

Janice Charles  
Christopher Harrison  
Helena Britt

# Autism spectrum disorders

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In this article we use BEACH data to examine changes in the management rate of autism spectrum disorders (ASDs) from 2001 to 2011 in children aged <18 years. We also look at encounters where autism was managed during 2006–2011.

From April 2000 to March 2001 ASDs were managed at a rate of 0.4 per 1000 encounters with children aged <18 years. By 2004–2005 the rate had risen significantly to 1.4 per 1000 encounters, and then showed another significant increase to 4.1 per 1000 in 2010–2011. This was an estimated 10-fold increase in the management rate over the 11 year period. It is commonly believed that the increase in ASDs is at least partly linked to wider definition of the condition and earlier diagnosis, together with heightened awareness and greater availability of services for patients<sup>1</sup> (Figure 1).

## Autism encounters

From April 2006 to March 2011 ASDs were managed at an average rate of 3 per 1000 encounters with children aged <18 years. Almost one-third of the 190 autism encounters in BEACH related to Asperger syndrome. Boys made up 85% of all patients at autism encounters. The most common comorbidities managed with autism were upper respiratory tract infection, hyperkinetic disorder, asthma and vitamin/nutritional deficiency.

Compared with average results over the same period at BEACH encounters with children aged <18 years, autism was less likely to be a new problem for the patient and management involved lower medication rates and higher rates of clinical treatments and referrals. Almost half the autism problems managed were referred to specialists and allied health professionals (Figure 2). Most common referrals were to paediatricians, psychologists, speech therapists and occupational therapists. Clinical treatments were provided at a rate of 37 per 100 autism problems managed. Psychological counselling, administration/document provision and general/nutritional advice were the most common of these treatments. Over one-third of the 28 medications prescribed, advised or supplied for autism were vitamins, minerals or other nutritional supplements.

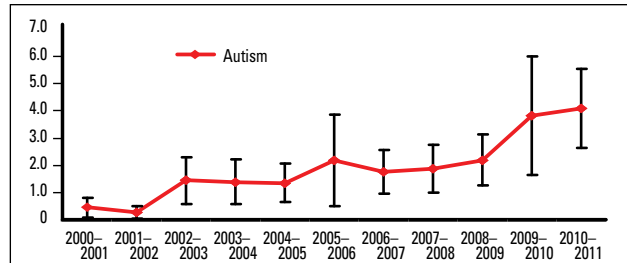


Figure 1. Management rates of autism in children aged <18 years per 1000 encounters

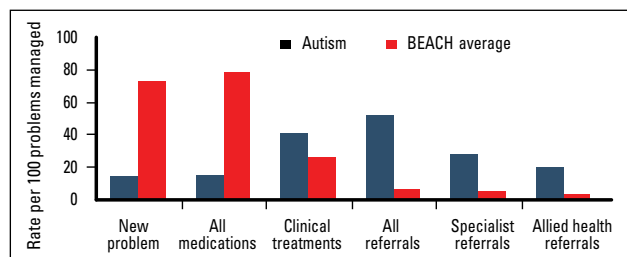


Figure 2. Management of autism in children aged <18 years

We conclude that despite the high referral rate, the low proportion of new autism problems points to general practitioner involvement in the continued care of these patients.

## Authors

Janice Charles, Christopher Harrison and Helena Britt, Family Medicine Research Centre, University of Sydney, New South Wales.

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correspondence [afp@racgp.org.au](mailto:afp@racgp.org.au)