

Autism spectrum disorder overview

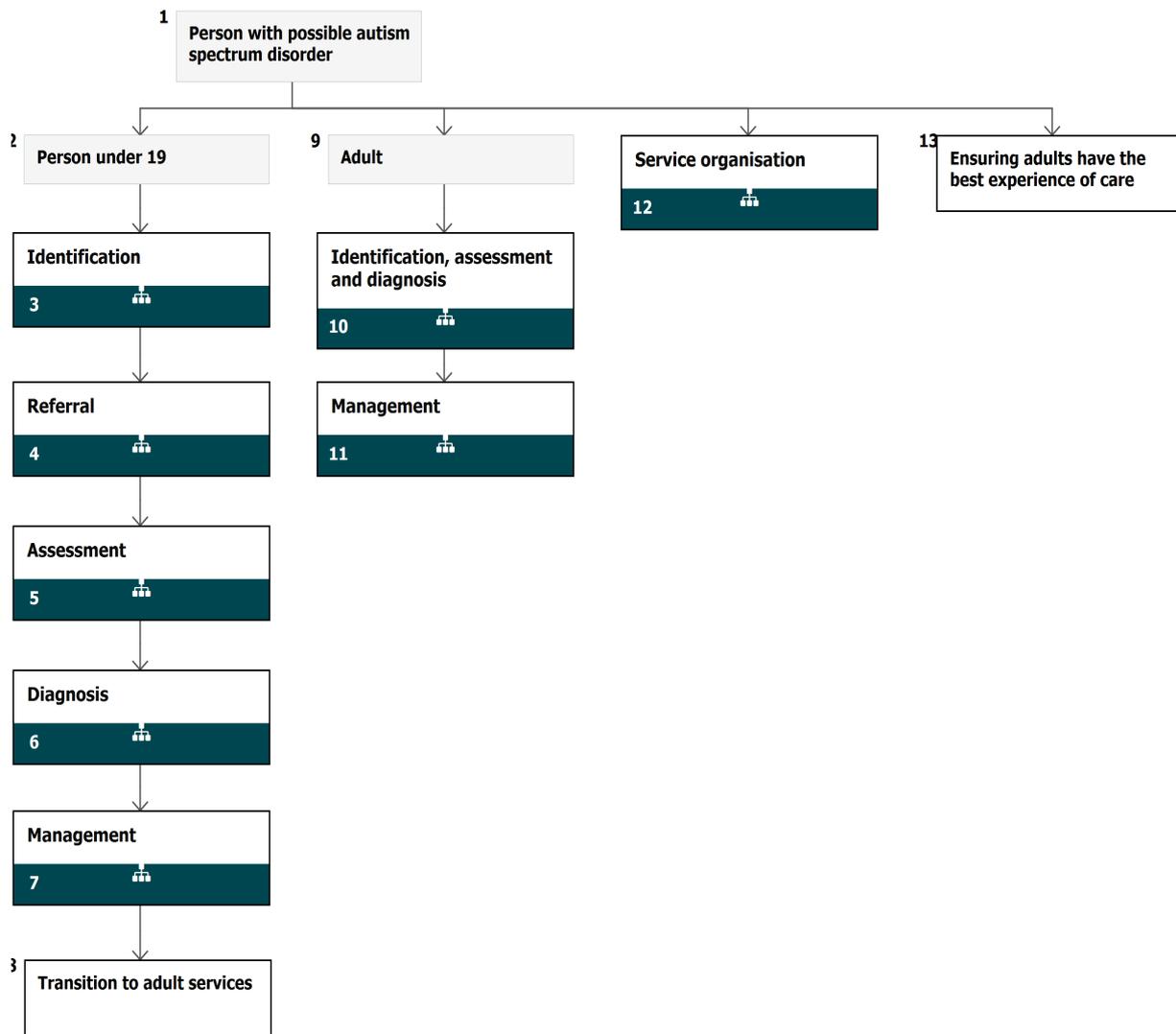
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/autism-spectrum-disorder>

NICE Pathway last updated: 20 June 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person with possible autism spectrum disorder

No additional information

2 Person under 19

No additional information

3 Identification

[See Autism spectrum disorder / Identifying possible autism spectrum disorder in under 19s](#)

4 Referral

[See Autism spectrum disorder / Referral of under 19s with possible autism spectrum disorder](#)

5 Assessment

[See Autism spectrum disorder / Assessing autism spectrum disorder in under 19s](#)

6 Diagnosis

[See Autism spectrum disorder / Diagnosing autism spectrum disorder in under 19s](#)

7 Management

[See Autism spectrum disorder / Managing autism spectrum disorder in under 19s](#)

8 Transition to adult services

Local autism teams should ensure that young people with autism who are receiving treatment and care from CAMHS or child health services are reassessed at around 14 years to establish the need for continuing treatment into adulthood.

If continuing treatment is necessary, make arrangements for a smooth transition to adult services and give information to the young person about the treatment and services they may need.

