

Clinical Practice Guidelines for Autism Diagnosis in adults and children in the UK: a narrative review

Introduction

The diagnosis of autism poses particular challenges: there are no biomarkers utilised in diagnostic tests (Vllasaliu et al., 2011) and the condition represents a heterogeneous group of disorders, with wide ranging levels of severity and symptom expression, and symptoms that are common to autism may occur with other conditions (Huerta and Lord, 2012). Research suggests that diagnostic procedures are not consistent across practice (NICE, 2012).

Background

Some studies show that **social factors** such as individual patient preference, availability of resources or local organisational factors can shape diagnostic practice, in, for example, heart disease (Fuat, Hungin, & Murphy, 2003).

Studies in autism have also shown the existence of 'diagnostic clusters', where autism diagnosis is high, especially where there is greater availability of assessment resources (Liu, King, & Bearman, 2010); Mazumdar, Winter, Liu, & Bearman, 2013).

Where there is diagnostic uncertainty, clinicians may 'upgrade' to a diagnosis of autism if they believe it would be in the best interests of the patient; if the diagnosis would trigger appropriate services and funding; or counteract the limitations of diagnostic tools (Rogers et al., 2016; Skellern et al., 2005).

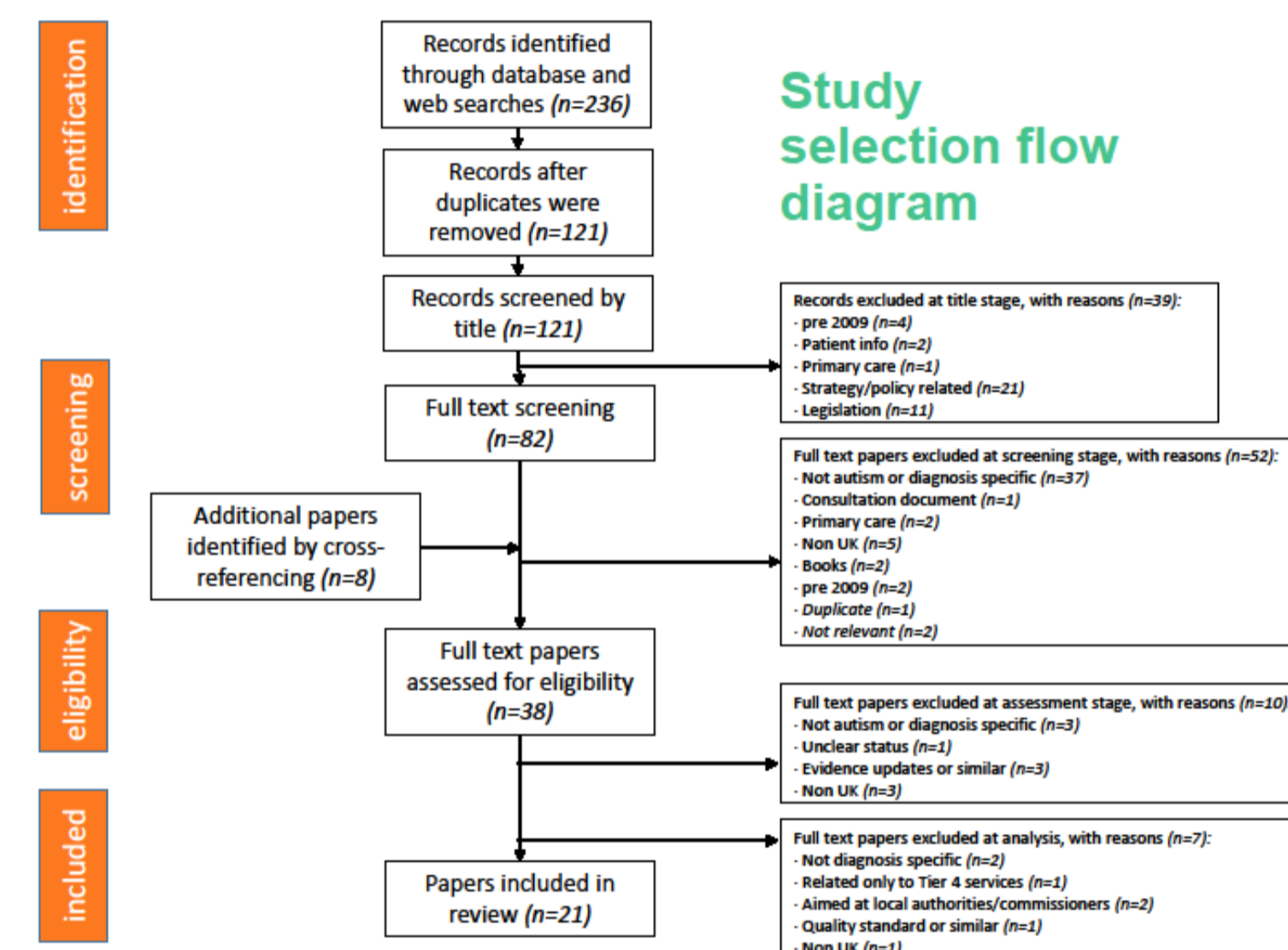
Thus it seems in practice, clinicians may adopt a **pragmatic, practical or functional** approach.

