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LATE DIAGNOSIS OF AUTISM SPECTRUM DISORDER IN ADULTS: DIAGNOSTIC CHALLENGES AND PSYCHIATRIC COMORBIDITIES

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ABSTRACT

Background: Autism spectrum disorder (ASD) is traditionally considered a neurodevelopmental condition typically identified in early childhood. However, a substantial proportion of individuals receive their first diagnosis only in adolescence or adulthood, which may affect mental health, access to support, and overall quality of life.

Objective: This review examines late diagnosis of ASD in adults and summarizes current evidence on factors contributing to diagnostic delay, including camouflaging behaviours, psychiatric comorbidities, and suicidality.

Methodology: A literature search was conducted using PubMed and Google Scholar to identify studies published between 2000 and 2025. Search terms included combinations of “autism,” “adult diagnosis,” “diagnostic delay,” “camouflaging,” “psychiatric comorbidity,” and “suicide.” Studies focusing on adult populations, diagnostic pathways, and mental health outcomes were prioritized. In total, 36 publications were included. Due to methodological heterogeneity across studies, findings were synthesized narratively.

Results: Definitions of late ASD diagnosis vary across studies, with inconsistent age thresholds. Many adults diagnosed with ASD report prior psychiatric diagnoses, although registry data indicate that a substantial proportion had no documented psychiatric conditions during childhood. Camouflaging behaviours, particularly among women, may contribute to delayed recognition and are associated with increased psychological distress. Adults with ASD show elevated rates of depression and anxiety, with lifetime prevalence of depressive disorders reaching 30–40% in some studies. Population-based research also indicates increased risk of suicidality.

Conclusions: Late identification of ASD in adulthood is associated with complex diagnostic pathways and a high prevalence of psychiatric comorbidity. Improving awareness of adult autism among clinicians may contribute to earlier recognition and more appropriate support for affected individuals. Further research is needed to refine diagnostic tools and to better understand long-term mental health outcomes in people diagnosed with ASD later in life.

KEYWORDS

Autism Spectrum Disorder, Late Diagnosis, Adult Autism, Psychiatric Comorbidity, Suicidality, Camouflaging

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1. Introduction

Autism spectrum disorder (ASD) is a neurodevelopmental condition characterized by persistent differences in social communication together with restricted or repetitive patterns of behaviour and interests. These characteristics usually emerge during early development. However, recognition of autism does not always occur at that stage, and some individuals remain undiagnosed until adolescence or adulthood.

For many years autism was primarily conceptualized as a childhood condition. Early clinical descriptions were based largely on observations of children with clear developmental differences, including language delay and marked social communication difficulties. Consequently, research and diagnostic services focused predominantly on children, while adult presentations of autism received considerably less attention.

This perspective has begun to change in recent years. Increasing evidence indicates that a proportion of individuals receive their first autism diagnosis later in life, often after prolonged contact with mental health services (Fusar-Poli et al., 2022; Kentrou et al., 2024). Some reviews estimate that up to one quarter of autistic individuals may first be diagnosed after the age of 18 (Rødgaard et al., 2021).

At the same time, estimates of autism prevalence have increased substantially over the past decades. Earlier epidemiological studies reported relatively low prevalence rates, whereas more recent research indicates that ASD affects approximately 1-1.5% of the general population (Fusar-Poli et al., 2022). This rise is generally attributed to broader diagnostic criteria, improved awareness, and increased recognition of diverse autism presentations.

Recognition of autism in adulthood is further complicated by the clinical heterogeneity of ASD presentations (Lai et al., 2014). Earlier diagnostic frameworks focused mainly on more visible forms of autism associated with language delay or intellectual disability. Current research shows that autistic traits vary widely, and in individuals with average or above-average intellectual functioning these characteristics may remain relatively subtle and therefore unnoticed during childhood.

In many cases these difficulties become more evident when social and environmental demands increase, for instance during transitions to higher education or starting full-time employment. Adults seeking assessment often report long diagnostic histories and previous diagnoses of depression, anxiety disorders, personality disorders, or attention-deficit/hyperactivity disorder (ADHD) before autism is considered (Kentrou et al., 2024; Fusar-Poli et al., 2022).

