Autism Disorder Screening Guide for Primary Care Physicians

Purpose of Screening

Autism screening tools are designed to identify children at risk for autism spectrum disorder (ASD) who require further diagnostic evaluation. Screening tools do not diagnose ASD but help determine whether referral is warranted.

Five Key Points:

1. **Autism rates** - According to a *2025 CDC Surveillance Summary*, autism rates have risen to 1 in 31 children by age 8 due to better understanding and increased screening.
2. **Age of diagnosis** - *Research has found* that ASD can sometimes be detected at 18 months or earlier. 16-36 months is the highest-yield period for early detection. By 2 years of age, a diagnosis by an experienced professional should be considered very reliable. However, many children do not receive a final diagnosis until they are much older.
3. **Importance of early diagnosis and intervention** - *Research has shown* that intervening as early as possible improves development and outcomes relative to those who receive treatment later in life or not at all.
4. **When to screen** - The *American Academy of Pediatrics (AAP)* recommends that all children should be screened specifically for autism spectrum disorder (ASD) during well-child doctor visits at 18 months and 24 months, along with regular developmental surveillance.
5. **Selecting a screening tool** - There are multiple, quality ASD screening tools available. Key clinical considerations when selecting an appropriate ASD screening tool include age of child, setting (primary care vs specialty), level of concern, and preference/ familiarity of clinician with specific screens.

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Autism Screening Guidelines for PCPs

Common ASD Screening Tools by Age

Infants & Toddlers (6-24 months)

At this stage, tools focus on early communication, joint attention, and social reciprocity, which are early markers of ASD.

Tool	Age Range	Type	Notes
CSBS DP Infant-Toddler Checklist	6-24 months	Parent Questionnaire	Screens for early signs of autism and other developmental delays
ASQ-3 (Ages & Stages Questionnaire)	1-66 months	Parent Questionnaire	Not ASD-specific; designed to detect potential developmental delays, plus highlights strengths in five key developmental areas

Toddlers (16-36 months) *Primary screening window

This is the highest-yield period for early detection of ASD. Parent questionnaires are efficient for initial assessment in primary care; Level-2 targeted screens are optimal when concern/risk is elevated.

Tool	Age Range	Type	Notes + Times
Primary Screen			
M-CHAT-RF	16-30 months	Parent Questionnaire + followup interview (if risk detected)	Core tool we recommend for primary care, and most widely used ASD screener in U.S. & Nevada. 5-10 minutes
SWYC-POSI	16-36 months	Parent Questionnaire	Integrated developmental + autism screening. ~5 minutes
Secondary Screen			
STAT	24-36 months	Clinician-administered (interactive)	"Level 2" screener for higher risk children. ~20 minutes
RITA-T	18-36 months	Clinician-administered (interactive)	Play-based "Level 2" screener for higher risk children. ~10 minutes

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Preschool & School-Age Children (4+ years)

During this time window, screening shifts toward social functioning, behavior, and peer relationships. The below tools are often used in school or behavioral health settings.

Tool	Age Range	Type	Notes
CQ (Social Communication Questionnaire)	>4 years	Parent Questionnaire	Widely used; requires developmental age ≥2 years
SRS-2 (Social Responsiveness Scale)	2.5 yrs - adult	Parent / Teacher Rating Scale	Identifies presence and severity of social impairment within ASD spectrum + differentiates it from other disorders

Postitive Screens?

A positive screen does NOT equal a diagnosis; false positives and negatives occur. However, all positive screens should lead to:

- Referral for comprehensive diagnostic evaluation with a specialist.
- Consideration of early intervention services (no need to wait for diagnosis).

Medications

No medications have shown a clear benefit for treating core symptoms of autism, including social communication impairment or restricted, repetitive behaviors. However medications can treat comorbid disorders and certain symptoms and behaviors associated with ASD.

- Insomnia - Melatonin has been shown effective in multiple controlled studies.
- Irritability and aggression - Risperidone (Risperdal) and aripiprazole (Abilify) are antipsychotic medications which are FDA approved for irritability associated with autism. However keep in mind that these medications can lead to significant side effects. While there is less data, clonidine or guanfacine may be considered as they have less side effects.
- Inattention, hyperactivity and impulsivity - ADHD is common in children with ASD (30-60%). Consider alpha-2 agonists, including guanfacine or clonidine. If those are ineffective, consider methylphenidate, amphetamine salts, or atomoxetine.

- Repetitive behavior and insistence on sameness - Some try SSRI's or antipsychotic medications, however there is limited evidence in randomized trials showing that these medications are beneficial.
- Anxiety and depression - Consider SSRI medications such as fluoxetine or sertraline..

Intervention

A child with ASD will also likely require behavioral therapy interventions such as Applied Behavioral Analysis (ABA), physical therapy, occupational therapy, and/or speech language therapy. The ***Nevada Autism Treatment Assistance Program (ATAP)*** was created to assist parents and caregivers with the expensive cost of providing these interventions to their child with ASD. To apply for ATAP call:

- Northern Nevada Intake: (775) 687-0113
- Southern Nevada/Spanish Intake: (702) 688-3271

Families should also work closely with the child's school to ensure that they are receiving appropriate accommodations. Under the Individuals with Disabilities Education Act (IDEA), children with ASD qualify for an Individualized Education Plan (IEP) or 504 plan at their school depending on their individual needs. To learn more about getting this process started, you can visit ***www.nvpep.org*** or call 800-216-5188 for more information.

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