Aim

The aim of the study was to consider the content of clinical practice guidelines (CPGs) shaping diagnosis of autism in the UK. Given that research identifies inconsistency across clinical practice, alongside evidence of clinicians taking a pragmatic or social approach, we were interested in investigating where, within clinical guidelines, social factors and influences are taken into account, if at all.

Method

We electronically searched multiple databases and relevant web sources for clinical practice guidelines. A process of data extraction synthesized key diagnostic elements such as assessment process and diagnostic tools. A qualitative narrative analysis was conducted to identify social factors and influences.



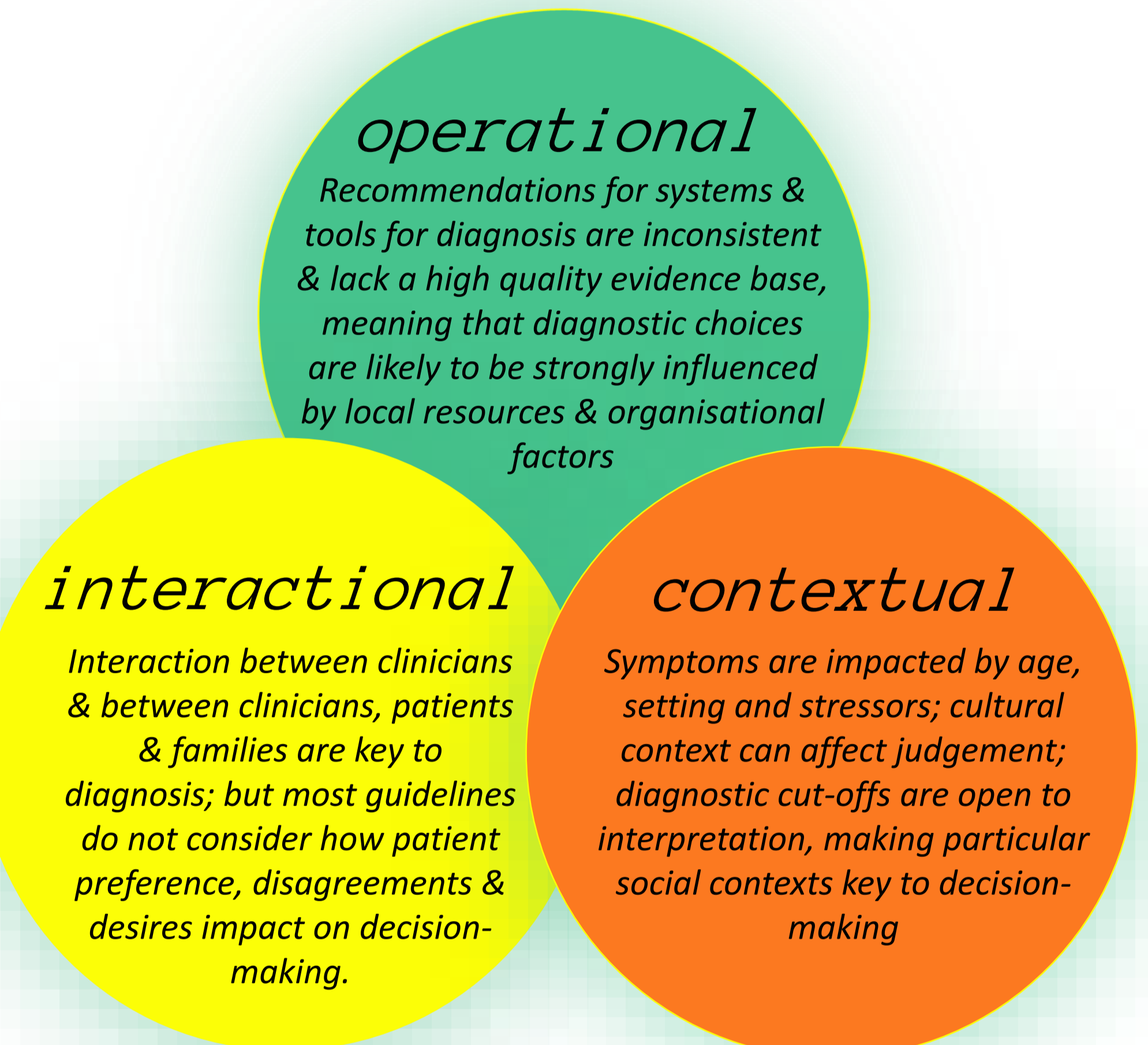
Results

Twenty-one documents were found and analysed. Guidelines varied in recommendations for use of diagnostic tools and assessment procedures.

Although multidisciplinary assessment was identified as the 'ideal' assessment, some guidelines suggested in practice one experienced healthcare professional can diagnose.

Social factors in **operational, interactional and contextual** areas added complexity to guidelines but there were few concrete recommendations as to how these factors should be operationalized for best diagnostic outcomes.

Social factors in clinical guidelines



Conclusion

Clinical practice guidelines vary in their recommendations, making the choices available to healthcare professionals complex and confusing. Guidelines present a context of **uncertainty** as central to the diagnosis of autism. We argue that clinical guidelines for autism diagnosis illuminate the process of diagnosis as **social** rather than straightforwardly clinical.

We recommend a more explicit acknowledgement of **social factors** in CPGs with advice about how these factors should be managed and operationalised when making diagnostic decisions. This would aid consistency of practice and provide increased transparency for patients and families.

References

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