

## Autism In Primary Care. Qualitative Evaluation Of Professional And Patient Interaction

O Autismo na Atenção Primária. Avaliação Qualitativa da Interação Profissional e Paciente

Autismo En Atención Primaria. Evaluación Cualitativa de La Interacción Profesional y Pacien

### RESUMO

O estudo tem como objetivo esclarecer quais as dificuldades dos profissionais da saúde no atendimento ao paciente com autismo, identificando as metodologias de ensino mais eficazes nas capacitações que promovam a inclusão. Para isso foram realizadas entrevistas semiestruturadas com profissionais da atenção primária e com indivíduos diagnosticados dentro do espectro autista. A entrevista foi baseada no Manual de Atendimento de Pacientes com Transtorno do Espectro Autista, desenvolvido pelo Poder Judiciário. A avaliação contou com a participação de doze pessoas, na saúde pública, no ano de 2023 e 2024 ( outubro de 2023 a maio de 2024). Os resultados mostraram nove temas importantes como futuras capacitações, sendo: sinais sugestivos para diagnóstico precoce, uso de dispositivos em casos de comunicação não verbal; função dos movimentos repetitivos; transferência de informações com o contato visual deficiente; linguagem objetiva no autismo; necessidade de previsibilidade nos atos clínicos; abordagem em crises, na presença e na ausência de acompanhantes; velocidade de processamento de informações no transtorno autista e hipersensibilidade sensorial como fator de influência no diagnóstico das condições clínicas de saúde. O estudo mostrou que a falta de conhecimento interferiu na condução dos atendimentos, bem como se tornou um fator negativo na identificação precoce dos sinais sugestivos desse transtorno do neurodesenvolvimento.

**DESCRIPTORIOS:** autismo, SUS, capacitação, humanização.

### ABSTRACT

The study aims to clarify the difficulties faced by health professionals in caring for patients with autism, identifying the most effective teaching methodologies in training that promote inclusion. For this purpose, semi-structured interviews were conducted with primary care professionals and with individuals diagnosed within the autistic spectrum. The interview was based on the Manual for Care of Patients with Autism Spectrum Disorder, developed by the Judiciary. The evaluation included the participation of twelve people, in public health, in the years 2023 and 2024 (October 2023 to May 2024). The results showed nine important themes for future training, namely: suggestive signs for early diagnosis, use of devices in cases of non-verbal communication; function of repetitive movements; transfer of information with poor eye contact; objective language in autism; need for predictability in clinical acts; approach in crises, in the presence and absence of companions; speed of information processing in autistic disorder and sensory hypersensitivity as a factor influencing the diagnosis of clinical health conditions. The study showed that lack of knowledge interfered in the conduct of care, as well as becoming a negative factor in the early identification of signs suggestive of this neurodevelopmental disorder.

**DESCRIPTORS:** autism, SUS, training, humanization.

### RESUMEN

El estudio tiene como objetivo esclarecer cuáles son las dificultades de los profesionales de la salud en la atención a pacientes con autismo, identificando las metodologías de enseñanza más eficaces en las capacitaciones que promuevan la inclusión. Para ello, se realizaron entrevistas semiestructuradas con profesionales de la atención primaria y con individuos diagnosticados dentro del espectro autista. La entrevista se basó en el Manual de Atención a Pacientes con Trastorno del Espectro Autista, desarrollado por el Poder Judicial. La evaluación contó con la participación de doce personas en la salud pública, en los años 2023 y 2024 (de octubre de 2023 a mayo de 2024). Los resultados mostraron nueve temas importantes como futuras capacitaciones, que son: señales sugestivas para diagnóstico precoz, uso de dispositivos en casos de comunicación no verbal; función de los movimientos repetitivos; transferencia de información con el contacto visual defi-

ciente; linguagem objetivo en el autismo; necesidad de previsibilidad en los actos clínicos; enfoque en crisis, con y sin acompañantes; velocidad de procesamiento de información en el trastorno autista e hipersensibilidad sensorial como factor de influencia en el diagnóstico de las condiciones clínicas de salud. El estudio mostró que la falta de conocimiento interfirió en la conducción de la atención, convirtiéndose en un factor negativo en la identificación precoz de las señales sugestivas de este trastorno del neurodesarrollo.