Another factor contributing to delayed recognition is social camouflaging. These strategies involve attempts to mask or compensate for social differences, which may reduce the visibility of autistic traits in everyday interactions (Hull et al., 2017). Camouflaging behaviours appear to be particularly common among autistic women and may contribute to gender differences in diagnostic timing (Rynkiewicz et al., 2019).

Psychiatric comorbidity is also frequently reported in adults with ASD. Mood and anxiety disorders are among the most common co-occurring conditions (Hollocks et al., 2019; Hudson et al., 2019), and population-based studies indicate elevated rates of suicidal ideation and suicide attempts among autistic individuals (Hirvikoski et al., 2020; Kirby et al., 2019; Blanchard et al., 2021).

Despite increasing research on adult autism, evidence on late diagnosis remains scattered across studies focusing on different aspects of the condition, including diagnostic pathways, psychiatric comorbidities, and psychosocial outcomes.

This review examines late diagnosis of autism spectrum disorder in adults and summarizes current evidence on diagnostic challenges, camouflaging behaviours and psychiatric comorbidities associated with delayed recognition.

2. Methodology

This narrative review was based on a structured literature search focusing on studies examining late diagnosis of autism spectrum disorder in adulthood. Electronic databases, including PubMed and Google Scholar, were searched for relevant publications published between 2000 and 2025. The search included combinations of the following terms: “autism spectrum disorder”, “adult diagnosis”, “late diagnosis”, “diagnostic delay”, “camouflaging”, “psychiatric comorbidity”, and “suicide”.

Studies were selected according to their relevance to adult autism diagnosis. Particular attention was given to research examining diagnostic pathways, psychiatric comorbidities, and mental health outcomes. Priority was given to systematic reviews, meta-analyses, population-based registry studies and clinical research involving adult populations. Publications focusing exclusively on childhood autism without reference to adult diagnosis were excluded.

Titles, abstracts, and full texts were screened to identify relevant studies. In total, 36 publications met the inclusion criteria and were included in the final analysis. Because the included studies differed in design and methodology, the findings were synthesized using a narrative approach.

3. Late Identification of Autism Spectrum Disorder in Adults

3.1 Definition and Scope of the Problem

Autism spectrum disorder is a neurodevelopmental condition with onset in early childhood, and an estimated prevalence of approximately 1-1.5% in the general population (Fusar-Poli et al., 2022). However, many individuals receive their first diagnosis only in late adolescence or adulthood. Despite growing research interest, there is no universally accepted definition of what constitutes a “late diagnosis.”

A recent systematic review of 420 studies reports substantial variability in how late autism diagnosis is defined. The average cutoff age was 11.5 years with thresholds ranging from 2 to 55 years. The most common cutoff points were 3 and 18 years (Russell et al., 2025). This lack of consistency makes it difficult to compare findings and to estimate the true prevalence of late-identified autism. This variability also complicates clinical interpretation and limits the comparability of research findings across studies.

Some researchers have suggested that adult ASD diagnoses mainly reflect earlier diagnostic mistakes. However, registry-based studies challenge this assumption. Analyses of national cohort data indicate that a substantial proportion of individuals diagnosed with ASD in adulthood had no recorded psychiatric diagnoses during childhood. In a Danish registry study including 2199 individuals diagnosed with autism in adulthood, 69% of males and 61% of females had not received any of the investigated diagnoses before the age of 18 (Rødgaard et al., 2021).

3.2 Diagnostic Delay and Psychiatric Misdiagnosis

Adults diagnosed with ASD later in life often report long and complex psychiatric histories. Clinical studies indicate prolonged diagnostic delay in adults later diagnosed with ASD. A review reports a median delay of approximately 11 years between the first contact with mental health services and eventual ASD diagnosis (Fusar-Poli et al., 2022). This delay is associated with prolonged exposure to ineffective or inappropriate treatments and an increased burden of psychiatric comorbidities.

