

Care of Children with Autism Spectrum Disorder



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KEYWORDS

- Autism spectrum disorder
- Physician's role
- Medical home
- Co-occurring conditions

KEY POINTS

- Physicians play an important role in the identification of children with possible autism spectrum disorder (ASD).
- Children with ASD often have co-occurring medical, mental health, and educational needs.
- Physicians need to refer children and families for appropriate diagnosis and treatment.
- Physicians should provide a medical home for the child with ASD.

INTRODUCTION

Autism Is Common and Complex

Recent data from the Centers for Disease Control and Prevention (CDC) and the Autism and Developmental Disabilities Monitoring (ADDM) network estimate that by age 8 years, 1 in every 68 children has a diagnosis of autism spectrum disorder (ASD). The average age of diagnosis for children has remained stable at 4.5 years of age.¹ Children having adequate language and cognitive skills are often not diagnosed until they enter school. As a result, many primary care physicians (PCPs) will be faced with the question “Doctor, does my child have autism?”

Diagnostic Criteria for Autism Spectrum Disorder

In addition to being common, ASD is also complex. In May 2013, new diagnostic criteria for ASD were published in the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5).² The DSM-5 is a manual that presents a classification of mental disorders and diagnostic criteria used to identify and diagnose mental disorders. Perhaps the most notable change in the DSM-5 ASD criteria is the elimination of ASD subtypes (Asperger Syndrome, Autistic Disorder, Pervasive Developmental

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Disorder, Not Otherwise Specified,(PDD_NOS), Childhood Disintegrative Disorder). The new DSM-5 criteria allow for a single categorical diagnosis of ASD. The diagnostic criteria are now combined into 2 core symptom areas: deficits in social relatedness and social communication, and repetitive and restricted patterns of behavior. However, the behaviors and symptoms that were previously used to diagnose ASD are largely the same. Autism is still autism. The DSM-5 recommends that the diagnostician identify “specifiers” about the individual with ASD, so that providers will have a better understanding of areas of strength and needs. The DSM-5 diagnostic criteria for ASD can be found in the DSM-5² or at <http://www.cdc.gov/ncbddd/autism/hcp-dsm.html>.

A diagnosis of ASD is given when individuals meet *all 3 criteria* in the area of deficits in social communication/social interaction, and *at least 2 criteria* in the area of repetitive and restricted behaviors/interests. Symptoms must be present in early childhood, cause significant impairment in functioning, and are not better accounted for by intellectual disability or global developmental delay. Recent changes to ASD criteria in the DSM-5 should not affect individuals previously diagnosed with an ASD using the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, Text Revision, (DSM-IV-TR).³ According to the DSM-5, if an individual was diagnosed using the DSM-IV-TR, he or she is considered to meet ASD criteria using DSM-5; therefore, diagnoses given using DSM-IV are not being removed based on the new criteria (**Box 1**).²

Roles for the Primary Care Physician

The primary care physician (PCP) plays a vital role for children with ASD. This article focuses on the roles of PCPs in the Medical Home, which include:

1. Performing developmental surveillance, screening, and referral
2. Assisting in the diagnostic process
3. Identifying and managing co-occurring conditions
4. Supporting children and families across systems

MEDICAL HOMES FOR CHILDREN WITH AUTISM SPECTRUM DISORDER

Pediatricians and PCPs are likely to be familiar with the definition and principles of the family-centered (or patient-centered) medical home.⁴⁻⁶ The pediatric medical home is “a model of delivering primary medical care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.”⁵

Box 1

Major changes to the DSM-5, Autism Diagnostic Criteria

Major Changes to the DSM-5 Include:

Category name changed from Pervasive Developmental Disorders to Autism Spectrum Disorders

- Elimination of specific ASD subtypes (Asperger Syndrome, PDD-NOS, Autistic Disorder, Childhood Disintegration Disorder) and a move to one diagnosis, Autism Spectrum Disorder
- Reduction/combination of core symptoms categories from 3 to 2 (socialization and communication are now one combined category, repetitive and restricted behaviors/interests). Inclusion of sensory differences in criteria
- Recommendation to identify “specifiers” to better understand the individual needs of each child with ASD (cognitive and language ability, level of supports needed, co-occurring medical and mental health conditions)
- Inclusion of co-occurring mental health disorders (eg, attention-deficit/hyperactivity disorder)

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