DIVISION OF PSYCHOLOGY AND LANGUAGE SCIENCES CLINICAL EDUCATIONAL AND HEALTH PSYCHOLOGY

Perspectives on autism prevalence

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Dr Liz O'Nions

Epidemiologist | Bradford Institute for Health Research

Honorary Research fellow | University College London











- Administrative prevalence: rate of recorded autism diagnosis
- **Community prevalence:** true rate of autism in people in a region (e.g. England), irrespective of whether they have a diagnosis.



- Autism as a continuum
- Differences in rates of diagnosis regionally & by service across England
- Passive vs. active approaches to autism identification
- What is the community autism prevalence & does it differ by age?
- Our estimates of under-diagnosis of autism in England



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Autism as a continuum



- Autism characteristics are on a continuum: no "natural" diagnostic cut-point
- Diagnosis is a matter of clinical consensus
- Subject to change over time & variability between centres in terms of "conversion rates".



Abu-Akel, A., Allison, C., Baron-Cohen, S., & Heinke, D. (2019). *Molecular autism*, *10*, 1-13.

UCL

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Differences in rates of diagnosis related to region/ service



Some NHS centres twice as likely to diagnose adults as autistic, study finds

In adults

https://www.theguardian.com/society/2024/mar/ 04/some-nhs-centres-twice-as-likely-todiagnose-adults-as-autistic-study-finds

Landmark research suggests people have an 85% chance of positive assessment at some centres in England and 35% in others

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In adults

Spring School Census 2017 from the National Pupil Database (NPD)

Variation in diagnosed prevalence by region among UK school pupils n = 7,047,238 (Roman-Urrestarazu et al., 2021)

https://jamanetwork.com/journals/jamapedi atrics/article-abstract/2777821





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- Passively, using medical/ school records to see % with a clinical diagnosis.
- But we cannot assume equal access to assessment/ diagnosis.
- Actively, by going out into the general population and assessing people to see what % are autistic based on assessment tools.



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Actively identifying autism in the community: Brugha et al., 2011

https://jamanetwork.com/journals/jamapsychiatry/fullarticle/211276



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- Results weighted to adjust for selection & non-response bias
- Estimated prevalence : 9.8 per 1000: c. 1%
- Similar to contemporary child studies (e.g. Baird et al., 2006).
- Under-identificatiojn of autistic women (9:1 ratio; 1.8% vs. 0.2%)

Table 1. Weighted Cumulative Estimates of Respondents per 1000 Population for ADOS-4 Cut-offs

ADOS-4 Cut-off	Unweighted Base (n = 2828)	Weighted Base (n = 7333)	Weighted Estimate Rate per 1000 Population (95% CI)
≥7	32	108	14.7 (7.0-22.5)
≥8	26	88	12.0 (4.9-19.1)
≥ 9	20	75	10.2 (3.4-17.0)
≥10 ^a	19	72	9.8 (3.0-16.5)
≥11	16	65	8.9 (2.2-15.5)
≥12	12	47	6.4 (0.6-12.3)
≥13	10	44	6.0 (0.2-11.8)
			1%

A less stringent ADOS-4 cut-off led to a higher prevalence

1.5%

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- Previous survey only included people without moderate to profound LD
- Moderate to profound ID make up c. 0.3% of the population.
- Eligible individuals assessed in 64% of communal care establishments in a locality with ADOS (module 1).
- Including this group, estimated pooled prevalence around 1.1%



Fig. 1 Gradient of autism prevalence by intellectual ability; combined sample.

https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/epidemiology-of-autism-inadults-across-age-groups-and-ability-levels/D4F48E07D1002DE6F75A67FF9A4FFCF7

Does prevalence differ by age? Brugha et al., 2011





Age of Selected Respondent, y

Suggests broadly stable true prevalence



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- Stable community prevalence.
- 1% prevalence overly-conservative.
- No recent studies using up-to-date criteria.
- Children and young people (CYP) have best access to referral and assessment.
- We assume that the highest diagnosed prevalence in CYP would in fact apply to all age-groups, if there was equal access to assessment.
- c. 1% as a lower-bound; c.3% as an upper-bound figure of true prevalence.

Our study: estimating underdiagnosis of autism in the UK

- Anonymised primary care (GP) data from 602,433 individuals in english primary care in 2018. GP data repository of health information.
- As of 2018, c.3% of 10- to 19-year-olds had a diagnosis (1 in 34).
- Highest diagnosed rate in any age-group:
- Males without ID = 4.1% (10-14 yrs)
- Females without ID = 1.2% (15-19 yrs)
- Males with ID = 41.1% (15-19 yrs)
- Females with ID = 23.7% (10-14 yrs)



https://www.thelancet.com/journals/lanepe/article/PIIS2666 -7762(23)00045-5/fulltext

Age band

Incidence of new diagnosis per 10,000 people: 2000 - 2018

40-49 yrs

60-69 yrs

2018

70+ yrs







Changes in rates of diagnosis by ID status: 2000 - 2018





Time trend for increase not evident in people a learning disability

- Rates of new autism diagnoses have increased dramatically between 2000 and 2018.
- Adults are much less likely to be diagnosed than children.
- There are between c. 740,000 and 1.7 million autistic people in England out of a population of 56 million.
- Even assuming a true prevalence of c. 1%, 9 out of 10 autistic over-50s are undiagnosed.



- Prof. Josh Stott & Prof. Will Mandy
- Collaborators: Irene Petersen, Josh Buckman, Rebecca Charlton, Claudia Cooper, Anne Corbett, Francesca Happé, Jill Manthorpe, Marcus Richards, Rob Saunders, Cathy Zanker, Doug McKechnie, Dan Lewer, Celine El Baou.
- National Autistic Society-facilitated Experts by Experience Steering group.
- UCL Adapt Lab, UCL Primary Care and Population Health, and THINK group colleagues.