

# Autism resource: new tool for GPs

In this article **Phillipa Clark** discusses the latest resource for evaluating suspected autism spectrum disorder (ASD), and how this can be used by GPs. Phillipa is an honorary senior lecturer working in the field of developmental paediatrics and is a member of the *Altogether Autism professional expert group*



Current government initiatives to support the implementation of the New Zealand Autism Spectrum Disorder Guideline (2008) mean more families are aware of autism spectrum disorders (ASD). This article looks at questions and concerns a GP might field, and the latest evidence and resources available.

It follows an earlier evidence column in *New Zealand Doctor* (19 November 2008) on early detection of ASD. Discussed below are some examples of what parents or caregivers might ask you.

### “School is worried about my child’s poor social skills”

This could be a presentation of a child with an ASD, specifically Asperger syndrome, where language development is within normal limits. Early diagnosis of Asperger syndrome is important. However, some children do not cause significant concern in their preschool years and only come to attention once at school with behaviour problems, or problems joining in and making friends with their peers.

### As a primary care practitioner, are

you clear about your local referral

pathways for children with possible ASD?

The New Zealand Guidelines Group (NZGG) has recently gone live with a web-based information and education service for recognisers and referrers of those who may have an autism spectrum disorder (see panel). The website hosts a range of guideline-based resources, including a brief video tutorial and accredited CME to help referrers recognise children displaying features of an ASD at different ages (Fig 1). It is hoped such ongoing professional education for both health and education practitioners will lead to more referrals and, hence, to more children being correctly diagnosed earlier (Fig 2). As a primary care practitioner, are you clear about your local referral pathways for children with possible ASD?

### Referral pathways for children and adolescents

Preschool children tend to be assessed through paediatric services. School children generally have two possible routes to diagnosis – either through local paediatric or developmental paediatric services, or through their local Child and Adolescent Mental Health Service (CAMHS). Local practices vary, but school-aged children who are thought to also have significant learning difficulties or chronic health conditions may be steered towards a paediatric review, while those with possible ASD and behaviour problems may be seen as very appropriate referrals to the local CAMHS. In my experience, Resource Teachers: Learning and Behaviour often refer to their local CAMHS service. CAMHS has a contract to diagnose ASD, but not to provide follow-up. Paediatric services vary in whether they offer routine follow-up, or whether they diagnose, ensure families are linked into local support and information services, and then discharge to ongoing GP care, with the expectation that a new referral will be generated if there are new concerns. This latter pattern is most common.

### “He seems very much like me!”

Adults with an ASD may first seek a diagnosis for themselves after their child has been diagnosed. Assessment for adults is not readily available in the public sector. Most people consult a private psychiatrist or psychologist. Where would you refer an adult seeking advice on a possible ASD diagnosis in your area?

One parent told a colleague having their child diagnosed was the best thing that happened to them as a family, as the child’s diagnosis led to the other parent being diagnosed with an ASD. This extra information and resulting understanding allowed the parents

to work through difficulties they were having, which had initially seemed insurmountable.

### “Is it normal for an eight-year-old with ASD to find it hard to sit still, doctor?”

In other words, if the child has ASD, do you still need to consider attention deficit hyperactivity disorder (ADHD)? There are many comorbid conditions associated with ASD, including ADHD, as highlighted in the 2008 ASD guideline. Features of ADHD are not part of ASD and need attention. Likewise, being clumsy is not part of ASD, and problems such as handwriting difficulties need to be considered independently. This child would warrant further history and examination. If the history is consistent with possible ADHD, a referral for a paediatric or CAMHS assessment is indicated. Comorbid ASD does not reduce the benefit of usual treatments for ADHD, such as stimulant medication.

### “Why has my child got autism?”

It is recognised genetic factors are important and there is rapid growth in knowledge in this area. A paper by Shen and colleagues (2010) in *Pediatrics* describes the genetic testing of over 900 patients with ASD, and the findings for different types of testing – G-banded karyotype, Fragile X testing and chromosomal microarray (CMA). Of these, CMA found the greatest number of abnormalities. In their conclusions, the authors stated the interpretation of microarray data was complicated by the presence of both novel and recurrent copy-number variants of unknown significance, but, despite these limitations, CMA should be considered as part of the initial diagnostic evaluation of patients with ASD. CMA testing is available in an increasing number of centres in New Zealand. Interesting research by Glessner and colleagues (2009) reported in *Nature* is starting to suggest links between genetic findings and biological pathways that may be involved in the causation of ASD symptomatology. My view is, we can honestly tell parents ASD is predominantly genetic; that all children need to be tested to rule out Fragile X, and that karyotype – and, increasingly, CMA testing – will be offered as part of their hospital work-up.

