

Student Monitoring in the Care Line for Autism Spectrum Disorder: An Experience Report

Acompanhamento Discente na Linha de Cuidado ao Transtorno do Espectro Autista: Um Relato de Experiência
 Seguimiento de Estudiantes en la Línea de Atención al Trastorno del Espectro Autista: Un Relato de Experiencia

RESUMO

Objetivo: Este trabalho tem como objetivo analisar criticamente a organização dos serviços públicos de saúde de Manaus e a formação dos profissionais no cuidado de crianças com Transtorno do Espectro Autista (TEA). **Método:** Trata-se de um relato de experiência com visitas a diversas unidades da rede pública entre maio e junho de 2025, onde foram realizadas entrevistas semiestruturadas e observações diretas. **Resultados:** A análise evidenciou desafios como demora no diagnóstico, escassez de especialistas, desarticulação dos serviços e deficiências na formação dos profissionais da atenção básica. **Conclusão:** Conclui-se que é necessário fortalecer a formação em TEA, ampliar os serviços especializados e integrar a rede de cuidados para assegurar um atendimento mais eficaz e humanizado.

DESCRIPTORIOS: Transtorno autístico; Autismo infantil; Cuidados Primários Acessíveis.

ABSTRACT

Objective: This study aims to critically analyze the organization of public health services in Manaus, Brazil, and the training of health professionals in caring for children with Autism Spectrum Disorder (ASD). **Method:** It is a descriptive experience report based on visits to public health units between May and June 2025, during which semi-structured interviews and direct observations were conducted. **Results:** The analysis revealed key challenges, such as delayed diagnosis, shortage of specialists, fragmented and uncoordinated care pathways, and insufficient training of primary care professionals. **Conclusion:** The findings highlight the need to improve professional education, expand specialized services, and strengthen the integration of care networks to ensure effective and humanized interventions.

DESCRIPTORS: Autistic disorder; Infantile autism; Accessible Primary Care.

RESUMEN

Objetivo: Este estudio tiene como objetivo analizar críticamente la organización de los servicios públicos de salud en Manaus, Brasil, y la formación de los profesionales de la salud en la atención a niños con Trastorno del Espectro Autista (TEA). **Método:** Se trata de un relato descriptivo de experiencia basado en visitas a unidades de salud pública entre mayo y junio de 2025, durante las cuales se realizaron entrevistas semiestructuradas y observaciones directas. **Resultados:** El análisis reveló desafíos clave, como el retraso en el diagnóstico, la escasez de especialistas, la fragmentación y descoordinación en la atención, y la falta de formación de los profesionales de atención primaria. **Conclusión:** Los hallazgos señalan la necesidad de mejorar la capacitación profesional, ampliar los servicios especializados y fortalecer la integración de la red de atención para garantizar intervenciones eficaces y humanizadas.

DESCRIPTORIOS: Trastorno autístico; Autismo infantil; Accesibilidad de Atención Primaria.

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Experience Report

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INTRODUCTION

ASD is a neurodevelopmental disorder characterized by deficits in social interaction, communication (both verbal and nonverbal), and the presence of restricted interests and repetitive behaviors. These symptoms, which can vary in severity, tend to be noticed from early childhood ^(1,2). As a result, their het-

erogeneous manifestations require multidisciplinary approaches.

In Brazil, the diagnosis and monitoring of these children occur in Primary Health Care (PHC), in which the Unified Health System (SUS) recommends basic, psychosocial, and rehabilitation units that work in the organization of care as reference services for ASD care ⁽³⁾. However, in ASD, there are many social barriers to

accessing the public health system ⁽⁴⁾.

The World Health Organization (WHO) estimates that ASD affects 70 million people worldwide ⁽⁵⁾. In Brazil, according to the Brazilian Institute of Geography and Statistics (IBGE) in the 2022 Census, this syndrome affects 2.4 million people. The age group with the highest prevalence is children aged 5 to 9 years. In the state of Amazonas, the IBGE

recorded 13,508 cases of ASD in the same 2022 demographic census. Of this total, 8,828 are cases in the city of Manaus.

