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TOP

Required Topics in Pediatrics: Diagnosis by Pediatricians of Autism Spectrum Disorder (ASD): A Crucial Role in Early Detection and Proper Intervention

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Early diagnosis,
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Abstract

This article aims to address the essential aspects of the Standardization Proposal for the Diagnosis, Investigation, and Treatment of Autism Spectrum Disorder (ASD), providing valuable guidance for pediatric residents.

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Document: Proposal for the Standardization of Diagnosis, Investigation, and Treatment of Autism Spectrum Disorder

Brazilian Society of Child Neurology

Reference: https://sbni.org.br/proposta-de-padronizacao-para-o-diagnostico-investigacao-e-tratamento-do-transtorno-do-espectro-autista/

The following recommendations were developed through the consensus of experts of the Brazilian Society of Child Neurology for the diagnosis and treatment of autism spectrum disorder (ASD).

This article discusses the crucial aspects of the document, outlining the path for pediatricians to diagnose and treat individuals with ASD.

GENERAL APPROACH

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition that appears in the first years of life, presenting challenges in social interaction/communication and repetitive patterns of behavior and interests.

The diversity of ASD, encompassing several subtypes and degrees of severity (levels 1 to 3), justifies its designation as a "spectrum" disorder.

With the increasing prevalence of ASD, diagnosis by pediatricians is becoming more frequent due to the shortage of specialists in neurology and child psychiatry in Brazil.[1]

DIAGNOSIS

The diagnosis of ASD is based on clinical criteria from the DSM-5. It requires a detailed assessment of the child's development, including the gestational and neonatal history, sleeping and eating habits, and observation of behaviors characteristic of ASD.

Tools like M-CHAT and CAST supplement diagnosis, but confirmation relies on specific assessments, such as CARS, and detailed clinical analysis.

The M-CHAT-R is recommended for children aged 16 to 30 months to detect at-risk children early and improve outcomes.

INVESTIGATION

Additional examination generally does not directly contribute to the diagnosis of ASD, but it can help define the etiology of the disorder.

Brainstem auditory evoked potential (BAEP), conditioned play audiometry (CPA), and genetic tests, such as SNP-Array and complete exome sequencing, must be ordered for all patients. Screening for Fragile X syndrome is recommended for all boys, while EEG is indicated in cases of suspected or associated epilepsy. The MECP2 test is recommended for girls with a characteristic or suggestive phenotype of Rett syndrome.

Magnetic resonance imaging of the head is indicated in cases of focal alteration in neurological examination. Mild macrocephaly does not justify performing the test.

TREATMENT

Several approaches are used to treat ASD, including Applied Behavior Analysis (ABA), occupational therapy, and speech therapy.

Some symptoms, such as irritability, agitation, self-aggression, hyperactivity, impulsivity, and inattention, can be treated with medication.

It is essential to provide accurate information and guidance to families for the well-being of individuals with ASD, informing them about the risks of unscientific treatments that can cause financial losses and disrupt effective interventions.

FINAL CONSIDERATIONS

Increasing awareness and integrating diagnosis into pediatric practice is essential to meet the growing demand for the care of patients with ASD.

Pediatricians play a crucial role in early detection and appropriate referral for effective interventions and treatment of associated signs and symptoms.

REFERENCES

1. Montenegro MA, van der Linden Junior H, Casella EB, Gadia C, Celeri EHRV, Sampaio LPB. Proposta de Padronização Para o Diagnóstico, Investigação e Tratamento do Transtorno do Espectro Autista. São Paulo: SBNI; 2021 Jul; [acesso em 2024 Abr 5]. Disponível em: https://sbni.org.br/proposta-de-padronizacao-para-o-diagnostico-investigacao-e-tratamento-do-transtorno-do-espectro-autista/.