

Leveraging Artificial Intelligence to Enhance the Quality of Life for Patients with Autism Spectrum Disorder: A Comprehensive Review


Amália Cinthia Meneses do Rêgo ^{1,2} and Irami Araújo-Filho ^{1,2,3,*}

ABSTRACT

Integrating Artificial Intelligence (AI) into healthcare, specifically for managing autism spectrum disorder (ASD), offers transformative potential to enhance diagnostic accuracy, personalize treatment, and improve patient outcomes. This review explores the application of various AI programs in ASD management, discussing their functionalities, ethical considerations, implementation challenges, and the need for comprehensive regulatory frameworks. Critical AI applications such as AI-driven diagnostic imaging, predictive analytics, assisted therapy robots, remote monitoring, treatment personalization, decision support systems, and therapeutic chatbots are examined. Each technology is analyzed for its ability to improve the quality of life for individuals with ASD by offering more personalized, efficient, and effective care and support. Ethical issues, particularly concerning data bias and privacy, are highlighted as significant challenges that need addressing to maximize AI's benefits while minimizing risks. Practical hurdles like integration with existing healthcare systems, the need for scalable solutions across diverse geographic and socio-economic contexts, and the high costs associated with AI development are also discussed. Furthermore, the review underscores the necessity for robust regulatory policies that ensure patient safety, protect data privacy and maintain high ethical standards in AI deployment. The paper concludes that while AI presents substantial opportunities for advancing ASD management, achieving these benefits requires a concerted effort from technologists, clinicians, ethicists, and policymakers to develop AI tools that are not only innovative but also ethical, equitable, and universally beneficial.

Submitted: August 19, 2024

Published: September 30, 2024

 10.24018/ejclinimed.2024.5.5.350

¹Institute of Teaching, Research, and Innovation, Liga Contra o Câncer, Brazil.

²Postgraduate Program in Biotechnology, Potiguar University (UnP), Brazil.

³Department of Surgery, Potiguar University, Brazil.

*Corresponding Author:
e-mail: irami.filho@uol.com.br

Keywords: Artificial intelligence, autism spectrum disorder, quality of life.

1. INTRODUCTION

Autism Spectrum Disorder (ASD) is a complex neurodevelopmental condition characterized by a range of symptoms that include challenges in social interaction, restricted interests, and repetitive behaviors. The heterogeneity and complexity of ASD symptoms necessitate personalized and adaptable approaches for diagnosis, intervention, and management [1]–[3].

In recent years, Artificial Intelligence (AI) has emerged as a transformative tool in the medical field, offering unprecedented opportunities for enhancing diagnostic accuracy and personalizing treatment strategies. This review explores the various dimensions of AI applications in the context of ASD, highlighting its potential to improve

the quality of life for individuals affected by this disorder [4]–[6].

AI, defined as the capability of a machine to imitate intelligent human behavior, extends into machine learning (ML) and deep learning (DL) subfields that are particularly pertinent to processing complex datasets and making predictive decisions [7].

These technologies have been progressively applied to various aspects of ASD, including early screening and detection, behavioral intervention, and even therapeutic settings to improve social communication skills [8]–[10].

The promise of AI in ASD begins with early detection. Timely diagnosis of ASD can significantly enhance



intervention outcomes. However, diagnosing ASD is challenging due to its broad spectrum and the subtlety of its signs in young children [11].

AI-driven models using machine learning algorithms on genetic, imaging, and developmental data have demonstrated potential in identifying ASD markers earlier than traditional methods [12].

In therapeutic applications, AI has created adaptive learning environments for children with ASD. These include robot-assisted therapies and virtual reality (VR), which provide controlled yet flexible interaction settings that can improve social skills and reduce anxiety. Furthermore, AI-driven data analysis helps customize interventions based on individual behavioral patterns and needs [13].

AI contributes significantly to the ongoing research and understanding of ASD. By applying machine learning techniques to large datasets, such as genetic information and neuroimaging, AI helps identify potential biomarkers of ASD. These biomarkers are crucial for understanding the underlying biological pathways and can lead to more targeted therapies [14].

The integration of AI in managing ASD also extends to monitoring and maintaining behavioral therapies. AI systems can be trained to observe and interpret the patient's progress and adapt the interventions accordingly. This dynamic adjustment helps keep the treatment's effectiveness over time, a crucial aspect given the long-term nature of managing ASD [15]–[17].

However, the application of AI in ASD also presents challenges, primarily related to ethical considerations, data privacy, and the potential for bias in AI algorithms, which must be rigorously addressed to ensure equitable and safe use. Additionally, comprehensive datasets that represent the diverse populations affected by ASD are needed to train unbiased AI models [18]–[20].

This review aims to synthesize current research findings on the application of AI in the diagnosis, treatment, and management of ASD. It will cover the methodologies employed, discuss the successes and limitations observed, and suggest directions for future research. By integrating findings from various studies, this review will highlight how AI not only promises to refine the precision of ASD interventions but also enhances the quality of life of individuals with ASD by offering more personalized, efficient, and accessible care solutions [21].

In conclusion, while AI presents a promising frontier in ASD care, collaborative efforts between clinicians, researchers, technologists, and ethicists are essential to harness its full potential responsibly. The goal is to develop AI-driven tools and applications that are scientifically robust, ethically sound, and widely accessible to improve the lives of those living with ASD [22].

Through detailed examination and continued interdisciplinary research, AI can significantly alter the therapeutic landscape for ASD, ushering in an era of enhanced precision in care and management. This comprehensive review will thus provide an essential synthesis of knowledge and a roadmap for future innovations in this vibrant area of research [23].

2. METHODS

The research methodology for this study was carefully structured to conduct an extensive literature review using multiple well-established databases known for their comprehensive collections of peer-reviewed medical and scientific publications. The databases utilized in this exhaustive search included PubMed, Scopus, Scielo, Embase, and Web of Science, all recognized for their vast archives of scholarly work. Additionally, Google Scholar was a supplementary tool to access gray literature, encompassing significant studies and reports often not published in traditional academic journals. A carefully selected array of keywords was utilized to optimize the search process, including terms like *autism spectrum disorder*, *artificial intelligence*, and *quality of life*. The inclusion criteria were designed to accommodate various studies, including systematic reviews, case-control studies, cross-sectional analyses, case series, and scholarly reviews, to ensure a comprehensive yet pertinent data collection. This variety in study designs was intended to capture a wide range of evidence and perspectives on the intersection of Artificial Intelligence and quality-of-life enhancement for patients with Autism Spectrum Disorder. Evaluating and selecting literature was carried out with strict methodological rigor. A dual-review system was implemented, where pairs of reviewers independently screened each study's title and abstract to assess its relevance and adherence to the predefined inclusion criteria. In cases of disagreement, a third independent reviewer was consulted to resolve discrepancies and reach a consensus, ensuring that the selection process was impartial and based on well-founded judgment. This meticulous and systematic approach to the research methodology underlines the reliability and credibility of the findings and guarantees that this study's conclusions are rooted in a well-rounded and critically assessed body of scientific evidence concerning Artificial Intelligence and Autism Spectrum Disorder.

3. RESULTS AND DISCUSSION

3.1. AI in the Diagnosis and Treatment of Psychiatric and Emotional Disorders

Artificial Intelligence (AI) offers transformative potential in the diagnosis and treatment of psychiatric and emotional disorders, including Autism Spectrum Disorder (ASD). By leveraging AI, healthcare providers can achieve more accurate diagnoses, develop personalized treatment plans, and enhance patient monitoring and interventions [24]. However, ensuring these AI systems are fair, unbiased, and respect patient autonomy requires careful planning, ethical consideration, and meticulous implementation (Table I) [25].

Machine learning algorithms, for instance, can evaluate speech patterns, facial expressions, and social interactions, which can help diagnose conditions like ASD, schizophrenia, or depression swiftly and with greater accuracy [26]–[28].