Mood disorders, anxiety disorders, personality disorders, psychotic disorders, and ADHD are among the most commonly reported prior diagnoses in this population (Kentrou et al., 2024; Au-Yeung et al., 2019). In one study, approximately 70% of autistic adults reported receiving at least one psychiatric diagnosis before autism was identified, while only about one third had no previous diagnosis (Kentrou et al., 2024).

The overlap between ASD and personality disorders has received particular attention. A systematic review found increased co-occurrence of autistic traits among individuals diagnosed with personality disorders, especially borderline and schizotypal personality disorders (Gillett et al., 2023). Shared features, such as interpersonal difficulties, emotional dysregulation and atypical social cognition, may contribute to diagnostic confusion. For this reason, reconstruction of developmental history is considered essential when assessing adults for possible ASD (Carroll et al., 2025).

3.3 Camouflaging and Gender-Related Diagnostic Invisibility

Camouflaging refers to behavioural strategies used to mask or compensate for autistic traits. These strategies may be conscious or unconscious and can reduce the visibility of autistic characteristics during social interactions (Hull et al., 2017). Many autistic individuals adapt their behaviour to social expectations, which can make social functioning appear typical despite underlying autistic traits (Hull et al., 2017).

Higher levels of camouflaging are linked to greater psychological distress, including symptoms of anxiety and depression (Evans et al., 2024). This pattern suggests that camouflaging is associated with adverse mental health outcomes.

Gender differences are important in this context. Studies suggest that women with ASD are more likely to use compensatory strategies and therefore may remain undiagnosed for longer (Rynkiewicz et al., 2019; Green et al., 2019). Consequently, women with ASD are more often diagnosed in adulthood.

4. Psychiatric Comorbidities in Adults with Late-Identified ASD

4.1 Depressive Disorders

Depression is one of the most common psychiatric comorbidities in individuals with autism spectrum disorder. Systematic reviews and meta-analyses report higher prevalence of depressive disorders in autistic populations compared with the general population (Hollocks et al., 2019; Hudson et al., 2019).

A meta-analysis of 66 studies estimated lifetime prevalence of depression in ASD of 14.4% (95% CI 10.3-19.8) and current prevalence around 12.3% (95% CI 9.7-15.5) (Hudson et al., 2019). Individuals with ASD were approximately four times more likely to experience depression than individuals in the general population (Hudson et al., 2019).

Higher estimates have been reported in studies focusing on adults. A systematic review and meta-analysis reported current prevalence of depressive disorders of 23% and lifetime prevalence of 37% among autistic adults (Hollocks et al., 2019). Differences between prevalence estimates across studies reflect variation in study design, sample characteristics and diagnostic methods used to assess depression (Hudson et al., 2019; Hollocks et al., 2019).

Depressive symptoms in autistic individuals may present atypically. Reported manifestations include irritability, sleep disturbances and behavioural changes rather than typical expressions of sadness. Baseline characteristics of autism, including social withdrawal and reduced emotional expressiveness, may also complicate clinical assessment (Hollocks et al., 2019).

4.2 Anxiety Disorders

Anxiety disorders are common in adults with ASD. A systematic review and meta-analysis estimate lifetime prevalence of anxiety disorders of 40%, with current prevalence of 27% (Hollocks et al., 2019). Studies consistently report higher anxiety rates in autistic populations than in the general population. Reported anxiety conditions include social anxiety disorder, generalized anxiety disorder and specific phobias (Hollocks et al., 2019).

4.3 Suicidality

Suicidal ideation, suicide attempts and suicide death are more frequent in individuals with ASD compared with the general population. A systematic review and meta-analysis of 31 epidemiological studies reported a pooled OR of 3.3 for suicidality and 3.2 for self-injurious behaviour in autistic individuals (Blanchard et al., 2021).

Population-based studies confirm this elevated risk. A Swedish registry study including over 54,000 individuals with ASD reported significantly higher rates of suicide attempts, particularly among individuals without intellectual disability and those with comorbid ADHD (Hirvikoski et al., 2020).

