



Søgeprotokol for Nationale Kliniske Retningslinjer

Projektitel/aspekt	NKR for Autisme hos børn og unge – Guideline søgning NKR for behandling af autismespektrumforstyrrelser hos børn og unge - Guidelines
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Søgespecialist	Birgitte Holm Petersen
Senest opdateret	10. maj 2019

Baggrund	<p>Autisme er en udviklingsforstyrrelse, der er kendetegnet ved en anderledes og ofte forsinket udvikling af sociale og kommunikative færdigheder samt repetitiv og stereotyp adfærd, som forekommer i forskellige grader og former. I henhold til en registeranalyse foretaget af Socialstyrelsen er forekomsten af autisme hos børn og unge stigende og i 2017 var ca. 14 børn ud af 1000 diagnosticeret med autisme.</p> <p>Den nationale kliniske retningslinje vil fokusere på udvalgte dele af patientforløbet for børn og unge (under 18 år) med autismspektrumforstyrrelser. Fokus for retningslinjen er udredning og behandling.</p> <p>Fokus for den nationale kliniske retningslinje er foreløbigt afgrænset til:</p> <ul style="list-style-type: none">• Udredning af børn og unge med autismspektrumforstyrrelser• Behandling af børn og unge med autismspektrumforstyrrelser• Behandling af børn og unge med autismspektrumforstyrrelser og komorbiditet
Søgetermer	Engelske: autism, Autism Spectrum Disorder, Autistic Disorder Danske: autisme Norske: autisme Svenske: autism
Inklusions- og eksklusionskriterier	Sprog: Engelsk, dansk, norsk og svensk År: Sidste 10 år - 2008 - 2019 Population: - Publikationstyper: Guidelines, practical guidelines, clinical guidelines, Medicinsk teknologivurdering /MTV (HTA)

Informationskilder

DATABASER	INTERFACE	FUND	DATO FOR SØGNING
G-I-N International	internettet	29	7.maj 2019
NICE (UK)	-	10	7.maj 2019
Trip database	-	46	7.maj 2019
Scottish Intercollegiate Guidelines Network (SIGN)	-	1	7.maj 2019
CPG infobase: Clinical Practice Guidelines, Canada	-	0	8.maj 2019
American Psychiatric Association (APA)	-	0	8.maj 2019
WHO	-	4	8.maj 2019
HTA Databasen (CRD database)	-	39	8.maj 2019
SBU, Sverige	-	11	8.maj 2019
Socialstyrelsen, Sverige	-	1	8.maj 2019
Helsedirektoratet, Norge	-	0	8.maj 2019
Folkehelseinstituttet - FHINorge	-	3	8.maj 2019
Netpunkt	-	4	8.maj 2019

Medline	OVID	242	8.maj 2019
Embase	OVID	999	8.maj 2019
PsycInfo	OVID	669	8.maj 2019
Cinahl	EBSCO	321	8.maj 2019

Note:

- Guidelines fra firmaet Hayes er fra valgt for denne NKR
- Søgetermer og inklusions- og eksklusionskriterier er tilpasset de enkelte databaser.
- Dubletter er så vidt muligt frasorteret ved hjælp af RefWorks. De fundne referencer overføres til fagkonsulenten i Covidence.
- Fuldtekster præsenteres i Covidence i pdf-format eller som link
- Søgestrategi for hver enkelt database præsenteres – hvis muligt vises det eksplicit hvor mange referencer den enkelte søgestreng genererer

Covidence = webbaseret referencesystem

Søgestrategi

GIN – 29 fund (070519)

<u>Title</u>	<u>Organisati on</u>	<u>Type</u>	<u>Dat e</u>	<u>Relevant Countrie s</u>	<u>Publicati on Status</u>
1. Autismus-Spektrum-Störungen im Kindes-, Jugend- und Erwachsenenalter. Teil 2: Therapie. S3-LL (DGKJP) [Autism spectrum disorders in childhood, adolescence and adulthood. Part 2: Therapy]	AWMF (DE) - Association of Scientific Medical Societies	Guideline	Dec 31, 2019	Germany	In development
2. Assessment, diagnosis and interventions for autism spectrum disorders (SIGN CPG 145)	SIGN (GB) - Scottish Intercollegiate Guidelines Network	Guideline	Jun 30, 2016	United Kingdom	Published
3. Autismus-Spektrum-Störungen im Kindes-, Jugend- und Erwachsenenalter, Teil 1: Diagnostik. S3-LL (DGKJP) [Autism spectrum	AWMF (DE) - Association of Scientific Medical Societies	Guideline	Apr 05, 2016	Germany	Published



<u>Title</u>	<u>Organisation</u>	<u>Type</u>	<u>Date</u>	<u>Relevant Countries</u>	<u>Publication Status</u>
disorders in childhood, adolescence and adulthood, Part 1: Diagnosis]					
4. Аутизм у дітей. Адаптована клінічна настанова, заснована на доказах [Autism in children. Adapted evidence-based guideline]	MoH (UA) - The State Expert Center, Ministry of Health, Ukraine	Guideline	Jun 15, 2015	Ukraine	Published
5. Аутизм у дорослих. Адаптована клінічна настанова, заснована на доказах [Autism in Adults]	MoH (UA) - The State Expert Center, Ministry of Health, Ukraine	Guideline	Jun 15, 2015	Ukraine	Published
6. Management of autism in children and young people: a good clinical practice guideline	KCE (BE) - Belgian Healthcare Knowledge Centre	Guideline	Nov 04, 2014	International, Belgium	Published
7. Management of Autism Spectrum Disorder in	HTA DoH (MY) - HTA Unit, Ministry of	Guideline	Jul 31, 2014	Malaysia	Published



<u>Title</u>	<u>Organisation</u>	<u>Type</u>	<u>Date</u>	<u>Relevant Countries</u>	<u>Publication Status</u>
Children and Adolescents	Health, Malaysia				
8. Autism spectrum disorder in under 19s: support and management (CG170)	NICE (UK) - National Institute for Health and Care Excellence	Guideline	Aug 01, 2013	United Kingdom	Published
9. Autism. The management and support of children and young people on the autism spectrum. National Collaborating Centre for Mental Health. NGC:010010	AHRQ (US) - Agency for Healthcare Research and Quality	Guideline Clearing Report	Aug 01, 2013	United Kingdom	Published
10. Clinical genetics evaluation in identifying the etiology of autism spectrum disorders: 2013 guideline revisions. American College of Medical Genetics and Genomics. NGC:010029	AHRQ (US) - Agency for Healthcare Research and Quality	Guideline Clearing Report	May 01, 2013	United States	Published
11. Best evidence	AHRQ (US) - Agency	Guideline	Feb 06,	United States	Published



<u>Title</u>	<u>Organisati on</u>	<u>Type</u>	<u>Dat e</u>	<u>Relevant Countrie s</u>	<u>Publicati on Status</u>
statement (BESt). Adding home based services to complement center based intervention for children with autism. Cincinnati Children's Hospital Medical Center. NGC:009777	for Healthcare Research and Quality	Clearing Report	2013		
12. Best evidence statement (BESt). Speech therapist directed use of video modeling for patients with autism spectrum disorder. Cincinnati Children's Hospital Medical Center. NGC:009325	AHRQ (US) - Agency for Healthcare Research and Quality	Guideline Clearing Report	Aug 22, 2012	United States	Published
13. Best evidence statement (BESt). The use of video-based modeling in teaching daily	AHRQ (US) - Agency for Healthcare Research and Quality	Guideline Clearing Report	Jun 21, 2012	United States	Published



<u>Title</u>	<u>Organisation</u>	<u>Type</u>	<u>Date</u>	<u>Relevant Countries</u>	<u>Publication Status</u>
living skills to children with autism. Cincinnati Children's Hospital Medical Center. NGC:009273					
14. Autism spectrum disorder in adults: diagnosis and management (CG142)	NICE (UK) - National Institute for Health and Care Excellence	Guideline	Jun 01, 2012	United Kingdom	Published
15. Autisme et autres troubles envahissants du développement : interventions éducatives et thérapeutiques coordonnées chez l'enfant et l'adolescent. Consensus formalisé [Autism and other severe developmental disorders: treatment of children and adolescents]	HAS (FR) - French National Authority for Health	Guideline	Mar 01, 2012	France	Published
16. Autism spectrum disorder in under 19s:	NICE (UK) - National Institute for Health and	Guideline	Sep 01, 2011	United Kingdom	Published



