How many people have autism spectrum disorder?
A 2007 Center for Disease Control and Prevention (CDC) Report indicates that the prevalence for autism is 1 in 150.

What are the primary characteristics of autism spectrum disorder?
- Differences in communication
- Differences in social interaction
- Persistence in thoughts, interests, activities, and/or behaviors

What causes autism spectrum disorder?
While there is a great deal of research in this area, there have been no definitive studies pointing to a single cause of autism. There is evidence that genetics may play a role in many cases of autism.

At what age can autism spectrum disorder be diagnosed?
There is research that indicates that autism spectrum disorder can be identified as early as 12 months in children considered at risk as a result of having a sibling with the diagnosis. Currently, the American Academy of Pediatrics (AAP) requires that all children be formally screened for autism at 18 and 24 months.

What are different terms, such as Pervasive Developmental Disorder (PDD), used to describe the disorder?
The DSM IV-TR (Diagnostic and Statistical Manual of Mental Disorders), which is the standard classification system used by mental health professionals, uses PDD as an umbrella term for five disorders. Sometimes when the diagnosis is unclear, individuals will receive a PDD diagnosis.

What does “autism spectrum disorder” include?
In clinical practice, most professionals use the term autism spectrum disorder to refer to autism, Asperger Syndrome, and PDD-NOS.

What is the difference between autism and Asperger Syndrome?
The major difference between autism and Asperger Syndrome is in the area of language development. Individuals with Asperger Syndrome generally have no delay in the development of language (but still have difficulty with social communication). Individuals with Asperger Syndrome also do not have co-occurring Intellectual Disability. Individuals with autism may or may not have co-occurring ID.

Is there a cure?
There is no proven "cure" for autism spectrum disorders; however, individuals with autism spectrum disorder make tremendous progress with appropriate intervention. As more individuals are diagnosed earlier and receive earlier intervention, the outcomes will no doubt continue to improve.

Is there a standard or best treatment?
There are some intervention models which have been demonstrated to be effective in teaching specific skills (Applied Behavior Analysis). In practice, there is a move toward more eclectic approaches. The National Research Council examined treatments and services across the US and developed key elements of successful programs. In broad terms, people with autism require individualized, systematically planned programming which addresses core deficit areas – communication, social engagement, and functional behaviors.

Why is there so much conflicting information about autism spectrum disorders?
It is a complex disorder with a relatively short history of research. Diagnostic criteria and labels have changed over time; and researchers, professionals, and service providers often use different terms. In addition, the interrelationship of severity of the autism spectrum disorder and intellectual functioning creates quite an array in terms of functional abilities and skills. Thus, the reason for the term "autism spectrum disorder."