### “So, doctor, they said at the child development centre she has ASD. Does that mean she needs to go on a special diet?”

Many families, in my experience, consider a restricted diet very soon after diagnosis. I would suggest parents may not generally get a balanced account of the relative lack of evidence to support such diets. An updated Cochrane Review (Millward et al. 2004) on the topic of gluten and casein-free diets only found two double-blind, randomised controlled trials of sufficient quality to include, and together these two trials only involved 35 children. The authors concluded the evidence base for such diets is weak, and more high quality research is needed.

The related question of whether children with ASD are more prone to gastrointestinal problems has been addressed recently in reviews by Buie and colleagues (2010) in *Pediatrics*, with the answer being no. Children with ASD can get all the GI problems other children do, but they may come to the doctor with a change in behaviour, or behaviour issues, rather than more typical histories.

Ibrahim and colleagues (2009) concluded from a comparative longitudinal study that, while food selectivity and constipation were more common in ASD, these were probably related to feeding behaviour and not to intrinsic GI pathology. The authors cautioned against the indiscriminate use of restrictive diets, or of vitamin and mineral supplements and other related treatments for children with ASD, aimed at a putative GI aetiology. In their opinion, such treatments should only be used for individual children with a diagnosed GI disorder.

### “Doctor, we’ve heard about ‘this-and-that’ therapy and it sounds really good, but expensive. Should we try this for our boy?”

Where can you or parents turn for evidence-based advice? Sources include the New Zealand Autism Spectrum Disorder

### ASD website features

Visit [www.nzgg.org.nz/asd](http://www.nzgg.org.nz/asd) for a suite of new resources on autism spectrum disorder:

- e-booklet and brief video tutorial to help you recognise possible signs of ASD and decide on what action to take
- CME accredited self-test and a slide set so you can train others
- community links and more.

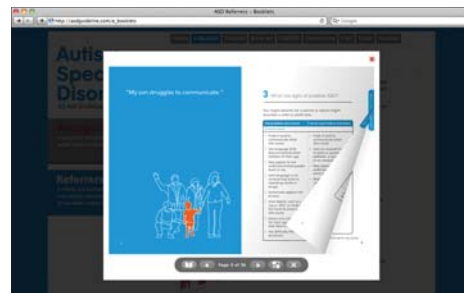


Figure 1. The new website includes an e-booklet with information on signs of autism spectrum disorder (ASD) by age group

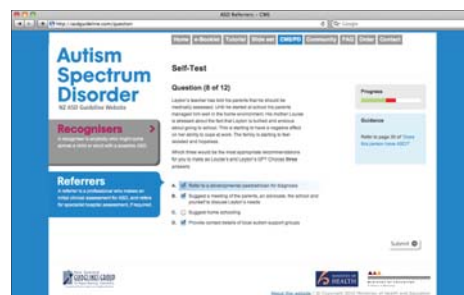


Figure 2. A self-test CME section allows users to check their knowledge and responses to potential ASD cases

Guideline and the new website (both at: [www.nzgg.org.nz/asd](http://www.nzgg.org.nz/asd)), the family’s paediatrician, and Altogether Autism ([www.altogetherautism.org.nz](http://www.altogetherautism.org.nz)).

Altogether Autism describes itself as an information service for people with ASD, their families, whanau and the wider New Zealand community. The service can help people access information, and also has a professional expert group (to which I belong) that can help answer questions.

This column is coordinated by the New Zealand Guidelines Group. NZGG is an independent, not-for-profit organisation set up to promote effective delivery of health and disability services, based on evidence. NZGG works with a broad-based collaborative network of clinical leaders, opinion leaders and consumers, designing tools to promote an evidence-based culture within the New Zealand health and disability sector. [www.nzgg.org.nz](http://www.nzgg.org.nz)