

Case Descriptions

Early Warning Signs of Autism Spectrum Disorder

While attending a family function, a relative seeks your opinion regarding the development of her 2-year-old son, Mark. Concerns about temper tantrums, shyness, and communication delays have been shared with Mark's pediatricians, who have reassured her that he just has a bad case of the "terrible twos."

Key words: risk factors, screening, family concerns, observation, family history, red flags for autism spectrum disorder (ASD)

Screening for Autism Spectrum Disorder

A pediatric resident uses the M-CHAT-R with follow-up (Modified Checklist for Autism in Toddlers) to screen two patients, ages 18 months and 24 months, then explains the screening process to caregivers and determines next steps. Instructions for M-CHAT-R scoring and M-CHAT-R follow-up interview are reviewed.

Key words: screening, screening tools, early intervention, surveillance

Communicating Concerns: Screening and Diagnosis Results

Thomas, age 2, had a "failed" M-CHAT-R screen. Developmental history is notable for delayed speech and atypical behaviors; family history is notable for speech delay and learning disabilities. Strategies are reviewed for talking with parents about a "failed" developmental screen and delivering difficult news.

Key words: ASDs, PDD, PDD-NOS, M-CHAT, developmental pediatrician, causes of ASD

Making an Autism Spectrum Disorder Diagnosis

Billy, age 3½, is seen by the pediatrician for concerns about behavior problems at home and in school. The process through which an ASD diagnosis is made—history, observation, physical examination, creating a differential diagnosis—is reviewed, along with management strategies for children with developmental disabilities or special needs, within the context of the medical home.

Key words: screening, diagnostic testing, DSM-IV-TR, history, differential diagnosis, genetic screening, ASD prevalence, fragile X

Early Intervention and Education

Tim, age 2 years, 5 months, was referred at 18 months to the local early intervention program. At his two-year well-child visit Tim was referred to a developmental pediatrician who diagnosed him with an ASD. Tim's parents have questions about components of his treatment program and transition to preschool, and concerns about management of new behavior problems, including aggression.

Key words: early intervention, transition, behavior therapies, ABA, ASD treatment programs, preschool, IFSP, IEP, community services, advocacy

Treatments for Autism Spectrum Disorder

Kofi is a school-age child with an ASD, cognitive impairment, aggressive behavior, and trouble sleeping. The pediatrician is consulted regarding symptoms and treatments, including medication (prescription and over-the-counter) and popular complementary and alternative medicine (CAM) approaches. The family is referred to a specialist for prescription of a psychotropic medication to help with his symptoms of ASD.

Key words: behavior, management strategies, CAM therapy, psychopharmacology, treatment of ASD, psychiatric comorbidities, biomedical management of ASD, monitoring, referral

ASD-Specific Anticipatory Guidance

Jack is a 3½-year-old boy recently diagnosed with an ASD. At this well-child visit, Jack's mother reports sleep issues (including difficulty falling asleep and insomnia), picky eating, and toileting issues. Causes and management of sleep disturbances in children with ASD, potential feeding problems, and barriers to toilet training children with ASD (constipation and other GI symptoms) are addressed.

Key words: medication, feeding disorders, insomnia in children with ASD, GI symptoms, anticipatory guidance, challenging developmental issues