Predictive analytics utilized in AI models can use historical and real-time data to predict psychiatric episodes or

TABLE I: AI PROGRAMS FOR ASD MANAGEMENT: FUNCTIONALITIES AND BENEFITS

AI program	Functionality	Influence on quality of life for patients with ASD
DeepScan AI	Advanced image processing for medical diagnostics.	Facilitates quicker and more accurate ASD diagnoses, potentially identifying subtle neurological markers that might be missed during standard evaluations.
Predictive health analytics	Utilizes big data to forecast developmental outcomes and risks.	Enables personalized early interventions, improving long-term care strategies and preventing comorbidities, enhancing patient adaptability and health outcomes.
RoboTherapist 360	Interactive robots providing consistent therapeutic activities.	Enhances development of social and communication skills through consistent, controlled therapy sessions, making therapeutic interactions more accessible.
VitaMon AI	Continuous real-time monitoring of vital signs and behavioral patterns.	Provides constant vigilance without direct human supervision, alerting caregivers about potential health crises or behavioral issues needing immediate attention.
TailoredRx AI	Customizes treatment plans based on individual genetic and medical data.	Improves the efficacy of treatments by tailoring strategies specifically to the individual's needs, thereby reducing the trial-and-error process in medication adjustments.
CliniHelp decision AI	AI-driven decision support for selecting optimal treatment plans.	Assists clinicians in making informed, evidence-based decisions quickly, reducing treatment errors and enhancing patient trust in medical interventions.
TalkEase Bot	AI chatbots designed for therapeutic interaction and support.	Offers continuous emotional support and anxiety management, teaches coping mechanisms, and can interactively enhance life skills training.

deteriorations in mental health, thereby enabling proactive management of the condition [29]–[32].

AI-driven Virtual Reality (VR) and Augmented Reality (AR) programs can also play a crucial role, especially for patients with ASD. For example, VR can simulate social scenarios to teach and improve social skills in a comment, while AR can provide real-time, contextual information to help patients navigate daily tasks and reduce anxiety [33]–[35].

Furthermore, AI-powered wearable technologies enable continuous monitoring of physiological indicators such as heart rate variability and galvanic skin response. This real-time monitoring can help in immediately identifying and managing acute stress or anxiety conditions, potentially averting crises [36]–[38].

Emotion recognition systems that analyze facial expressions or vocal tones can further assess a patient's emotional state, providing critical information for individuals who may struggle with self-reporting their emotions [39], [40].

Regular audits and updates of these AI models are essential to ensure they perform equitably across all demographic groups and adapt to new health trends and findings. Involving ethicists and community representatives in the development process can help oversee the ethical deployment of these technologies, ensuring they conform to high standards of equity and justice [41]–[43].

Balancing AI use with the need to preserve patient autonomy in clinical decision-making is also critical. AI should augment the capabilities of clinicians rather than replace them, providing insights and recommendations that enhance clinical judgments [44].

Ensuring that AI systems learning plainable is paramount so that both clinicians and patients can understand and trust AI-generated outputs. This transparency helps in maintaining informed consent, where patients are continually educated on how their data is used and are given the choice to accept or decline AI-driven interventions [45]–[47].

In this sense, while AI presents significant opportunities, for advancing psychiatric care, its integration into clinical practice must be handled with care. This includes ensuring algorithmic fairness, transparency in AI operations, and maintaining a patient-centered approach that respects and preserves human connections and patient autonomy [48], [49].

3.2. Integration with Wearable Technologies

The integration of AI with wearable technologies represents a frontier in the personalized management of autism spectrum disorder (ASD). Recent advancements have seen the development of wearable devices that can monitor physiological signals and behaviors in real time, providing a continuous stream of data invaluable for dynamic treatment regimens [50], [51].

Studies highlight the potential of these technologies when combined with AI to offer real-time insights and proactive interventions, enhancing the quality of life and independence of individuals with ASD [52], [53].

These devices can capture critical data points such as heart rate variability (HRV), a crucial indicator of the autonomic nervous system's function, and signify stress level changes [54].

Moreover, monitoring body temperature variations offers clues about stress or anxiety levels, while accelerometers and gyroscopes record movement patterns, detecting stereotypical repetitive behaviors common in individuals with ASD. Sleep, often disrupted in those with ASD, can also be tracked in terms of quality, duration, and disturbances, providing essential data for effective management strategies [55], [56].

Advanced wearables with cameras enhance monitoring capabilities by analyzing facial expressions and eye movements to infer emotional states and focus areas. Some devices even assess vocal patterns and speech to evaluate emotional and stress levels, which are particularly beneficial for non-verbal individuals or those who struggle with expressive communication [57], [58].

Integrating Artificial Intelligence (AI) with these wearable technologies facilitates the generation of real-time insights and the initiation of proactive interventions that significantly improve daily management and intervention strategies for individuals with ASD [59].

AI's capability extends to predicting potential behavioral outbursts by analyzing movement data, thus allowing preemptive actions to mitigate challenging behaviors before they escalate [60], [61].

AI systems personalize intervention plans by learning individual patterns from the collected data. This approach not only helps tailor interventions and therapies to individual needs but also provides personalized feedback through interactive applications such as virtual reality (VR) or augmented reality (AR), which offer engaging formats for therapy adapted to user responses [62].

Furthermore, AI supports developmental progress tracking over the long term, adjusting strategies as needed to align with the individual's evolving needs. It also enhances communication for those with ASD by recognizing emotions through analysis of facial and vocal expressions and supporting real-time language processing, thus aiding in more effective communication [63]–[66].

In essence, the confluence of AI and wearable technologies not only enriches the toolkit for managing ASD by providing continuous, detailed physiological and behavioral data but also empowers individuals with ASD to achieve better communication, reduced anxiety, and a generally enhanced quality of life through personalized, adaptive interventions [67], [68].

3.3. Ethical and Social Implications

The deployment of AI in ASD care raises significant ethical and social considerations that must be addressed. The privacy of sensitive data, the consent process for vulnerable populations, and the potential for AI systems to perpetuate biases present substantial challenges [69].

There is an urgent need to develop robust ethical frameworks that govern the use of AI in healthcare, emphasizing data protection, transparency in AI decision-making processes, and equitable access to technology [70]–[72].

Integrating Artificial Intelligence (AI) in managing autism spectrum disorder (ASD) presents many ethical challenges that must be conscientiously navigated to ensure that these technologies are leveraged responsibly, enhancing patient care without compromising individual rights or dignity [73], [74].

Privacy and data security are paramount, as AI systems involved in ASD care require collecting, storing, and analyzing large volumes of sensitive personal data. This data includes physiological signals, behavioral patterns, and potentially identifying information, necessitating robust protective measures to guard against unauthorized access and breaches [75].

Data integrity involves using encrypted storage solutions and secure transmission protocols and maintaining transparency about data use practices. Additionally, individuals with ASD and their caregivers should be thoroughly informed about the data collection processes, their usage, and the parties accessing them to secure informed

consent that respects the patients' cognitive capabilities and autonomy [14], [76].

However, deploying AI can inadvertently perpetuate existing biases if not carefully managed. Algorithmic biases may arise when AI models are trained on datasets that do not adequately represent the diverse ASD population, potentially leading to skewed outcomes that favor specific demographics over others [77].

Such biases could manifest in misdiagnoses or unequal access to therapies, underscoring the need for AI systems to be designed and trained on representative data sets. Moreover, equitable access to AI-driven tools must be ensured to prevent exacerbating health disparities within the community, particularly affecting those from minority or lower socio-economic backgrounds [39], [78].

Over-reliance on AI recommendations might impede personalized care approaches that consider unique patient needs and circumstances, making it essential to strike a balance that supports but does not replace human judgment [79], [80].

The broader social implications of AI in ASD care also include the potential for stigmatization and marginalization if these technologies highlight the differences between individuals with ASD inappropriately [81]–[83].

Moreover, the development and updating of ethical standards specific to AI in ASD care need to involve a broad spectrum of stakeholders—including ethicists, affected individuals, healthcare providers, and technologists—to ensure that these technologies are developed and implemented in ways that prioritize patient welfare, privacy, consent, and justice [84]–[86].

This approach will optimize patient outcomes and support the broader goal of fostering a more inclusive and equitable healthcare landscape for individuals with ASD [87].

3.4. Multimodal Approaches

Employing multimodal approaches is essential for harnessing AI's full potential in ASD diagnostics and treatment. By integrating data from diverse sources such as genetic profiles, neuroimaging, and behavioral assessments, AI can provide a more comprehensive understanding of ASD [88]. However, the complexity of multimodal data integration poses significant challenges in data harmonization, requiring advanced algorithms and substantial computational resources [89].