In this context, this experience report arose from the experiences of students in the Public Health II course of the Medicine program at the Federal University of Amazonas (UFAM), who followed the line of care for ASD in children, visiting UBSs, support centers, and other health services. The experience allowed them to observe, in loco, the challenges and potentialities of the system, raising the following question: how is healthcare for children with ASD structured in the public health system, and what are the main obstacles and advances perceived in practice?

The rationale for this study lies in the importance of reports that bring medical training closer to the reality of the SUS, contributing to a closer relationship with vulnerable populations and SUS users as a whole regarding ASD care in childhood. In addition, experience in health services with preceptorship in public health allows us to identify gaps and propose improvements, aligning with the guidelines of competency-based medical education and the principle of comprehensive care, in order to propose an approach related to critical training in university settings and also those linked to the health context ⁽⁷⁾.

Given this, the general objective of this study is to describe and analyze the experiences during the technical visits, highlighting the structure, flows, and practices observed in the care of children with ASD. Based on this approach, we hope to document the academic experience and foster discussions on strategies to improve health care for this population.

METHOD

This is a descriptive study of the

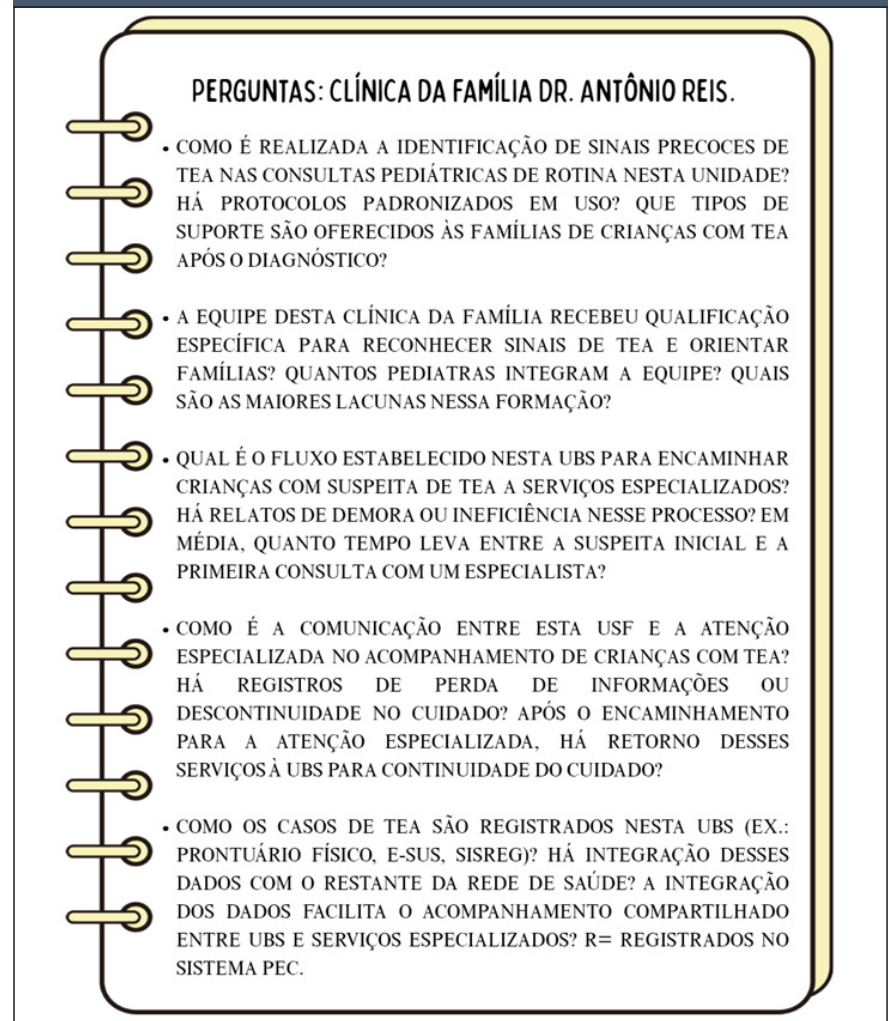
experience report type, developed by students of the Public Health II course of the UFAM Medicine program. This report was based on the practical classes of the aforementioned subject. During these practical classes, the class was divided into lines of care, according to the Health Care Network. Thus, this report refers to the line of care responsible for analyzing the public health situation regarding patients with Autism Spectrum Disorder (ASD) in the municipality of Manaus, capital of Amazonas.

