



AEPap / PAPPS semFYC Working Group

SUMMARY

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AUTISM SPECTRUM DISORDER SCREENING

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The author declares no conflicts of interest related to the subject addressed in this document.

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Problem Magnitude

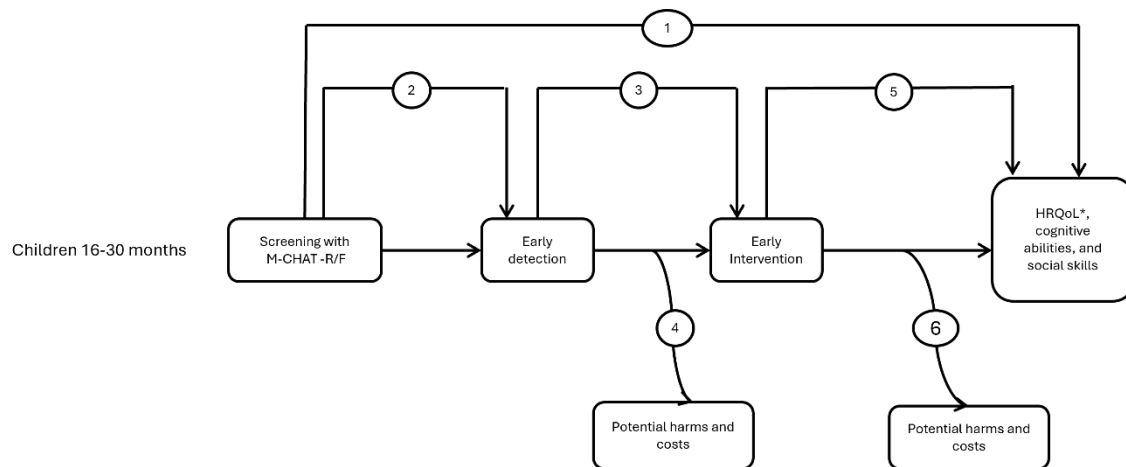
Global prevalence is approximately 1% of the general population:

<https://autismprevalence.thetransmitter.org/>

The prevalence appears to be increasing in all countries due to:

- Changes in the DSM-5 definition of ASD
- Increased diagnostic awareness among healthcare professionals
- Public information campaigns
- Less reliable figures from some countries

Analytical Framework

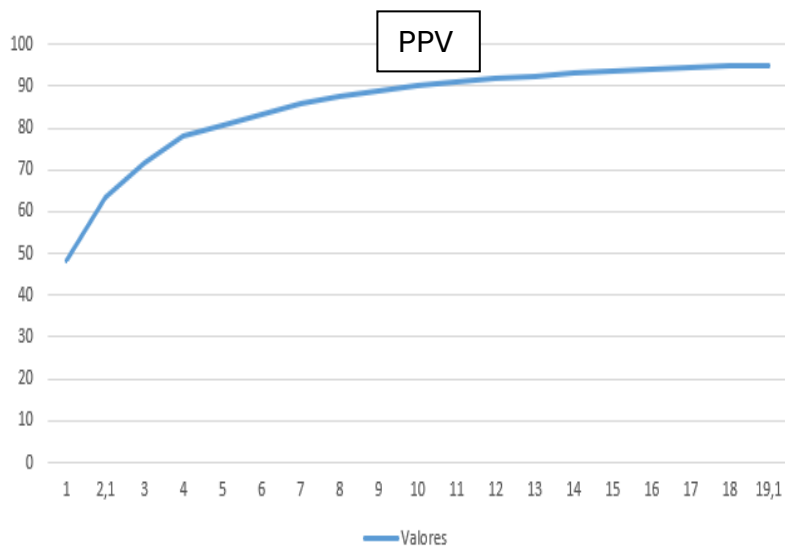


*HRQoL: health-related quality of life

Structured Clinical Questions

1. Does Autism Spectrum Disorder Screening (ASD screening) in children aged 16 to 30 months in primary care lead to improvements in health-related quality of life (HRQoL), cognitive abilities, and social skills compared with children who are not screened and instead follow developmental surveillance pathways?
2. Does ASD screening in children aged 16 to 30 months lead to earlier detection compared with children who are not screened and instead follow developmental surveillance pathways?
3. Does early detection lead to earlier treatment or intervention?
4. What are the potential harms and costs of early ASD detection through screening using the M-CHAT-R/F?
5. In children aged 16 to 30 months, does Early Intervention (EI) improve HRQoL, cognitive abilities, or social skills in children with ASD compared with those who do not receive EI?

Correlation Between ASD Prevalence and the Positive Predictive Value (PPV) of the M-CHAT-R/F:



Sensitivity (Se): 0.80; Specificity (Sp): 0.99; LR+: 81; LR-: 0.19

P. García Primo, J. Santos Borbujo, M.V. Martín Cilleros, M. Martínez Velarte, S. Lleras Muñoz, M. Posada de la Paz, and R. Canal Bedía, 2013

PREVINFAD RECOMMENDATIONS

1. Developmental surveillance is recommended for the general population from 0 to 36 months of age, conducted in primary care using a methodology similar to that of the PSI.
2. Screening with the M-CHAT-20-R/F is recommended for children aged 16 to 30 months who are at risk of Autism Spectrum Disorder.
3. There is insufficient high-quality evidence either to recommend or to discourage screening with the M-CHAT-R/F in the general population aged 16 to 30 months. If used, it should always be carried out within the context of other developmental surveillance interventions.
4. Referral to Early Intervention services should be made as early as possible for all children aged 0 to 30 months with suspected or diagnosed Autism Spectrum Disorder or developmental disorders.