

Identifying Autism: The Evolving Definition and Prevalence

By Kara Lee, M.S.

The rising number of individuals diagnosed with autism has sparked questions and debate. In 2025, the Centers for Disease Control and Prevention (CDC) reported that an estimated 1 in 31 children have autism spectrum disorder. While this figure seems to suggest that the percentage of people with autism has grown significantly, it is likely a result of greater awareness and better diagnostic tools. It also reflects changes in how autism has been defined over time.

The word autism was coined by German psychiatrist Eugen Bleuler in 1911 to describe symptoms of his patients with schizophrenia. Bleuler acknowledged schizophrenia as an adult illness, but he had observed similar behavior in children who appeared to withdraw into their own world. He based the term on the Greek word *autos*, meaning self. In 1943, Dr. Leo Kanner published the first clinical description of children with a common group of symptoms that he identified as “autistic”.

For much of the 20th century, the concept of autism was entangled with other conditions. Children who displayed behaviors now recognized as autism were often diagnosed with childhood schizophrenia into the 1970’s. Through the 1980’s, autism was also conflated with intellectual disability. Individuals with average or high intelligence were rarely diagnosed as autistic. Some were labeled emotionally disturbed or diagnosed with a personality disorder. Others were considered gifted but awkward.

Autism did not appear in the Diagnostic and Statistical Manual of Mental Disorders (DSM) until the third edition in 1980. Infantile autism was included in the DSM-III under a new category called pervasive developmental disorders. The diagnostic criteria were narrow, encompassing a fraction of people who would be diagnosed with autism spectrum disorder today:

- Onset before 30 months of age
- Pervasive lack of responsiveness to other people
- Gross deficits in language development
- Peculiar speech patterns such as immediate and delayed echolalia
- Bizarre responses to various aspects of the environment

A revised edition of the DSM-III was released in 1987. Autistic disorder replaced infantile autism, and the criteria were expanded to 16 symptoms. A minimum of eight symptoms needed to be exhibited for a diagnosis.

When the DSM-IV was published in 1994, the diagnostic criteria for autistic disorder were reduced to 12 symptoms in three domains: social interaction, communication, and restricted, repetitive, and stereotyped patterns of behavior. At least six symptoms were required for a diagnosis. Asperger's disorder, pervasive developmental disorder not otherwise specified (PDD-NOS), and childhood disintegrative disorder were added to the DSM to identify individuals with some features of autism.

Early estimates on the prevalence of autism were based on small-scale studies conducted primarily by independent researchers. In 1979, a British psychiatrist estimated the prevalence to be 1 in 2,000. A study by the University of Utah in the 1980's identified a rate of 1 in 2,500 amongst children state-wide. In 2000, the CDC launched the Autism and Developmental Disabilities Monitoring Network to officially track the prevalence. Surveillance data from 2000 to 2002 indicated a rate of 1 in 150 children.

In 2007, the American Academy of Pediatrics issued a recommendation for routine autism screening at 18 and 24 months. This led to more widespread screening by pediatricians and improved recognition of children with subtler signs of autism. The CDC reported a rate of 1 in 88 children based on surveillance year 2008.

As the medical community continued to evaluate the concept of autism, the DSM-5 marked a major shift. Released in 2013, it combined autistic disorder, Asperger's disorder, PDD-NOS, and childhood disintegrative disorder into a single diagnosis: autism spectrum disorder. Autism spectrum disorder was included under neurodevelopmental disorders, a category that replaced pervasive developmental disorders. In 2014, the CDC reported the prevalence of autism spectrum disorder as 1 in 59 children.

The DSM-5 remains the most recent edition of the DSM, defining the criteria for autism spectrum disorder as

(visit [cdc.gov/autism/hcp/diagnosis/index](https://www.cdc.gov/autism/hcp/diagnosis/index) for a full description):

- A. Persistent deficits in social communication and social interaction across multiple contexts.
- B. Restricted, repetitive patterns of behavior, interests, or activities.
- C. Symptoms must be present in the early developmental period.
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
- E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay.

Our understanding of autism has come a long way since the term was first linked to schizophrenia. Acknowledging autism is a spectrum captures the wide range of behaviors, skills, and challenges of autistic people—from those with a co-occurring intellectual disability to those with above average intelligence. It also expands the number of individuals who fit the diagnostic criteria. As we learn more about how autism is presented, more children and adults will be identified. And we'll be better equipped to support autistic people in living meaningful lives.