<u>Title</u>	<u>Organisation</u>	<u>Type</u>	<u>Date</u>	<u>Relevant Countries</u>	<u>Publication Status</u>
recognition, referral and diagnosis (CG128)	Care Excellence				
17. Best evidence statement (BESt). Craniosacral therapy for children with autism and/or sensory processing disorder. Cincinnati Children's Hospital Medical Center. NGC:008677	AHRQ (US) - Agency for Healthcare Research and Quality	Guideline Clearing Report	Aug 25, 2011	United States	Published
18. Autisme et autres TED: diagnostic et évaluation chez l'adulte. Recommandation pour la pratique clinique	HAS (FR) - French National Authority for Health	Guideline	Jul 01, 2011	France	Published
19. Best evidence statement (BESt). Use of motor and self-care assessment tools for children with autism	AHRQ (US) - Agency for Healthcare Research and Quality	Guideline Clearing Report	Jul 07, 2009	United States	Published



<u>Title</u>	<u>Organisati on</u>	<u>Type</u>	<u>Dat e</u>	<u>Relevant Countrie s</u>	<u>Publicati on Status</u>
spectrum disorder (ASD). Cincinnati Children's Hospital Medical Center. NGC:007483					
20. Best evidence statement (BEST). Outcomes assessment tool for children with autism spectrum disorder (ASD). Cincinnati Children's Hospital Medical Center. NGC:007485	AHRQ (US) - Agency for Healthcare Research and Quality	Guideline Clearing Report	Jun 29, 2009	United States	Published
21. Best evidence statement (BEST). Use of sensory assessment tools with children diagnosed with autism spectrum disorder (ASD). Cincinnati Children's	AHRQ (US) - Agency for Healthcare Research and Quality	Guideline Clearing Report	Mar 29, 2009	United States	Published



<u>Title</u>	<u>Organisati on</u>	<u>Type</u>	<u>Dat e</u>	<u>Relevant Countrie s</u>	<u>Publicati on Status</u>
Hospital Medical Center. NGC:007486					
22.Occupational therapy practice guidelines for children and adolescents with autism. American Occupational Therapy Association, Inc. NGC:007513	AHRQ (US) - Agency for Healthcare Research and Quality	Guideline Clearing Report	Jan 01, 2009	United States	Published
23.Support for individuals, families and carers. In: New Zealand autism spectrum disorder guideline. New Zealand Ministry of Education. New Zealand Ministry of Health. NGC:007352	AHRQ (US) - Agency for Healthcare Research and Quality	Guideline Clearing Report	Mar 01, 2008	New Zealand	Published
24.Living in the community. In: New Zealand autism spectrum disorder guideline. New Zealand	AHRQ (US) - Agency for Healthcare Research and Quality	Guideline Clearing Report	Mar 01, 2008	New Zealand	Published



<u>Title</u>	<u>Organisati on</u>	<u>Type</u>	<u>Dat e</u>	<u>Relevant Countrie s</u>	<u>Publicati on Status</u>
Ministry of Education. New Zealand Ministry of Health. NGC:007355					
25.Education for learners with ASD. In: New Zealand autism spectrum disorder guideline. New Zealand Ministry of Education. New Zealand Ministry of Health. NGC:007353	AHRQ (US) - Agency for Healthcare Research and Quality	Guideline Clearing Report	Mar 01, 2008	New Zealand	Published
26.Maori perspectives. In: New Zealand autism spectrum disorder guideline. New Zealand Ministry of Education. New Zealand Ministry of Health. NGC:007356	AHRQ (US) - Agency for Healthcare Research and Quality	Guideline Clearing Report	Mar 01, 2008	New Zealand	Published
27.Treatment and management of ASD. In: New Zealand	AHRQ (US) - Agency for Healthcare	Guideline Clearing Report	Mar 01, 2008	New Zealand	Published



<u>Title</u>	<u>Organisati on</u>	<u>Type</u>	<u>Dat e</u>	<u>Relevant Countrie s</u>	<u>Publicati on Status</u>
autism spectrum disorder guideline. New Zealand Ministry of Education. New Zealand Ministry of Health. NGC:007354	Research and Quality				
28.Pacific peoples' perspectives. In: New Zealand autism spectrum disorder guideline. New Zealand Ministry of Education. New Zealand Ministry of Health. NGC:007357	AHRQ (US) - Agency for Healthcare Research and Quality	Guideline Clearing Report	Mar 01, 2008	New Zealand	Published
29.Diagnosis and initial assessment of ASD. In: New Zealand autism spectrum disorder guideline. New Zealand Ministry of Education. New Zealand Ministry of Health. NGC:007212	AHRQ (US) - Agency for Healthcare Research and Quality	Guideline Clearing Report	Jan 01, 2008	New Zealand	Published

NICE, UK (070519)

10 results for autism*

1. [Autism spectrum disorder in adults: diagnosis and management](#) (CG142)

This guideline covers diagnosing and managing suspected or confirmed autism spectrum disorder (autism, Asperger's syndrome and atypical autism) in people aged 18 and over. It aims to improve access and engagement with interventions and services, and the experience of care, for people with autism. Clinical guideline Published June 2012 Last updated August 2016

2. [Autism spectrum disorder in under 19s: support and management](#) (CG170)

This guideline covers children and young people with autism spectrum disorder (across the full range of intellectual ability) from birth until their 19th birthday. It covers the different ways that health and social care professionals can provide support, treatment and help for children and young people with autism, and their families and carers, from the early years through to their transition into young adult life. Clinical guideline Published August 2013

3. [Autism spectrum disorder in under 19s: recognition, referral and diagnosis](#) (CG128)

This guideline covers recognising and diagnosing autism spectrum disorder in children and young people from birth up to 19 years. It also covers referral. It aims to improve the experience of children, young people and those who care for them. Clinical guideline Published September 2011 Last updated December 2017

4. [Learning disabilities and behaviour that challenges: service design and delivery](#) (NG93)

This guideline covers services for children, young people and adults with a learning disability (or autism and a learning disability) and behaviour that challenges. It aims to promote a lifelong approach to supporting people and their families and carers, focusing on prevention and early intervention and minimising inpatient admissions. NICE guideline Published March 2018

5. [Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges](#) (NG11)

This guideline covers interventions and support for children, young people and adults with a learning disability and behaviour that challenges. It highlights the importance of understanding the cause of behaviour that challenges, and performing thorough assessments so that steps can be taken to help people change their behaviour and improve their quality of life. The guideline also covers support and intervention for family members or carers.

NICE guideline Published May 2015

6. [Developmental follow-up of children and young people born preterm](#) (NG72)

This guideline covers the developmental follow-up of babies, children and young people under 18 years who were born preterm (before 37+0 weeks of pregnancy). It explains the risk of different developmental problems and disorders, and specifies what extra assessments and support children born preterm might need during their growth and development.

NICE guideline Published August 2017

[7. Mental health problems in people with learning disabilities: prevention, assessment and management \(NG54\)](#)

This guideline covers preventing, assessing and managing mental health problems in people with learning disabilities in all settings (including health, social care, education, and forensic and criminal justice). It aims to improve assessment and support for mental health conditions, and help people with learning disabilities and their families and carers to be involved in their care.

NICE guideline Published September 2016

[8. Social anxiety disorder: recognition, assessment and treatment \(CG159\)](#)

This guideline covers recognising, assessing and treating social anxiety disorder (also known as 'social phobia') in children and young people (from school age to 17 years) and adults (aged 18 years and older). It aims to improve symptoms, educational, occupational and social functioning, and quality of life in people with social anxiety disorder.

Clinical guideline Published May 2013

[9. Antisocial behaviour and conduct disorders in children and young people: recognition and management \(CG158\)](#)

This guideline covers recognising and managing antisocial behaviour and conduct disorders in children and young people aged under 19. It aims to improve care by identifying children and young people who are at risk and when interventions can prevent conduct disorders from developing. The guideline also makes recommendations on communication, to help professionals build relationships with children and young people and involve them in their own care.

Clinical guideline Published March 2013 Last updated April 2017

[10 Child maltreatment: when to suspect maltreatment in under 18s \(CG89\)](#)

This guideline covers the signs of possible child maltreatment in children and young people aged under 18 years. It aims to raise awareness and help health professionals who are not child protection specialists to identify the features of physical, sexual and emotional abuse, neglect and fabricated or induced illness. Clinical guideline Published July 2009 Last updated October 2017

TRIP, 46 fund (070519)

Guidelines

Australien

1. [A National Guideline for the Assessment and Diagnosis of Autism Spectrum Disorders in Australia](#)

explicitly shows the variety within the spectrum but the gaps in knowledge and connections." The Cooperative Research Centre for Living with **Autism** (**Autism CRC**) is the world's first national cooperative research centre focused on **autism**. We are taking a whole-of-life approach to **autism** focusing on diagnosis, education and adult life. Follow us Follow **Autism CRC** on social media. Newsletter sign up Sign up for **Autism CRC**'s email newsletter. [[autismcrc:newsletter](#)] Information © Copyright (...) [[autismcrc:current_year](#)] by **Autism CRC**. All rights reserved.



