

Utilisation and outcomes of treatment in Autism Spectrum Disorder

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Propositions Accompanying the Dissertation

Utilisation and Outcomes of Treatment in Autism Spectrum Disorder

1. The likelihood of accessing and receiving treatments for autism is dependent on more than just health status, and is also associated with increased age, country of residence, female gender (in the UK), and urbanisation of residence, fee-for-service healthcare plans, race, and foster care status (in the USA) – *this thesis*.
2. Serious cardiovascular events were not associated with ADHD medication (stimulants and atomoxetine) for most children with ASD – *this thesis*.
3. Compared to risperidone, long-term aripiprazole use in ASD was associated with increased risk of fractures, especially for children under age 10 years – *this thesis*.
4. The Autism Impact Measure (AIM) offers a valid, quick and inexpensive method for caregivers to report their child's severity of core autism symptoms – *this thesis*.
5. The opportunity for future studies in the SPARK platform, either prospective or retrospective in nature, should not be missed – *this thesis*.
6. Drug utilisation studies quantify disease burden, inform healthcare resource planning, measure the scale of risks, inform future research, identify deviations from treatment guidelines and help health systems learn from one another – *adapted from World Health Organization & Dukes, 1993*.
7. If you've met one person with autism, you've met one person with autism – *Stephen Shore*.
8. If you torture the data long enough, it will confess to anything – *Ronald H. Coase*.
9. Most people use statistics like a drunk man uses a lamppost – more for support than illumination – *Andrew Lang*.
10. When a flower doesn't bloom, you fix the environment in which it grows, not the flower – *Alexander den Heijer*.

By Richard Houghton

