Recent evidence documents the increase in prevalence rates of autism all over the world. There is an urgent need to increase knowledge about demographic and socio-economic disparities in getting a diagnosis and identifying the barriers in obtaining a timely diagnosis.

Several studies have documented that age of diagnosis (AOD) has not declined uniformly for all children and disparities in AOD by income, race, education, clinical presentation, and access to health care persists.

Typically, ASD children from poor, less well educated families, and minority groups are diagnosed late. To date, there is little research from India on whether AOD has declined over time and it is also unclear whether the factors identified leading to delay in diagnosis in the western countries are similar or different.

The present study attempts to address this gap in literature by identifying the factors that facilitate or hinder early identification of ASD.

**INTRODUCTION**

We conducted case record review of all children who received their initial ASD diagnosis between Jan 1997 to Dec 2018 at the Pediatric Psychology Clinic, Department of Pediatrics of a tertiary care centre, in North India.

A multidisciplinary team comprising of a pediatric neurologist and a child psychologist conducted comprehensive evaluations of all children.

Evaluations included neurological, medical, developmental, cognitive and adaptive behavior functioning. Autism severity was assessed by the Childhood Autism Rating Scale (CARS).

A structured data form was used to extract demographic, socio-economic, and clinical information from the files maintained.

Information extracted included sex and age at diagnosis of the child, year of birth, rural/urban residence, paternal and maternal education, maternal age, family structure, birth order, total number of children, and monthly household income.

Diagnoses were made as per the DSM criteria and based on clinical consensus judgment.

The study was approved by the Institute ethics committee.

**METHODOLOGY**

A total of 1248 case records were examined (Age range 15 months to 13.92 years, Boys=83.3%, Rural= 28.1 %) (Table 1).

The mean AOD was 4.63 yrs (SD=2.38) and this is similar to previous reports from developed countries. Overall rural children were diagnosed at 4.98 years, nearly 0.48 years later than urban children (t= 3.14, P= .023).

The AOD was found to consistently decline by year of birth over time (P= .001) for both rural and urban children (Fig 1), and the difference in AOD by residence appears to be declining for more recent birth cohorts.

Several studies have found that children residing in rural areas experience delays in diagnosis. Later AOD for children from rural areas reflects the growing recognition of limited access and utilization of specialty health care services, biases in referral practices, and difficulties in logistics in seeking out specialty pediatrics care by families from underserved areas.

Cultural factors and value systems also play a critical role in health seeking behaviors of parents residing in rural areas. Rural families may be more tolerant of deviant behaviors and developmental delays, more likely to believe that the child will outgrow problems, seek out help from faith healers and religious leaders before seeking medical help. Rural families also were found to seek medical help for their sons earlier than daughters reflecting the strong son preference.

**RESULTS AND DISCUSSION**

AOD for ASD has declined over time, at least in specialty tertiary care centers, however, providing a timely diagnosis for the underrepresented populations like rural families and girl child still remains a challenge.

**OBJECTIVES**

To investigate whether there is a decline in the age at diagnosis over a period of time and to examine the urban/rural disparities in the age of initial ASD diagnosis in a pediatric specialty center in North India.

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