age 30 and older for mothers 40 and older for fathers De novo spontaneous mutations and/or alterations in genetic imprinting

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- Absent or limited interest in social interaction with other children
- Lack of understanding of "personal space" and boundaries
- Indifference/aversion to physical contact and affection

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Social and Emotional Reciprocity

- Pragmatic language
 - Echolalia
 - Scripted language
 - Metaphors, humor, sarcasm, teasing, jokes, deception (6 to 7 years of age)

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Restricted and Repetitive Behavior, Interests, and Activities

- Insistence on sameness and resistance to change
 - Schedules and routes
 - Diet

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- Discussing same topics
- Scripted play
- Can be perceived as OCD
 - Unaware of their perseverations

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Restricted and Repetitive Behavior, Interests, and Activities

- Sensory processing difficulties
 - Overresponsive or underresponsive
 - Textures to touch
 - Food textures or tastes
 - Certain noises
 - PICA

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- Pain insensitivity

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Restricted and Repetitive Behavior, Interests, and Activities

- Stereotyped behaviors
 - Hand flapping, rocking, spinning in circles
 - Tip-toe walking
 - Lining toys up or spinning wheels on toy cars
 - Delayed echolalia
 - Self-stimulative/-injurious behavior
 - New self-injurious behavior should prompt evaluation

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Restricted and Repetitive Behavior, Interests, and Activities

- Restricted interests
 - 1 or more specific topics
 - Preoccupation with unusual objects

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Associated Conditions Intellectual impairment: usually uneven Developmental delay Speech>Fine Motor>Gross Motor Developmental regressions Anxiety: 42-55% ADHD: 30-50% ODD and other disruptive behavior disorders

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Associated Conditions

- Mood disorders
- Tic disorders
- Schizophrenia

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- Learning disorders
 - Typically 3rd to 4th grade

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- Feeding problems
 - Textures and tastes
 - GI symptoms: weight abnormalities, diarrhea, constipation
 - Nutritional deficiencies
- Medical conditions (eg seizures)
- Genetic syndromes

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Associated Conditions

- Sleep-onset disturbances

– Abnormal sleep architecture

• Sleep disorders – Bedtime resistance

- Sleep anxiety

- Restlessness

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- Frequent waking











Screening Tools

- ASD-specific
- Complement general developmental screening tools
 - Poor predictors of ASD
- First- and second-tier screening
- Limited sensitivity and specificity
- Age-specific and validated

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Modified Checklist for Autism in Toddlers, Revised w/ Follow-Up

- M-CHAT-R/F
- Two-stage tool
- 16-30 months of age
- Available in many languages
- Validated with sensitivity 85% and specificity 99%, PPV 48%

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20-item yes/no caregiver-report questionnaire <5 minutes to administer

M-CHAT-R/F: Stage 1

- <2 minutes to score
- Scoring
 - $\, 0\mathchar`- 2$ low risk
 - 3-7 medium risk→Stage 2
 - 8-20 high risk→Referral for diagnosis

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- Sensitivity 83%, specifity 75%

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Other Screening Tools Social Communication Questionnaire (SCQ) Second-stage screen 4 yrs and up Autism Spectrum Screening Questionnaire (ASSQ) High-functioning, 27-item checklist 7-16 yrs

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Other Screening Tools

- Autism Spectrum Quotient (AQ)
 - Self-administered for adults with normal intelligence
 - 50 questions
- AQ-Child

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- 4-11 years
- Sensitivity and specificity 95%, further studies ongoing

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- Developmental Behaviour Checklist-Autism Screening Algorithm
 - 4-18 yrs w/ intellectual disabilities
 - Sensitivity 86%, specificity 69%
 - False positives with significant behavioral problems
- Developmental Behaviour Checklist-Early Screen
 - 18-48 mo w/ dev delay

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Resources

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- screening and diagnosis of autism: report of the Quality Standards Subcommittee of the American Academy of Neurology and the Child Neurology Society. Neurology 2000; 55:468.

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Resource

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- Radiopaedia. <u>https://radiopaedia.org</u>.
- Swaiman KF et al. *Swaiman's Pediatric Neurology: Principles and Practice*. 5th ed.
- UpToDate. <u>https://www.uptodate.com</u>.
- World Health Organization. ICD-11 International Classification of Diseases 11th Revision. https://www.who.int/classifications/classification-of-diseases.

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