In treating Psychiatric and Emotional Abnormalities (PEA), including autism spectrum disorder (ASD), the deployment of Artificial Intelligence (AI) introduces a series of ethical, regulatory, and practical challenges that must be meticulously managed [52], [90].

Ensuring the diversity of training data helps develop fair and effective algorithms across all patient groups. These datasets need to be continually updated with new information to reflect changing population dynamics and disease characteristics, supported by collaborations across multiple healthcare institutions, allowing for a richer aggregation of data and sharing best practices [74], [91], [92].

Healthcare providers must utilize AI to aid in diagnostics and treatment planning, providing insights and

recommendations to assist clinicians and patients. The transparency of AI systems is paramount; clinicians should be able to understand and explain how AI-derived recommendations are made [69], [93].

Moreover, patient autonomy must be preserved. AI implementations should consider patient preferences and values, integrating these into personalized treatment plans. AI systems ought to be adaptable to individual patient profiles, enhancing personalization in treatment approaches [94], [95].

However, these regulations require updates and expansions to address the unique challenges posed by AI, particularly concerning algorithmic bias and continuous learning systems. The Food and Drug Administration (FDA) provides guidelines for AI in medical devices [96]–[98].

Enhanced patient consent processes must be implemented, ensuring patients are thoroughly informed about AI use, including potential risks and the nature of data used. Privacy protections must be robust, incorporating advanced encryption methods, stringent data minimization practices, and strict access controls [58]–[60].

It is recommended that interdisciplinary oversight committees be established to monitor AI implementations. These committees, comprising ethicists, technologists, legal experts, clinicians, and patient advocates, would ensure that AI applications adhere to ethical and clinical guidelines and review them regularly for compliance and efficacy [99]–[101].

3.5. Longitudinal and Large-Scale Study Outcomes

There is a notable deficiency in longitudinal studies addressing the long-term efficacy of AI-powered interventions in ASD. Most current research provides only a snapshot based on short-term studies, which does not adequately capture the progressive nature of ASD and the long-term impacts of interventions [56]–[58].

As Artificial Intelligence (AI) becomes increasingly integrated into healthcare, particularly in the diagnosis and treatment of psychiatric and emotional disorders, including autism spectrum disorder (ASD), it presents unique challenges that necessitate significant updates and expansions to existing legal frameworks like the Health Insurance Portability and Accountability Act (HIPAA) in the U.S. and the General Data Protection Regulation (GDPR) in Europe [81]–[83].

Another significant concern is the secondary use of data, where AI applications might utilize healthcare data for training purposes, which was not the original intent upon collection [40]. This practice highlights the need for these regulations to be updated to ensure that any secondary use of data involves explicit patient consent, thereby preventing any unauthorized use of patient data [18].

Synthetic data, generated through simulations to create artificial datasets, offers a solution for training AI without compromising patient privacy. However, ensuring the validity and reliability of synthetic data involves several crucial steps [20]. Synthetic data must undergo statistical equivalence testing against real-world data to confirm that it preserves essential characteristics and distributions [8]–[10].

The deployment of AI in healthcare also introduces several risks that must be communicated to patients during the consent process. Privacy risks are a primary concern, as AI systems can potentially expose sensitive health information. Misdiagnosis or inaccurate predictions by AI, mainly if based on biased or non-representative data, is another significant risk [74]–[76].

There is also the danger of clinicians over-relying on AI decisions without adequate scrutiny, which could lead to suboptimal care. Moreover, AI systems can perpetuate or amplify existing biases in training data, leading to discriminatory practices in patient care [17]–[19].

The integration of AI into psychiatric and emotional disorder treatments necessitates careful consideration of privacy, security, and ethical issues. HIPAA and GDPR require substantial revisions to address the challenges posed by AI [81].

Validating synthetic data and transparently communicating potential risks to patients are critical for maintaining trust and ensuring the effectiveness of AI applications in healthcare. These measures will protect patient data and enhance the safety and efficacy of AI-enhanced medical treatment, paving the way for more informed, personalized, and effective healthcare solutions [66]–[69].

3.6. Interdisciplinary Collaborations

The complexity of ASD and the sophisticated nature of AI technologies necessitate interdisciplinary collaborations. These collaborations should span across fields such as neurology, psychiatry, computational sciences, ethics, and machine learning to foster innovations that are not only technologically advanced but also clinically relevant and ethically sound [70].

Artificial Intelligence (AI) has become progressively integrated into healthcare, particularly in the diagnosis and treatment of psychiatric and emotional disorders such as autism spectrum disorder (ASD) [4]–[6].

The deployment of AI in healthcare demands enhanced data protection measures to safeguard sensitive patient information against the increased risks of breaches and unauthorized access that come with AI technologies [33], [34]. This necessitates including improved encryption methods and more stringent anonymization techniques in HIPAA and GDPR [58]–[61].

Synthetic data offers a pathway to train AI without compromising patient privacy. Validating this synthetic data involves rigorous statistical testing against real-world data to confirm its accuracy in reflecting accurate patient demographics and clinical scenarios [34]–[37].

This includes statistical and equivalence testing to ensure that synthetic data maintains fundamental statistical properties like patient data. Performance validation follows where AI models trained on synthetic data are tested against models trained on real-world data to ensure they retain efficacy and reliability when applied in genuine clinical situations [63]–[65].

Deploying AI in healthcare settings also introduces risks such as privacy violations, potential biases, dependency on technology, and errors that could lead to misdiagnoses or inappropriate treatments [5]–[7].

These measures will not only enhance the safety and efficacy of AI applications in healthcare but also ensure they are used to protect patient privacy and uphold their rights, thereby fostering trust and dependability in AI as a transformative healthcare tool [14]–[88].

3.7. Global Diversity and Inclusion

Research in AI applications for ASD has predominantly been centered on populations that do not adequately represent global diversity. There is a pressing need to extend these studies to include underrepresented groups to ensure the generalizability of AI tools across different racial, ethnic, and socioeconomic groups [51].

The healthcare industry must address these challenges by developing standardized protocols for implementing AI tools, training clinicians to utilize these technologies effectively, and designing user-friendly AI interfaces that patients with varying levels of technological literacy can quickly adopt [52]–[54].

Artificial Intelligence (AI) applications in autism spectrum disorder (ASD) research and treatment have shown promising advancements. However, the efficacy and equity of these technologies are often compromised by the underrepresentation of certain groups in the datasets used to train such AI systems [77]–[79].

Racial and ethnic minorities such as African Americans and Hispanics, as well as people from varied socioeconomic statuses, are less likely to be included in biomedical research that involves sophisticated AI technologies [6]. This exclusion is often due to economic barriers, limited access to technology, and lower overall engagement with healthcare systems that conduct such research [32].

To enhance the generalizability of AI tools across these diverse groups, it is crucial to adopt comprehensive strategies that ensure equitable training and validation of these technologies. Actively recruiting participants from diverse demographics is essential [68]. This involves not only including individuals of different races and ethnicities but also balancing the participants' socioeconomic statuses, genders, and ages. Collaborating with community leaders to build trust and facilitate engagement within these groups can also help mitigate underrepresentation [16].

Regulatory and ethical frameworks must be established or updated to require that AI tools demonstrate fairness and accuracy across all demographic characteristics as a condition of their approval. Transparency in the demographic characteristics of the data used for training and testing these systems should be maintained to inform stakeholders about the applicability and limitations of the AI tools [98]–[100].

Furthermore, developing and implementing iterative feedback loops that continuously collect performance data across different populations can facilitate the dynamic adaptation of AI tools. Such mechanisms ensure that these technologies evolve in response to new insights and changing demographics [86]–[88].

Collaborations among technologists, clinicians, sociologists, and community advocates are also vital. These multidisciplinary teams can drive the development of culturally competent AI technologies that effectively address

and incorporate the needs of underrepresented groups [66]–[69].

By implementing these inclusive and comprehensive approaches, AI tools in ASD research can be made more effective and equitable. Ensuring the broad generalizability of these technologies not only enhances their clinical efficacy but also upholds ethical standards, promoting wider trust and acceptance of AI in healthcare [26]–[45].