**DESCRIPTORES:** autismo, SUS, capacitación, humanización.

#### LIST OF ABBREVIATIONS

PHC: Primary Health Care

DMS: Decision Making Support

CDC: Centers for Disease Control and Prevention

CNJ: National Council of Justice (Conselho Nacional de Justiça, in the original)

DSM: Diagnostic and Statistical Manual of Mental Disorders

PBL: Problem-Based-Learning

SUS: Unified Health System (Sistema Único de Saúde, in the original)

ASD: Autism Spectrum Disorder

UBS: Basic Health Unit (Unidade Básica de Saúde, in the original)

**RECEIVED:** 01/13/2025 **APPROVED:** 22/2025

**How to cite this article:** Mendes CR, Trapé TL, Dimarzio G, Eid NLM. Autism In Primary Care. Qualitative Evaluation Of Professional And Patient Interaction. Saúde Coletiva (Edição Brasileira) [Internet]. 2025 [acesso ano mês dia];15(92):14132-14141. Disponível em: DOI: 10.36489/saudecoletiva.2025v15i92p14132-14141



#### Camila Ribeiro Mendes

Master in Public Health, São Leopoldo Mandic College  
ORCID: <https://orcid.org/0009-0003-2598-4237>



#### Thiago Lavras Trapé

Professor Doctor. Faculty of São Leopoldo Mandic  
ORCID: <https://orcid.org/0000-0002-5288-4966>



#### Giuliano Dimarzio

Professor Doctor. Faculty of São Leopoldo Mandic  
ORCID: <https://orcid.org/0000-0002-4895-7042>



#### Nayene Leocádia Manzutti Eid

Professor Doctor. Faculty of São Leopoldo Mandic  
ORCID: <https://orcid.org/0000-0003-1908-9976>

## INTRODUCTION

Music is a natural and important element of the human experience. The Greek philosopher Pythagoras saw a close relationship between music and mathematics, where musical tones and scales could be translated into numbers. This relationship led to his contribution to geometry, with the

theory that bears his name. This study was based on the connection between mathematics and natural phenomena, such as music.<sup>1</sup>

For Donald Triplett, the two abilities were also closely related. His ability to memorize musical notes and perform complex mathematical calculations was viewed with amazement and delight. A similar sensation to that which music

promotes, activating, in seconds, our memories and emotions. Triplett repeated the word chrysanthemum, without function or meaning, just for the pleasure of the sound.<sup>2</sup>

As reported in the book “In a different key: the history of autism”<sup>2</sup>, Donald was an introverted child born in 1933 in the United States. His unusual language and difficulty in relating to others led to his be-

# Qualitative Article

Mendes CR, Trapé TL, Dimarzio G, Eid NLM  
Autism In Primary Care. Qualitative Evaluation Of Professional And Patient Interaction

ing examined and institutionalized at the age of three. After a year of hospitalization, his parents asked for him to return home, as they were unable to find a cure for his case. He was then followed by psychiatrist Leo Kanner and became the first person diagnosed with autism in the world. Kanner, an Austrian doctor based in the United States, published in 1943 his study of eleven children who had common characteristics, which he described as “extreme isolation – from the beginning of life – and an obsessive desire to preserve sameness”, naming it autism.

The case of Donald Triplett was emblematic in following the life of an individual with autism, because, intuitively, the small town of Forest, Mississippi, where he was born, adopted a stance of inclusion and acceptance of his characteristics and disabilities.<sup>2</sup>

In June 2023, Donald passed away, aged 89, carrying out his simple daily activities, in the same place where he was born.<sup>2</sup>

Several social segments have been mobilized in the search for studies and guidelines that promote integration between the community and individuals with autism, in a direction opposite to the previously conceived idea that these individuals would live, by choice, “isolated in their own world”.

Achieving independence and autonomy for people with autism depends on two paths. Access to support with scientific evidence, to assist in the maximum development of each individual’s capacity, knowledge and self-reflection of professionals about their participation in inclusion, to allow adaptation to the specific needs of this group.

The research addressed the complexity of this interaction between health professionals and patients with autism, highlighting the main themes necessary for improving primary care, towards true inclusion.

## METHOD

This is an observational study with exploratory qualitative content assessment. We assessed, through semi-structured in-

terviews, the perception of professionals and patients within the autistic spectrum, regarding the signs common to this disability (CAAE: 71629223.8.0000.5374). The research was conducted in the city of Valinhos, SP.

The inclusion criteria for the research were: health professionals working in the public service, with at least 5 years of training, involving the following professions: two nurses, two doctors, two dentists, two nursing technicians, two oral health assis-

tants.

The sample size of this qualitative study was based on the number of professions within a basic health unit, involving primary care. Two professionals in each profession were chosen to increase the variety of responses related to each type of academic background. The questions were based on the characteristics cited in the Manual for care for people with autism spectrum disorder, organized by the CNJ.<sup>3</sup>

**Table 1. Main topics of the Manual for assisting people with Autism Spectrum Disorder in the Judiciary.**

Manual for Supporting People with Autism Spectrum Disorder.	Main topics covered by the National Council of Justice
1	<b>Welcoming people with ASD</b> An inclusive environment for autistic people includes effective communication, anticipation and predictability, sensory accommodations and strategies for difficult or delicate situations
2	<b>Atenção e previsibilidade</b> Describe events and send important information in advance. If possible, provide an outline of what will happen in advance, such as a hearing. Use visual aids to help understand the information better. Procedural acts involving people with ASD should be scheduled for the first few hours to avoid waiting periods. Give priority in appointments, times and preferential service in virtual mode to people with autism (Art. 5 of Recommendation 101/2020 CNJ). Communicate unforeseen events as soon as possible. If there are delays, give the person with autism the possibility of rescheduling the act
3	<b>Sensory accommodations</b> Whenever possible, provide a separate environment with reduced light, sounds and stimuli, which can be adapted to the passive rooms already existing in forensic units. Limit the number of people present. Allow the use of noise-canceling headphones or personal objects that provide comfort to the person with autism. Relax the requirement for specific clothing or footwear.

