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Editorial

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Delayed Diagnosis of Autism in Low - and Middle - Income Countries: Are We Missing the Window for Early Intervention?

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Letter to the Editor

Dear Editor,

Autism Spectrum Disorder (ASD) is increasingly recognized as a major neurodevelopmental disorder worldwide, yet delayed diagnosis remains a significant challenge in low-and middle-income countries (LMICs). While scientific advances have improved our understanding of autism, timely identification continues to be hindered by limited awareness, social stigma, inadequate developmental surveillance, and unequal access to specialist services. The consequences of delayed diagnosis extend far beyond childhood, affecting educational attainment, social participation, family well-being, and healthcare costs.

In many LMICs, parents initially interpret speech delay or reduced social interaction as normal developmental variation. Advice such as "the child will speak with age," "boys develop language later," or "joining a playschool will solve the problem" often postpones medical consultation. As a result, children frequently present to paediatric neurologists or developmental paediatricians several years after early symptoms first became apparent. During this interval, opportunities for early intervention—when the developing brain is most responsive to therapy—are unnecessarily lost.

The shortage of trained professionals further widens this gap. Developmental paediatricians, paediatric neurologists, child psychologists, speech-language pathologists, occupational therapists, and behavioural therapists are predominantly concentrated in urban tertiary centres. Families from rural and underserved communities face long travel distances, financial hardship, and prolonged waiting periods, leading many to discontinue evaluation or therapy. Consequently, developmental concerns that could have been addressed early often progress into more complex behavioural, educational, and psychosocial challenges.

Reducing diagnostic delay requires strengthening developmental surveillance at the primary healthcare level. Routine screening of developmental milestones during immunization and well-child visits should become standard practice.

Equipping primary care physicians, nurses, community health workers, and preschool educators with the skills to recognize early warning signs of autism can facilitate timely referral to specialist services. Simultaneously, expanding multidisciplinary early intervention services within district hospitals and Community Health Centres would substantially improve accessibility and reduce disparities in care.

Improving autism outcomes in LMICs demands more than increasing the number of specialists. It requires coordinated public health policies that prioritize awareness, early detection, parent education, workforce training, and equitable access to evidence-based interventions. Every month of delayed diagnosis represents a missed opportunity to optimize developmental potential. Ensuring that every child receives timely assessment and intervention should therefore be regarded as an essential investment in the future health and productivity of society.

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