Similar results have been reported in other population studies. A long-term surveillance study in the United States also found higher cumulative suicide incidence in individuals with ASD than in the non-ASD population (Kirby et al., 2019). In this study, suicide risk among females with ASD was more than three times higher than in females without ASD (RR = 3.42).

4.4 Other Commonly Reported Comorbidities

In addition to mood and anxiety disorders, several other conditions have been reported in individuals with ASD. These include obsessive compulsive symptoms, substance use and eating disorders (Hollocks et al., 2019; Carroll et al., 2025). Although less consistently studied, these comorbidities may influence clinical presentation and daily functioning.

Obsessive-compulsive symptoms are frequently described in autistic individuals. A meta-analysis reported current prevalence of obsessive-compulsive disorder of approximately 24% among autistic adults (Hollocks et al., 2019). Repetitive behaviours are part of the ASD diagnostic criteria, but intrusive thoughts and compulsive behaviours resembling OCD may also occur. Distinguishing ASD-related repetitive behaviours from OCD symptoms is discussed in the differential diagnosis literature (Carroll et al., 2025).

Substance use disorders have also been reported in autistic adults. A systematic review of 26 studies found that prevalence estimates ranged from 1.3% to 36%, although a pooled prevalence could not be calculated due to substantial methodological heterogeneity (Ressel et al., 2020). Registry-based studies further indicate increased risk of substance-related problems in individuals with ASD, particularly when ADHD is present (Butwicka et al., 2017).

Eating disorders have also been described in autistic populations, especially among women (Rynkiewicz et al., 2019).

4.5 Diagnostic Tools and Screening Instruments

Assessment of autism spectrum disorder in adults often involves the use of screening questionnaires and standardized diagnostic instruments. Many commonly used tools were originally developed for children and their application in adult populations has been discussed in recent reviews (Hirota et al., 2018; Baghdadli et al., 2017).

Several screening instruments are used to identify autistic traits in adults. One of the most widely used screening instruments is the Autism-Spectrum Quotient (AQ), a self-report questionnaire designed to measure autistic traits in individuals with average intelligence. The AQ is widely used in both research and clinical settings as an initial screening instrument (Hirota et al., 2018).

Another commonly used tool is the Ritvo Autism Asperger Diagnostic Scale - Revised (RAADS-R), developed for the adult population, assessing both developmental history and current behavioural characteristics. Studies report variability in its diagnostic accuracy across different clinical settings (Baghdadli et al., 2017).

Comprehensive diagnostic assessment typically includes structured interviews and observational measures. Instruments such as the Autism Diagnostic Observation Schedule (ADOS-2) and the Autism Diagnostic Interview - Revised (ADI-R) are widely used in clinical practice.

Systematic reviews report that only a small number of screening instruments show acceptable measurement properties in adult populations. The AQ-50, AQ-S and RAADS-R were identified as tools with satisfactory or intermediate psychometric properties (Hirota et al., 2018). Screening instruments should therefore be used to identify individuals who require further clinical evaluation (Hirota et al., 2018; Baghdadli et al., 2017). Diagnostic tools used in ASD assessment have historically been standardized on predominantly male samples, which may contribute to underrecognition of autism in females (Fusar- Poli et al., 2022).

5. Psychosocial Consequences of Late ASD Diagnosis

Studies of adults diagnosed with ASD later in life report several psychosocial consequences. These include change in self-understanding, social relationships, educational, occupational experiences, and overall well-being (Bargiela et al., 2016; Huang et al., 2023).

5.1 Identity reinterpretation and self-understanding

Adults diagnosed with ASD in adulthood report reinterpretation of earlier life experience following diagnosis. The diagnosis often provides an explanation for long-standing social difficulties, sensory sensitivities, and problems with communication (Huang et al., 2023).

Before diagnosis, individuals often attribute their difficulties to personal shortcomings or a lack of social competence (Bargiela et al., 2016). Following diagnosis, many report improved self-understanding and greater acceptance of their differences (Huang et al., 2023). Others report frustration related to the absence of earlier recognition and support (Lupindo et al., 2022).