Technical visits were made to health units in Manaus to contextu-

alize the various levels of health care (primary care, specialized care, and particularities of the line of care) according to the criteria established by the Regional Health Care Network. The locations for the practical classes were defined by the teachers in conjunction with the State and Municipal Health Secretariats, and the technical visits were carried out after institutional approval by the units.

To obtain information regarding ASD care, questions were prepared for each practical field visited (according to level and health care), as shown in Figure 1.

Figure 1 - Example of questions for the practices.



Fonte: elaborado pelos autores, 2025.

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RESULTS

Dr. Antônio Reis Family Clinic

In May 2025, the students visited the Dr. Antonio Reis Family Clinic in the Betânia neighborhood of Manaus, where they were welcomed by the nursing team and the family doctor. The doctor explained that signs of autism spectrum disorder (ASD) are identified using the PEC (Electronic Citizen Record), a Ministry of Health system that records child development. The software issues alerts about possible delays, assisting in early detection. In primary care, the child is evaluated and, if ASD is suspected, referred to a specialist. Once the diagnosis is confirmed, drug treatment is carried out in specialized care, while other care (nutrition, psychology, physical therapy) is offered at the USF. At the clinic visited, there are no reports of treatment abandonment, partly due to financial assistance. Referral depends on the analysis of symptoms in the PEC and the family context, without delays in the process. However, without a neuropsychiatric report and authorization from the guardians, the child cannot be classified as a possible case of ASD in the system, as there is no formal identification protocol at the unit. In addition, the clinic does not have specific programs for families of children with ASD, but offers support from psychologists and social workers when necessary.

Western Health District

In May 2025, a technical visit was made to the West Health District (DISA Oeste), located in the Da Paz neighborhood in Manaus. The institution is responsible for managing health services in the West Zone, including UBSs, CAICs, the Alvorada SPA, and programs of the Municipal Health Secretariat (SEMSA). The students sought information on the number of children diagnosed with ASD and the care offered to this population. However, it was found that DISA Oeste does not

have specific actions for ASD, focusing on other types of care. As ASD is not a notifiable disease, no formal data was available. The coordinator mentioned that, although it is possible to filter this data by ICD in the UBS records, SEMSA does not make this information available. Thus, most of the questions could not be answered due to the lack of consolidated data at the institution.

Southern Health District

On May 23, 2025, a visit was made to the South Health District (DISA SUL), located on Av. Umberto Calderaro, in the Adrianópolis neighborhood of Manaus. This district is an area of administration and management of the city's Unified Health System (SUS), covering the geographical area of neighborhoods in the southern part of the city, such as São Lázaro, Parque Dez de Novembro, and Educandos, which seeks to provide coverage for the main notifiable diseases. During the lectures given by health professionals, there was a focus on the epidemiological surveillance process. In this context, it was possible to note the students' perception of a lack of quantitative data on autism spectrum disorder in Manaus, since, when asked about the planning of measures to cover ASD in this surveillance process, the public health professional reported that the disorder was not very visible and said that the monitoring of patients with ASD was the main responsibility of the State Social Assistance Council (CEAS/AM).

Roundtable Discussion with an Expert

On June 9, 2025, a neuropsychiatrician held an online roundtable discussion on Autism Spectrum Disorder (ASD), explaining its three levels: 1 (mild), with effective communication and little support; 2 (intermediate) with communication difficulties and resistance to change; and 3 (advanced), with limited responses to interventions and greater aggression. She highlighted

risk factors such as low birth weight, prematurity, alcohol consumption during pregnancy, advanced paternal age, exposure to pesticides, and excessive screen use before the age of two.

The M-CHAT Scale was presented, a 23-question questionnaire that classifies the risk of ASD as low, moderate, or high. The neuropsychiatrician also addressed ASD in adolescence, marked by introspection, depressive symptoms, and attempts at social inclusion, as well as possible self-harm and emotional blunting. She also emphasized that denial of the diagnosis by parents is often linked to unmet expectations, being experienced as a form of "grief."

