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Recognising Autism in Healthcare

There are no traits or sensitivities which are unique to autistic people, they are all human traits and sensitivities. It is the number, lifelong nature and significance of such traits and sensitivities which lead to the diagnosis. The more of the traits and sensitivities identified, and the more evident they are, the more likely it is that the person is possibly autistic. If you think someone may be autistic, then make the person-centred reasonable adjustments, even if there is no formal diagnosis.

To a non-autistic healthcare professional, an encounter with an autistic person can feel in some way unusual, often with a quality that is hard to pin down. The answers to questions and body language can seem out of sync or eccentric, and relapsing and remitting conditions may not be responding to interventions in conventional or expected ways. This can be the first alert. Common indicators that someone might be autistic are as follows:

Communication and social interaction differences

- Unconventional ways of integrating verbal and non-verbal communication (often appears 'odd' to a non-autistic person)
- The use of social scripts in conversations that may appear more superficial and not used conventionally or well timed
- Not demonstrating conventional patterns of listening (if you are not sure if they are listening, ask them to repeat what was aid)
- Doing better with single questions than multiple questions (autistic people do better with time allowed to process each question separately)
- A longer time to process information (autistic people tend to reflect on things, so may come back later with questions that the clinician thought had already been covered)
- Repeated questions (autistic people prefer precise direct language and explanations, so can struggle to understand euphemisms or talking around a topic, leading to more questions to try to get a precise answer - they can and will accept 'don't know' if that is the correct precise answer)
- Answers to questions may be unconventional - either too brief or too lengthy and detailed
- Difficulty identifying or describing their own specific emotions, feelings or physical sensations, such as alexithymia
- Literal interpretation of language
- Missing common social cues or not recognising the conventional etiquette in a situation
- Not picking up on subtle non-verbal cues from others
- Lack of conventional eye contact, facial expression, intonation or gesture
- They typically answer the precise question asked without adding in context unless they are directly asked

- Unexpected responses
- Dislike of small talk
- Less likely to initiate or reciprocate in a two-way conversation so the clinician can end up feeling that they are interrogating the autistic person
- Less likely to bring in social interest questions or comments
- More likely to have a limited or no support network

Preferences for predictability, routine, repetition

- More likely experience higher anxiety with regards to uncertainty, change, going into new situations and meeting new people
- Needing extra details and time to plan and prepare - autistic people do best if they can see the logic and relevance of any proposed change
- More rule based so they typically expect things to happen as per the plan or the instructions set out
- More likely to focus on intense or narrow interests
- Repetitive behaviours, including repetitive body movements, different body posture. These can be caused by stimming (self-stimulating behaviours that help reduce stress and can look like elaborate fidgeting)

Sensory differences

- Hypersensitivity in any sensory modality can increase stress or distress, whether caused by lighting, noise, touch, temperature, inactivity, smell or taste
- May experience difficulties recognising hunger, thirst or the need to go to toilet until it is urgent
- More likely to experience pain differently, for example an oversensitivity or under sensitivity to pain

Executive functioning issues

- While most autistic people have generally good cognitive functioning, they may find it more difficult to initiate, sequence or plan tasks, especially when stressed or faced with too many choices
- They can get overstressed leading to difficulties with working memory, attention or organising tasks and may need a few minutes to compose themselves and reset

Common co-occurring conditions

- Attention deficit hyperactivity disorder
- Other neurodevelopmental conditions such as dyspraxia, dyslexia, dyscalculia
- Anxiety or depression
- Suicidal ideation and attempts, and deliberate self-harm
- Cardiovascular issues
- Hypertension, diabetes, stroke, high cholesterol
- Endocrine disorders
- Epilepsy
- Ehlers-Danlos syndrome or hypermobility
- Eating or weight disorders
- Intellectual disability
- Sleep issues
- Gastrointestinal disorders
- Emotionally unstable personality disorder or borderline personality disorder (can be a co-occurring disorder, but can sometimes be a diagnosis given to an autistic person in error)

Reasonable adjustments to minimise misinterpretation and miscommunication

- Avoid making assumptions based on non-verbal communication, for example intonation, facial expression, and gestures.
- Understand that an autistic person may struggle to identify or express their emotions and ask for help
- Use clear and concise language
- Provide information in a variety of forms, for example written or visual information in addition to verbal communication where required
- Check what you have communicated has been understood and that you have interpreted the autistic person correctly
- Ask specific questions and be explicit in your instructions and expectations

- Supply the context to the question or why you are recommending something either verbally or in writing - do not expect the autistic person to pick up on non-verbal cues or hints
- Use semi-closed questions and options in lists rather than open questions
- Allow extra time for the person to process information and make decisions
- Be explicit at the start as to how much time is available, for example we have up to 15 minutes for this appointment. This makes it much easier if you must then interrupt or ask them to focus on key issues to keep to time
- Check that any humour, euphemism or metaphor has been interpreted correctly and be aware of the potential literal interpretation of language
- Offer strategies for allowing an autistic person to communicate when they are distressed, for example, writing notes

Sensory and environmental considerations to support reasonable adjustments

- Ask if there is sensitivity to light and whether they prefer the light on or off, or blinds open or closed
- Ask if there is sensitivity to touch, whether they like to shake hands, how they prefer to be touched when being examined and make necessary adjustments
- Ask if there is any sensitivity to noise and explain the different noises that may not be able to be adjusted, e.g. medical equipment. Adjust the equipment that

may be altered according to preference, for example the volume lowered or turned off and encourage people to wear headphones or ear plugs if noise is distressing

- Ask if any smells make them feel ill or cause distress, for example air freshener, cut flowers, food cooking, and adjust where possible
- Ask if they have any sensitivity to taste or texture of food or medication and, where possible, look for alternatives
- Be aware that sensory processing differences may also contribute to people preferring certain temperatures, for example wearing a coat in warm weather or disliking the temperature of medical equipment being used against the skin
- People may need to move regularly or to be able to fidget, for example with a phone or fidget tool, and 'stimming' or repetitive body movements can often be calming for autistic people
- Differences in interoception may result in people not recognising messages from internal organs, such as the need to go to the toilet, eat or drink. Being aware of this is important when assessing and treating autistic people. They may need more prompting, for example suggesting a break rather than waiting for them to ask for one
- Most autistic people benefit from there being a low stimulus space to be away from people if possible
- Specific equipment such as weighted blankets, fidget tools and earplugs can be helpful, especially in areas with high sensory stimuli, for example in patient wards

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Key Points

When clinicians recognise that someone might beautistic, they should ask about preferences and reasonable adjustments.

If autistic people have a positive experience of accessing health interventions, they are more likely to access health services in the future when needed.

Autistic people have high rates of co-occurring health conditions and are at an increased risk of premature mortality from preventable and treatable illness.

Owing to difficulties accessing health services autistic people are less likely to receive early or preventative interventions resulting in greater acuity, more emergencies and more hospitalisations.

Recognising autism and adjusting for autistic people in healthcare settings can reduce barriers and delays in getting appropriate treatment thus

improving health outcomes and reducing health inequalities for autistic people.

Ensure the written plan of any information shared, including the agreed plan and actions, is forwarded to the person as soon as possible