Autism Spectrum Disorder
Clinical Practice Guideline Summary for Primary Care

DIAGNOSIS AND CLINICAL ASSESSMENT

Autism Spectrum Disorder is a class of disorders characterized by impairments of social communication, and restricted, repetitive patterns of behaviors and interests.

Autism Spectrum Disorder has a wide range of syndrome expression and presents diagnostic and management challenges for treating clinicians. Symptoms of autism must be present in early development, but patients with Autism Spectrum Disorder may not present for treatment until later in life when social demands exceed their capacity to manage.

The multiple developmental and behavioral problems associated with this condition necessitate multidisciplinary care, coordination of services, and advocacy for patients and their families. Early, sustained interventions and the use of multiple treatment modalities are indicated.

Common comorbid conditions include ADHD, intellectual impairment, language impairment, other neurodevelopmental conditions, seizure disorders, disturbances of sleep and gastrointestinal function.

A comprehensive diagnostic evaluation will include behavioral observations and reports from the family and other caregivers, and review of collateral information from school or daycare providers.

Assessment instruments and DSM-V criteria are useful tools to establish a definitive diagnosis of Autism Spectrum Disorder.

Standard psychiatric assessment tools include the Autism Diagnostic Interview-Revised [ADI], Autism Diagnostic Observation Schedule (ADOS), and Diagnostic Interview for Social and Communication Disorders (DISCO).

Parent or clinician-rated screening tools include the Autism Behavior Checklist [ABC], Childhood Autism Rating Scale [CARS], Checklist for Autism in Toddlers (CHAT; M-CHAT) and others.
Observation tools used to confirm the ASD diagnosis include the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2) and the Childhood Autism Rating Scale, Second Edition (CARS-2)

- Screening should include inquiries about core symptoms, including social relatedness and repetitive and unusual behaviors.
- Family history; relevant psychosocial issues
- Educational and behavioral interventions
- Medical history and developmental milestones.
- Physical Examination should include hearing and vision screens as impairments in these areas can profoundly affect communication and social interactions.
- Special attention to sleep and gastrointestinal function is indicated.
- Psychiatric diagnostic assessment to rule out other potential causes, such as anxiety disorders, mood disorders, disorders of attention, or schizophrenia. The DSM-5 allows for a comorbid diagnosis of ADHD.
- Genetic testing may be indicated if there are dysmorphic characteristics or family history suggestive of a heritable syndrome.
- Neurology consultation, neuroimaging, EEG or additional laboratory tests may be indicated.
- Psychological assessment should include measurements of cognitive ability and adaptive skills.
- Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below what is expected for general developmental level.
- Communication assessment including measurement of receptive and expressive vocabulary and language abilities.
- Occupational and physical therapy evaluations may be needed to evaluate sensory and/or motor difficulties

POTENTIAL WARNING SIGNS IN TREATING PATIENTS WITH AUTISM SPECTRUM DISORDER

- Any significant or sudden change in a patient’s mental status, such as a new onset of impulsive, self-destructive or violent behaviors, should alert clinicians to look for medical or psychiatric causes, and may require urgent or emergent treatment including hospitalization.

- Children, adolescents and/or young adults with Autism Spectrum Disorders may abruptly become oppositional or difficult to manage. Patients may require urgent
or emergent treatment to address behavioral issues and maximize the safety of patient, family and caregivers.

**TREATMENT**

Treatment options for Autism Spectrum Disorder will be determined by the patient’s clinical presentation and severity of symptoms. As previously noted, the associated developmental and behavioral problems require a multidisciplinary approach to care and service coordination. It is advisable to establish and maintain ongoing communication among all service providers, including school-based supports. Case Management services, along with other advocacy groups, can provide education and help families access the necessary resources.

Comprehensive treatment plans should be developed and reviewed during all phases of treatment and include the following elements:

- Evaluate and monitor the patient’s functional impairments and quality of life in domains such as family and social relationships, school, leisure activities and maintenance of health and hygiene
- Collaboration with the patient/parent to develop a treatment plan and help with decision making; attend to the patient/parent’s preferences and concerns
- Structured educational interventions
- Behavioral interventions such as Applied Behavioral Analysis (ABA). The efficacy of ABA in children and adolescents is well supported by scientific evidence and is most effective when initiated earlier in life.
- Individual educational plan: interface with school supports
- Contact and coordination with providers of other medical services, which may include occupational therapy, speech therapy, individual, group, and family therapies, psychiatry, neurology, or others.
- Ongoing monitoring of patient’s symptoms and response to treatment
- Coordinate the patient’s care with other treating clinicians and school supports to ensure that relevant information is communicated to guide treatment decisions, and treatments are synchronized
- Assess potential barriers to treatment adherence including absence of care resources, logistical, economic or cultural barriers to treatment
- Provide education to patient/parents regarding illness and the need for treatment compliance
- Promote healthy behaviors such as exercise, good sleep hygiene and nutrition

**Medication**

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Clinical practice summaries are intended to guide treatment for patients with a specific behavioral health disorder. This summary is not meant to substitute for individualized evaluation and treatment specific to patient needs.
There are currently no medications that address the social communication deficits seen in patients with Autism Spectrum Disorder. Risperidone and Aripiprazole have been approved by the FDA for the treatment of irritability, and physical aggression associated with autism. Some clinicians use other medications, such as selective serotonin reuptake inhibitors to address ASD related repetitive behaviors, but there is no consensus as to their efficacy and their use is considered off-label.

Other comorbid psychiatric conditions, such as ADHD, anxiety, or depression should be treated. Effective pharmacologic management will increase the patient’s ability to benefit from educational and clinical services delivered in home and community settings.

**Psychosocial Interventions**

Patients with Autism Spectrum Disorder and their families will require varying degrees of help and support over time. The clinician should develop long-term collaboration with the family and realize that service utilization may be sporadic. Psychosocial interventions may include the following:

- Referral to available resources for parents such as Autism Speaks, Autism Society of America, Yale Child Study Center, etc.
- Early Intervention Program (for very young children)
- Applied Behavioral Analysis/Social Skills Group (for school age children)
- Vocational training (for adolescents/young adults)

**RESOURCE:**


[full pdf](https://aappublications.org)

**OPTUM CONTACT INFORMATION**

- Optum Physician Consultation Service (800) 292-2922 to discuss treatment concerns with an Optum psychiatrist. Primary Care Physicians may leave a message and will receive a call back from an Optum psychiatrist.
- Optum Customer Service (888) 777-4742 if you would like to make a referral to a behavioral health professional.
- Optum 24/7 Substance Use Disorder Helpline (855) 780-5955 for education regarding substance use, treatment options and available community support services.