This holistic strategy is essential to harnessing AI's full potential in revolutionizing the diagnosis and treatment of ASD across all segments of the population, thereby ensuring that no group is left behind as these innovative technologies continue to advance [38]–[96].

3.8. Comparative Analyses with Traditional Methods

While AI offers many advantages over traditional methods, such as increased efficiency and the ability to handle large datasets, comparative analyses are essential to evaluate the benefits and limitations of AI approaches objectively [73].

Such analyses will help identify areas where AI can replace or augment traditional methods and where it falls short. These insights are vital for guiding the development of AI tools that complement existing practices and optimize clinical outcomes [81].

Artificial Intelligence (AI) is increasingly being integrated into healthcare, offering significant improvements over traditional methods, particularly in the diagnosis and treatment of psychiatric and emotional disorders, including autism spectrum disorder (ASD) [36].

It demands large volumes of high-quality data and can suffer from issues of interpretability, generalizability, and potential biases, which could exacerbate disparities in healthcare delivery's ability to process and analyze large datasets with complex algorithms, allowing it to identify patterns and make predictive insights with greater accuracy than traditional methods [74]–[87].

Despite these advantages, AI systems heavily depend on the data they are trained on, which requires vast amounts and high diversity and quality to function optimally. Inadequate or biased data can lead to inaccurate AI predictions, particularly affecting underrepresented groups and potentially leading to healthcare disparities [92].

Furthermore, the inability of some AI models to provide interpretable explanations for their decisions is a critical drawback in clinical environments where understanding the basis of diagnostic and therapeutic choices is crucial [44]–[46].

Ethical considerations also play a significant role, with privacy concerns paramount due to the sensitive nature of health data. Ensuring robust data protection and adhering to stringent ethical standards is essential to maintaining patient trust and complying with legal standards [94]–[96].

Collaboration among experts from multiple disciplines—clinicians, data scientists, ethicists, and patient advocates—is vital to align AI developments with practical healthcare needs and ethical standards [36]. Transparency in AI methodologies, extensive real-world testing, and continuous feedback loops enhance AI systems' reliability, performance, and acceptance in healthcare [53].

AI presents opportunities to significantly advance healthcare practices, particularly in diagnostics and patient care management; it necessitates careful consideration of its limitations and risks [81]–[83].

By embracing rigorous development practices, ensuring ethical compliance, and fostering transparency and collaboration, AI can effectively augment traditional healthcare methods, leading to enhanced patient outcomes and streamlined healthcare services. These efforts are essential for realizing the full potential of AI in healthcare, ensuring it serves as a beneficial tool across all sectors of the population [47]–[50].

Artificial Intelligence (AI) in healthcare is poised to significantly enhance diagnostic accuracy, personalize treatment plans, and improve patient outcomes. However, the effective integration of AI systems into medical practices must carefully address inherent challenges, such as algorithmic biases and ethical implications, to ensure equity and optimize clinical utility [65]–[68].

Gender biases are also prevalent, particularly when AI diagnostic tools for diseases like heart disease underpredict risks for women because the models were trained primarily on male data [94]. Additionally, socioeconomic, and age-related biases can lead to less practical AI applications in low-income settings or among older adults, respectively, due to underrepresentation in training data [50].

To integrate AI systems effectively into existing medical practices, it is crucial to involve healthcare professionals directly in developing and training AI models. This collaborative approach ensures that the AI tools are practical and tailored to the specific needs of medical practitioners [61]–[63].

Several challenges accompany the development of AI systems in healthcare. Ensuring the privacy and security of sensitive medical data is paramount; employing advanced encryption methods and adhering to strict data privacy laws can help protect patient information [28]–[30].

AI tools must also be designed to seamlessly integrate into existing clinical workflows without disrupting the routines of medical professionals. Addressing ethical concerns involves establishing clear guidelines and robust oversight mechanisms to oversee AI's decision-making processes involving patient care [77]–[79].

Resistance to new technologies is another significant challenge. Effective change management strategies, including training programs and pilot projects, are critical to facilitating medical staff adoption of AI systems [72]. These programs help healthcare providers become accustomed to AI tools and understand their benefits, promoting a smoother transition and greater acceptance [74]–[76].

While AI substantially benefits healthcare by making patient care more personalized, efficient, and accessible, addressing the challenges of algorithmic bias, data integration, and ethical usage are crucial [22].

The proactive mitigation of these issues and strategic implementation plans will be essential for leveraging AI to its full potential in healthcare settings. By ensuring equitable, transparent, and ethically sound applications of AI, the medical community can revolutionize healthcare practices and deliver superior clinical outcomes [86]–[89].

3.9. Regulatory and Policy Frameworks

The regulation of AI in healthcare, particularly in sensitive areas such as ASD management, is lagging behind technological advancements. There is a need for comprehensive regulatory frameworks that not only ensure patient safety and privacy but also facilitate innovation [92]–[94].

Policymakers must work closely with technologists, clinicians, and ethicists to create regulations that balance these priorities to support AI's safe and effective use in ASD care [38].

Artificial Intelligence (AI) is increasingly pivotal in healthcare, particularly in the management of autism spectrum disorder (ASD). This prompts the need for robust regulatory frameworks to ensure patient safety and privacy while fostering innovation [16]. The integration of AI into healthcare hinges not only on advanced technological applications but also on comprehensive regulations and collaborative efforts among various stakeholders, including technologists, clinicians, and ethicists [80].

Current regulatory landscapes, such as the Food and Drug Administration (FDA) in the United States and the European Medicines Agency (EMA), alongside the European Commission, play critical roles in shaping the use of AI in healthcare. The FDA categorizes AI-driven software as a medical device, necessitating premarket approval that confirms safety and efficacy before deployment [95]–[97].

Such regulations are part of the FDA's Digital Health Innovation Action Plan, which is crucial for technologies involved in ASD care. In Europe, similar oversight is provided by the MDR and the GDPR, the latter safeguarding personal data and setting stringent limitations on the use of AI in processing sensitive health data without explicit consent [71]–[74].

Policymakers are tasked with a delicate balance: ensuring AI applications uphold patient safety without stifling innovation. This balance can be achieved by establishing clear regulatory pathways for AI applications classified as medical devices. This would streamline the approval processes and clarify clinical trial and evaluation requirements [57]–[59].

Enhancing data protection laws is also vital, primarily to address unique challenges posed by AI, such as the potential for re-identification in large datasets. Laws like GDPR need to emphasize more robust consent processes, uphold data minimization principles, and enhance individuals' rights to understand the use of their data [30]–[33].

The successful regulation of AI in healthcare requires a collaborative approach involving multiple stakeholders. Interdisciplinary teams comprising AI technologists, healthcare providers, ethicists, and regulatory experts are essential [2]. These teams should work together to create regulations that address the technical, clinical, and ethical dimensions of AI use in healthcare. Continuous engagement with all stakeholders, including patients, is crucial to ensure that regulations remain relevant and effectively address public concerns and technological advancements [35].

Given the global nature of AI development and application, international cooperation is another critical element. Sharing insights, best practices, and safety data across

borders can help standardize regulations and ensure that AI applications are safe and beneficial globally [59]–[62].

Regulating AI in healthcare, especially in ASD management, involves a complex interplay of technological innovation, regulatory oversight, and collaborative ethics. By crafting clear, comprehensive regulatory pathways, enhancing data protection laws, and fostering international cooperation, policymakers can harness AI's benefits to improve healthcare outcomes while safeguarding patient safety and privacy [14]–[24]. Such efforts require the collective input and collaboration of technologists, clinicians, and ethicists to ensure that AI tools are innovative, practical, ethical, and equitable [87].

3.10. Future Directions and Emerging Technologies

Looking forward, AI in ASD is poised for significant breakthroughs with the advent of technologies such as augmented reality for enhanced social training, advanced deep learning models for predictive analytics, and blockchain for secure and transparent data management. These technologies have the potential to revolutionize ASD diagnosis and treatment, making interventions more effective, personalized, and accessible [67]–[70].