4	<p><b>Adverse situations, crises and overloads</b></p> <p>In cases of crises, whether Meltdown or Shutdown, the ideal is to provide a safe and calm environment for the person to regulate themselves.</p> <p>In these moments, giving instructions for the autistic person to calm down, arguing or threatening are not effective attitudes and can even worsen the crisis.</p> <p>If it is not possible to provide an appropriate environment, remove other people from the area for a few moments.</p> <p>Remain calm and identify whether the autistic person in crisis needs any medical or family assistance.</p> <p>Maintain a helpful and empathetic attitude.</p> <p>If possible, remove or reduce unpleasant stimuli for the person (noise, odor or light stimuli).</p>
5	<p><b>Other important tips:</b></p> <p>“Do not act in an ableist manner, treating the person with autism or their family members with comments or actions that are meant to be pitiful.</p> <p>Do not treat acts of personal independence performed by people with autism, especially adults, as a surprise or an act worthy of congratulations.</p> <p>Do not make comparisons between autistic people.</p> <p>Do not use a childish tone of voice when communicating with people with autism, whether adults or adolescents.</p> <p>Do not comment on your own difficulties in perceiving the characteristics of autism and do not question diagnoses.</p> <p>Simplify legal language.</p> <p>Make protocols more flexible in cases of specific needs.</p> <p>Train staff on autism issues and attitudinal barriers.”</p>

The researcher has been working in the public health system for 16 years. She sought out all the units to explain the research proposal and scheduled a new meeting with the professionals who agreed to participate in the interview, since the interview aimed to capture significant patterns that would answer the initial question of whether primary care is capable of treating patients with autism.

The proposal was to describe a situation and collect the impressions generated in this context, in search of concepts and to encourage the search for alternatives to that unknown attitude. The question asked after describing each situation was: what would you do in this situation? Seeking to list the insecurities and stigmas that involve the management of autism, searching in the thematic coding of the interviews for

relevant topics for training and the theoretical basis that contextualizes the qualitative findings and supports changes in approaches.

In a second stage of the research, interviews were conducted with two people diagnosed within the autistic spectrum. The inclusion criteria were: being literate, with a minimum level of education of elementary school, in a regular school, and over 18 years of age.

The Brazilian law on the inclusion of people with disabilities (13.146/2015)<sup>4</sup>, ensures that the person with a disability is considered capable of discernment and expressing their will. If the person has a specific impediment, the guardianship action, allowing another person to make decisions for the individual with autism, will be useful in cases involving assets and negotia-

tions.

If the individual with a disability wishes to do so, they can request an DMS, which will assist in their choices, but will not override or invalidate their decision.<sup>4</sup>

The question asked to patients with autism was: what would be important for this specialty to understand about autism that would make a difference in their care?

The details of the experience in primary care provided by the interviews with patients on the autistic spectrum add complexity to the topic, since the perception of the population with autism had not yet been included in other articles on primary care and ASD.

The methodology used for extracting and analyzing the data was content analysis. Laurence Bardin, a French researcher, developed a method for analyzing qualitative research so that social phenomena are systematized and allow for a detailed understanding of the content studied.<sup>5</sup>

The interviews, interpreted from this perspective, were transcribed, decoded, searching for categories of topics addressed, then interpreting the results, and these were validated with triangulation of information from the bibliographic review and the Manual developed by the CNJ.<sup>5,3</sup>

This approach offered scientific rigor and insight into the complexity of human experiences.

Bardin's content analysis<sup>5</sup> is extremely useful for studying patient experiences, including perception surveys, as it makes it possible to develop powerful insights that will guide public policies in the area, including health education content.

## RESULTS

The interviews were collected and transcribed. After collecting this data, the Bing application, which contains ChatGPT 4, was used to create categories of topics covered, performing thematic coding of the qualitative assessments.

ChatGPT is a software developed by OpenAI, containing a chatbot with artificial intelligence, which interacts with humans, like a virtual assistant.

# Qualitative Article

Mendes CR, Trapé TL, Dimarzio G, Eid NLM  
Autism In Primary Care. Qualitative Evaluation Of Professional And Patient Interaction

For each interview transcription, the artificial intelligence was asked to summarize the text into 5 topics. The common topics were analyzed by the researcher and 6 standard themes were selected.

