



AUTISM SPECTRUM DISORDER FACT SHEET

- 1 in 44 children in the U.S. have an autism spectrum disorder (ASD) [CDC Online].
- There are approximately 16,590 children in Michigan public schools with autism [MDE2012].
- Michigan had the 5th largest autism population as compared to other U.S. states in 2007.
- Autism is the fastest growing developmental disability in the U.S.
- Autism affects boys 4-5 times more often than girls [NIMH Online].
- Parents who have a child with autism are 2%-8% more likely to have another child with autism. [CDC Online].
- Approximately 40% of those with autism do not speak [CDC Online].
- Autism spectrum disorder (ASD) may be a risk factor for a lower average life span. Autism itself is not a cause of a shortened lifespan, but conditions related to the disorder can affect mortality; epilepsy, suicide, injury, drowning, heart disease, diabetes [NCBI, NLM].
- Individuals with autism often suffer from numerous associated medical conditions which may include allergies, asthma, epilepsy, digestive disorders, persistent viral infections, feeding disorders, sensory integration dysfunction, sleeping disorders, and more.
- Estimated lifelong costs for those with autism depending on system support will exceed \$3.2 million [CDC Online].
- There is no medical test to diagnose autism, nor is there a cure at this time.
- Autism greatly varies from person to person--no two people with autism are alike.
- The symptoms of autism often can be greatly reduced with intensive early intervention, which can lead to higher quality lives.

Signs Of ASD

ASD is a neurobiological disorder that typically affects development within the first three years of life and is characterized by deficits and symptoms in the following areas:

- Impaired communication ability (Individuals may be verbal, partially verbal, or non-verbal).
- Impaired social interaction.
- Restricted and/or repetitive interests (includes repetitive actions; verbally repeating words, phrases, or sentences).
- Sensory issues—over or under sensory stimulation.

Possible Signs

- Communication:
 - Difficulty expressing needs or wants.
 - Difficulty communicating in a functional or meaningful way.
 - May cry or laugh for no apparent reason.
 - Difficult in processing instructions or other forms of communication or may seem to take a long time to understand an instruction.



- o May demonstrate echolalia and repeat back words or phrases from peers, parents, teachers, television, or other forms of verbal or media input.
- o Difficulty or inability to engage in joint attention (i.e., share interest or objects with others, following gazes, point, gesture, or interact socially).
- Behavior:
 - o May line up, spin, or show inappropriate attachment to toys or objects.
 - o May have frequent tantrums, aggression, or self-injurious behaviors.
 - o May demonstrate repetitive, stereotypic self-stimulatory (stimming) behaviors. This repetitive behavior can be in the form of actions (such as spinning or hand flapping) or in the form of repetitive conversation (such as repeating words, phrases, sentences) The behavior does not seem to have a purpose and interferes with daily living.
 - o May resist change—desire sameness.
- Social:
 - o May appear aloof, deaf, or want to be alone.
 - o Difficulty taking another’s perspective or reading another person’s body language, facial expression, or gestures.
 - o Difficulty starting or sustaining a conversation.
 - o Difficulty with peer relationships.
 - o May not make eye contact.
- Other:
 - o Sensory processing issues: hyper or hypersensitive to sensory inputs.
 - o Particular about food choices and textures.
 - o Physically over or under activity.
 - o Over or under sensitivity to physical pain.
 - o Difficulty with fine and/or gross motor skills.
 - o Limited or no eye contact.
 - o Skills are fragmented or splintered. Individual may be exceptionally strong in some areas while deficient in others (e.g., outstanding math skills but difficulty with reading comprehension).
 - o Physiological issues—may have gastrointestinal issues, food allergies, and other medical concerns.

Screening Guidelines

American Academy of Pediatrics Recommendation for Screening

The American Academy of Pediatrics has recommended ALL children be screened at well-child visits for autism and other developmental disabilities at 18 and 24 months. One of the more commonly used tools that is used is called the “Modified Checklist for Autism in Toddler’s” [MCHAT]. This is a 23-question SCREENING tool. It does NOT diagnose autism but considers possible “red flags.” You can download this tool at NO COST, complete it, and take it to your physician at any time. Remember that this is JUST a



screening tool, and even if your child does not have autism, he or she may have some other developmental delay that may need attention and intervention.

New Criteria for Autism Spectrum Disorder (ASD)

The diagnostic criteria for autism changed in 2013. The change was made after 19 years of research and clinical practice. The last update to the autism diagnosis was in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). The American Psychiatric Association has just published the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders [DSM-5].

Changes include:

The diagnosis will be called autism spectrum disorder (ASD), and there no longer will be sub-diagnoses such as autistic disorder or Asperger Syndrome.

The new diagnostic criteria have been rearranged into two areas: 1) social communication/interaction, and 2) restricted and repetitive behaviors. The diagnosis will be based on symptoms in these two areas.

Source: American Academy of Pediatrics:

<http://aapnews.aappublications.org/content/early/2013/06/04/aapnews.20130604-1>