CAIC+

On June 13, 2025, CAIC+ Dr. Afrânio Soares, in Manaus, received a visit to present its structure and services. Opened in 2001 and renovated in 2022, the unit offers outpatient and multidisciplinary care to children and adolescents aged 0 to 17 years, 11 months, and 29 days. The social worker responsible for reception mentioned the possibility of the unit becoming a CAIC TEA, specializing in autism, with a focus on children aged 0 to 11 years.

CAIC+ offers several medical specialties (pediatrics, neurology, psychology, etc.), but patients face long waits—up to two years for neurologists. Care is provided by referral, with priority given to suspected cases of ASD. The unit also has two psychologists who provide child care and family guidance on ASD. Another important factor observed is that family support is crucial to the evolution of cases, creating an essential partnership between the technical team and caregivers in the therapeutic process.

The main difficulty is the continuity of treatment at home, as therapeutic consultations are limited (one per week, in cycles of ten). Not all parents are able to maintain home treatment, which can delay or even reverse the

child's progress. Another challenge is the lack of adequate therapeutic tools for different age groups. Thus, the visit highlighted the urgent need for more specialized ASD units in Manaus, as the few that exist are unable to meet the growing demand.

Multidisciplinary Care Center for Autistic Children Amigo Ruy

In June 2025, students visited the Ruy Multidisciplinary Autism Care Center (EAMAAR) in Manaus, where they were introduced to the facilities and the multidisciplinary team. In the office, social workers and psychologists detailed their roles. Social workers are responsible for admitting patients, which occurs exclusively via referral. After that, they take patients with reports directly to the infirmary, where personalized therapy is created. For children suspected of having ASD, screening is done by a pediatrician, and only after a confirmed diagnosis does the child remain at the institution. All records are manual, and patients are identified by numbers. Psychologists, in turn, implement personalized therapeutic strategies to develop social, emotional, and cognitive skills, in addition to offering humanized psychological support to mothers in need.

The visit continued to the nutritionist's office, who monitors children with ASD, developing diets adapted to their needs and the socioeconomic reality of their families. Next, the EAAMAR pediatrician explained her role in detecting autism in children without a diagnosis, using the M-CHAT test. She also pointed out that many patients have comorbidities such as ADHD and OCD, and are often referred to neurologists or psychiatrists for more specialized care.

The students then went to the recreational therapy room, where three educational psychologists work on the development and school performance of children and adolescents, using guided play activities. Each child receives

about 24 sessions per year, held weekly for 30 minutes, with an average of 12 patients seen per day. Although the materials are largely provided by the city, educational psychologists often need to create their own resources to ensure individualized care.

In the same room, a speech therapist performs interventions to develop communication, including assessment, prevention, and treatment of speech, language, voice, hearing, and swallowing disorders, when referred by the pediatrician. The professional mentioned that, despite having some of the materials, she still lacks essential resources for more efficient work. A lack of individualized spaces for these consultations was observed, which can compromise the quality of care. Finally, all professionals pointed out that, upon reaching 14 years of age, children are not referred to other services for continued treatment, highlighting a failure in the transition of care.

CAPS SUL

On June 30, 2025, the students made a technical visit to the Benjamin Matias Fernandes Psychosocial Care Center III (CAPS-Sul), located on Av. Maneca Marques, in the Parque 10 de Novembro neighborhood. Psychosocial Care Centers generally offer specialized care to people suffering from various types of mental illness. Initially, the students were welcomed by one of the therapy team members and the director, who showed them around the facility. According to the professionals, the users, a term used by the unit's team in place of the word "patient," are over 18 years of age with severe and persistent mental disorders and, for the most part, come from primary care when the level of assistance or therapies offered was not efficient for the individual's needs.

Subsequently, the director of CAPS Benjamin Matias clarified the students' questions regarding the provision of therapy for people living with autism spectrum disorder. When questioned,

the professional explained a clear break in the established service, as there is a gap in the care offered by CAPS to individuals with ASD when they turn 18.

