



Department of Health and Human Services

Centers for Disease Control and Prevention

CDC en Español

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Autism Information Center

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Frequently Asked Questions

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What are autism spectrum disorders (ASDs)?

ASDs are [developmental disabilities](#) that cause substantial impairments in social interaction and communication and the presence of unusual behaviors and interests. Many people with ASDs also have unusual ways of learning, paying attention, or reacting to different sensations. The thinking and learning abilities of people with ASDs can vary—from gifted to severely challenged. An ASD begins before the age of 3 and lasts throughout a person's life.

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What are some of the signs of ASDs?

As the name "autism spectrum disorders" suggests, ASDs cover a wide range of behaviors and abilities. People with ASDs, like all people, are different in how they act and what they can do. No two people with ASDs have the same symptoms.

People with ASDs have serious impairments with social, emotional, and communication skills. They might repeat certain behaviors over and over again or have trouble changing their daily routine. Following is a list of characteristics that are common among people with ASDs. It is important to note that some people without ASDs might also have some of these symptoms. But for people with ASDs, the impairment is bad enough to make life very challenging.

People with ASDs might:

- Not play "pretend" games (pretend to "feed" a doll)
- Not point at objects to show interest (point at an airplane flying over)
- Not look at objects when another person points at them
- Have trouble relating to others or not have an interest in other people at all
- Avoid eye contact and want to be alone
- Have trouble understanding other people's feelings or talking about their own feelings
- Prefer not to be held or cuddled or might cuddle only when they want to

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[Advanced parental age and the risk of autism spectrum disorder.](#)

[Autism Prevalence Trends Over Time in Denmark](#)

[Lack of Association between Measles Virus Vaccine and Autism with Enteropathy: A Case-Control Study September 4, 2008](#)

[Birth Weight and Gestational Age Characteristics of Children With Autism, Including a Comparison With Other Developmental Disabilities](#)

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Programs & Campaigns

- Appear to be unaware when other people talk to them but respond to other sounds
- Be very interested in people, but not know how to talk to, play with, or relate to them
- Repeat words or phrases said to them, or repeat words or phrases in place of normal language (echolalia)
- Have trouble expressing their needs using typical words or motions
- Repeat actions over and over again
- Have trouble adapting to changes in routine
- Have unusual reactions to the way things smell, taste, look, feel, or sound
- Lose skills they once had (for instance, stop saying words they were once using)

Talk to your child's doctor or nurse if your child loses skills at any age.



Contact Info

CDC seeks to give people accurate and timely information about public health and the Autism Spectrum Disorders. We respond to requests for information from state and local agencies, health professionals, universities, and the general public. Please be aware that we cannot give medical or educational advice. We urge you to talk with your doctor about any questions and concerns. Your doctor either already has or can gather your personal medical history and status and can best answer your questions and concerns: cdcinfo@cdc.gov

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What conditions are included in ASDs?

ASDs include [autistic disorder](#), [pervasive developmental disorder - not otherwise specified](#) (PDD-NOS, including atypical autism), and [Asperger syndrome](#). These conditions all have some of the same symptoms, but they differ in terms of when the symptoms start, how severe they are, and the exact nature of the symptoms. The three conditions, along with [Rett syndrome](#) and [childhood disintegrative disorder](#), make up the broad diagnosis category of pervasive developmental disorders.

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How are ASDs diagnosed?

There is no medical test for ASDs. Doctors look at behavioral symptoms to make a diagnosis. Typically, a diagnosis is made after a thorough evaluation. Such an evaluation may include clinical observations, parent interviews, developmental histories, psychological testing, speech and language assessments, and possibly the use of one or more of a variety of autism diagnostic scales. Because ASDs are complex disorders, a comprehensive evaluation may also include physical, neurological, and genetic testing.

Many tools have been designed to assess ASDs in young children, but no single tool should be used as the only basis for diagnosing autism. Diagnostic tools usually rely on two main sources of information—parents' or caregivers' descriptions of their child's development and health care professional's direct observation of behavior.

- Examples of autism diagnostic tools include:
- Autism Diagnosis Interview–Revised (ADI–R)
- Autism Diagnostic Observation Schedule – Generic (ADOS–G)
- Childhood Autism Rating Scale (CARS)
- The Gilliam Autism Rating Scale (GARS)

For more information about [screening and diagnosis](#), click here:

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I think my child may have an ASD, but my pediatrician says he or she will catch up. Where else can I go?

Specialists who can diagnose autism include neurologists, developmental pediatricians, psychologists, and psychiatrists. For children under 3, many early intervention programs have qualified professionals on staff who can also evaluate your child. Children 3 and older can be evaluated through their local public school system.

Even if your child has not been diagnosed with autism, he or she may be eligible for early intervention services. The [Individuals with Disabilities Education Act \(IDEA\)](#) (link to glossary) says that children under the age of 3 who are at risk of having substantial developmental delays may be eligible for services. These services are provided through an early intervention system in your state. Through this system, you can request an evaluation. For more information about early intervention, click here [National Dissemination Center for Children with Disabilities](#).

For tips on how to share your concerns with your pediatrician, visit the [First Signs](#) website.

We know that many children with developmental delays are not being identified early. CDC reports that 17% of children have a developmental or behavioral disability such as autism, yet less than half of the children are identified before entering school. This delay causes children to miss important intervention opportunities.