Table 2 presents the data of the two interviewees from each profession, separating

the opinions by the graphic symbol ( / ). When they agree, the sentence is presented in the plural. Two professionals reported having a family member diagnosed with ASD, which was indicated in the table in blue.

**Table 2. Perception of primary care health professionals about the characteristics of autism.**

Perceptions about autism	Oral health assistants	Dentist surgeons	Nurses	Doctors	Nursing technicians
Nonverbal communication	If they communicate through gestures, they wouldn't know how to deal with it, they do not know alternative language.	If they communicate through gestures, they wouldn't know how to deal with it, they do not know alternative language.	<i>They know apps and books about alternative communication/would communicate through gestures.</i>	<i>They are not familiar with nonverbal communication, they ask for support from their companion</i>	<i>They feel distressed due to the lack of speech/calm approach</i>
Repetitive movements	<i>If uncomfortable or irritated / Indifferent.</i>	<i>Both feel no strangeness, continue with the instructions.</i>	<i>Both feel no strangeness / Afraid that the patients will get hurt.</i>	<i>Without feeling strange, they continue the consultation, they ask the companion if everything is okay</i>	<i>Without feeling strange/ understands that stereotyping is communication</i>
Poor eye contact	<i>They are bothered by the lack of eye contact/believe that others consider the person rude.</i>	<i>They persist in communicating and seek attention in other ways.</i>	<i>They insist on looking, calling attention, trying to get around the situation.</i>	<i>They do not insist on looking. They ask if the information was clear and if they can perform a physical examination.</i>	<i>They get annoyed, try to get attention with objects/ understand that they don't need to look to pay attention</i>
Objective language vs. metaphors	<i>Direct information and confirm whether the patient understood</i>	<i>They use objective language/use metaphors with children</i>	<i>Direct language/explain metaphors and make jokes..</i>	<i>Direct and objective language/make jokes and when they don't get a smile back, they explain</i>	<i>Objective language, they communicate each step..</i>
Predictability of clinical acts	<i>They only explain procedures to children.</i>	<i>They do not explain the procedures, they think they already know them.</i>	<i>Use of therapeutic toys, explains the procedures by doing them on the doll..</i>	<i>Does not explain all the procedures, only the most invasive ones/ explains all the steps and asks if they can do it</i>	<i>Communicates all the steps/ says what they are going to do, when it will hurt and does it.</i>
Approach in crises	<i>They would try to contain the person or call the person in charge</i>	<i>They would call the person in charge/ they do not feel prepared to approach the person.</i>	<i>There is no management protocol/ they would call the person in charge, they would keep the environment calm.</i>	<i>They ask for support from the companion. They do not feel capable of dealing with the person/they would stay at the scene, even without knowing how to act, waiting for the person to calm down..</i>	<i>They mention that the children scream and throw themselves on the floor/they offer to calm down, they wait for it to pass.</i>

## People with autism

The individuals with autism interviewed are male and female. They are 47 and 43 years old and were diagnosed in adulthood.

The two sought their own diagnosis

after understanding the characteristics of this neuroatypical disorder through family members with the condition. They report finding significant differences between the adaptation needs in the health area of sup-

port levels: 1, 2 and 3.

Before these interviews, a woman with level 2 autism was invited to participate in the research, having shown interest in the initial conversations. It was not possible for



her to participate because she had difficulty reading and maintaining focus on the informed consent form, stating that documents and acts involving a certain amount of bureaucracy are difficult for adults with ASD to complete. She commented on greater ease with short and objective texts, preferably in topics. She works in a different city from her parents and lives alone, choosing not to participate in the research.

The difficulty of this patient, level 2 of autism support, raises reflections on the necessary adaptations in research, to make the participation of individuals on the spectrum possible, since they provide important information about their needs and are rarely included in scientific studies.

Another patient approached, level 3 of support, requested support from his moth-

er in making decisions and checking documents, but was not the required age, at 16 years old.

During the interviews, three categories were observed by the researcher. ChatGPT 4 was used to support the verification of patterns within the discourse of patients with autism.

**Table 3. Perception of patients with autism regarding their care in primary care and which characteristics of their condition would need to be known by health professionals.**

Perceptions of patients with autism about interactions in primary care	Patients with autism
Sensory Hypersensitivity	It is necessary to closely observe the sensation of pain in people who do not speak. They present sensations in a disorganized manner. A longer consultation is needed for desensitization.
<i>Crises in ASD</i>	There is a shortage of professionals willing to treat patients in crisis. The crisis causes distress in professionals, who do not know the appropriate conduct and the limits of interference, and in the companion, who knows how to manage it but does not have knowledge about the appropriate conduct for that health issue.
Information Processing Speed	Autism causes executive dysfunction, which compromises the way of understanding, with patients with this disorder being more visual and with impaired speed of information processing. For this reason, professionals would need to spend longer in consultation and give fewer commands at a time..