5.2 Social relationships and interpersonal functioning

Studies on autistic adults describe challenges in forming and maintaining friendships and other close interpersonal relationships (Suzuki et al., 2022; Chan et al., 2022).

Reviews of research on friendship in autistic adults report smaller social networks and lower levels of social participation compared with neurotypical individuals. Elevated levels of loneliness have also been reported in autistic adults across several studies including the review (Suzuki et al., 2022).

Qualitative studies further describe repeated misunderstandings in social situations and experiences of social rejection during adolescence and early adulthood (Bargiela et al., 2016).

Attachment-related difficulties have also been reported and may affect interpersonal functioning and emotional relationships in autistic adults (Klila et al., 2022).

5.3 Education and employment outcomes

Studies report educational and occupational difficulties among autistic adults. Research on autistic students describes academic and non-academic challenges during university studies, including difficulties with social communication, group work, and adapting to academic demands. Reviews of transition experiences also describe the role of both academic and non-academic support services during transition to university (Anderson et al., 2018; Hadley & Mapondera, 2023).

Autistic individuals represent approximately 1% of students in post-secondary education, with lower retention and graduation rates compared to neurotypical students. For example, graduation rates have been reported at approximately 35% compared with 67% among neurotypical students (Koops et al., 2024).

Employment outcomes are also lower among autistic adults. Longitudinal research indicates that only 55% of young adults with ASD participate in any form of employment or post-secondary education, and only 14% hold competitive employment in the open labour market (Taylor & Seltzer, 2011).

Additional studies report substantial barriers to obtaining and maintaining employment, including difficulties related to workplace communication and social experiences (Baldwin et al., 2014).

Another longitudinal study indicates considerable employment instability. In an eight-year cohort study including over 2,400 autistic adults, approximately 40% of participants were employed across assessment waves, while the largest trajectory group was characterized by stable unemployment (Bury et al., 2024).

5.4 Autistic burnout

Autistic burnout has been defined as a state characterized by persistent exhaustion, reduced tolerance to sensory stimuli and decreased capacity to manage everyday demands (Higgins et al., 2021). Autistic adults describe burnout as a consequence of prolonged efforts to meet social expectations and cope with environmental demands (Higgins et al., 2021).

Camouflaging strategies have been identified as an important factor in this process. Qualitative studies report that sustained camouflaging contributes to reduced functioning over time (Pearson et al., 2021).

Episodes of autistic burnout have been associated with temporary withdrawal from social and everyday activities (Higgins et al., 2021).

5.5 Impact of diagnosis on well-being

Receiving an ASD diagnosis in adulthood improves self-understanding and provides a framework for interpreting previous experiences (Huang et al., 2023).

Prior to diagnosis, many late-diagnosed autistic adults report lacking an explanation for their difficulties, which was associated with psychological distress and reduced well-being (Lupindo et al., 2022).

Lack of earlier recognition of autistic traits has been associated with reduced access to appropriate support and poorer psychological well-being in autistic adults (Lupindo et al., 2022; Huang et al., 2023).

6. Clinical Implications

Recognition of autism spectrum disorder in adulthood has implications for clinical practice. Clinicians should consider ASD when assessing adults presenting with long-standing social difficulties, treatment-resistant mood or anxiety disorders, multiple psychiatric diagnoses, or functional problems beginning in childhood.

Screening instruments may support the identification of individuals requiring further assessment. However, their diagnostic accuracy varies. Tools such as the Autism-Spectrum Quotient (AQ) and RAADS-based scales show moderate reliability and should not be used as stand-alone diagnostic tools (Hirota et al., 2018; Baghdadli et al., 2017).

Comprehensive assessment remains essential. Diagnostic evaluation should include developmental history, structured or semi-structured clinical interviews, and collateral information when available. Multidisciplinary collaboration between psychiatrists, psychologists, and other specialists may improve diagnostic accuracy and support differentiation of ASD from other psychiatric conditions with overlapping symptoms.

Mood disorders, anxiety, and suicidality are frequently reported in adults with ASD. Mental health symptoms should therefore be routinely assessed during both diagnostic evaluation and follow-up care.