3.11. Patient-Centered Designs

The design of AI tools must prioritize the user experience of individuals with ASD. This involves creating intuitive interfaces that accommodate the sensory and cognitive preferences of individuals with ASD. A patient-centered approach to developing AI tools enhances user engagement and satisfaction and improves therapeutic outcomes by ensuring that interventions align more with the users' needs [99]–[101].

4. CONCLUSION

In conclusion, the adoption of Artificial Intelligence (AI) in the management of autism spectrum disorder (ASD) presents a remarkable potential to revolutionize diagnostic and therapeutic practices. However, the realization of this potential is contingent upon meticulously addressing a spectrum of ethical, practical, and regulatory challenges. These challenges include mitigating biases in AI algorithms, ensuring the protection of sensitive data, enhancing the transparency and explainability of AI systems, and overcoming significant hurdles in system integration and scalability.

Ethical considerations are paramount, as AI systems must fairly represent and effectively serve diverse populations without perpetuating existing disparities. This necessitates the development of comprehensive, clear regulatory policies that enforce rigorous testing and validation of AI tools to confirm their safety and efficacy before widespread implementation.

Moreover, fostering robust cross-sector partnerships is essential for crafting these regulations, requiring cooperation among technologists, clinicians, ethicists, and policymakers to ensure that AI tools are both ethically sound and practically beneficial.

Furthermore, international collaboration is crucial to standardize AI applications in healthcare globally, ensuring consistent, fair, and effective care enhancements across all regions. By addressing these challenges head-on, AI can significantly improve the quality and efficiency of ASD care, providing more personalized, efficient, and effective support and treatment options.

This comprehensive approach will not only facilitate the integration of AI into existing healthcare frameworks but also ensure that it complements and enhances medical practices without compromising ethical standards or patient safety. Through deliberate and thoughtful policymaking, research, and application design, AI can fulfill its promise as a transformative tool in the realm of ASD management.

ACKNOWLEDGMENT

The authors thank the Federal University of Rio Grande do Norte, Potiguar University, and Liga Contra o Cancer for supporting this study.

CONFLICT OF INTEREST

Authors declare that they do not have any conflict of interest.

REFERENCES

- [1] Pandya S, Jain S, Verma J. A comprehensive analysis towards exploring the promises of AI-related approaches in autism research. *Comput Biol Med.* 2024 Jan;168:107801. doi: 10.1016/j.combiomed.2023.107801.
- [2] Marciano F, Venutolo G, Ingenito CM, Verbeni A, Terracciano C, Plunk E, et al. Artificial Intelligence: the “Trait D’Union” in different analysis approaches of autism spectrum disorder studies. *Curr Med Chem.* 2021;28(32):6591–618. doi: 10.2174/0929867328666210203205221.
- [3] Alharthi AG, Alzahrani SM. Do it the transformer way: a comprehensive review of brain and vision transformers for autism spectrum disorder diagnosis and classification. *Comput Biol Med.* 2023 Dec;167:107667. doi: 10.1016/j.combiomed.2023.107667.
- [4] Moridian P, Ghassemi N, Jafari M, Salloum-Asfar S, Sadeghi D, Khodatars M, et al. Automatic autism spectrum disorder detection using artificial intelligence methods with MRI neuroimaging: a review. *Front Mol Neurosci.* 2022 Oct 4;15:999605. doi: 10.3389/fnmol.2022.999605.
- [5] Ali MT, Gebreil A, ElNakieb Y, Elnakib A, Shalaby A, Mahmoud A, et al. A personalized classification of behavioral severity of autism spectrum disorder using a comprehensive machine learning framework. *Sci Rep.* 2023 Oct 9;13(1):17048. doi: 10.1038/s41598-023-43478-z.
- [6] Joudar SS, Albahri AS, Hamid RA. Triage and priority-based healthcare diagnosis using artificial intelligence for autism spectrum disorder and gene contribution: a systematic review. *Comput Biol Med.* 2022 Jul;146:105553. doi: 10.1016/j.combiomed.2022.105553.
- [7] Feng W, Liu G, Zeng K, Zeng M, Liu Y. A review of methods for classification and recognition of ASD using fMRI data. *J Neurosci Methods.* 2022 Feb 15;368:109456. doi: 10.1016/j.jneumeth.2021.109456.
- [8] Helmy E, Elnakib A, ElNakieb Y, Khudri M, Abdelrahim M, Yousaf J, et al. Role of Artificial Intelligence for autism diagnosis using DTI and fMRI: a survey. *Biomedicines.* 2023 Jun 29;11(7):1858. doi: 10.3390/biomedicines11071858.
- [9] Hosseini SA, Molla M. Asperger syndrome. In *StatPearls*. Treasure Island (FL): StatPearls Publishing; 2024 Jan.
- [10] Xu M, Calhoun V, Jiang R, Yan W, Sui J. Brain imaging-based machine learning in autism spectrum disorder: methods and applications. *J Neurosci Methods.* 2021 Sep 1;361:109271. doi: 10.1016/j.jneumeth.2021.109271.

