

# Improving Screening for the Adult with Autism Spectrum Disorder: A Literature Review

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## SIGNIFICANCE

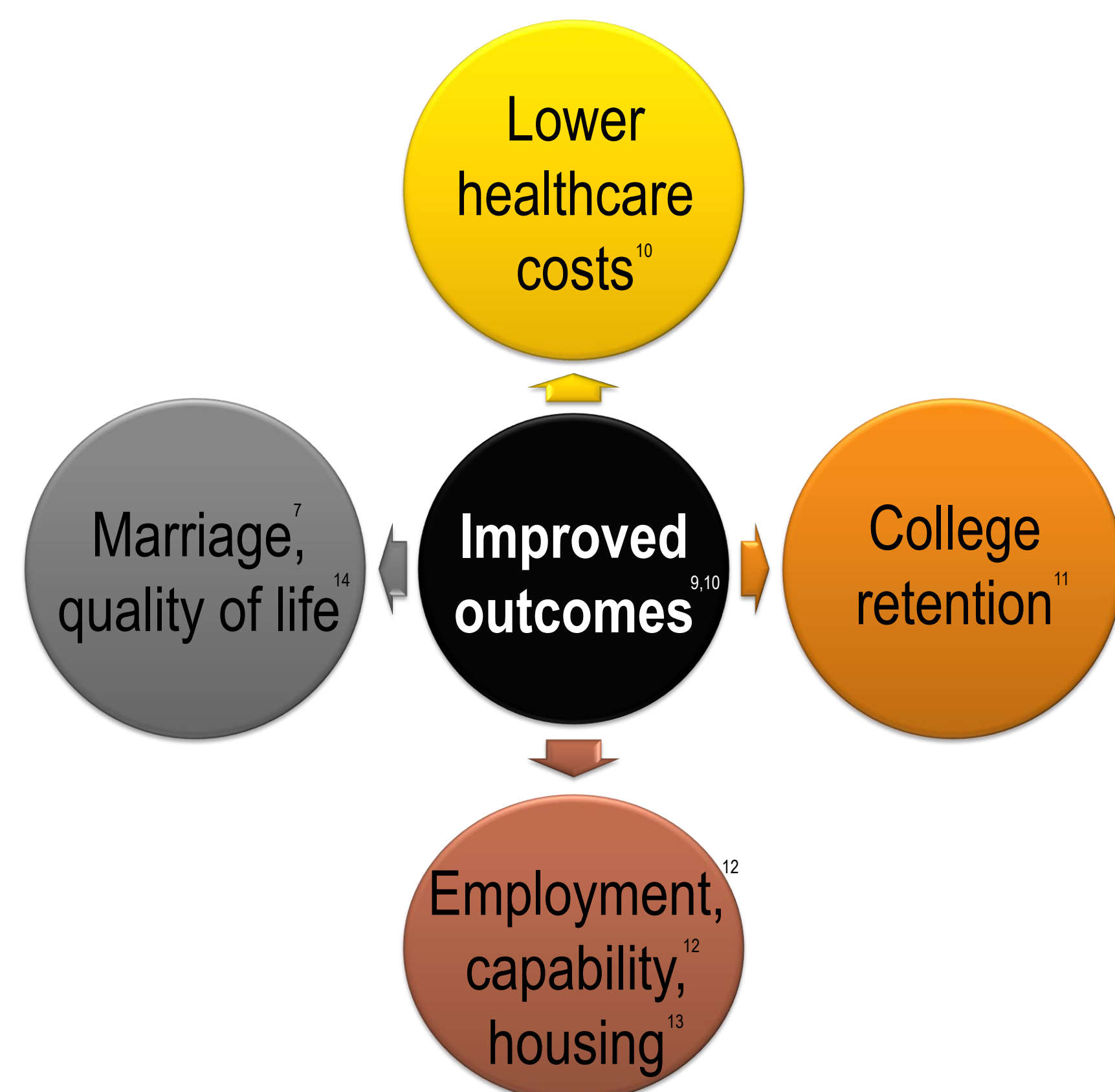
- Autism spectrum disorder (ASD) affects one in 100 adults<sup>1</sup>
- Only 60% of adults are diagnosed<sup>1</sup>



