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POSTER ABSTRACT

Bridging the Diagnostic Gap: Unmasking Autism within Psychiatric Care for Treatment-Resistant Depression

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Background: Adults with treatment-resistant depression (TRD) often endure years of medication adjustments and therapy changes with limited relief. Emerging evidence indicates that undiagnosed autism may underlie this apparent resistance, particularly among women and other under-represented groups. When sensory sensitivities, communication differences, and masking-related exhaustion are overlooked, treatment efficacy declines and suicide risk rises.

Approach: This project synthesized findings from twenty peer-reviewed studies to develop a research-informed framework for integrating autism screening into psychiatric care for adults presenting with TRD. The proposed referral pathway identifies clinical “red flags” for screening—such as persistent non-response, emotional dysregulation, and chronic social exhaustion—and outlines best practices for incorporating validated tools, psychoeducation, and referral processes within multidisciplinary settings. The model draws upon existing co-design literature and lived-experience reports from autistic adults to ensure recommendations are accessible, culturally responsive, and aligned with integrated-care principles.

Results: Evidence across studies reveals consistent patterns: low antidepressant response rates, high masking burden, and elevated suicidality among autistic adults misdiagnosed with TRD. Integrating autism screening at key decision points has been shown to improve diagnostic accuracy, reduce unnecessary medication escalation, and enhance engagement with behavioral supports. Comparative findings suggest that teams trained in neurodiversity-affirming practices report greater clinician confidence and improved continuity of care.

Implications: Recognizing autism within TRD re-frames depression management from symptom suppression to identity-informed, person-centered care. The proposed pathway offers a scalable model for integrating neurodevelopmental screening into psychiatric practice, reducing preventable deaths by suicide, and advancing health equity.
This framework provides transferable guidance for international systems seeking to strengthen coordination between behavioral and medical care while addressing diagnostic inequities through inclusion, education, and cross-disciplinary collaboration.