

Faults in Autism Spectrum Disorder (ASD) Diagnosis by Pediatricians

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Faults/Misdiagnosis in Autism Spectrum Disorder (ASD) Diagnosis by Pediatricians

Problem Statement

A recent pediatricians' survey has determined that pediatricians frequently do not have sufficient information to conduct accurate diagnosis of an "autism spectrum disorder (ASD)" in children (Baio et al. 2018). The diagnosis of ASD should not be missed because it is an important process. It is also important not to diagnose the disorder when it is not present. The diagnoses of the ASD groupings such as autistic disorder are now condensed into one ASD diagnosis, and there are different levels of severity down the spectrum. The diagnosis on this spectrum of autism calls for an individual to have challenges in two aspects. First, the individual has to have persistent complications in social interaction and communication, including deficits in body language, empathy, eye contact, as well as challenges in making friends and relationships (Baio et al. 2018). Second, the person has to show limited, recurrent behavior patterns, such as obsession with some issues, persistence on rigid habits, and sensory hypersensitivities like noise sensitivity. The complications must be so much severe that they result in impairment in daily lives of individuals.

Screening guidelines are the cause of this fault, where pediatricians, regardless of the symptoms of ASD, screen all children. The symptoms that appear like those of ASD can take place to a moderate level in children who are depressed, anxious, and stressed (Baio et al. 2018). Explanations may include disturbance in their early life, where abuse or neglect has hampered early attachment with parents, or since the mother has anxiety or depression. A feeling of safety and care and eye contact which enables the children to advance their natural social and communication skills may be absent. This leads to confusion in the diagnosis of autism as these encounters or symptoms will later appear like ASD symptoms. ASD symptoms like limited

interest and social avoidance can further be imitating mechanisms for children who have learning difficulties like speech and language disorders. The effect of this fault in the diagnosis is the false-positive diagnoses of ASD and inappropriate treatment or drug prescription (Siu et al. 2016). The child who is misdiagnosed with autism can face unnecessary stigma and decreased self-expectations. False-positive ASD diagnosis can lead to discrimination against children without ASD yet may possess equally extreme learning, developmental, behavioral, and emotional concerns.

The Severity of the Problem

According to an investigation by the “Centers for Disease Control and Prevention’s National Center for Health Statistics,” nearly 13% of children initially diagnosed with ASD, in the end, lose the diagnoses. This study compared roughly 1,600 children between 6 and 17 years of age who had been diagnosed with ASD, in the past (Baio et al. 2018). When the mothers of the 13% who lost their diagnosis with “autism spectrum disorder” were surveyed on the reversal of the diagnosis, 74% reported that they perceived it was as a result of new information, indicating that the children were previously misdiagnosed. The misdiagnosis has led to increased cases of ASD diagnosis. *The Atlantic* reports that “one in 68 U.S children is now diagnosed with ASD. In 2002, that rate was just one in 150.” The severity of ASD is higher among black children as compared to white children. Black children are 1.3 times more likely to have ASD than Hispanic children, as shown in the chart below.

Which children were more likely to be identified with ASD?

Boys were 4.5 times more likely to be identified with ASD than girls.



White children were more likely to be identified with ASD than black or Hispanic children. Black children were more likely to be identified with ASD than Hispanic children.

1.2x MORE LIKELY among white vs black children

1.5x MORE LIKELY among white vs Hispanic children

1.3x MORE LIKELY among black vs Hispanic children

Centers for Disease Control and Prevention • Community Report on Autism • 2016

Figure 1: The likelihood of ASD among children of ethnic groups as depicted in (Baio et al. 2018).

Solution

The solution is targeted towards the black community children with autism. There is a need for pediatricians to remain committed to developing research and offering assistance which helps adults and children attain their full capacity as valued members of the autism communities. Comprehensive strategies are needed for tackling the lifelong requirements of this young population. A multidisciplinary group of experts should be involved in a skillful assessment and evaluation of ASD diagnosis procedures to examine all alternatives and make sure that accurate diagnosis is provided (Siu et al. 2016). As a result, psychologists, occupational therapists, and speech pathologists should work together to avoid faults in diagnosis or misdiagnosis of ASD. It is also important to reduce the diagnosis age, develop diverse supports and service across the school periods and the vital adulthood transition with the assistance in areas like the post-secondary education, employment, residential and housing assistance.

References

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