2018 Clinical Practice Guidelines Portal

UK

2. [Assessment, diagnosis and interventions for autism spectrum disorders](#)

Assessment, diagnosis and interventions for **autism** spectrum disorders SIGN 145 • Assessment, diagnosis and interventions for **autism** spectrum disorders A national clinical guideline June 2016 EvidenceKEY TO EVIDENCE STATEMENTS AND RECOMMENDATIONS LEVELS OF EVIDENCE 1 ++ High-quality meta-analyses, systematic reviews of RCTs, or RCTs with a very low risk of bias 1 + Well-conducted meta-analyses, systematic reviews, or RCTs with a low risk of bias 1 - Meta-analyses, systematic reviews, or RCTs (...) forests.Scottish Intercollegiate Guidelines Network Assessment, diagnosis and interventions for **autism** spectrum disorders A national clinical guideline June 2016Assessment, diagnosis and interventions for **autism** spectrum disorders Scottish Intercollegiate Guidelines Network Gyle Square, 1 South Gyle Crescent Edinburgh EH12 9EB www.sign.ac.uk First published June 2016 ISBN 978 1 909103 46 7 Citation text Scottish Intercollegiate Guidelines Network (SIGN). Assessment, diagnosis and interventions for **autism**

2016 SIGN

3. [Autism in under 19s: support and management](#)

Autism in under 19s: support and management **Autism** spectrum disorder in under 19s: **Autism** spectrum disorder in under 19s: support and management support and management Clinical guideline Published: 28 August 2013 nice.org.uk/guidance/cg170 © NICE 2018. All rights reserved. Subject to Notice of rights (https://www.nice.org.uk/terms-and-conditions#notice-of- rights).Y Y our responsibility our responsibility The recommendations in this guideline represent the view of NICE, arrived at after careful (...) in a way that would be inconsistent with complying with those duties. Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible. **Autism** spectrum disorder in under 19s: support and management (CG170) © NICE 2018. All rights reserved. Subject to Notice of rights (https://www.nice.org.uk/terms-and- conditions#notice-of-rights). Page 2

2013 National Institute for Health and Clinical Excellence - Clinical Guidelines

4. [Autism in adults: diagnosis and management](#)

Autism in adults: diagnosis and management **Autism** spectrum disorder in adults: **Autism** spectrum disorder in adults: diagnosis and management diagnosis and management Clinical guideline Published: 27 June 2012 nice.org.uk/guidance/cg142 © NICE 2018. All rights reserved. Subject to Notice of rights (https://www.nice.org.uk/terms-and-conditions#notice-of- rights).Y Y our responsibility our responsibility The recommendations in this guideline represent the view of NICE, arrived at after careful (...) in a way that would be inconsistent with complying with those duties. Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible. **Autism** spectrum disorder in adults: diagnosis and management (CG142) © NICE 2018. All



rights reserved. Subject to Notice of rights (<https://www.nice.org.uk/terms-and-conditions#notice-of-rights>). Page 2

2012 National Institute for Health and Clinical Excellence - Clinical Guidelines

5. [Autism in under 19s: recognition, referral and diagnosis](#)

Autism in under 19s: recognition, referral and diagnosis **Autism** spectrum disorder in under 19s: **Autism** spectrum disorder in under 19s: recognition, referral and diagnosis al and diagnosis Clinical guideline Published: 28 September 2011 nice.org.uk/guidance/cg128 © NICE 2018. All rights reserved. Subject to Notice of rights (<https://www.nice.org.uk/terms-and-conditions#notice-of-rights>). Y Y our responsibility our responsibility The recommendations in this guideline represent (...) . Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties. Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible. **Autism** spectrum disorder in under 19s: recognition, referral and diagnosis (CG128) © NICE 2018. All rights reserved. Subject to Notice of rights ([https](https://www.nice.org.uk/terms-and-conditions#notice-of-rights)

2011 National Institute for Health and Clinical Excellence - Clinical Guidelines

6. [Learning disabilities and behaviour that challenges: service design and delivery](#)

reserved. Subject to Notice of rights (<https://www.nice.org.uk/terms-and-conditions#notice-of-rights>). Page 4 of 44 This guideline should be read in conjunction with NG11. Ov Overview erview This guideline covers services for children, young people and adults with a learning disability (or **autism** and a learning disability) and behaviour that challenges. It aims to promote a lifelong approach to supporting people and their families and carers, focusing on prevention and early intervention and minimising (...) , costs and characteristics of out of area placement for people with intellectual disability and challenging behaviour Allen et al. 2007). A more recent report suggested that there are over 40,000 children with learning disabilities who display behaviour that challenges (Estimating the number of children with learning disabilities in England whose behaviour challenges Emerson et al. 2014). In addition, approximately 1% of the adult population has an **autism** spectrum condition and 60–70% of these also

2018 National Institute for Health and Clinical Excellence - Clinical Guidelines

7. [Children and young people exposed prenatally to alcohol](#)

of their neurodevelopmental disorder, particularly those children with attention deficit and hyperkinetic disorders (ADHD) and **autism** spectrum disorder (ASD). This may contribute to an adverse outcome for the child, and, just as importantly, misses the opportunity to protect subsequent pregnancies. Information from New Zealand and Canada suggests that identification of FASD can be a potent motivator for mothers to abstain from alcohol in subsequent pregnancies. 16 Although birth mothers are generally reticent



2019 SIGN

8. Child abuse and neglect

experiences or neurodevelopmental disorders such as **autism**. However, practitioners should continue to consider the possibility of child abuse or neglect as a cause for behavioural and emotional alerting features, even if they are seemingly explained by another cause. Practitioners should also recognise that alerting features may be due to non-recent child abuse or neglect. If the alerting features relate to past child abuse or neglect, but the child or young person is now in a place of safety (for example (...) of communication becoming withdrawn. 1.3.13 Consider child abuse and neglect if a child's behaviour or emotional state is not consistent with their age and developmental stage or cannot be fully explained by medical causes, neurodevelopmental disorders (for example, attention deficit hyperactivity disorder [ADHD], **autism** spectrum disorders) or other stressful situation that is not part of child abuse or neglect (for example, bereavement or parental separation). Examples of behaviour or emotional states

2017 National Institute for Health and Clinical Excellence - Clinical Guidelines

9. Developmental follow-up of children and young people born preterm

' gestation are at increased risk of attention deficit hyperactivity disorder (ADHD), and that male sex is an independent risk factor. **Autism** spectrum disorder **Autism** spectrum disorder 1.2.13 Be aware that children born before 28 +0 weeks' gestation are at increased risk of symptoms of social communication impairment, which may suggest a problem in the **autism** spectrum. 1.2.14 Be aware that children born preterm are at increased risk of **autism**spectrum disorder, and that the following are independent risk (...)) **autism** spectrum disorder (see recommendation 1.3.10) visual impairment hearing impairment feeding problems sleep problems, including sleep apnoea Developmental follow-up of children and young people born preterm (NG72) © NICE 2019. All rights reserved. Subject to Notice of rights (<https://www.nice.org.uk/terms-and-conditions#notice-of-rights>). Page 15 of 29speech, language and communication problems motor problems problems with inattention, impulsivity or hyperactivity emotional and behavioural

2017 National Institute for Health and Clinical Excellence - Clinical Guidelines

10. Mental health problems in people with learning disabilities: prevention, assessment and management

interventions for children and young people with internalising disorders 34 3 Psychological interventions for depression and anxiety disorders in adults with mild to moderate learning disabilities 34 4 Pharmacological interventions for anxiety disorders in people with learning disabilities who have **autism** 35 5 Psychosocial interventions for people with more severe learning disabilities 36 6 The experiences of people with learning disabilities and mental health problems in services 37 Mental health problems (...) of rights (<https://www.nice.org.uk/terms-and-conditions#notice-of-rights>). Page 15 of 38review psychiatric and medical history, past treatments and response review physical health problems and any current medication, and refer to other specialists for review if needed review the nature and degree of the learning disabilities, and if relevant the person's developmental history assess for problems that may be associated with particular behavioural phenotypes (for example, anxiety in people with **autism**



2016 National Institute for Health and Clinical Excellence - Clinical Guidelines

11. [Autism in children](#)

