

Tips for diagnosing young children with autism

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Quinn, an autistic boy, and the line of toys he made before falling asleep. Repeatedly stacking or lining up objects is a behavior commonly associated with autism. Credit: Wikipedia.

Research shows that early intervention is beneficial for children with autism spectrum disorder, but on average children aren't diagnosed until age 4 or 5. That's about two years later than is possible, according to the U.S. Centers for Disease Control and Prevention.

Part of that delay undoubtedly is because [autism spectrum disorder](#) (ASD) is a developmental disorder that has widely ranging symptoms from mild to severe. Too, any symptoms a child is experiencing may not be immediately evident in toddlers learning new things every day.

What is clear is that at some point children with autism show deficits in social interaction, language and imaginative play.

"Too often, doctors take a 'wait-and-see' approach," said Dr. Joe Sniezek of the CDC's National Center on Birth Defects and Developmental Disabilities. "While in some few instances that can be appropriate, far more often it results in children not getting the services they need at an early age, when those services can make the biggest difference in a child's development."

"Children with ASD can be reliably diagnosed around 2 years of age, although many children are not diagnosed until 4 years of age or older," said Lisa Wiggins, developmental psychologist and epidemiologist at the CDC.

Michael Rosanoff, director of public health research for the advocacy group Autism Speaks, said multiple factors likely contribute to the later diagnoses.

"The first is that even though the American Academy of Pediatrics recommends that all children be screened for autism twice before the age of 2, it is unclear whether pediatricians are adhering to these guidelines," he said. "The second is that even though warning signs of autism can appear as early as 12 months, in some instances the signs may be subtle and in others, especially for less severely affected children, they may not become apparent until school age."

Rosanoff also notes that screening services may not be readily available

to people who have less access to health care in general. Additionally, others might face long waiting periods between parents' first concerns, screening and diagnosis.

The American Academy of Pediatrics recommends that children be screened for general development at 9, 18 and 24 or 30 months and for [autism](#) at 18 and 24 months, or whenever a parent has concerns.

Autism Speaks, on its website, www.autismspeaks.org, lists the following "red flags" that might be reason for concern and should prompt a call to a pediatrician.

- No big smiles or other warm, joyful expressions by 6 months or thereafter.
- No back-and-forth sharing of sounds, smiles or other facial expressions by 9 months.
- No babbling by 12 months.
- No back-and-forth gestures such as pointing, showing, reaching or waving by 12 months.
- No words by 16 months.
- No meaningful, two-word phrases (not including imitating or repeating) by 24 months.
- Any loss of speech, babbling or social skills at any age.

One of the screening tools used by pediatricians is the M-CHAT-R (Modified Checklist for Autism in Toddlers, Revised), devised by Drexel University's Diana Robins and others. It's a list of 20 questions

that can be answered with a simple yes or no and can be completed by parents in less than 10 minutes. If that screening raises any concerns, doctors have a follow-up set of questions dealing with specific behaviors that have been shown to be effective in screening for ASD.

Here is a sampling of the questions on the M-CHAT-R:

1. If you point at something across the room, does your child look at it? (For example, if you point at a toy or an animal, does your child look at the toy or animal?)

2. Does your child play pretend or make-believe? (For example, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)

3. Is your child interested in other children? (For example, does your child watch other children, smile at them or go to them?)

A "no" answer would be cause for concern.

Robins said that parents should trust their instincts about their children and seek out screening, evaluation or intervention if something seems amiss.

"Parents are experts on their [children](#)," she said. "If they are worried and the pediatrician doesn't support them and make referrals, they may want a second opinion."

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