Autism Spectrum Disorder in females: Signs to alert clinicians to a diagnosis

Autism is often missed or misdiagnosed in females as it can present differently compared with males. Signs are often subtler and many girls and women are adept at masking their difficulties in an effort to “fit in with” society’s expectations. This can make it a challenge for general practice.

Co-occurring conditions or factors that increase the likelihood of a diagnosis of autism:

- An autistic relative, including a child with autism
- An additional mental health problem such as anxiety, depression, eating disorder, OCD, personality disorder or bipolar disorder
- An additional neurodevelopmental disorder such as ADHD, learning difficulties or epilepsy
- GI problems, sleep disorder, tiredness/exhaustion and unusual, often excessive menstrual or dental pain or unexplained abdominal pain
- High anxiety, stress, exhaustion and other related conditions may be caused by patient making extra effort to cover up the feeling of being less socially adept or less capable
- Eating disorders may be fuelled by not being aware of feeling hungry or full, or may be due to rituals and special interests such as calorie-counting, rather than an actual desire

Developmental history

- Differences and difficulties in sensitivities, interaction and communication, interests and imaginative play noted below have been life-long, but may have gone unremarked because the patient did not stand out or create problems in school or otherwise
- The patient may have always felt that she doesn't quite ‘fit in’, but has made immense ongoing efforts to ‘mask’ or cover this up successfully
- She may have become more aware of feeling different at adolescence, when interactions became less play-/ activity- focussed and increased in social complexity

Hypo- / Hyper- sensitivities

- Extreme distress and/or dislike of physical examination, treatments or procedures
- Unusual response to treatments and/or medication. Eg: may require higher or lower doses of medication than expected; may become more agitated with tranquilisers
- Sensitivity to lights, sounds, smells, touch, making the GP surgery and consultation distressing and/or distracting, reducing the chance of meaningful and successful outcome

Interaction and Communication differences and difficulties

- Low understanding of social cues and GP/patient relationship; may be hesitant in explaining, and/or may appear abrupt or rude, hostile, argumentative, talk extensively about personal interests, may cast doubt or disagree, may demand detail, self-diagnose
- May miss the bigger picture, concentrate on apparent trivialities to excess
- May focus overly on written notes and/or research, clinical facts and figures
- May appear articulate overall, but find it hard to explain her situation clearly, or answer questions, locate and describe feelings and symptoms
Friendships

- May have few friends, just one best friend and/or tend to be reliant on parents or siblings
- May find friendships hard to maintain and deepen, may feel that she lacks the knowledge and/or ability to do this
- May appear to have friends and/or be part of a friendship group, but may mainly want to have friends because she feels she ought to, wants to fit in or doesn’t want to be alone
- May be bullied, teased or 'left out' by friends, may discover that friendships are not 'real'

Special Interests and Imaginative play

- May engage in imaginative play, but it is scripted, copied, planned minutely, and/or problems may arise if play-mates don’t stick strictly to rules and instructions
- May have special interests that initially don’t appear unusual, but are very intense, extraordinarily important, hugely researched, sorted, categorised
- Subjects of special interests may be unusual or quirky, but not be particularly apparent because of not talking about them due to knowing other people might not share them
- Interests might change frequently appearing similar to common ‘fads’ and ‘phases’

Varied presentation – Wide and conflicting variations of characteristics often associated with autism may be shown, both from person to person and within the same person. Eg:

- Little/ increased/ normal eye contact, body language, facial expression, voice tone
- Gregarious, verbose, articulate, timid, monosyllabic
- Quirky, eccentric, fitting in, rule-abiding
- Highly emotional, sensitive, unemotional, thick-skinned
- Fidgety, rocking, ‘stimming’, calm
- Controlling, self-centred, disruptive behaviour, passive, empathetic, compliant
- Organised, punctual, anxious if kept waiting, excessive need for routine and familiarity, disorganised, late, appointments missed

Mismatch between personal characteristics and/or greater and lesser areas of skill – These might be difficult to spot as they can be unexpected, or the patient may be covering up less skilled areas. Eg:

- High intelligence vs low independent living skills, social skills and/or ‘achievement’ milestones, job role
- Age vs maturity and/or interests (young but appearing more mature and vice versa)
- Expressive vs receptive communication skills

Atypical Consultations – Mismatch between presentation and symptoms and/or description of symptoms. Eg:

- The patient describes pain or something emotional but appears pain-free, calm, cold
- Describes social problems but comes across well in appointments
- Seeks treatment but is resistant to examination, referrals or treatment
- Description of symptoms may contradict physical indications of symptoms