Post-diagnostic support is also important. Psychoeducation, peer support, and tailored psychological interventions can help individuals develop self-understanding and coping strategies.

Collaboration between mental health services, occupational programs, and community resources may further support functioning, social participation, and quality of life in autistic adults.

7. Discussion

The reviewed literature indicates that late diagnosis of autism spectrum disorder in adulthood remains a significant clinical challenge. Although ASD begins in early childhood, recognition may occur much later. Studies suggest that delayed diagnosis results from multiple interacting factors, including subtle symptom presentation, camouflaging behaviours, gender-related differences in autistic traits, and limited clinician awareness of adult autism (Hull et al., 2017). These findings highlight the need to conceptualize autism as a lifespan condition rather than exclusively a childhood disorder.

Many adults report prolonged contact with mental health services before autism is recognized (Kentrou et al., 2024; Fusar-Poli et al., 2022). During this period, diagnoses such as depression, anxiety disorders, personality disorders, or ADHD are frequently assigned. While these conditions may co-occur with ASD, they may also obscure the underlying neurodevelopmental profile. Delayed recognition of ASD may also contribute to difficulties in education and employment, as individuals often do not receive appropriate accommodations or support during key developmental periods (Anderson et al., 2018; Baldwin et al., 2014).

7.1 Diagnostic Challenges in Adult Psychiatry

Diagnosis of ASD in adulthood presents several challenges in psychiatric practice. Adult psychiatric assessments often focus on mood disorders, anxiety disorders, or personality disorders, which may lead clinicians to interpret autistic traits within other diagnostic frameworks. Limited familiarity with adult presentations of ASD may further contribute to delayed or missed recognition (Fusar-Poli et al., 2022).

Diagnostic confusion may also arise due to symptom overlap with other psychiatric conditions. Difficulties in social interaction, emotional regulation, and interpersonal functioning may resemble features observed in certain personality disorders. However, autism reflects lifelong neurodevelopmental differences, whereas personality disorders typically emerge later in development (Carroll et al., 2025).

Co-occurrence of ASD and attention-deficit/hyperactivity disorder also complicates diagnosis. Both conditions may involve attention difficulties, executive dysfunction and impulsivity. In clinical settings,

ADHD symptoms may be more visible and may lead clinicians to overlook broader patterns of social communication differences (Kentrou et al., 2024).

Another challenge in adult assessment is the limited availability of reliable developmental history. Many individuals do not have access to childhood records or parental reports, requiring clinicians to rely on retrospective self-report, which may increase diagnostic uncertainty (Fusar-Poli et al., 2022).

These factors highlight the need for improved clinician awareness and training in recognising adult presentations of ASD.

7.2 Gender Differences in Autism Diagnosis

Gender differences influence the recognition of ASD. Early epidemiological studies reported male-to-female ratios of approximately 4:1, although recent research suggests that this difference may partly reflect underdiagnosis in females (Green et al., 2019).

One explanation relates to the proposed female autism phenotype, in which autistic traits may present differently from those typically described in males. Autistic women may demonstrate relatively better social imitation skills, greater motivation to engage socially, and more subtle manifestations of social communication differences, which may make autistic characteristics less visible during clinical assessment (Lai et al., 2015; Bargiela et al., 2016).

Camouflaging behaviours appear to play a significant role in this process. Autistic individuals may mask social difficulties by imitating socially appropriate behaviours or closely monitoring their interactions (Hull et al., 2017). Although these strategies may facilitate social adaptation, they may also contribute to delayed recognition of ASD and are associated with increased psychological distress, including symptoms of anxiety and depression (Evans et al., 2022).

As a result, autistic women are frequently diagnosed later than men, sometimes only after significant mental health difficulties emerge (Bargiela et al., 2016; Kentrou et al., 2024). Population studies also indicate elevated mental health risks in this group, including higher vulnerability to suicidal behaviour (Kirby et al., 2019).

Overall, gender-related differences in autistic presentation and use of camouflaging strategies appear to be important contributors to delayed diagnosis in autistic women.

