Neurodiversity, the concept that neurological differences are to be recognised and respected like any other human variation, arose out of the Autism Rights Movement of the 1990s. The notion challenges the convention that neurodevelopmental differences are inherently pathological. Although we have seen progress in understanding and valuing these differences with greater appreciation of the contributions of those whose minds work differently, pathologising of autism remains rampant. Autism is defined as a neurodevelopmental difference involving social and communication difficulties, adherence to routine, intense interests, and sensory differences. As with most forms of neurodiversity, identification is predominantly based upon perceived deficits, discounting the aptitudes and skills that often come in tandem. Prevalence estimates vary greatly but WHO states that about one in 100 people are autistic worldwide. Despite these high numbers, the medical profession is failing to support the health of autistic people, reflected in extreme disparities in disease prevalence, increased risk for mental illness, and shorter life expectancy.

Although autism itself is not a cause of ill health, autistic people are more susceptible to developing various diseases, with almost double the risk of diabetes, high blood pressure, and cardiovascular disease. Preventive health is impacted with autistic women significantly less likely to attend HPV screening, often due to sensory issues, anxiety about the procedure, and inadequate support from those around them. There is also a greater risk of accidental death such as drowning, suffocation, and asphyxiation, with some estimates stating that autistic children are 160 times more likely to die from drowning than the general population of children. This greatly increased risk is thought to arise for various complex reasons, including wandering behaviour. On top of this, autistic people are more likely to experience violence and abuse, with disproportionate use of unnecessary force, restraint, and seclusion. Meltdowns in autistic people are misunderstood and are often responded to with force. There are endless examples of fatalities in schools, mental health institutions, and prisons in which autistic people have been dangerously restrained. Where support and a quiet safe space should be given, instead we see failure too often.

Some estimates suggest that autistic people die 16 years earlier than non-autistic adults matched for gender, age, and country. In a recent Swedish study, mean age of death was 70-2 years for non-autistic participants compared with 53-9 years for autistic participants. Distressingly, autistic participants with higher support needs died at a mean age of just 39-5 years. Also contributing to younger mortality is mental illness. Autistic adults have been found to have increased rates of psychiatric disorders, such as depression, anxiety, bipolar disorder, obsessive-compulsive disorder, and schizophrenia. One study showed that between 2013 and 2017, the cumulative incidence of suicide in the autistic population was 0.17% in Utah, USA, significantly higher than in the non-autistic population (0.1%). Suicide risk in autistic girls and women was more than three times higher than in those without autism.

Sensory differences are common in autism, sometimes associated with remarkable talents. Sensory sensitivities vary greatly from one autistic person to another (ie, hyposensitivities, hypersensitivities, or combinations of both). What unites the community is experiences of sensory issues being misunderstood by healthcare workers, who in many cases lack knowledge of the intricacies of these differences or the importance of respecting them. Negative sensory experiences can result in a reluctance or inability to seek medical care and attend appointments. Many autistic people have difficulties with sensory inputs such as bright lights; noise; touch; or certain tastes, textures, or smells, often invoking pain or causing sensory overload. A high pain threshold might mean an inability to judge harm, or in other cases, an inability to communicate pain verbally. Touch sensitivity might mean receiving injections and some procedures are challenging. Swallowing tablets and the taste of medication might not be acceptable for others. Consequently, a typical health-care setting can be distressing. Although hospital environments will not be changing, an awareness and understanding of sensory sensitivities can help to introduce adjustments. Specialised examination rooms equipped to reduce sensory input could be easily incorporated in hospitals. Many simple considerations can be made—eg, quieter environments, dark glasses, headphones, and weighted blankets. Sensory issues must be taken seriously and respected to improve relationships, trust, and understanding between health-care workers and autistic people.

Although the current health situation for autistic people is disheartening, one positive take home is that there is so much we can do. But how can we incorporate further training and resources in already overstretched health-care systems? We simply cannot afford not to. While comprehensive education is needed, small changes can be influential. A basic understanding that
no two autistic people can be treated the same goes a long way. A quick question at the start of appointments or a moment to consider sensory sensitivities could help to avoid the disengagement of autistic people with health care. An inability to understand complexities and differences might mean a well-intentioned clinician could do more harm than good. Individualised and empathetic support can make a difference. We must address disparities as a matter of urgency so autistic people can flourish and thrive. Gratitude goes to all the autistic people who have fought this issue for so long, now those who chose the path to care for others must take the reins.

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