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What is the best treatment for children with ASDs?

There is no cure for ASDs. But, recognizing the signs of developmental delay as early as possible and getting intervention services right away can improve outcomes and help a child reach his or her full potential. Learn more about developmental milestones at [Learn the Signs. Act Early.](#)

According to the American Academy of Pediatrics, educational interventions thought to help children with ASDs are those that provide structure, direction, and organization for the child. Educational interventions must be tailored to the child's needs, strengths, and overall developmental status. To learn more about these treatments and interventions, including specific strategies used by physicians to treat ASDs, read the [American Academy of Pediatrics' report on diagnosing and managing ASDs.](#)

For information on specific types of treatment, including the most common research-based treatment for ASDs—intensive structured teaching of skills, often called behavioral intervention—[click here.](#)

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Are there other problems or disabilities associated with ASDs?

Children with ASDs may also have other [developmental disabilities](#) such as [mental retardation \(also called intellectual impairment\)](#), epilepsy, [fragile X syndrome](#) or [tuberous sclerosis](#). Some children may also have psychiatric disorders such as depression and anxiety. Some children may have attention deficits, sensory issues, sleep problems, and gastrointestinal disorders.

[More on additional disabilities and conditions](#)

It is important to remember that children with ASDs can get sick or injured just like other children. Regular medical and dental exams should be part of a child's intervention plan. Often it is hard to tell if a child's behavior is related to the ASD or caused by separate health condition. In those cases, a thorough physical exam is needed.

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What resources are available in schools and clinics for children with ASDs?

Resources for children with ASDs and their families vary greatly from one city or state to another. If you are concerned about your child, or think that your child may have an ASD, talk to your child's health care professional and/or teacher. Your child's health care professional may refer your child to a specialist like a developmental pediatrician or psychologist for a full evaluation. His or her teacher may ask the special education department of your local school district to do a psycho-educational evaluation of your child.

The [Individuals with Disabilities Education Act \(IDEA\)](#) is a law that ensures all children with disabilities, from birth through age 21, can get a free, appropriate public education. It emphasizes special education and related services that meet the children's unique needs and prepare them for employment and independent living. Children ages 3–21 years receive assessment and programs through public schools. Infants and toddlers receive assessments and programs through public health departments or other agencies.

Each child receiving services through IDEA should have an [IFSP \(Individualized Family Service Plan\)](#), for children under 3, or an [IEP \(Individualized Education Program\)](#) for children 3 and older. The IFSP and IEP provide a detailed plan for meeting the unique and specific educational needs of each child. Services provided can include direct teaching by a special education teacher, consultation by a special education teacher, and related services such as speech/language therapy, occupational/physical therapy, and supportive counseling. To learn more about IDEA and the services it provides, read [Questions Often Asked by Parents About Special Education Services](#) from the National Dissemination Center for Children with Disabilities.

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Can medication help my child's ASD?

No medication can cure ASDs or to specifically treat the core symptoms that make up the disorder—that is, communication and social problems and repetitive or unusual behaviors. But medications can help with some of the symptoms of autism in some people. For instance, medication might help with a person's high energy levels, inability to focus, depression, or seizures. Also, the U.S. Food and Drug Administration has approved the use of risperidone (an antipsychotic drug) to treat 5- to 16-year-old children with ASDs who have severe tantrums, aggression, and self-injurious behavior.

Medications may not affect a person with an ASD in the same way they would affect other people. So, it is important to work with a health care professional who has experience treating people with ASDs. Also, parents must watch their child's progress and reactions while he or she is taking a medication to be sure that the side effects of the treatment do not outweigh the benefits.

A list of commonly prescribed medications can be found on the [National Institute of Mental Health's autism website.](#)

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If I have a child with an ASD, what is my chance of having another child who is also affected?

Parents who have a child with an ASD have a 2%–8% chance of having a second child [who is also affected.](#)

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What is CDC doing to ensure that all children with ASDs are identified early?

CDC and national partners are conducting a campaign called "Learn the Signs. Act Early."

The key objectives of the campaign are to:

- Teach parents about developmental milestones.
- Make health care professionals and childcare providers more aware of the importance of early intervention in diagnosing and treating developmental disorders.
- Encourage parents and providers to talk about developmental milestones and disorders.
- Increase early action when a delay is suspected.



Teaching the public about childhood development is no small task. CDC needs organizations, professionals, parents, and others around the country to help spread the word and bring the "Learn the Signs. Act Early." campaign to parents everywhere. [Learn how you can get involved.](#)

CDC has also sponsored education and outreach projects at each of the [Autism and Developmental Disabilities Monitoring \(ADDM\) Network](#) sites. Presentations to state organizations of teachers, school psychologists, pediatricians, special education administrators, and nurses have helped to increase awareness about ASDs among parents, service providers, and the public, and to encourage early referral and intervention.

Disclaimer: We have provided a link to these sites because they have information that may be of interest to you. CDC does not necessarily endorse the views or information presented on these sites. Furthermore, CDC does not endorse any commercial products or information that may be presented or advertised on these sites.

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Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333, U.S.A
Public Inquiries: 1-800-CDC-INFO (232-4636); 1-888-232-6348 (TTY), 24 Hours/Every Day - cdcinfo@cdc.gov



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