The timing of transition may vary locally and individually but should usually be completed by the time the young person is 18 years. Variations should be agreed by both child and adult services.

As part of the preparation for the transition to adult services, health and social care professionals should carry out a comprehensive assessment of the young person with autism.

The assessment should make best use of existing documentation about personal, educational, occupational, social and communication functioning, and should include assessment of any coexisting conditions, especially depression, anxiety, ADHD, OCD and global delay or intellectual disability in line with [comprehensive assessment](#).

For young people aged 16 or older whose needs are complex or severe, use the CPA in England, or care and treatment plans in Wales, as an aid to transfer between services.

Involve the young person in the planning and, where appropriate, their parents or carers.

Provide information about adult services to the young person, including their right to a social care assessment at age 18.

During transition to adult services, consider a formal meeting involving health and social care and other relevant professionals from child and adult services.

For more information, see NICE's recommendations on [transition from children's to adults' services](#).

9 Adult

No additional information

10 Identification, assessment and diagnosis

[See Autism spectrum disorder / Identifying, assessing and diagnosing autism spectrum disorder in adults](#)

11 Management

[See Autism spectrum disorder / Managing autism spectrum disorder in adults](#)

12 Service organisation

[See Autism spectrum disorder / Service organisation and delivery for autism spectrum disorder](#)

13 Experience of care

Use these recommendations with NICE's recommendations on:

- [patient experience in adult NHS services](#)
- [service user experience in adult mental health services](#).

Glossary

AAA

adult asperger assessment

ADHD

attention deficit hyperactivity disorder

ADI-R

autism diagnostic interview – revised

ADOS-G

autism diagnostic observation schedule – generic

ASDI

asperger syndrome (and high-functioning autism) diagnostic interview

AQ

autism-spectrum quotient

Behavioural principles

ideas, such as reinforcement and function of behaviour, that underlie behavioural therapies and underpin many interventions teaching adaptive skills for community living for people with autism, including those with challenging behaviour

CAMHS

child and adolescent mental health services.

Care pathways

systems designed to improve the overall quality of healthcare by standardising the care process and promoting organised efficient service user care based on best evidence to optimise service

user outcomes

CBT

cognitive behavioural therapy

Challenging behaviour

behaviour that is a result of the interaction between individual and environmental factors, and includes stereotypic behaviour (such as rocking or hand flapping), anger, aggression, self-injury, and disruptive or destructive behaviour; such behaviour is seen as challenging when it affects the person's or other people's quality of life and or jeopardises their safety

Chelation

a procedure that involves using one or more substances (chelating agents) to remove materials that are toxic, including heavy metals such as mercury, from the body

CPA

care programme approach

DCD

developmental coordination disorder

DISCO

diagnostic interview for social and communication disorders

DSM-5

Diagnostic and Statistical Manual of Mental Disorders, 5th edition

Easy read

an accessible format for written communication designed for people with a learning disability; it uses simple jargon-free language, short sentences and illustrations

EQ

empathy quotient

Facilitated communication

a therapeutic intervention whereby a facilitator supports the hand or arm of a person with autism while using a keyboard or other devices with the aim of helping the person to develop pointing skills and to communicate

Functional analysis

a method for understanding the causes and consequences of behaviour and its relationship to particular stimuli, and the function of the behaviour; the function of a particular behaviour can be analysed by typically identifying (1) the precursor or trigger of the behaviour, (2) the behaviour itself, and (3) the consequence of the behaviour

Hyper- and/or hypo-sensory sensitivities

being over-sensitive (hyper-sensitive) or under-sensitive (hypo-sensitive) to sound, light, colour, smell or taste, which can cause anxiety or even pain in a person with autism

Informant

a family member, partner, carer or other third party known to the person with autism who is able to provide information about the person's symptoms and behaviour so that professionals can have a fuller picture of the person's developmental history. Some assessment tools for autism require information from informants

ICD-10

International Statistical Classification of Diseases and Related Health Problems, 10th Revision

Modelling

a technique used in behavioural therapy that utilises video and other media. The service user observes target behaviour on the video or computer screen, and repeats it.

ODD

oppositional defiant disorder

OCD

obsessive compulsive disorder

Reinforcement

a technique used in behavioural therapy to teach 'rules' of social engagement through providing prompts for behaviour

RAADS-R

ritvo autism asperger diagnostic scale – revised

Learning disability

lower intellectual ability (usually defined as an IQ of less than 70) that leads to problems in learning, developing new skills, communication and carrying out daily activities. Learning disability severities are defined by the following IQ scores: mild = 50–69, moderate = 35–49 and severe = 20–34. A person with a mild to moderate learning disability may only need support in certain areas. However, a person with a moderate to severe learning disability may have no speech or limited communication, a significantly reduced ability to learn new skills and require support with daily activities such as dressing and eating. Learning disabilities are different from 'learning difficulties', like dyslexia, which do not affect intellect. Learning disability is sometimes also called 'intellectual disability'

Sources

[Autism spectrum disorder in under 19s: support and management \(2013\) NICE guideline CG170](#)

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to

have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.