Source: own authorship

The interviews revealed that all health professionals had insufficient knowledge about the characteristics of autism spectrum disorder, with employees with family members on the spectrum feeling more capable of handling the disorder and less fearful of dealing with patients with autism.

The need for a companion to be present, requested by professionals during clinical procedures, especially during episodes of crisis, compromises the autonomy of these individuals and generates family distress, due to the feeling of being overwhelmed by care and insecurity regarding the SUS's ca-

capacity to handle patients with autism.

The lack of knowledge about how to establish communicative acts with nonverbal, semi-verbal, or non-visual individuals made it difficult to take anamnesis and identify signs and symptoms, generating avoidance behavior on the part of patients and family members, who end up neglecting their health and limiting consultations to cases of urgency and pain.

Considering the actions developed in the SUS, involving the four levels of prevention, namely: primary prevention, with health promotion and specific protection;

secondary prevention, with early diagnosis and intervention; tertiary prevention with damage limitation; and quaternary prevention with protection from unnecessary interventions; the results showed that the understanding of sensory issues and communication in health are the concepts that underpin the qualification of primary care.

The characteristics of autism that need to be clarified in future training are listed in Table 4.

# Qualitative Article

Mendes CR, Trapê TL, Dimarzio G, Eid NLM  
Autism In Primary Care. Qualitative Evaluation Of Professional And Patient Interaction

**Tabela 4. Triangulação sobre manejo clínico de pacientes com autismo na atenção primária. Tópicos abordados.**

Topics reported by healthcare professionals	Topics reported by patients with autism	Topics reported in the literature review on patients with autism in PHC	Topics reported in the protocol developed by the Judiciary	Conclusion of topics to be used in training on autism in PHC
1. Nonverbal communication	1. Sensory Hypersensitivity	1. Difficulties in early referral of signs suggestive of ASD.	1. <i>Welcoming people with ASD</i>	1. <i>Suggestive signs for referral to early diagnosis of ASD.</i>
2. Repetitive movements	2. <i>Crises in ASD</i>	2. <i>Support for the families of patients with ASD.</i>	2. <i>Attention and predictability.</i>	2. <i>Nonverbal communication.</i>
3. Poor eye contact	3. <i>Information Processing Speed</i>	3. <i>Integration of primary care, education and social assistance networks in ASD.</i>	3. <i>Sensory accommodations.</i>	3. <i>Repetitive movements (stereotypies).</i>
4. <i>Objective language vs. metaphors</i>		4. <i>Need for continuing education.</i>	4. <i>Adverse situations, crises and overloads.</i>	4. <i>Eye contact in autism.</i>
5. Predictability of clinical acts		5. <i>Protocol for dental care.</i>	5. <i>Avoiding ableism.</i>	5. <i>Objective language and simplification of technical language.</i>
6. Approach to crises			6. <i>Making protocols more flexible.</i>	6. <i>Predictability of clinical acts as a strategy for cognitive inflexibility.</i>
			7. <i>Training on the topic.</i>	7. <i>Approach to crises, in the presence and absence of a companion.</i>
			8. <i>Simplifying technical language</i>	8. <i>Speed of information processing in ASD.</i>
				9. <i>Sensory hypersensitivity and its interference in the clinical diagnosis of symptoms.</i>

Professionals who had previous experience with family members on the autistic spectrum, even though they had some doubts regarding the appropriate attitude in cases of lack of eye contact, crises, communication of late appointments, need for invasive procedures, and lack of verbal language, took the initiative to try to approach them, or even to observe behavioral signs in search of validation for their actions.

On the other hand, professionals who had no previous experience with this disability showed apprehension in the interaction, depended on the presence of the person responsible, and would like more training on the subject. They were receptive and open to information, and were able, with the data received after the interview, to make associations with cases from their routine and propose new approaches.

## DISCUSSION

The Care Manual for People with Autism Spectrum Disorder <sup>3</sup>, prepared by the Judiciary Branch, it proposes to define autism and “improve the reception of those under its jurisdiction, as well as to provide autistic people in the Judiciary with better working conditions, support from management, therapeutic assistance and other needs.” The information presented in the document should help in the development of socio-institutional empathy and for this reason it was used as a basis for conducting semi-structured interviews.

Primary care showed little understanding of the subject, except for cases of professionals who lived with family members within the autistic spectrum.

Regarding the categories of subjects addressed by the professionals, we observed

that the lack of knowledge about ASD interfered in the conduct of the procedures, as well as becoming a negative factor in the early identification of signs suggestive of this disorder.

Early diagnosis is associated with greater stimulation and development with therapies, promoting improvements in behavioral, cognitive, socialization and desensitization aspects. Lima <sup>6</sup> and Girianelli <sup>7</sup> discuss the importance of early diagnosis, since starting approaches early in childhood improves the prognosis of ASD.