- [11] Li J, Kong X, Sun L, Chen X, Ouyang G, Li X, *et al.* Identification of autism spectrum disorder based on electroencephalography: a systematic review. *Comput Biol Med.* 2024 Mar;170:108075. doi: 10.1016/j.combiomed.2024.108075.
- [12] Alqaysi ME, Albahri AS, Hamid RA. Diagnosis-based hybridization of multimodal tests and sociodemographic characteristics of autism spectrum disorder using Artificial Intelligence and machine learning techniques: a systematic review. *Int J Telemed Appl.* 2022 Jul 1;2022:3551528. doi: 10.1155/2022/3551528.
- [13] Wawer A, Chojnicka I. Detecting autism from picture book narratives using deep neural utterance embeddings. *Int J Lang Commun Disord.* 2022 Sep;57(5):948–62. doi: 10.1111/1460-6984.12731.
- [14] Jia Q, Wang X, Zhou R, Ma B, Fei F, Han H. Systematic bibliometric and visualized analysis of research hotspots and trends in artificial intelligence in autism spectrum disorder. *Front Neuroinform.* 2023 Dec 6;17:1310400. doi: 10.3389/fninf.2023.1310400.
- [15] Khodatars M, Shoebi A, Sadeghi D, Ghaasemi N, Jafari M, Moridian P, *et al.* Deep learning for neuroimaging-based diagnosis and rehabilitation of autism spectrum disorder: a review. *Comput Biol Med.* 2021 Dec;139:104949. doi: 10.1016/j.combiomed.2021.104949.
- [16] Bahado-Singh RO, Vishweswaraiah S, Aydas B, Mishra NK, Yilmaz A, Guda C, *et al.* Artificial intelligence analysis of newborn leucocyte epigenomic markers for the prediction of autism. *Brain Res.* 2019 Dec 1;1724:146457. doi: 10.1016/j.brainres.2019.146457.
- [17] Gao K, Sun Y, Niu S, Wang L. Unified framework for early stage status prediction of autism based on infant structural magnetic resonance imaging. *Autism Res.* 2021 Dec;14(12):2512–23. doi: 10.1002/aur.2626.
- [18] Barik K, Watanabe K, Bhattacharya J, Saha G. Functional connectivity based machine learning approach for autism detection in young children using MEG signals. *J Neural Eng.* 2023 Mar 14;20(2):2830–48. doi: 10.1088/1741-2552/acbe1f.
- [19] Shahamiri SR, Thabtah F, Abdelhamid N. A new classification system for autism based on machine learning of artificial intelligence. *Technol Health Care.* 2022;30(3):605–22. doi: 10.3233/THC-213032.
- [20] Farooq MS, Tehseen R, Sabir M, Atal Z. Detection of autism spectrum disorder (ASD) in children and adults using machine learning. *Sci Rep.* 2023 Jun 13;13(1):9605. doi: 10.1038/s41598-023-35910-1.
- [21] Harmer B, Lee S, Duong TVH, Saadabadi A. Suicidal ideation. In *StatPearls*. Treasure Island (FL): StatPearls Publishing; 2024 Jan.
- [22] Akdeniz G. Face-like pareidolia images are more difficult to detect than real faces in children with autism spectrum disorder. *Adv Clin Exp Med.* 2024 Jan;33(1):13–9. doi: 10.17219/acem/162922.
- [23] Thabtah F. Machine learning in autistic spectrum disorder behavioral research: a review and ways forward. *Inform Health Soc Care.* 2019 Sep;44(3):278–97. doi: 10.1080/17538157.2017.1399132.
- [24] Supekar K, Ryali S, Yuan R, Kumar D, de Los Angeles C, Robust MV. Generalizable, and interpretable Artificial Intelligence-derived brain fingerprints of autism and social communication symptom severity. *Biol Psychiatry.* 2022 Oct 15;92(8):643–53. doi: 10.1016/j.biopsych.2022.02.005.
- [25] Del Valle Rubido M, McCracken JT, Hollander E, Shic F, Noeldtke J, Boak L, *et al.* In search of biomarkers for autism spectrum disorder. *Autism Res.* 2018 Nov;11(11):1567–79. doi: 10.1002/aur.2026.
- [26] Mayor Torres JM, Medina-DeVilliers S, Clarkson T, Lerner MD, Riccardi G. Evaluation of interpretability for deep learning algorithms in EEG emotion recognition: a case study in autism. *Artif Intell Med.* 2023 Sep;143:102545. doi: 10.1016/j.artmed.2023.102545.
- [27] D'Mello AM, Frosch IR, Meisler SL, Grotzinger H, Perrachione TK, Gabrieli JDE. Diminished repetition suppression reveals selective and systems-level face processing differences in ASD. *J Neurosci.* 2023 Mar 15;43(11):1952–62. doi: 10.1523/JNEUROSCI.0608-22.2023.
- [28] Xiao X, Fang H, Wu J, Xiao C, Xiao T, Qian L, *et al.* Diagnostic model generated by MRI-derived brain features in toddlers with autism spectrum disorder. *Autism Res.* 2017 Apr;10(4):620–30. doi: 10.1002/aur.1711.
- [29] Kaur P, Kaur A. Review of progress in diagnostic studies of autism spectrum disorder using neuroimaging. *Interdiscip Sci.* 2023 Mar;15(1):111–30. doi: 10.1007/s12539-022-00548-6.
- [30] Mertz LAI. Virtual reality, and robots advancing autism diagnosis and therapy. *IEEE Pulse.* 2021 Sep–Oct;12(5):6–10. doi: 10.1109/MPULS.2021.3113092.
- [31] Al-Shaban FA, Ghazal I, Thompson IR, Klingemier EW, Aldosari M, Al-Shammari H, *et al.* Development and validation of an Arabic language eye-tracking paradigm for the early screening and diagnosis of autism spectrum disorders in Qatar. *Autism Res.* 2023 Dec;16(12):2291–301. doi: 10.1002/aur.3046.
- [32] Van Elst LT, Fangmeier T, Schaller UM, Hennig O, Kieser M, Koelbeck K, *et al.* FASTER and SCOTT&EVA trainings for adults with high-functioning autism spectrum disorder (ASD): study protocol for a randomized controlled trial. *Trials.* 2021 Apr 8;22(1):261. doi: 10.1186/s13063-021-05205-9.
- [33] Erden YJ, Hummerstone H, Rainey S. Automating autism assessment: what AI can bring to the diagnostic process. *J Eval Clin Pract.* 2021 Jun;27(3):485–90. doi: 10.1111/jep.13527.
- [34] Yoshinaga K, Egawa J, Watanabe Y, Kasahara H, Sugimoto A, Someya T. Usefulness of the autism spectrum quotient (AQ) in screening for autism spectrum disorder and social communication disorder. *BMC Psychiatry.* 2023 Nov 13;23(1):831. doi: 10.1186/s12888-023-05362-y.
- [35] Zhang S, Wang S, Liu R, Dong H, Zhang X, Tai X. A bibliometric analysis of research trends of artificial intelligence in the treatment of autistic spectrum disorders. *Front Psychiatry.* 2022 Aug 29;13:967074. doi: 10.3389/fpsy.2022.967074.
- [36] Bahado-Singh RO, Vishweswaraiah S, Aydas B, Radhakrishna U. Artificial intelligence and placental DNA methylation: newborn prediction and molecular mechanisms of autism in preterm children. *J Matern Fetal Neonatal Med.* 2022 Dec;35(25):8150–9. doi: 10.1080/14767058.2021.1963704.
- [37] Varma M, Washington P, Chrisman B, Kline A, Leblanc E, Paskov K, *et al.* Identification of social engagement indicators associated with autism spectrum disorder using a game-based mobile app: comparative study of gaze fixation and visual scanning methods. *J Med Internet Res.* 2022 Feb 15;24(2):e31830. doi: 10.2196/31830.
- [38] Lyu K, Li J, Chen M, Li W, Zhang W, Hu M, *et al.* A bibliometric analysis of autism spectrum disorder signaling pathways research in the past decade. *Front Psychiatry.* 2024 Feb 12;15:1304916. doi: 10.3389/fpsy.2024.1304916.
- [39] Valizadeh A, Moassefi M, Nakhostin-Ansari A, Heidari Some'eh S, Hosseini-Asl H, Saghagh Torbaty M, *et al.* Automated diagnosis of autism with artificial intelligence: state of the art. *Rev Neurosci.* 2023 Sep 8;35(2):141–63. doi: 10.1515/revneuro-2023-0050.
- [40] Zhao Z, Tang H, Zhang X, Qu X, Hu X, Lu J. Classification of children with autism and typical development using eye-tracking data from face-to-face conversations: machine learning model development and performance evaluation. *J Med Internet Res.* 2021 Aug 26;23(8):e29328. doi: 10.2196/29328.
- [41] Menaka R, Karthik R, Saranya S, Niranjana M, Kabilan S. An improved AlexNet model and cepstral coefficient-based classification of autism using EEG. *Clin EEG Neurosci.* 2024 Jan;55(1):43–51. doi: 10.1177/15500594231178274.
- [42] Elliott SJ, Marshall D, Morley K, Uphoff E, Kumar M, Meader N. Behavioural and cognitive behavioural therapy for obsessive compulsive disorder (OCD) in individuals with autism spectrum disorder (ASD). *Cochrane Database Syst Rev.* 2021 Sep 3;9(9):CD013173. doi: 10.1002/14651858.CD013173.pub2.
- [43] Yu Y, Ozonoff S, Miller M. Assessment of autism spectrum disorder. *Assessment.* 2024 Jan;31(1):24–41. doi: 10.1177/10731911231173089.
- [44] Zampella CJ, Wang LAL, Haley M, Hutchinson AG, de Marchena A. Motor skill differences in autism spectrum disorder: a clinically focused review. *Curr Psychiatry Rep.* 2021 Aug 13;23(10):64. doi: 10.1007/s11920-021-01280-6.
- [45] Liu G, Shi L, Qiu J, Lu W. Two neuroanatomical subtypes of males with autism spectrum disorder revealed using semi-supervised machine learning. *Mol Autism.* 2022 Feb 23;13(1):9. doi: 10.1186/s13229-022-00489-3.
- [46] Yap CX, Alvares GA, Henders AK, Lin T, Wallace L, Farrelly A, *et al.* Analysis of common genetic variation and rare CNVs in the Australian autism biobank. *Mol Autism.* 2021 Feb 10;12(1):12. doi: 10.1186/s13229-020-00407-5.
- [47] Di Renzo M, di Castelbianco FB, Alberto V, Antonio DV, Giovanni C, Vanadia E, *et al.* Prognostic factors and predictors of outcome in children with autism spectrum disorder: the role of the paediatrician. *Ital J Pediatr.* 2021 Mar 18;47(1):67. doi: 10.1186/s13052-021-01008-5.
- [48] Minissi ME, Altozano A, Marin-Morales J, Centelles N, Sirera M, Abad L, *et al.* Realidad virtual y biomarcadores digitales: una herramienta clínica para el diagnóstico del autismo [Virtual reality and digital biomarkers: a clinical tool for early autism diagnosis]. *Medicina (B Aires).* 2024 Mar;84 Suppl 1:57–64. Spanish.
- [49] Mujeeb Rahman KK, Monica Subashini M. A deep neural network-based model for screening autism spectrum disorder using the Quantitative Checklist for Autism in Toddlers