Autism in children **Autism** in children - NICE CKS Clinical Knowledge Summaries Share **Autism** in children: Summary **Autism** spectrum disorder (ASD) is a complex developmental condition that includes a range of developmental impairments in reciprocal social interaction and communication, combined with restricted interests and rigid and repetitive behaviours. ASD is strongly associated with a number of coexisting conditions that may significantly impact on the wellbeing of the child or young person (...) and their family and/or carers have prompt access to support and services in education, health services, and social care; a route into voluntary organizations; and contact with other children and families with similar experiences. All of these can improve the lives of the child or young person and their family and/or carers. The diagnosis of ASD is established by a specialist following referral. Ideally this is carried out by an **autism** team if available (or if not, by a paediatrician or a child and adolescent

2014 NICE Clinical Knowledge Summaries

12. [Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges](#)

, **autism**, sensory impairments, sensory processing difficulties and physical or mental health problems (including dementia) may be more likely to develop behaviour that challenges. The behaviour may appear in only certain environments, and the same behaviour may be considered challenging in some settings or cultures but not in others. It may be used by the person for reasons such as creating sensory stimulation, getting help or avoiding demands. Some care environments increase the likelihood (...) that challenges and that it often develops gradually. Pay attention to and record factors that may increase this risk, including: personal factors, such as: a severe learning disability **autism** dementia Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (NG11) © NICE 2019. All rights reserved. Subject to Notice of rights (<https://www.nice.org.uk/terms-and-conditions#notice-of-rights>). Page 11 of 59communication

2015 National Institute for Health and Clinical Excellence - Clinical Guidelines

13. [Off-label prescribing of psychotropic medication to children and adolescents](#)

disorders. These regulations include a welcome focus on longer-term safety and developmental issues. There is currently advice for: • ADHD (<http://bit.ly/1O2XRPp>) • Schizophrenia (<http://bit.ly/1GDBptm>) • Depression (<http://bit.ly/1LRvBN>) • **Autism** (draft) (<http://bit.ly/1P12rMs>) Box 1. (Continued) Whilst this US and EU legislation is mainly targeted at new medications, the EMA also offered incentives to marketing authorisation holders if they developed and implemented a new type of marketing

2017 British Association for Psychopharmacology

14. [Social anxiety disorder: recognition, assessment and treatment](#)

fear, avoidance, distress and functional impairment be aware of comorbid disorders, including avoidant personality disorder, alcohol and substance misuse, mood disorders, other anxiety disorders, psychosis and **autism**. 1.2.6 Follow the recommendations in Common mental health disorders (NICE clinical



guideline 123) for the structure and content of the assessment and adjust them to take into account the need to obtain a more detailed description of the social anxiety disorder (see recommendation 1.2.8 (...)) deficit hyperactivity disorder, **autism** and learning disabilities drug and alcohol misuse (see recommendation 1.2.12) speech and language problems. 1.4.9 To aid the assessment of social anxiety disorder and other common mental health problems consider using formal instruments (both the child and parent Social anxiety disorder: recognition, assessment and treatment (CG159) © NICE 2019. All rights reserved. Subject to Notice of rights (<https://www.nice.org.uk/terms-and-conditions#notice-of-rights>)

2013 National Institute for Health and Clinical Excellence - Clinical Guidelines

15. [Antisocial behaviour and conduct disorders in children and young people: recognition and management](#)

and young people with a possible conduct disorder For the initial assessment of a child or young person with a suspected conduct disorder, consider using the Strengths and Difficulties Questionnaire (completed by a parent, carer or teacher). Assess for the presence of the following significant complicating factors: a coexisting mental health problem (for example, depression, post-traumatic stress disorder) a neurodevelopmental condition (in particular ADHD and **autism**) a learning disability or difficulty (...) (completed by a parent, carer or teacher). 1.3.5 Assess for the presence of the following significant complicating factors: a coexisting mental health problem (for example, depression, post-traumatic stress disorder) a neurodevelopmental condition (in particular ADHD and **autism**) a learning disability or difficulty substance misuse in young people. 1.3.6 If any significant complicating factors are present refer the child or young person to a specialist CAMHS for a comprehensive assessment. 1.3.7

2013 National Institute for Health and Clinical Excellence - Clinical Guidelines

16. [Social and emotional wellbeing: early years](#)

(see recommendations 3 and 4) are available to help vulnerable children and their families – these should be monitored against outcomes children and families with multiple needs have access to specialist services, including child safeguarding and mental health services. Also see NICE guidance on: antenatal and postnatal mental health; attention deficit hyperactivity disorder (ADHD); **autism** spectrum disorder in under 19s; antisocial behaviour and conduct disorders in children and young people

2012 National Institute for Health and Clinical Excellence - Clinical Guidelines

17. [Management of schizophrenia](#)

the guideline are outlined in Annex 1. The guideline does not provide specific recommendations for the following: y patients with at-risk or ultra-high risk mental states y patients with specific comorbidities such as learning disabilities or **autism** spectrum disorders y prodromal syndromes y transitions from child and adolescent mental health services y transitions to older adults services y particular care settings (eg forensic, inpatient or outpatient units, primary or secondary care).| 3 Management



2013 SIGN

18. [Clinical Guidelines & Integrated Care Pathways for the Oral Health Care of People with Learning Disabilities](#)

origin. Medical Problems People with a learning disability have an increased prevalence of physical and sensory impairments, behavioural problems and epilepsy, which increase their health needs (Kerr et al., 1996). 40% of people with Down Syndrome suffer from congenital heart defects and immunosuppression. Schizophrenia, delusional disorders, **autism** and behavioural disorders are similarly reported to have an impact on their oral health and dental management. (Cooper, 1997a). There is a higher rate

2012 British Society for Disability and Oral Health

19. [Psychosis and schizophrenia](#)

disorder (OCD), where strong irrational beliefs are held, but related to specific fears, and for which the person has developed rituals. **Autism** spectrum disorder or communication disorders. People with these disorders may display symptoms that resemble a psychotic episode. They may be distinguished from psychotic disorders by their deficits in social interaction with repetitive and restricted behaviours. Basis for recommendation Basis for recommendation Information on the differential diagnosis

2015 NICE Clinical Knowledge Summaries

20. [Conduct disorders in children and young people](#)

be referred for specialist assessment by Child and Adolescent Mental Health Services (CAMHS) if they have any of the following significant complicating factors: A coexisting mental health problem (for example depression, or post-traumatic stress disorder). A neurodevelopmental condition (in particular attention deficit hyperactivity disorder, or **autism**). A learning disability or difficulty. Substance misuse in young people. Children who do not have a complicating factor should be referred directly (...) assessment of a child or young person with a suspected conduct disorder. Assess for the presence of the following significant complicating factors: A coexisting mental health problem (for example, depression, post-traumatic stress disorder). For more information, see the CKS topics on and . A neurodevelopmental condition (in particular ADHD and **autism**). For more information, see the CKS topics on and . A learning disability or difficulty. Substance misuse in young people. Recognising child maltreatment

2014 NICE Clinical Knowledge Summaries

21. [Bedwetting \(enuresis\)](#)

bedwetting. Psychological or behavioural disorders such as attention deficit hyperactivity disorder (ADHD), **autism** spectrum disorder, anxiety, depressive, and conduct disorders. It is necessary to determine the type of bedwetting by asking if: There are any daytime symptoms. The child has previously been dry at night without assistance for 6 months. Managing primary bedwetting (without daytime symptoms) involves: General advice on bedwetting. Advice on lifting and waking. Addressing any issues concerning (...) disorder (ADHD), **autism** spectrum disorder, anxiety, depressive, and



conduct disorders. Sleep apnoea and upper airway obstructive symptoms. Prognosis What is the prognosis? Most children who have bedwetting without daytime symptoms become continent by adolescence. Bedwetting resolves spontaneously in 5 to 10% of affected children each year []. Spontaneous resolution is thought to be much rarer in children who wet the bed most nights and not just sporadically []. About 1% of children continue to wet

2014 NICE Clinical Knowledge Summaries

22. Attention deficit hyperactivity disorder

and continuing functional impairment, such as psychological, social, or educational difficulties). Over time, inattentive symptoms tend to persist and hyperactive-impulsive symptoms tend to recede. ADHD is associated with increased risks of psychiatric disorders, including oppositional defiant disorder (ODD), conduct disorder, substance abuse, and possibly mood disorders, such as depression and mania. **Autism** spectrum disorder, dyslexia, dyscalculia, and dyspraxia are also over-represented. The person's (...) the CKS topic on . **Autism** spectrum disorder — the social disengagement, isolation, and indifference to facial and tonal communication seen in some individuals with **autism** spectrum disorder should be distinguished from the social dysfunction and peer rejection seen in some individuals with ADHD. Children with **autism** spectrum disorder (ASD) may have tantrums because of an inability to tolerate change from their expected routine, whilst children with ADHD may have tantrums due to impulsivity or poor self