The role of PHC (primary health care) in referring possible cases for specialized evaluation is fundamental for tracking and early identification of cases, since they receive children for basic care (vaccines, consultations and laboratory tests) from birth. <sup>6,7</sup>

In 2019, Oliveira <sup>8</sup> conducted a literature review on the challenges faced by

children with autism and their families in relation to the integration of the primary care network. And Costa <sup>9</sup> addressed the importance of support and care for family members of people with autism and the integration between primary care and schools, to offer a coordinated approach between areas that deal with the disorder.

The data found corroborate the research carried out in primary care, since the articles published between 2015 and 2017 <sup>6</sup> point to the lack of training of health professionals, difficulties in identifying signs of ASD in the child development process, the need for continuing education, dental care protocols, and the weakness of the SUS itself in providing care to people with autism spectrum disorder.

The study sought to unite the two ends that make up primary care, namely professionals and patients, in order to expand the information already established in the literature that the restructuring of the health model was important, the mental health network was implemented, and now it is necessary to integrate primary care, education and social assistance in supporting the full development of citizens with autism, ensuring effective inclusion and adaptations of services to their needs.

The interviews clarified the main doubts and difficulties, showing which types of training are important to offer to professionals, who showed interest and collaboration in increasing information on the subject.

Knowledge about alternative and augmentative communication influences consultations with non-verbal patients; preparation of information about medication administration and stages of examinations using images and objective language increases adherence to recommended treatments; theoretical explanations about eye contact and repetitive movements help the professional to feel safe when handling patients with autism; protocols for actions during crises provide legal support and reduce occurrences that could be avoided. <sup>10</sup>

Alternative and augmentative communication, according to Pereira's study <sup>10</sup>, increases by 51.47% in the production of

communicative acts, with images and text reading applications being the most used instruments.

Weaknesses in executive functions are highlighted in people with autism, in the article by Maranhão <sup>11</sup> and this impairment occurs mainly due to cognitive inflexibility, significant difficulty in organizing actions in cases of changes in routine, and changes in working memory, identified in the scarcity or absence of symbolic play and imitation.

The executive function contributes to the development of the pragmatic dimension of language, not losing relevant information coming from working memory and inhibiting responses outside the topic. <sup>11</sup>

Due to dysfunction in this mechanism, a person with autism will have a longer time to process information and, the more objective and short the language, the easier it is to understand. <sup>11</sup>

Poor eye contact was studied by Lemos <sup>12</sup>, where a theoretical review points out similarities in social interaction between children with autism and children with visual impairment, emphasizing the importance of the mediator in the interaction, in order to adapt the linguistic style, to compensate for the loss of non-verbal communication, made through gestures and facial expressions, which people with autism will not have, because they cannot sustain eye contact.

To Bosa, <sup>13</sup> challenging behaviors have important communicative functions, such as: indicating the need for help or attention; escaping from situations or activities that cause suffering; obtaining desired objects; protesting against unwanted events/activities; obtaining stimulation. The best results come from social skills training in applied behavior analysis.

promoting good lifestyle  
habits and achieving  
autonomy. <sup>14</sup>



As autism is a disorder that generates deficits in the development of daily life activities, including health habits; education can play the role of increasing awareness, general well-being and gaining skills. <sup>14</sup>

Balanced diet, physical activities, hygiene concepts, importance of prevention and routine exams, attitudes to reduce stress and mental health care are addressed in health education, and are topics of great relevance for the population on the autistic spectrum. <sup>14</sup>

Cases of depression and suicide in autism are reported <sup>15</sup> and a meta-analysis showed that experiences of bullying, social exclusion and psychiatric comorbidities significantly increase the risk of suicide in people with autism spectrum disorder.

Continuous support is essential for the mental health of this population, and health education strengthens self-care and social protection. In studies on the suicide rate in young people with autism, this risk was found to be up to nine times higher than in the population without this disability, with autism at level I support being the most affected. 28% of the population with ASD has already presented suicidal ideation. Primary care actions need to focus on the emotional support of patients with autism and their families. <sup>16</sup>

The article mentions difficulty in communication as a risk for suicide, as it masks the diagnosis of depressive cases and increases the feeling of not belonging. <sup>16</sup>

Habermas' theory of communicative action has been used in public health to promote a humanized and inclusive approach. <sup>17</sup> The German sociologist Jürgen Habermas (born in 1929), from the Frankfurt School, addresses communicative action as a constituent of life in society, considering in his work that the ethical evolution of



Health  
education, in the field  
of public health, plays  
a fundamental role in



society does not occur in the macro historical subject, but in society and in the subjects that act in it, also in the regulations that guide human actions. This specific action, which he called communicative action, being the act of communicating and making oneself understood by the other, is an action aimed at the rational understanding of the subjectivity of others, building, in this way, a conviction, together with an ethical and empathetic understanding, in an understanding of the world decentered from the egocentric subject.<sup>17</sup>

The article by Araújo<sup>18</sup> which deals with autism, neurodiversity and stigma, addresses Habermas' theory in the search to reduce social stigma and influence negative and distorted views on the differences presented by people with ASD, highlighting the importance of the participation of people with autism and/or their families in the development of research in the area. The emphasis that Habermas' theory gives to health in the public sphere occurs to the extent that communicative action, the mutual understanding between health professionals and patients with autism, regarding the particularities of this disability, is an alternative that will promote emancipation and social justice.