- Comorbidities include depression<sup>1,3,4</sup>, anxiety<sup>1,3,4</sup>, polypharmacy<sup>4</sup>, obesity<sup>4</sup>, & behavioral disorders<sup>4</sup>
- New symptoms emerge on transition to adulthood<sup>1,7</sup>
  - Undiscovered autism becomes more apparent<sup>7</sup>

## STATE OF THE SCIENCE

- The state of science for ASD is varied across the United States
  - Federal support, mandates lacking for all ages<sup>8</sup>
- Children widely studied; adults less so<sup>1</sup>



- Health management requires communication and trust between patient and provider<sup>15</sup>
- Screening utilized in primary care improves detection rates<sup>16</sup>
  - Some interventions can be initiated without a diagnosis<sup>17</sup>

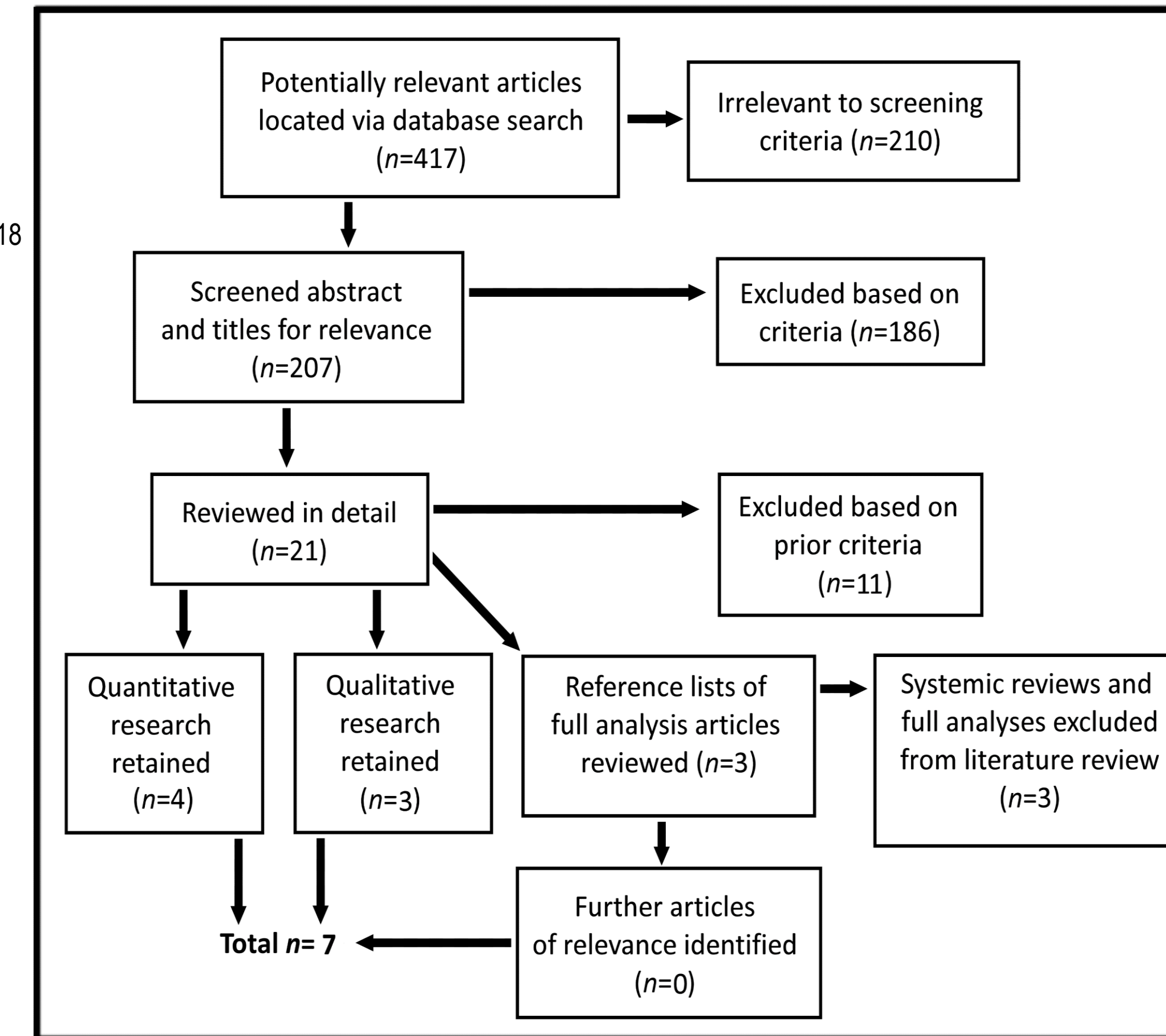
## AIM

For identifying adults with ASD in the primary care setting, how do screening tools and provider detection of autistic traits, compared to usual care, achieve optimal sensitivity and specificity for identifying, communicating with, and providing healthcare to the patient with ASD?

## METHODS

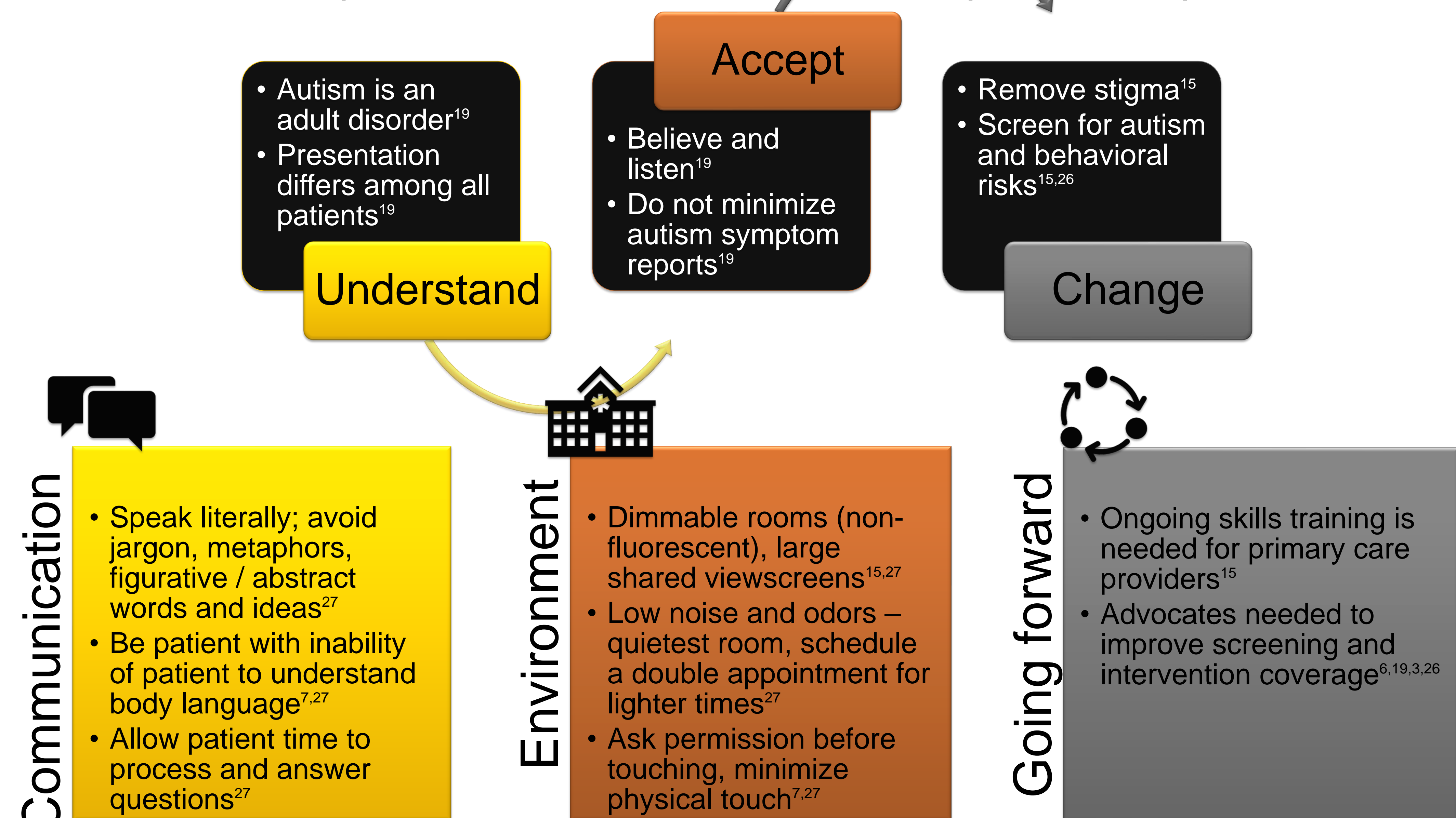
- A literature review was conducted to find primary care autism screening tools, primary care provider understanding and perception, and adult with ASD perception
- Hierarchy of evidence ratings from Joanna Briggs Institute used<sup>18</sup>