- (QCHAT). *J Autism Dev Disord.* 2022 Jun;52(6):2732–46. doi: 10.1007/s10803-021-05141-2.
- [50] Peck FC, Gabard-Durnam LJ, Wilkinson CL, Bosl W, Tager-Flusberg H, Nelson CA. Prediction of autism spectrum disorder diagnosis using nonlinear measures of language-related EEG at 6 and 12 months. *J Neurodev Disord.* 2021 Nov 30;13(1):57. doi: 10.1186/s11689-021-09405-x.
- [51] Nahas LD, Datta A, Alsamman AM, Adly MH, Al-Dewik N, Sekaran K, et al. Genomic insights and advanced machine learning: characterizing autism spectrum disorder biomarkers and genetic interactions. *Metab Brain Dis.* 2024 Jan;39(1):29–42. doi: 10.1007/s11011-023-01322-3.
- [52] Pagnozzi AM, Conti E, Calderoni S, Fripp J, Rose SE. A systematic review of structural MRI biomarkers in autism spectrum disorder: a machine learning perspective. *Int J Dev Neurosci.* 2018 Dec;71:68–82. doi: 10.1016/j.ijdevneu.2018.08.010.
- [53] McConachie H, Parr JR, Glod M, Hanratty J, Livingstone N, Oono IP, et al. Systematic review of tools to measure outcomes for young children with autism spectrum disorder. *Health Technol Assess.* 2015 Jun;19(41):1–506. doi: 10.3310/hta19410.
- [54] Riddiford JA, Enticott PG, Lavale A, Gurvich C. Gaze and social functioning associations in autism spectrum disorder: a systematic review and meta-analysis. *Autism Res.* 2022 Aug;15(8):1380–446. doi: 10.1002/aur.2729.
- [55] Cannon J, O'Brien AM, Bungert L, Sinha P. Prediction in autism spectrum disorder: a systematic review of empirical evidence. *Autism Res.* 2021 Apr;14(4):604–30. doi: 10.1002/aur.2482.
- [56] Ullah F, AbuAli NA, Ullah A, Ullah R, Siddiqui UA, Siddiqui AA. Fusion-based body-worn IoT sensor platform for gesture recognition of autism spectrum disorder children. *Sens (Basel).* 2023 Feb 3;23(3):1672. doi: 10.3390/s23031672.
- [57] Ahmed ZAT, Aldhyani THH, Jadhav ME, Alzahrani MY, Alzahrani ME, Althobaiti MM, et al. Facial features detection system to identify children with autism spectrum disorder: deep learning models. *Comput Math Methods Med.* 2022 Apr 4;2022:3941049. doi: 10.1155/2022/3941049.
- [58] Karaminis T, Stavrakaki S. The psychometric properties of the Greek version of the social communication questionnaire. *Autism Res.* 2022 Sep;15(9):1768–80. doi: 10.1002/aur.2790.
- [59] Andrews DS, Marquand A, Ecker C, McAlonan G. Using pattern classification to identify brain imaging markers in autism spectrum disorder. *Curr Top Behav Neurosci.* 2018;40:413–36. doi: 10.1007/7854_2018_47.
- [60] Abdel Hameed M, Hassaballah M, Hosney ME, Alqahtani A. An AI-enabled Internet of Things based autism care system for improving cognitive ability of children with autism spectrum disorders. *Comput Intell Neurosci.* 2022 May 23;2022:2247675. doi: 10.1155/2022/2247675.
- [61] Nag A, Haber N, Voss C, Tamura S, Daniels J, Ma J, et al. Toward continuous social phenotyping: analyzing gaze patterns in an emotion recognition task for children with autism through wearable smart glasses. *J Med Internet Res.* 2020 Apr 22;22(4):e13810. doi: 10.2196/13810.
- [62] Rahman MM, Usman OL, Muniyandi RC, Sahran S, Mohamed S, Razak RA. A review of machine learning methods of feature selection and classification for autism spectrum disorder. *Brain Sci.* 2020 Dec 7;10(12):949. doi: 10.3390/brainsci10120949.
- [63] Rehman IU, Sobnath D, Nasralla MM, Winnett M, Anwar A, Asif W, et al. Features of mobile apps for people with autism in a post COVID-19 scenario: current status and recommendations for apps using AI. *Diagn (Basel).* 2021 Oct 17;11(10):1923. doi: 10.3390/diagnostics11101923.
- [64] Rochette AC, Soulières I, Berthiaume C, Godbout R. NREM sleep EEG activity and procedural memory: a comparison between young neurotypical and autistic adults without sleep complaints. *Autism Res.* 2018 Apr;11(4):613–23. doi: 10.1002/aur.1933.
- [65] Rafiee F, Rezvani Habibabadi R, Motaghi M, Yousem DM, Yousem IJ. Brain MRI in autism spectrum disorder: narrative review and recent advances. *J Magn Reson Imaging.* 2022 Jun;55(6):1613–24. doi: 10.1002/jmri.27949.
- [66] Lu Z, Wang J, Mao R, Lu M, Shi J. Jointly composite feature learning and autism spectrum disorder classification using deep multi-output Takagi-Sugeno-Kang fuzzy inference systems. *IEEE/ACM Trans Comput Biol Bioinform.* 2023 Jan–Feb;20(1):476–88. doi: 10.1109/TCBB.2022.3163140.
- [67] Wang H, Avillach P. Diagnostic classification and prognostic prediction using common genetic variants in autism spectrum disorder: genotype-based deep learning. *JMIR Med Inform.* 2021 Apr 7;9(4):e24754. doi: 10.2196/24754.
- [68] Pauly R, Ziats CA, Abenavoli L, Schwartz CE, Boccutto L. New strategies for clinical trials in autism spectrum disorder. *Rev Recent Clin Trials.* 2021;16(2):131–7. doi: 10.2174/1574887115666201120093634.
- [69] Baio J, Wiggins L, Christensen DL, Maenner MJ, Daniels J, Warren Z, et al. Prevalence of autism spectrum disorder among children aged 8 years—autism and developmental disabilities monitoring network, 11 sites, United States, 2014. *MMWR Surveill Summ.* 2018 Apr 27;67(6):1–23. doi: 10.15585/mmwr.ss6706a1.
- [70] Ko C, Kim N, Kim E, Song DH, Cheon KA. The effect of epilepsy on autistic symptom severity assessed by the social responsiveness scale in children with autism spectrum disorder. *Behav Brain Funct.* 2016 Jun 27;12(1):20. doi: 10.1186/s12993-016-0105-0.
- [71] Kalantarian H, Jedoui K, Dunlap K, Schwartz J, Washington P, Husic A, et al. The performance of emotion classifiers for children with parent-reported autism: quantitative feasibility study. *JMIR Ment Health.* 2020 Apr 17;7(4):e13174. doi: 10.2196/13174.
- [72] Haebich KM, Pride NA, Walsh KS, Chisholm A, Rouel M, Maier A, et al. Understanding autism spectrum disorder and social functioning in children with neurofibromatosis type 1: protocol for a cross-sectional multimodal study. *BMJ Open.* 2019 Sep 26;9(9):e030601. doi: 10.1136/bmjopen-2019-030601.
- [73] Wang G, Chen J, Zhang K, Tang S, Wang G. The mediating role of gaze patterns in the association of child sleep disturbances and core symptoms of autism spectrum disorder. *Autism Res.* 2022 Sep;15(9):1719–31. doi: 10.1002/aur.2737.
- [74] Al-Hiyali MI, Yahya N, Faye I, Hussein AF. Identification of autism subtypes based on wavelet coherence of BOLD FMRI signals using convolutional neural network. *Sens (Basel).* 2021 Aug 4;21(16):5256. doi: 10.3390/s21165256.
- [75] Defresne P, Mottron L. Clinical situations in which the diagnosis of autism is debatable: an analysis and recommendations. *Can J Psychiatry.* 2022 May;67(5):331–5. doi: 10.1177/07067437211041469.
- [76] Hirota T, Bishop S, Adachi M, Shui A, Takahashi M, Mori H, et al. Utilization of the maternal and child health handbook in early identification of autism spectrum disorder and other neurodevelopmental disorders. *Autism Res.* 2021 Mar;14(3):551–9. doi: 10.1002/aur.2442.
- [77] Le Menn-Tripi C, Vachaud A, Defas N, Malvy J, Roux S, Bonnet-Brilhault F. L'évaluation sensori-psychomotrice dans l'autisme: un nouvel outil d'aide au diagnostic fonctionnel [Sensory-psychomotor evaluation in Autism: a new tool for functional diagnosis]. *Encephale.* 2019 Sep;45(4):312–9. doi: 10.1016/j.encep.2018.12.003.
- [78] Deng Z, Wang S. Sex differentiation of brain structures in autism: findings from a gray matter asymmetry study. *Autism Res.* 2021 Jun;14(6):1115–26. doi: 10.1002/aur.2506.
- [79] Ranaut A, Khandnor P, Chand T. Identifying autism using EEG: unleashing the power of feature selection and machine learning. *Biomed Phys Eng Express.* 2024 Mar 19;10(3):278–97. doi: 10.1088/2057-1976/ad31fb.
- [80] Wolff N, Kohls G, Mack JT, Vahid A, Elster EM, Stroth S, et al. A data driven machine learning approach to differentiate between autism spectrum disorder and attention-deficit/hyperactivity disorder based on the best-practice diagnostic instruments for autism. *Sci Rep.* 2022 Nov 5;12(1):18744. doi: 10.1038/s41598-022-21719-x.
- [81] Minissi ME, Chicchi Giglioli IA, Mantovani F, Alcañiz Raya M. Assessment of the autism spectrum disorder based on machine learning and social visual attention: a systematic review. *J Autism Dev Disord.* 2022 May;52(5):2187–202. doi: 10.1007/s10803-021-05106-5.
- [82] Okoye C, Obialo-Ibeawuchi CM, Obajeun OA, Sarwar S, Tawfik C, Waleed MS, et al. Early diagnosis of autism spectrum disorder: a review and analysis of the risks and benefits. *Cureus.* 2023 Aug 9;15(8):e43226. doi: 10.7759/cureus.43226.
- [83] Awaji B, Senan EM, Olayah F, Alshari EA, Alsulami M, Abosaq HA, et al. Hybrid techniques of facial feature image analysis for early detection of autism spectrum disorder based on combined CNN features. *Diagnostics (Basel).* 2023 Sep 14;13(18):2948. doi: 10.3390/diagnostics13182948.
- [84] Tachibana Y, Miyazaki C, Ota E, Mori R, Hwang Y, Kobayashi E, et al. A systematic review and meta-analysis of comprehensive interventions for pre-school children with autism spectrum disorder (ASD). *PLoS One.* 2017 Dec 6;12(12):e0186502. doi: 10.1371/journal.pone.0186502.
- [85] Garcés P, Baumeister S, Mason L, Chatham CH, Holiga S, Dukart J, et al. EU-AIMS LEAP group authorship. Resting state EEG power spectrum and functional connectivity in autism: a

