CPNI
Cyprus Paediatric Neurology Institute
Παιδονευρολογικό Ινστιτούτο Κύπρου

INFORMATION FOR PARENTS AND FAMILIES

Autism spectrum disorder

Autism spectrum disorder (ASD) is one of the most common neurodevelopmental conditions in children. It affects how a child communicates and relates to other people, and it comes with repetitive behaviours, strong narrow interests or unusual reactions to sounds, textures and other sensations.

It is common

The World Health Organization estimates that about 1 in 127 people have autism. Recent US data report about 1 in 31 eight-year-old children.

Boys and girls

Autism is diagnosed about three times more often in boys. In girls the signs can be less obvious and are more easily missed.

Early help matters

Support can begin as soon as there are concerns. It does not have to wait for a formal diagnosis.

What is autism?

It is called a spectrum because every child with autism is different. Some children need a great deal of support in everyday life and others need much less. Learning ability ranges from high intelligence to intellectual disability.

Conditions that once had separate names, such as autistic disorder, Asperger syndrome and PDD-NOS, are now all called autism spectrum disorder.

The signs begin in early childhood. Autism is lifelong, but with the right support children keep learning and developing.

What causes autism?

- There is no single cause; autism is multifactorial. Genetic factors play an important part, and sometimes other family members are also on the spectrum. A brother or sister of a child with autism is more likely to have autism too.
- Autism is more common in children with certain genetic conditions, such as fragile X syndrome and tuberous sclerosis, in children born prematurely or with a low birth weight, and when parents are older.
- Some medicines taken in pregnancy, in particular valproate, increase the chance of autism.
- Vaccines do not cause autism. This has been studied in very large numbers of children, including for the MMR vaccine.
- Autism is not caused by the way parents bring up their child.

Signs you may notice

- Does not respond to their name by 9 months.
- Uses few or no gestures, such as waving goodbye, by 12 months.
- Does not point to show you something interesting by 18 months.
- Makes little eye contact and does not share enjoyment or interests with you.
- Speaks late, or repeats words and phrases instead of using their own.
- Shows little interest in other children, or wants to join in but does not know how.
- Does not play pretend games, such as feeding a doll.
- Lines up toys, or repeats movements such as hand flapping, rocking or spinning.
- Becomes very upset by small changes in routine.
- Reacts unusually to sounds, textures, tastes, smells or lights.

Many children show one or two of these and do not have autism. What matters is the overall pattern.

See your doctor without delay if

- your child is not babbling or using gestures by 12 months, has no single words by 16 months, or no two-word phrases by 24 months
- your child loses words or social skills they used to have, at any age
- your child has episodes of staring, stiffening or jerking that might be seizures

How is autism diagnosed?

There is no blood test or scan for autism. The diagnosis is clinical. It is based on your child's developmental history and on observing how your child communicates, plays and behaves, using international criteria (DSM-5-TR, ICD-11).

Signs can often be recognised from 18 months, and from the age of 2 a diagnosis by an experienced professional is reliable. Many children are still diagnosed much later.

Assessment usually involves several professionals: a paediatric neurologist or developmental paediatrician, a child psychiatrist or psychologist, a speech and language therapist and an occupational therapist. Hearing and vision are also checked. Some children diagnosed very young make so much progress that they no longer meet the criteria later on.

Which tests may be needed?

- ✓ Genetic tests are offered to children with autism: usually a chromosomal microarray and a fragile X test, and sometimes exome sequencing. They find a cause in some children and help with advice for the family.
- ✓ An EEG (electroencephalogram) is often part of the assessment, and is especially important if seizures are suspected or if your child has lost skills, such as words or social skills.
- ✓ A brain MRI and metabolic blood and urine tests are arranged when the history or the examination suggests they could help.
- ✓ In some children, specific tests can find a treatable cause. One example is the folate receptor autoantibody test (FRAT) for cerebral folate deficiency, which may respond to treatment with folinic acid. We will discuss with you which tests are useful for your child.

What helps?

No medicine cures autism. The right support improves communication, learning and everyday life, and it works best when it starts early.

- ✓ Therapies: speech and language therapy, occupational therapy, and developmental and behavioural programmes built around play and daily routines.
- ✓ Parent training: you learn ways to build communication and manage difficult behaviour at home.
- ✓ Support at nursery and school, with an individual education plan. Some children may also need a classroom assistant, especially if they have other difficulties too, such as learning difficulties.
- ✓ Medicines can help with related problems such as poor sleep, hyperactivity, anxiety, severe irritability or epilepsy.

Some diets, vitamins and supplements can help in particular situations, but none of them cures autism. Please talk to us before starting any new treatment, especially one that promises a cure.

Conditions that often come with autism

Epilepsy, ADHD, sleep problems, anxiety, feeding and bowel problems, and learning difficulties are all more common in children with autism. Tell us about them, because they can be treated.

What you can do at home

- ✓ Follow your child's interests and join in their play.
- ✓ Play face to face and share attention: take turns, point to and show each other things, look at picture books together and sing songs with actions. These shared moments build communication.
- ✓ Keep screen time to a minimum, especially for younger children, and switch off the TV when it is just on in the background. Real play and conversation with you help your child's communication much more than screens.
- ✓ Use short, clear sentences and give your child time to answer.
- ✓ Keep routines predictable, and prepare your child for changes with pictures.
- ✓ Look after yourself too, and accept help.

Support in Cyprus

- ✓ Cyprus Autistic Association: information and support for families (www.autismsociety.org.cy).
- ✓ AKTIDA (ΑΚΤΙδΑ), Centre for Family Intervention and Support for Autism, Nicosia: guidance, training and support for families of young children recently diagnosed with autism (aktidacy.org).
- ✓ School support: parents can apply to the District Committee for Special Education of the Ministry of Education for an assessment of their child's needs.

Sources: World Health Organization (2025), US CDC (2025), American Academy of Pediatrics (2020).

Contact CPNI

Worried about your child's development? Call our office on +357 22 476 627 to arrange an assessment, or email cpni2007@gmail.com. We see children through GeSY, and privately if they are not GeSY beneficiaries, in Nicosia and Limassol.

More leaflets and information: www.cpni.com.cy

This leaflet gives general information. It does not replace advice from your child's doctor.

Reviewed by Dr Paola Nicolaides, Consultant Paediatric Neurologist, November 2026.

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