Habermas's communicative theory emphasizes the importance of welcoming and objective communication, which would take into account the personal specificities of patients. This approach is capable of generating a humanized environment in health institutions. The active social participation of citizens, in this case patients with ASD and their families, in local and municipal health councils, would promote more democratic and inclusive management and would directly influence health policies for people within the autistic spectrum. The relationship between health professionals and patients can be contemplated by the theory of communicative action, promoting a deeper understanding of the difficulties faced by this population group, improving interaction in primary care and proposing health education projects with active methodologies, based on problem-solving (PBL) in multidisciplinary groups,

as a way of enriching learning, in communication oriented towards mutual understanding (professional/patient) and not on the mere exchange of information. In Ferreira's research<sup>19</sup>, interviews were conducted with 16 health professionals and 44 SUS users in search of perceptions about humanization in health. The professionals highlighted the importance of teamwork and the challenges faced by the Unified Health System (SUS), such as lack of resources and bureaucracy. The users considered humanized care to be superior to other health services, highlighting the importance of empathy and respect in the care provided.<sup>19</sup>

The development of training using the active PBL methodology, with group case discussions, generates professional autonomy and the development of problem-solving skills, which would transform primary care, reducing dependence on the support of a responsible person for the care of patients with autism. The difficulties in the practical use of this theoretical approach, in the paradigm shift of relationships in the health area, lie in the evaluation of communication practices, with a lack of well-defined indicators, resistance from professionals, administrative rigidity and work overload for professionals, who often do not find time for a consultation that covers the particularities of each case.<sup>20</sup>

In Brazil, one of the approaches that mentions the importance of dialogue and democratic participation in care management was carried out by Merhy<sup>21</sup> in the work that deals with the micropolitics of health work, showing how interpersonal relationships influence everyday practice. Since autism is a condition that has as a sign of its triad of deficiencies the difficulty in communicating, whether the person is non-verbal or verbal, the search for establishing communicative acts and creating an environment adapted to the needs of this group becomes essential.

In 2020, Merhy addressed micropolitics in mental health work, analyzing the perception of mental health workers, emphasizing that anti-asylum ethics prioritize three aspects of care: care for others, care for oneself, and care for the encounter. Training

and proposals in the area of public health that can manage these three dimensions of care would reduce professional emotional exhaustion and the social stigma of mental health issues.<sup>22</sup> Autism, which is not considered a disease, but rather a disability, belongs to mental health disorders and with the Brazilian Inclusion Law, it was classified as a sensory disorder.<sup>4</sup>

The research listed, as an unprecedented fact, the difficulties of health professionals in managing patients with autism, contributing to the future direction of actions and development of clinical protocols, in order to guarantee standardization of care and legal support in clinical acts, and to reinforce the importance of changing the paradigm of health centered on the medical model, towards a more humanized and inclusive approach.

There is a lack of research that addresses humanized interaction with patients with autism, development of communication skills in health, involving ASD cases and protocols for appropriate interventions during autistic crises.

## CONCLUSION

This study was able to elucidate the topics that most require training for health professionals, so that primary care can be confident in approaching patients with autism, both in routine procedures and in the early diagnosis of the condition and referral for specialized evaluation. All professionals showed significant gaps in management and communication skills with individuals on the autistic spectrum.

We also sought to list, based on the theoretical basis of social sciences, which teaching methodology would promote health education with greater significance and change in the care model, adopting the humanization of health as a paradigm. Group discussion and active methodology based on problem-solving have proven effective in developing clinical safety and professional autonomy.

The search for communicative acts between health professionals and patients with autism involves the humanization of

health, changing the disease-centered model to user-centered care, and developing alternative and augmentative communication techniques, which have proven effective in the relationship with non-verbal patients.

The difficulties in implementing training on autism spectrum disorder arise from the lack of coordination between public health departments.

The research suggests the need for the subsequent development of a manual for care for patients with autism spectrum disorder in healthcare and the creation of alternative and augmentative communication notebooks, with visual resources, for use in health education.

Since autism is a genetic condition, modulated by external factors, research should focus on early identification of sig-

ns, initiation of monitoring for maximum development, identification of external factors that modulate the manifestation of the condition and pertinent adaptations for adequate social interaction of this population, seeking the participation of people with autism and/or their families in research on the subject, so that inclusion actually occurs and strengthens the democratic rule of law.