2014 NICE Clinical Knowledge Summaries

23. An overview of current management of auditory processing disorder (APD)

or attention, **autism**) APD is often found alongside other diagnoses. Practice Guidance British Society of Audiology Management of APD 2011 © BSA 2011 7 There are three categories of APD: 1. Developmental APD: Cases presenting in childhood with normal hearing (i.e. normal audiometry) and no other known aetiology or potential risk factors. Some of these people may retain their APD into adulthood 2. Acquired APD: Cases associated with a known post-natal event (e.g. neurological trauma, infection) that could (...) the rigour in school and statutory processes and on providing an alternative to the current adversarial system for resolving disputes. 9. APD management in children APD will often co-exist with attention, language and learning impairments as well as **autism** spectrum disorder (Bellis, 2008; Dawes and Bishop, 2010, Witton, 2010). A multi-disciplinary approach is recommended, particularly when co-existing disorders are present. Ideally, expert APD clinics including professionals such as a psychologist

2010 British Society of Audiology

24. Autism spectrum disorder: Warning signs, detection, diagnosis and assessment in children and adolescents

Autism spectrum disorder: Warning signs, detection, diagnosis and assessment in children and adolescents Haute Autorité de Santé - Trouble du spectre de l'autisme - Signes d'alerte, repérage,



diagnostic et évaluation chez l'enfant et l'adolescent Développer la qualité dans le champ sanitaire, social et médico-social Recherche La HAS Accréditation & Certification Outils, Guides & Méthodes Recommandation de bonne pratique Trouble du spectre de l'autisme - Signes d'alerte, repérage, diagnostic et

2018 HAS Guidelines

25. [Autism and PDD - Management for child or teenager](#)

Autism and PDD - Management for child or teenager QUICK REFERENCE GUIDE **Autism** and other PDDs 1 Coordinated education and treatment interventions in children and adolescents Coordinated education and treatment interventions in children and adolescents March 2012 March 2012 INVOLVE THE CHILD OR ADOLESCENT AND PARENTS – PAY ATTENTION TO SIBLINGS Children and adolescents have rights. They should be treated with dignity and their history, personality, routines, own wishes and tastes, abilities (...), and then at transitional ages or during transition periods, to ensure that the care plan is consistent with up-to-date diagnosis and knowledge. ? All care teams should be trained in and have access to the following tools: Childhood **Autism** Rating Scale (CARS), Vineland Adaptive Behaviour Scale (VABS), Échelle des comportements autistiques [Autistic Behaviour Scale] (ECA), Échelle de communication sociale précoce [Early Social Communication Scale] (ESCS), Psychoeducational Profiles (PEP-3 and AAPEP), and standardised

2012 HAS Guidelines

26. [WHO recommendations on child health](#)

2017 World Health Organisation Guidelines

27. [CPG for the Management of Patients with Autism Spectrum Disorders in Primary Care](#)

CPG for the Management of Patients with **Autism** Spectrum Disorders in Primary Care Clinical Practice Guideline for the Management of Patients with **Autism** Spectrum Disorders in Primary Care CLINICAL PRACTICE GUIDELINES IN THE SPANISH NATIONAL HEALTHCARE SYSTEM MINISTRY OF HEALTH, SOCIAL POLICY, AND EQUALITY Clinical Practice Guideline for the Management of Patients with **Autism** Spectrum Disorders in Primary Care CLINICAL PRACTICE GUIDELINES IN THE SPANISH NHS MINISTRY OF HEALTH AND SOCIAL POLICIES (...) development Group of the Clinical Practice Guidelines for the Management of Patients with **Autism** Spectrum Disorders in Primary Care. Clinical Practice Guidelines for the Management of Patients with **Autism** Spectrum Disorders in Primary Care. Quality Plan for the National System of Health, Ministry of Health and Social Policy. Health Technology Assessment Unit. Laín Entralgo Agency, 2009. Clinical Practice Guidelines in the NHS: UETS No. 2007/5-3. It has been 5 years since the publication of this Clinical



2009 GuiaSalud

28. CPG on Attention Deficit Hyperactivity Disorder (ADHD) in the Child and Adolescent Population

moment of the treatment should its efficacy be evaluated? Combined Treatment 48. Combined treatment: What does it consist of? What must it include? 49. In ADHD in children and adolescents? Which intervention or combination of interventions has proved to be more efficient in the short and long term? Comorbidity Treatment 50. In children and adolescents with ADHD: What must be done with comorbid epilepsy? 51. In children and adolescents with ADHD: What must be done with comorbid **autism** spectrum (...) psychological treatment, pharmacological treatment and psychopedagogical intervention at school. 7.5. Comorbidity Treatment 7.5.1. In children and adolescents with ADHD: What must be done with comorbid epilepsy? Recommendations C 7.5.1.1. The use of methylphenidate is not contraindicated in children and adolescents with ADHD and comorbid epilepsy. 7.5.2. In children and adolescents with ADHD: What must be done with comorbid **autism** spectrum disorders? Recommendations D 7.5.2.1. The use of methylphenidate

2010 GuiaSalud

Canada

29. ADHD in children and youth: Part 3?Assessment and treatment with comorbid ASD, ID, or prematurity

, evidence-based decisions to enhance care of children and youth with this condition. Specific topics reviewed in Part 3, which focuses on associated **autism** spectrum disorder, intellectual disability, and prematurity, include the challenges of diagnostic assessment, common presentations, the role of genetics, and treatment, including the benefits of physical activity. Recommendations are based on current guidelines, evidence from the literature, and expert consensus. Keywords: **Autism**; ADHD; Intellectual

2018 Canadian Paediatric Society

30. Screening for disruptive behaviour problems in preschool children in primary health care settings

delays may be associated with a primary language or communication disorder or with **autism** spectrum disorder not previously identified. Excessive and persistent anxieties or fears may signal separation or other anxiety disorders. At the family level, parent–child interactions are key areas for observation and enquiry. Warm, nurturing relationships with responsive caregivers (especially parents or alternative main caregivers) are key protective factors for any child . Interruptions in care due

2017 Canadian Paediatric Society

31. Recommendations on screening for developmental delay

-based screening of all preschool children has been proposed to facilitate early identification and treatment. For example, the province of Ontario recommends developmental screening of all children at 18



months, 10 and the American Academy of Pediatrics recommends developmental screening at 9, 18 and 30 months and **autism** screening at 24 and 30 months. 11,12 The Canadian Task Force on Preventive Health Care assessed the evidence on the effectiveness of population-based screening (...) cases, but there is evidence that the low specificity of these tools would lead to a high proportion of false positives. • High-quality evidence from RCTs on the effectiveness of treatment for known developmental delay is lacking; a few small trials have suggested that speech and language therapy may improve language impairment and that treatment of **autism** may improve cognitive function. • Clinicians should remain vigilant to deficits in children's performance in terms of gross and fine motor skills

2016 CPG Infobase

32. [Joint SOGC/CCMG Opinion for Reproductive Genetic Carrier Screening: An Update for All Canadian Providers of Maternity and Reproductive Healthcare in the Era of Direct-to-Consumer Testing](#)

births), hemophilia A (1/5000 male births), and hemophilia B (1/30,000 male births). (III-A) (GRADE low/moderate) 3. A positive history of potential genetic/syndromic and chromosomal disorders as well as congenital anomalies, intellectual disability, stillbirth, sudden death, and other major health concerns such as cardiomyopathy, epilepsy, hearing loss, **autism**, and psychiatric disorders obtained as part of a three-generation pedigree review requires timely consultation referral to a reproductive (...) disorders 1. Fragile X syndrome is an X-linked condition with significant clinical implications for the carrier and her relatives. Any woman with a personal or family history of Fragile X- or Fragile X mental retardation 1–related disorders; unexplained intellectual disability or developmental delay; **autism**; ovarian insufficiency with elevated follicle stimulating hormone at age < 40 years of unknown etiology; or any woman with a family history of male relatives with developmental delay, **autism**

2016 Society of Obstetricians and Gynaecologists of Canada

33. [Autism Spectrum Disorder in Young Children: Screening](#)

Autism Spectrum Disorder in Young Children: Screening Final Update Summary: **Autism** Spectrum Disorder in Young Children: Screening - US Preventive Services Task Force Search USPSTF Website Text size: Assembly version: 1.0.0.308 Last Build: 11/16/2018 6:27:19 PM You are here: Final Summary To watch a video about this final recommendation and learn more, click . **Autism** Spectrum Disorder in Young Children: Screening Release Date: February 2016 Recommendation Summary Population Recommendation Grade (...) Children aged 18 to 30 months The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for **autism** spectrum disorder (ASD) in young children for whom no concerns of ASD have been raised by their parents or a clinician. See the for suggestions for practice regarding the I statement. To read the recommendation statement in JAMA , click . () Related Information for Consumers Related Information for Health Professionals There is no related