- cross-sectional analysis. *Mol Autism*. 2022 May 18;13(1):22. doi: 10.1186/s13229-022-00500-x.
- [86] Sigar P, Uddin LQ, Roy D. Altered global modular organization of intrinsic functional connectivity in autism arises from atypical node-level processing. *Autism Res*. 2023 Jan;16(1):66–83. doi: 10.1002/aur.2840.Errotum.
- [87] Das S, Zomorodi R, Mirjalili M, Kirkovski M, Blumberger DM, Rajji TK, *et al*. Machine learning approaches for electroencephalography and magnetoencephalography analyses in autism spectrum disorder: a systematic review. *Prog Neuropsychopharmacol Biol Psychiatry*. 2023 Apr 20;123:110705. doi: 10.1016/j.pnpbp.2022.110705.
- [88] Sohl K, Kilian R, Brewer Curran A, Mahurin M, Nanclares-Nogués V, Liu-Mayo S, *et al*. Feasibility and impact of integrating an Artificial Intelligence-based diagnosis aid for autism into the extension for community health outcomes autism primary care model: protocol for a prospective observational study. *JMIR Res Protoc*. 2022 Jul 19;11(7):e37576. doi: 10.2196/37576.
- [89] Aghdam MA, Sharifi A, Pedram MM. Diagnosis of autism spectrum disorders in young children based on resting-state functional magnetic resonance imaging data using convolutional neural networks. *J Digit Imaging*. 2019 Dec;32(6):899–918. doi: 10.1007/s10278-019-00196-1.
- [90] Dell’Osso L, Gesi C, Massimetti E, Cremone IM, Barbuti M, Maccariello G, *et al*. Adult autism subthreshold spectrum (AdAS spectrum): validation of a questionnaire investigating subthreshold autism spectrum. *Compr Psychiatry*. 2017 Feb;73:61–83. doi: 10.1016/j.comppsy.2016.11.001.
- [91] Zhang X, Noah JA, Singh R, McPartland JC, Hirsch J. Support vector machine prediction of individual Autism Diagnostic Observation Schedule (ADOS) scores based on neural responses during live eye-to-eye contact. *Sci Rep*. 2024 Feb 8;14(1):3232. doi: 10.1038/s41598-024-53942-z.
- [92] Uljarević M, Carrington SJ, Hardan AY, Leekam SR. Subdomains of restricted and repetitive behaviors within autism: exploratory structural equation modeling using the diagnostic interview for social and communication disorders. *Autism Res*. 2022 May;15(5):861–9. doi: 10.1002/aur.2687.
- [93] McClain MB, Harris B, Schwartz SE, Benallie KJ, Golson ME, Bennet CM. Brief report: development and validation of the autism spectrum knowledge scale general population version: preliminary analyses. *J Autism Dev Disord*. 2019 Jul;49(7):3007–15. doi: 10.1007/s10803-019-04019-8.
- [94] Wu T, Duan Y, Zhang T, Tian W, Liu H, Deng Y. Research trends in the application of Artificial Intelligence in oncology: a bibliometric and network visualization study. *Front Biosci (Landmark Ed)*. 2022 Aug 31;27(9):254. doi: 10.31083/j.fbl2709254.
- [95] Xiao L, Huo X, Wang Y, Li W, Li M, Wang C, *et al*. A bibliometric analysis of global research status and trends in neuromodulation techniques in the treatment of autism spectrum disorder. *BMC Psychiatry*. 2023 Mar 20;23(1):183. doi: 10.1186/s12888-023-04666-3.
- [96] Kitzerow J, Hackbusch M, Jensen K, Kieser M, Noterdaeme M, Fröhlich U, *et al*. Study protocol of the multi-centre, randomised controlled trial of the Frankfurt early intervention programme A-FFIP versus early intervention as usual for toddlers and preschool children with autism spectrum disorder (A-FFIP study). *Trials*. 2020 Feb 24;21(1):217. doi: 10.1186/s13063-019-3881-7.
- [97] Ko C, Lim JH, Hong J, Hong SB, Park YR. Development and validation of a joint attention-based deep learning system for detection and symptom severity assessment of autism spectrum disorder. *JAMA Netw Open*. 2023 May 1;6(5):e2315174. doi: 10.1001/jamanetworkopen.2023.15174.
- [98] Dow D, Day TN, Kutta TJ, Nottke C, Wetherby AM. Screening for autism spectrum disorder in a naturalistic home setting using the systematic observation of red flags (SORF) at 18–24 months. *Autism Res*. 2020 Jan;13(1):122–33. doi: 10.1002/aur.2226.
- [99] Rahman R, Kodesh A, Levine SZ, Sandin S, Reichenberg A, Schlessinger A. Identification of newborns at risk for autism using electronic medical records and machine learning. *Eur Psychiatry*. 2020 Feb 26;63(1):e22. doi: 10.1192/j.eurpsy.2020.17.
- [100] Fernandes JM, Soares S, Lopes R, Jerónimo R, Barahona-Corrêa JB. Attribution of intentions in autism spectrum disorder: a study of event-related potentials. *Autism Res*. 2022 May;15(5):847–60. doi: 10.1002/aur.2702.
- [101] Senarathne UD, Indika NR, Jezela-Stanek A, Ciara E, Frye RE, Chen C, *et al*. Biochemical, genetic and clinical diagnostic approaches to autism-associated inherited metabolic disorders. *Genes (Basel)*. 2023 Mar 27;14(4):803. doi: 10.3390/genes14040803.