## REFERENCES

1. Boyer CB, Merzbach UC. História da Matemática. 1ª ed. São Paulo: Editora Acadêmica; 2018.
2. Donvan J, Zucker C. In a different key: the story of autism. Londres: Penguin Books Ltda.; 2017.
3. Conselho Nacional de Justiça. Manual de atendimento a pessoas com transtorno do espectro autista, 22 de maio de 2023 [citado 2023 Jul 10]. Disponível em: <<https://www.cnj.jus.br/wp-content/uploads/2023/04/manual-de-atendimento-a-pessoas-com-transtorno-do-espectro-autista-final-23-05-22.pdf>>.
4. Brasil. Presidência da República. Casa Civil. Subchefia para Assuntos Jurídicos. Lei n. 13.146, de 6 de julho de 2015. Lei Brasileira de Inclusão da Pessoa com Deficiência: Estatuto da Pessoa com Deficiência. Brasília: Casa Civil; 2015.
5. Bardin L. Análise de conteúdo. 1ª ed. Lisboa: Edições 70; 1977.
6. Lima FSR, Gomes ILV, Mattos SM, Garces TS. Evidências científicas sobre a identificação precoce do Transtorno do Espectro Autista (TEA) em crianças na Atenção Primária à Saúde: protocolo de revisão de escopo. Res Society Developm. 2022;11(11): e550111133980.
7. Girianelli VR, Tomazelli J, Silva CMFP, Fernandes CS. Diagnóstico precoce do autismo e outros transtornos do desenvolvimento, Brasil, 2013-2019. Rev Saúde Pública. 2023;57:211.
8. Oliveira MV, Almeida R, da Silva ML, dos Santos E, Moreira A, da Silva VE, et al. Rastreamento precoce dos sinais de autismo infantil: Um estudo na atenção primária à saúde. Rev Arq Científ. (IMMES). 2019;2(2):48-53.
9. Costa B, Oliveira F, Cordeiro G, Brugger É, Silva AD, Peters A. Transtorno do espectro autista na Atenção Primária à Saúde: desafios para assistência multidisciplinar. SMAD, Rev Eletron Saúde Mental Álcool e Drogas (Edição Em Português). 2023;19(1):13-21.
10. Pereira ET, Albuquerque AC. Comunicação alternativa e aumentativa no transtorno do espectro do autismo: impactos na comunicação. CoDAS 2019;32(6):1-6.
11. Maranhão SSA, Hazin Pires IA. Funções executivas e habilidades sociais no espectro autista: um estudo multicaseos. Cad Pós-Grad Distúrb Desenvol. 2017;17(1):100-113.
12. Lemos EL, Medeiros Dias LM, Silva de Medeiros C, Agripino Ramos CS, Salomão NMR. Transtorno do espectro autista e deficiência visual: contextos interativos e desenvolvimento sociocomunicativo. Psicol Rev. 2019;25(2):610-625.
13. Bosa CA. Autismo: intervenções psicoeducacionais. Braz J Psychiatry. 2006;28:47-53.
14. Paim JS, Almeida Filho N. Educação em saúde e educação na saúde: conceitos e implicações para a saúde coletiva. Ciênc. saúde coletiva. 1998;3(2):39-50.
15. Oliveira LG, Maia JLF. Depressão e suicídio no autismo. Journal of Abnormal Child Psychology. 2024;52(3):123-135.
16. Santos JE. Tentativas de suicídio em jovens e adultos com Transtorno do Espectro Autista (TEA): uma revisão sistemática. Universidade Federal de Sergipe; 2019.
17. Bettine M. A Teoria do Agir Comunicativo de Jürgen Habermas: bases conceituais. 1ª ed. São Paulo: Paulus; 2010.
18. Araujo AGR, Silva MA, Zanon RB. Autismo, Neurodiversidade e Estigma: Perspectivas Políticas e de Inclusão. Rev Psicol Esc Educ. 2023;27(1):55-68.
19. Ferreira KCB, Albuquerque LSS, Oliveira IF, Silva RG, Costa ES, Silva LGS. O cuidado primário para as crianças com autismo na saúde brasileira. Saúde Colet. 2021;11(69):8393-8402.
20. Nunes A. Aportes Teóricos da Ação Comunicativa de Habermas para as Metodologias Ativas de Aprendizagem. Rev Bras Educ Med. 2005;29(3):26-32.
21. Merhy EE. Saúde: a cartografia do trabalho vivo. Cad Saúde Pública. 2008;24(8):1935-47.
22. Merhy EE, Almeida AS. Micropolítica do trabalho vivo em saúde mental: composição por uma ética antimanicomial em ato. Rev Psicol Polit. 2020;20(1):43-54.