2016 U.S. Preventive Services Task Force

34. [Autism](#)

intervention or normal development some children with **autism** no longer present some symptoms later in life.It will besomeyears before the implications of these changes for **autism** prevalence and other facets of assessment and treatment can be fully assessed. EPIDEMIOLOGY Many studies, mostly conducted outside the United States, have examined the prevalence of **autism**,lesscommonly,ASDorPDDs. 17 Ofthe approximately 36 surveys of



autism available, prevalence estimates for autistic disorder range from 0.7 (...) **Autism AACAP OFFICIAL ACTION Practice Parameter for the Assessment and Treatment of Children and Adolescents With Autism Spectrum Disorder** Fred Volkmar, MD, Matthew Siegel, MD, Marc Woodbury-Smith, MD, Bryan King, MD, James McCracken, MD, Matthew State, MD, PhD, and the American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Quality Issues (CQI) **Autism** spectrum disorder is characterized by patterns of delay and deviance in the development of social, communicative

2014 American Academy of Child and Adolescent Psychiatry

35. Labor Induction or Augmentation and Autism

Labor Induction or Augmentation and **Autism** Labor Induction or Augmentation and **Autism** - ACOG Menu ▼ Labor Induction or Augmentation and **Autism** Page Navigation ▼ Number 597, May 2014 (Reaffirmed 2018) Committee on Obstetric Practice The Society for Maternal-Fetal Medicine endorses this document. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment (...) or procedure to be followed. Labor Induction or Augmentation and **Autism** Abstract: Functional oxytocin deficiency and a faulty oxytocin signaling pathway have been observed in conjunction with **autism** spectrum disorder (ASD). Because exogenous synthetic oxytocin commonly is administered for labor induction and augmentation, some have hypothesized that synthetic oxytocin used for these purposes may alter fetal oxytocin receptors and predispose exposed offspring to ASD. However, current evidence does

2014 American College of Obstetricians and Gynecologists

36. Clinical genetic evaluation in identifying the etiology of the autism spectrum disorders: 2013 guideline revisions

Clinical genetic evaluation in identifying the etiology of the **autism** spectrum disorders: 2013 guideline revisions 1 © American College of Medical Genetics and Genomics ACMG PrACTiCe Guidelines **Autism** spectrum disorders (ASDs), also known as pervasive developmental disorders, are a behaviorally defined group of neurodevelopmental disorders that are usually diagnosed in early childhood. They are characterized by varying degrees of limitations in communication and social interaction (...) of unselected cases of **autism** are most consistent with multifactorial inheritance. Until quite recently, the accepted recurrence risk for full siblings of a child with **autism** has been in the range of 3–10%. 4–6 Overall, only 2–3% of families have more than one affected child (possibly because of voluntary avoidance of pregnancy after a child is diagnosed). Most studies have reported a sex bias in the recurrence risk in keeping with the presumption of a “multifactorial” mode of inheritance (higher risk

2013 American College of Medical Genetics and Genomics

37. Autism ? complementary home-based care

Autism ? complementary home-based care Occupational Therapy and Physical Therapy/**Autism**/Home Based Services/BEST 131 Best Evidence Statement (BEST) Copyright © 2013 Cincinnati Children's Hospital Medical Center; all rights reserved Page 1 of 6 Date: 2/6/13 Title: Adding home based services to complement center based intervention for children with **autism** Clinical Question: Definitions for terms marked with * may be found in the Supporting Information section. Target Population (...) after one year (Rickards 2009 [2a], Rickards 2007 [2a]). Drew revealed that the addition of home based developmental intervention significantly improved words understood, words said and P (Population/Problem) Among children under the age of 6 years old with **autism** spectrum disorder (ASD) or pervasive developmental disorder - not otherwise specified and their parents I (Intervention) does home based developmental intervention in addition to center based developmental intervention* C (Comparison

2013 Cincinnati Children's Hospital Medical Center

38. Autism ? Video-based modeling in teaching daily living skills

Autism ? Video-based modeling in teaching daily living skills Occupational Therapy/**Autism**/Video Modeling/BEST 136 Best Evidence Statement (BEST) Copyright © 2008–2012 Cincinnati Children's Hospital Medical Center; all rights reserved. April 25, 2012 CCHMC Evidence Collaboration: James M. Anderson Center for Health Systems Excellence | Center for Professional Excellence | Edward L. Pratt Research Library Evidence-



Based Decision Making (EBDM) LEGEND Resources – <http://www.cincinnatichildrens.org> (...) /evidence Page 1 of 6 Date: June 21, 2012 Title: The use of Video-Based Modeling in Teaching Daily Living Skills to Children with **Autism** Clinical Question: P (Population/Problem) In children with **autism** I (Intervention) does the use of video-based modeling C (Comparison) O (Outcome) improve participation in daily living activities*? Definitions for terms marked with * may be found in the Supporting Information section. Target Population for the Recommendation: Inclusion criteria: Diagnosis of **autism**

2012 *Cincinnati Children's Hospital Medical Center*

39. **Autism spectrum disorder ? Speech therapist directed use of video monitoring**

Autism spectrum disorder ? Speech therapist directed use of video monitoring Speech Therapy/**Autism** Spectrum Disorder/Video Modeling/BEST 138 Best Evidence Statement (BEST) Copyright © 2012 Cincinnati Children's Hospital Medical Center; all rights reserved Page 1 of 9 August 22, 2012 Speech Therapist Directed use of Video Modeling for Patients with **Autism** Spectrum Disorder Clinical Question P (Population/Problem) Among pediatric patients with **Autism** Spectrum Disorder (ASD) I (Intervention) does (...) with developmental disabilities other than **autism**, patients unable to attend to audio/visual scenes for less than 1 minute. Recommendation (See Dimensions for Judging the Strength of the Recommendation) It is recommended that speech-language pathologists working with children with **autism** spectrum disorder incorporate the use of video based modeling into treatment plans to target either functional or imaginative play* skills (Boudreau, 2010 [4b]; Paterson, 2007 [4b]; Hine, 2006 [4b]; Charlop-Christy, 2000 [4b])

2012 *Cincinnati Children's Hospital Medical Center*

40. **AIM Clinical Appropriateness Guidelines for Genetic Testing for Single-Gene and Multifactorial Conditions**

autism spectrum disorder • Non-syndromic global developmental delay or intellectual disability • Multiple congenital anomalies not specific to a well-delineated genetic syndrome • Known or suspected infantile or early-onset epileptic encephalopathy (onset before three years of age) for which likely non-genetic causes of epilepsy (e.g. environmental exposures; brain injury secondary to complications of extreme prematurity, infection, trauma) have been excluded For oncologic indications, please see (...) resolution than metaphase cytogenetics for DNA copy number alterations (duplications and deletions), copy number polymorphisms, and loss of heterozygosity (LOH). The American College of Medical Genetics (ACMG) recommends CMA as a first-tier test in the initial postnatal evaluation of individuals with multiple anomalies not specific to a well-delineated genetic syndrome, apparently non-syndromic developmental delay/intellectual disability, and **autism** spectrum disorders. In addition, if a specific syndrome

2019 *AIM Specialty Health*

41. **Developmental follow-up of children and young people born preterm.**

factor. **Autism** Spectrum Disorder Be aware that children born before 28 +0 weeks' gestation are at increased risk of symptoms of social communication impairment, which may suggest a problem in the **autism** spectrum. Be aware that children born preterm are at increased risk of **autism** spectrum disorder, and that the following are independent risk factors: Intraventricular haemorrhage in babies born before 34 +0 weeks' gestation Male sex. Emotional and Behavioural Problems Be aware that children born (...) . At each face-to-face follow-up visit and developmental assessment for a child born preterm who is having enhanced developmental surveillance, check for signs and symptoms of developmental problems and disorders as appropriate, such as: Cerebral palsy (see recommendation below) Global developmental delay and learning disability (intellectual disability) **Autism** spectrum disorder (see recommendation below) Visual impairment Hearing impairment Feeding problems Sleep problems, including sleep apnoea Speech

2017 *National Guideline Clearinghouse (partial archive)*



42. [Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures](#)

medications (often used to treat children with **autism** spectrum disorder) may also produce clinically important drug-drug interactions. 305–314 Therefore, a careful drug history is a vital part of the safe sedation of children. The practitioner should consult various sources (a pharmacist, textbooks, online services, or handheld databases) for specific information on drug interactions. 315–319 The U.S. Food and Drug Administration issued a warning in February 2013 regarding the use of codeine