<b>Databases:</b> CINAHL Medline PsycINFO Cochrane database of registered trails Cochrane database of systematic reviews	<b>Search terms:</b> "Autism or ASD or Asperger*" & "screen" or "identif*" & "adult" <b>NOT:</b> Child, genetic, inpatient, medical care, parent, caregiver, sibling, empathy, emotion, anxiety, depression, intellectual disability, pathology, cluster, or difference, or environmental factor
<b>Dates:</b> January 2008 through October 2018	
<b>Other:</b> English language only Peer-reviewed	
<b>Exclusions:</b> Interventions Genetic testing Comorbidities or generalized intellectual disability screens Anything non-autism related Tools for children Non-primary care Not to identify autism in specific population (i.e., pre-existing intellectual or mental disability)	



## IMPLICATIONS FOR PRACTICE

Communication problems are the most-identified barrier for both providers<sup>26,15</sup> and patients<sup>19</sup>



## OUTCOMES

- Large community of ASD individuals have spent years unidentified and disconnected from health providers<sup>19,20,5</sup>
- Screening is a first step to diagnosis<sup>4,19</sup>
- Do screening tools exist for primary care? Not yet.**

- AQ-10 has variable results, is untested in a primary setting<sup>21,22</sup>
- AQ-20 lacks sensitivity, specificity for use<sup>23</sup>
- AQ-50 is too long for primary care use<sup>21,22</sup>
- RAADS-R is too long, needs clinician delivery<sup>24</sup>
  - 14-item RAADS needs further testing<sup>25</sup>

### Primary care providers experience barriers<sup>15,26</sup>

- ASD core symptoms identifiable sometimes - spectrum severity makes a difference<sup>15</sup>
- Providers lack awareness of ASD patients on their panels<sup>15</sup>
- Lack of in-depth or ongoing training<sup>26</sup>
- External stimuli impact presentation, trust of the patient<sup>19,15</sup>
- Lack referral resources<sup>15,26</sup>
- Lack incentive to spend the extra time needed<sup>26</sup>

### Patients experience barriers

- Anxiety, fear of disbelief by or mistrust in provider<sup>26</sup>
- Healthcare complexity and access<sup>26</sup>
- Previous provider said diagnosis had no value for adults<sup>26</sup>

## LITERATURE GAPS

- Females represent 1/5 of ASD adults and can present differently than men with more overall compensations<sup>1,7,15</sup>
  - A valid screening tool for either is yet to be found
- What is an appropriate training resource for primary care providers?<sup>15</sup>

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