Autism Spectrum Disorder Across the Lifespan — Children, Adolescents, Adults (2025)

Definitions • Epidemiology • Etiology • Clinical Features • Diagnosis • Treatment • Prognosis • References
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Overview & Definitions

- Autism Spectrum Disorder (ASD): persistent deficits in social communication and interaction, plus restricted/repetitive behaviors, interests, or activities.
- DSM-5: symptoms present in early development, cause impairment, not better explained by intellectual disability alone.
- Spectrum: includes wide range of severity, abilities, adaptive functioning. Symptoms evolve across lifespan.

Epidemiology & Course

- Prevalence: ~ 1 in 36 children (CDC, 2023); global $\sim 1-2\%$.
- Males more often diagnosed, but females often underrecognized due to masking/subtler presentation.
- Core symptoms persist; expression changes with age. Comorbidities common (ADHD, anxiety, depression, epilepsy).
- Outcomes vary: some achieve independence, others require lifelong support.

Etiology & Risk Factors

- • Strong genetic contribution (heritability ~70–80%); many genes implicated.
- Environmental influences: advanced parental age, prenatal complications, perinatal hypoxia, toxins (small effects).
- Neurobiology: atypical connectivity, early brain overgrowth, E/I imbalance.
- Vaccines NOT associated with autism (debunked).

Clinical Features

Children: delayed language, limited eye contact, repetitive behaviors, sensory sensitivities.

Adolescents: social difficulties, restricted interests, anxiety/depression risk, masking/camouflaging.

Adults: difficulties with relationships, work, independence; comorbid mood/anxiety disorders common.

Assessment & Diagnosis

- Developmental history, observation, collateral reports.
- Tools: ADOS-2, ADI-R, CARS-2, SCQ, SRS; M-CHAT-R/F at 18 & 24 months.
- • Adolescents/adults: may mask symptoms; consider comorbidity.
- Differential: social anxiety, ADHD, intellectual disability, selective mutism.

Interventions — Core

- Early Intensive Behavioral Intervention (EIBI)/ABA.
- Naturalistic Developmental Behavioral Interventions (PRT, ESDM).
- Speech/language therapy; AAC if needed.
- • Occupational therapy; sensory integration, ADLs.
- Social skills training; CBT adaptations for ASD.

Supports & Accommodations

- School: IEP/504, structured teaching, visual supports, sensory adjustments.
- Parent training, psychoeducation.
- Transition planning: vocational training, independence.
- Adults: workplace accommodations, job coaching.

Pharmacologic Management

- No meds for core ASD; treat comorbidities.
- Irritability/aggression: risperidone, aripiprazole (FDA approved for youth).
- • ADHD: stimulants, atomoxetine (variable response).
- Anxiety/depression: SSRIs (mixed evidence).
- Sleep: melatonin commonly used.

Special Considerations

- Females: subtler symptoms, masking, internalizing problems.
- Intellectual disability in ~30–40%.
- Disparities in minority/low-SES groups.
- Aging adults: limited research, high health disparities.
- Neurodiversity perspective: focus on strengths, acceptance, adaptation.

Prognosis

- Variable outcomes: influenced by IQ, language, early intervention, supports.
- Early intervention improves adaptive functioning.
- Some achieve independence; others need lifelong supports.

Clinical Snapshots

Pediatric: deficits in social communication + restricted/repetitive behaviors; screen M-CHAT; refer for ADOS-2; start early intervention.

Adolescent/Adult: assess masking, comorbid anxiety/depression; support transitions; vocational/social skills programs; accommodations for independence.

References (2019–2025)

- APA DSM-5-TR (2022): Autism criteria.
- CDC (2023). ASD prevalence in U.S.
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- 1. American Psychiatric Association. (2022). DSM-5-TR: Diagnostic and Statistical Manual of Mental Disorders (5th ed., text revision).
- 2. CDC. (2023). Prevalence of Autism Spectrum Disorder among children in the U.S.
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