2016 American Academy of Pediatric Dentistry

43. [Reactive Attachment Disorder and Disinhibited Social Engagement Disorder](#)

There is, however, longitudinal evidence that disorganized attachment in infancy is associated with the development of PTSD in school-aged children who were exposed to significant traumatic events, 39 and children diagnosed with RAD are likely to have such trauma exposure. DIFFERENTIAL DIAGNOSIS OF RAD RAD must be distinguished primarily from **autism** spectrum disorder (ASD), global developmental delay (GDD), and depression. Children with RAD share social withdrawal and reduced social reciprocity with children (...) with DSED in young maltreated children. 38 Two independent groups studying children adopted out of severely deprived institutions have reported that some children display features described as “quasi-**autism**.” 55,56 At age 4 years, these children met full clinical criteria for **autism**, but by age 6 years, they no longer showed all the features of **autism**. Instead, they exhibited odd relatedness, including some indiscriminate behavior, and they continued to show some peculiar interests, but they had more

2016 American Academy of Child and Adolescent Psychiatry

44. [Schizophrenia \(revised\)](#)

defined by developmental lags in the maturation of language, perception, and motility (which also included infantile **autism**). 9 Hallucinations and delusions were not required criteria. This nosology was adopted by the DSM-II. As a result, the childhood schizophrenialiterature from this period overlaps with that of **autism** and other pervasive developmental disorders. Seminal work by Kolvin 10 and Rutter 11 established the distinctiveness of the various childhood psychoses and the similarity between (...) Pervasive Developmental Disorders/**Autism** **Autism** and pervasive developmental disorders are distinguished from schizophrenia by the absence of psychotic symptoms and by the predominance of the characteristic deviant language patterns, aberrant social relatedness, or repetitive behaviors. The younger age of onset and the absence of a normal period of development are also indicative. The premorbid abnormalities in EOS tend to be less pervasive and severe than those with **autism**. 10,11 Youth

2013 American Academy of Child and Adolescent Psychiatry

45. [Sensory Processing Disorders ? weighted or pressure devices for behavior modification among effective children](#)

Sensory Processing Disorders ? weighted or pressure devices for behavior modification among effective children
Copyright © 2012 Cincinnati Children's Hospital Medical Center; all rights reserved. Page 1 of 6 Occupational Therapy and Physical Therapy/**Autism**/Weighted Vest/BES 118 Best Evidence Statement (BES) Date: 02-09-12
Title: Use of a Weighted or Pressure Device to Modify Behavior in Children with a Sensory Processing Disorder



Clinical Question: P (population/problem): In children (...) on therapist's clinical reasoning (Local Consensus [5], Olson 2004a [5b], Olson 2004b [5b]). 3. It is recommended that the decision to use therapeutic devices that provide pressure be determined by clinical judgment of the therapist with consideration of child and family preferences for children with sensory processing difficulties who present with: Occupational Therapy and Physical Therapy/**Autism**/Weighted Vest/BES^t 118 Copyright © 2012 Cincinnati Children's Hospital Medical Center; all rights reserved. Page

2012 Cincinnati Children's Hospital Medical Center

46. [Functional communication training ? Treatment of problem behavior](#)

or outpatient treatment for problem behavior I (Intervention) does functional communication training* C (Comparison) O (Outcome) lead to decreased aggression and self-injurious behavior? Definitions for terms marked with * may be found in the Supporting Information section. Target Population for the Recommendation: Inclusion Criteria ? Children ages 3-21 years ? Present with severe communication impairments ? May include diagnoses of **autism**, cognitive impairments, or developmental disability ? Receiving (...) and treatment of self-injurious behavior in young children: A summary of 30 cases. Journal of Applied Behavior Analysis, 36(2), 205-219. [4a] Matson, J. L., LoVullo, S. V., Boisjoli, J. A., & Gonzalez, M. L. (2008). The behavioral treatment of an 11-year-old girl with **autism** and aggressive behaviors. Clinical Case Studies, 7(4), 313-326. [5a] National Joint Committee for the Communication Needs of Persons with Severe Disabilities. (1992). Guidelines for meeting the communication needs of persons with severe **2012 Cincinnati Children's Hospital Medical Center**

47. [Mental Health Diagnoses ? sleep promotion in effected children](#)

compared to PRN sleep medications O (outcome) affect sleep quality at night T (time) during an inpatient hospital stay? Self-regulation techniques include progressive relaxation, guided imagery, meditation, breathing techniques and neural effective calming techniques. Sleep quality at night includes sleep onset latency, sleep duration and number of night time awakenings. Target Population: Children aged 3-18 years old with mental health diagnoses, including, attention deficit disorders, **autism** spectrum (...) activity, increased asthma symptoms and a potential adverse effect on puberty development. Along with improved sleep duration and lessened time to fall asleep, Dodge and Wilson (2001 [2b]) found that the use of melatonin is effective in children with developmental delays and **Autism** Spectrum Disorder. Dodge's study population did not include children beyond age 12 due to concerns on possible pubertal effects of melatonin. Van der Heijden et al. (2007 [2a]) found that melatonin improved sleep onset

2012 Cincinnati Children's Hospital Medical Center

48. [Genetic and metabolic testing on children with global developmental delay](#)

to profound impairment who had abnormalities. e103 Another Class III study of 1,600 unrelated male and female children with GDD/ID and/or **autism** found that 34 (2.1%) had abnormal urine creatine-to-creatinine ratios, although only 10 (0.6%) had abnormal repeat tests and only 3 (0.2%) were found to have a mutation in the X-linked SLC6A8 gene. e104 As mentioned earlier, a Class III study found SLC6A8 mutations in 0.4% of 478 unrelated males with unexplained GDD/ID. e105 Another Class III study of 180

2011 American Academy of Neurology

SIGN, Scotland, 1 fund (070519)

145	Assessment, diagnosis and interventions for autism spectrum disorders	Mental health and behavioural conditions	2016
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WHO, 4 fund (080519)

Child and adolescent mental health

- 1. [Paediatric emergency triage, assessment and treatment; care of critically ill children](#)
2016
- 2. [Promoting rights and community living for children with psychosocial disabilities](#)
2015
- 3. [Meeting report on Autism Consultation, September 2013](#)
2013
- 4. [Adolescent mental health](#)
2012

SBU, Sverige, 11 fund (080519)

- 1. [Tillförlitlighet i faciliterad kommunikation vid autism – en systematisk kartläggning](#)

Lästid ca 2 minuter Publicerad 2014-01-21 Publikationer: SBU Utvärderar

Denna rapport redovisar en systematisk kartläggning av experimentella studier som har undersökt tillförlitligheten i faciliterad kommunikation (FC), en kommunikationsmetod som bland annat riktar sig

- 2. [Autismspektrumtillstånd – diagnostik och insatser, världens organisation och patientens delaktighet](#)



Lästid ca 2 minuter Publicerad 2013-03-20 Publikationer: SBU Utvärderar

Systematisk litteraturöversikt som utvärderat de diagnostiska instrument och skattningsformulär som används som verktyg i den diagnostiska processen i Sverige för att identifiera

- **3. Stamcellstransplantation som behandling vid autism i barndomen**

Lästid ca 1 minut Publicerad 2018-09-19 Publikationer: SBU:s upplysningstjänst

Stamcellstransplantationer görs för att behandla vissa former av cancer men behandlingen kan också bota en del andra mer ovanliga sjukdomar. Idag marknadsförs stamcellstransplantation som botemedel,

- **4. Kost vid ADHD och autismspektrumtillstånd**

Lästid ca 1 minut Publicerad 2018-09-12 Publikationer: SBU:s upplysningstjänst

Det finns teorier om att olika typer av kosttillskott och dieter, där födoämnen utesluts ur maten eller där ämnen tillsätts i kosten, kan påverka symtomen hos personer med Attention Deficit

- **5. Kognitiv beteendeterapi (KBT) eller motiverande samtal (MI) för barn eller ungdomar**

Lästid ca 1 minut Publicerad 2018-04-20 Publikationer: SBU:s upplysningstjänst



Kognitiv beteendeterapi, KBT, och motiverande samtal, MI (motivational interweaving) är två psykosociala behandlingsmetoder som syftar till att främja motivation och beteendeförändring.

- **6. Hantverk som terapiform till personer med psykiska och neuropsykiatriska funktionsnedsättningar**

Lästid ca 5 minuter Publicerad 2015-06-10 Publikationer: SBU:s upplysningstjänst

SBU, Statens beredning för medicinsk och social utvärdering, har i uppdrag att utvärdera metoder och insatser som används i hälso- och sjukvården och socialtjänsten.

