Top Tips for clinicians consulting with female patients on the Autism Spectrum

Females with autism can present differently from males. They often have a very strong ability to cover up or ‘mask’ many of their autism-related signs. It is hugely important to be curious, get to know the individual, stay open-minded.

Here are some tips, assembled after lengthy collaboration with 10 women on the autism spectrum:

### Clear communication
- Ask direct questions; initiate discussion about concerns yet unmentioned. Eg:
  - what reasonable adjustments are needed to support the patient’s autism?
  - does she have any other concerns regarding the condition under consultation?
- Break the topic of conversation down into smaller sub-sections if it is too wide
- Ask the patient’s preferences regarding her communication with you and vice versa
  - needs may vary depending on person communicating and subject of communication
  - offer alternatives such as email if necessary, print off information, signpost, give links
- Check understanding; don’t assume that good verbal skills match understanding or ability to explain an issue, that theoretical knowledge equates to practical knowledge, or that intelligence levels equate to life skills (‘spiky profile’)
- Use precise and specific language, avoid ambiguity and irony even if used by the patient
- Ensure that actual action matches action plan and that the patient knows the difference between essential or recommended action, and things that will or might take place
- Give the patient extra time to process, to ask questions and to calm down if need be
- Explain a means for the patient to ask additional questions if any arise later

### Give specific and detailed information:
- Give prior warning of changes even if trivial, such as a change in colour of medication
- Explain what will/should happen accurately; give details including timeline of examination / procedure / treatment / likely outcomes / instructions / potential side effects etc.
- Discuss potential pre-emptive strategies such as a signal to say ‘stop’ mid-examination or procedure. Be clear if/when such a signal is not possible
- Be specific about details of any follow-up appointments, book them if possible

### Patient may not conform to norms and expectations
- Anxiety levels are often very high, but may not be visible or manifest in ‘normal’ ways
- Listen to what the patient says, even if it does not match with how she presents
- Explain to the patient what evidence you need if what she says does not seem credible
- Accept atypical behaviour and reactions to stimuli and/or information without judgment
- Peaks / troughs in skills (‘spiky profile’) can be unexpected and/or masked, existing even within single cognitive domains

### Sensory experiences may be different or unusual
- Conditions and reactions may be a result of unusual ways of experiencing physical sensation; do not assume awareness/experience to be like that of most other people. Eg:
  - pain, discomfort or feeling different from usual may not be experienced at source
  - thirst may be experienced as tiredness, hunger as cold etc
  - dehydration / poor nutrition may present due to dislike of some textures, liquid or solid
  - the patient may not feel or be aware of ‘pain’, hunger, thirst etc
- ask about her personal experience, but she may be unaware that it is unusual
- Avoid subjective language and descriptive terms. If the patient’s experience does not exactly match the specific words used she may assume they are irrelevant or don’t apply