7.3 Psychosocial Consequences of Late Diagnosis

Late diagnosis of autism may also have broader psychosocial consequences. Prolonged efforts to adapt to social expectations, including camouflaging behaviours, may contribute to increased psychological distress. Higher levels of autistic masking have been associated with symptoms of anxiety and depression, lower self-esteem, and reduced feelings of authenticity (Evans et al., 2022).

Social isolation and difficulties in forming and maintaining relationships may further increase vulnerability to loneliness and reduced social support (Bargiela et al., 2016). Autistic individuals may also experience higher exposure to bullying, social exclusion, and interpersonal victimization across the lifespan.

Population studies additionally indicate elevated mental health risks in autistic individuals, including increased vulnerability to suicidal behaviour, with particularly high risk reported among females (Kirby et al., 2019).

These findings suggest that delayed recognition of autism may contribute not only to diagnostic challenges but also to long-term psychosocial difficulties.

7.4 Implications for Mental Health Services

Autism in adulthood has important implications for mental health services. Many adults seeking psychiatric care present with multiple diagnoses and long histories of treatment for mood or anxiety disorders before autism is recognized.

Access to adult autism diagnostic services remains limited in many healthcare systems. Waiting times for specialist assessment are often long, and multidisciplinary teams with expertise in adult autism are not always available (Wigham et al., 2022).

Beyond diagnosis, autistic adults may require ongoing support addressing social functioning, employment, and mental health needs. Interventions tailored to autistic adults, including psychoeducation, communication strategies, and sensory accommodations, may improve daily functioning and well-being.

Improved coordination between mental health services, primary care, and community support systems may therefore be important for providing comprehensive care for autistic adults.

8. Future Research Directions

Despite growing research on adult autism, important gaps remain. One limitation is the small number of longitudinal studies examining outcomes of individuals diagnosed with ASD in adulthood. Most studies use cross-sectional or retrospective designs. Longitudinal research is needed to examine how late diagnosis affects mental health, social participation, employment, and quality of life.

Another priority is the development of diagnostic tools designed specifically for adults. Existing screening instruments show variable accuracy, particularly in individuals without intellectual disability and in women whose autistic traits may present differently.

Future research should examine gender differences in autism presentation. Autistic women are often under-diagnosed or diagnosed later than men, partly due to camouflaging and differences in behavioural expression.

Research is also needed on the organization of adult autism services in healthcare systems. Access to diagnostic assessment remains limited in many countries. Comparative studies of service models could help identify effective approaches for adult autism diagnosis and support.

9. Limitations

This review has several limitations that should be considered when interpreting the findings. First, the study was conducted as a narrative review rather than a systematic review with quantitative synthesis, which may influence the selection of included studies.

Second, studies examining late autism diagnosis differ in definitions, samples, and diagnostic approaches. This heterogeneity limits direct comparison between findings and may affect estimates of psychiatric comorbidity.

Finally, many available studies rely on clinical samples rather than population-based cohorts, which may overrepresent individuals with greater symptom severity and psychiatric burden. Some populations, including older autistic adults and culturally diverse groups, also remain underrepresented in the literature.

10. Conclusions

Autism spectrum disorder may remain unrecognized for many years, and some individuals receive a diagnosis only in adolescence or adulthood. The reviewed literature indicates that delayed recognition of autism is influenced by multiple interacting factors, including subtle symptom presentation, camouflaging behaviours, gender-related differences in autistic traits, and limited awareness of adult autism in clinical practice.

Adults diagnosed later in life frequently present with complex psychiatric histories, and high rates of comorbid conditions, particularly depression and anxiety. These factors may complicate clinical assessment and contribute to prolonged diagnostic pathways.

Delayed recognition of autism may also have broader psychosocial consequences, including social difficulties, reduced access to appropriate support, and increased vulnerability to mental health problems.

Improving awareness of adult autism among clinicians and expanding access to specialized diagnostic services may facilitate earlier identification and more appropriate support for autistic adults. Future research should further investigate long-term outcomes of late ASD diagnosis and evaluate effective diagnostic and support pathways for adult populations.

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