- **7. SD-BERA vid diagnostik av autismspektrumtillstånd eller ADHD**

Lästid ca 5 minuter Publicerad 2014-09-05 Publikationer: SBU:s upplysningstjänst

SBU, Statens beredning för medicinsk och social utvärdering, har i uppdrag att utvärdera metoder och insatser som används i hälso- och sjukvården och socialtjänsten.

- **8. Dansterapi vid utvecklingsstörning eller autismspektrumtillstånd**

Lästid ca 1 minut Publicerad 2014-06-27 Publikationer: SBU:s upplysningstjänst

SBU, Statens beredning för medicinsk och social utvärdering, har i uppdrag att utvärdera metoder och insatser som används i hälso- och sjukvården och socialtjänsten.

- **9. Psykologiska behandlingar av sömnbesvär hos barn och unga**



Lästid ca 6 minuter Publicerad 2014-02-24 Publikationer: SBU:s upplysningstjänst

SBU, Statens beredning för medicinsk och social utvärdering, har i uppdrag att utvärdera metoder och insatser som används i hälso- och sjukvården och socialtjänsten.

- **10. Individuella vårdplaner**

Lästid ca 3 minuter Publicerad 2012-11-08 Publikationer: SBU:s upplysningstjänst

SBU, Statens beredning för medicinsk och social utvärdering, har i uppdrag att utvärdera metoder och insatser som används i hälso- och sjukvården och socialtjänsten.

- **11. Diagnosmetoder och psykoterapier för barn som baseras på lek**

Publicerad 2019-03-26 SBU:s upplysningstjänst

Socialstyrelsen, Sverige (080519)

- 1. Barn som tänker annorlunda - Barn med **autism**, Aspergers syndrom och andra autismspektrumtillstånd

Datum: 2010-03-22 [Visa med sökorden markerade](#)

Ladda ner sida RSS Detta är en av fem kunskapssammanfattningar om barn som har eller riskerar att utveckla psykisk ohälsa som Socialstyrelsen tagit fram för personal i förskola och skola. Författaren svarar själv för innehållet. Knappar Ladda ...

Folke Helse Instituttet (FHI), Norge, 3 fund (080519)

- 1. **Det er usikkert om akupunktur har positive effekter på barn og unge med autisme**

Dokumentasjonen som ligg føre støttar ikkje bruk av akupunktur som behandlingsform for barn og unge med autisme. Dette viser ein systematisk oversikt som er utgjeven frå Cochrane Collaboration.

FORSKNINGSOVERSIKT

Publisert 14.11.2011 Oppdatert 09.09.2014

2.

The effect of early intervention programmes for families at risk, on the psychiatric outcomes of small children aged 3 and under

Hvordan påvirker tidlige hjelpetiltak den psykiske helsen til sped- og småbarn (0 til 3 år) i risikofamilier?

FORSKNINGSOVERSIKT

Publisert 24.04.2008 Oppdatert 09.09.2014

3.

Intensiv trening/habilitering til barn med medfødt og ervervet hjerneskade

Hva viser forskning om effekt av intensiv trening/habilitering for barn med hjerneskade?

FORSKNINGSOVERSIKT

Publisert 13.11.2008 Oppdatert 09.09.2014

Netpunkt, DK, 61 fund (080519)

Søgehistorie:



[autism? og ma=bå og år>2007](#)

2759

Danbib (Alle)

S3

[retningslinje? og år>2007](#)

990

Danbib (Alle)

S4

[guideline? og år>2007](#)

12574

Danbib (Alle)

S5

[\(retningslinje? og år>2007\) eller \(guideline? og år>2007\)](#)

13481

Danbib



S6

[\(autism? og ma=bå og år>2007\) og \(\(retningslinje? og år>2007\) eller \(guideline? og år>2007\)\)](#)

61

Danbib

S7

61 fund heraf 4 relevante reference.

1.Occupational therapy practice guidelines for individuals with autism spectrum disorder

Scott D. Tomchek; Kristie Patten Koenig

fold ind Fold ind

Emne: Autistic people. Rehabilitation ; Occupational therapy ; Occupational therapy

BOG: Bethesda, MD, AOTA Press, The American Occupational Therapy Association, Inc., 2016. - xxi, 97 pages ; illustrations + USB drive.. - (The AOTA Practice guidelines series)

2.Autism spectrum disorders in adolescents and adults : evidence-based and promising interventions

Matt Tincani; Andy Bondy

Emne: Autism spectrum disorders in children. Treatment ; Autism spectrum disorders.

Treatment ; PSYCHOLOGY / Psychopathology / Autism Spectrum Disorders ; MEDICAL / Psychiatry / General ; EDUCATION / Special Education / Social Disabilities ; SOCIAL SCIENCE / Social Work ; PSYCHOLOGY / Psychotherapy / Counseling

Summary: "We've edited this collection of chapters on evidence-based and promising practices for adults with ASD. During the past 25 years or so there has been a concomitant increase in research and publications regarding the identification, [...]"

BOG: New York, The Guilford Press, 2014. - xviii, 334 pages, illustrations

edited by Matt Tincani, Andy Bondy

ISBN: 9781462517176

3.Evidence-based practices and treatments for children with autism

Brian Reichow

Emne: Autistic Disorder ; therapy ; Evidence-Based Practice ; methods ; Child ; Infant ; Autism in children. Treatment ; Autistic children

Indhold: Evidence-based practices in autism: Where we started / Brian Reichow and Fred R. Volkmar. Development, procedures, and application of the evaluative method for determining evidence-based practices in autism / Brian Reichow. [...]

BOG: New York, Springer Science+Business Media, LLC, c2011. - xvi, 408 s., illustreret

4.Autism spectrum disorders : Missouri best practice guidelines for screening, diagnosis, and assessment

[Emne: Autism in children. Missouri ; Autistic children. Education. Missouri ; Autism spectrum disorders. Missouri](#)

BOG: Springfield, Dept. of Mental Health, Division of Developmental Disabilities ; St. Louis, Thompson Foundation for Autism, 2010. - vi, 164 s., illustreret

Medline (080519)

Database(s): **Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Daily and Versions(R)** 1946 to May 03, 2019

Search Strategy:

#	Searches	Results
1	Autism Spectrum Disorder/ or Autism Spectrum Disorder*.mp.	20796
2	Autistic Disorder/ or Autistic Disorder*.mp.	19889
3	autism*.mp.	39282
4	ASD.mp.	19943
5	1 or 2 or 3 or 4	50225
6	(Guideline* or practice guideline* or clinical guideline* or guidance or consensus or recommendations).ti,kw,kf,pt.	158181
7	Guidelines as topic/ or practice guideline as topic/	37876
8	(Guideline or practice guideline).pt.	31885
9	6 or 7 or 8	185993
10	5 and 9	312
11	limit 10 to yr="2008 - 2019"	256
12	limit 11 to (danish or english or norwegian or swedish)	242

Embase (080519)

Database(s): **Embase** 1996 to 2019 Week 18

Search Strategy:

#	Searches	Results
1	Autism Spectrum Disorder/ or Autism Spectrum Disorder*.mp.	46532
2	Autistic Disorder/ or Autistic Disorder*.mp.	12712
3	autism*.mp.	60743
4	ASD.mp.	27610
5	1 or 2 or 3 or 4	70211
6	(Guideline* or practice guideline* or clinical guideline* or guidance or consensus or recommendations).ti,kw,pt.	173757
7	practice guideline/	367965
8	6 or 7	455158
9	5 and 8	1209

10	limit 9 to yr="2008 - 2019"	999
11	limit 10 to (danish or english or norwegian or swedish)	966

Psyinfo (080519)

Database(s): **PsycINFO** 1806 to April Week 5 2019

Search Strategy:

#	Searches	Results
1	ASD.mp.	16076
2	exp Developmental Disabilities/ or exp AUTISM SPECTRUM DISORDERS/ or autism*.mp.	60942
3	Autistic Disorder/ or Autistic Disorder*.mp.	1867
4	1 or 2 or 3	61717
5	exp TREATMENT GUIDELINES/ or guideline*.mp.	61032
6	4 and 5	1057
7	limit 6 to yr="2008 - 2019"	669

Cinahl (080519)

#	Query	
S9	S4 AND S7	Limiters - Published Date: 20080101-20191231 321
S8	S4 AND S7	387
S7	S5 OR S6	162,288
S6	(MH "Practice Guidelines")	67,515
S5	guideline*	162,288
S4	S1 OR S2 OR S3	24,453
S3	Autistic Disorder*	20,019
S2	(MH "Autistic Disorder")	19,934
S1	Autism*	19,268