Practical classroom activity: experience report

As a way to consolidate the knowledge acquired throughout the course and promote critical reflection on the care of people with Autism Spectrum Disorder (ASD), the students gave a presentation on the results of their experience and carried out a practical activity with the class. The proposal consisted of an expository seminar on the main topics covered in the article. After the oral presentation, a group dynamic was developed with the other classmates. Each group received a puzzle whose pieces brought, in a playful and symbolic way, typical characteristics of children with ASD, as well as distracting pieces with stereotypes and misconceptions about the disorder. The goal was to assemble the puzzle correctly and, in this way, promote the identification and differentiation between the real aspects of the autism spectrum and commonly spread myths. Thus, the classroom experience reaffirmed the importance of accurate information, promoted by the academic community and within the institutional environment, in combating myths about autism spectrum disorder.

DISCUSSION

Visits to local health units revealed a scenario of contradictions in the care of Autism Spectrum Disorder (ASD): while promising initiatives such as the use of the Electronic Citizen Record (PEC) for early screening at the Dr. Antônio Reis Family Clinic are observed, critical structural gaps persist – lack of standardized diagnostic protocols, shortage of multidisciplinary teams (pediatricians, psychiatrists), and fragile referral flows, which depend on vacancies in overcrowded ser-

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vices and family consent.

This reality exposes specific weaknesses in the Amazonas network: integration between primary and specialized care is insufficient, compromising continuity of care. Units such as CAIC+ and EAMAAR face long waiting lists, manual records, and a lack of planning for the transition of adolescents. Technological advances and the commitment of teams do not overcome systemic disarticulation, chronic underfunding, and the absence of integrated policies, relegating ASD care to a fragmented model.

In both DISA Oeste and DISA Sul, the epidemiological invisibility of ASD reveals structural flaws: the absence of mandatory reporting and the lack of prioritization of the disorder in surveillance systems result in insufficient data for policy planning, perpetuating the marginalization of this population. In DISA Oeste, ICD records are underutilized, while in DISA Sul, the focus restricted to notifiable diseases excludes ASD from the epidemiological agenda, unduly shifting its monitoring to social assistance. This fragmentation, by violating the principles of comprehensiveness and intersectorality of the SUS, transforms the lack of data into an instrument of systemic exclusion.

The roundtable discussion with neuropsychiatrician Marília Rosa Abtibol Bernardino provided relevant contributions, such as a list of risk factors that included controversial elements such as early screen use. Equally concerning, the reliance on M-CHAT as the main diagnostic tool reveals operational weaknesses, since its isolated application, without integration with longitudinal clinical assessments, can compromise diagnostic accuracy. Finally, although pertinent, the approach to family denial as a process of “grief” was not accompanied by concrete strategies to overcome this barrier, such as structured psychological support programs for caregivers.

On the other hand, the visit to CAIC+ Dr. Afranio Soares highlighted the importance of a multidisciplinary approach to ASD care. Despite its potential as a multidisciplinary center, the unit faces critical structural challenges such as a waiting time of up to two years for neurological evaluation, which makes early interventions unfeasible and compromises prognoses. Another point is that the restriction on referred patients creates inequality in access, especially for children from peripheral regions. Furthermore, although well-intentioned, the proposal to transition to an exclusive ASD unit raises concerns about the fragmentation of care for other childhood neurological conditions.

In relation to EAMAAR, the team's humanized commitment contrasts sharply with serious operational deficiencies: starting with the absence of digital systems, which forces manual records and generates risks of data loss. Another critical point is the lack of protocols for the transition of patients over 14 years of age, constituting a systemic failure that abandons adolescents in a critical phase. At the same time, professionals are forced to improvise therapeutic materials due to inadequate resources. Although commendable, psychological support for mothers operates as a non-institutionalized palliative measure, overburdening the teams.

In contrast, states such as São Paulo have a more structured organization of care for people with ASD. Municipal Law No. 17,502/2020, for example, guarantees rights and expands protection for people with ASD, with efforts by the Municipal Health Secretariat to systematize and strengthen the care pathway, including mapping offers and designing flows between specialized services, such as Rehabilitation Centers and Psychosocial Care Centers (CAPS) ⁽⁹⁾. This structure allows for more integrated and decisive care, with intersectoral public policies under de-

velopment.

In Rio Grande do Sul, the TEAcolhe Program represents another positive reference, with more than 300,000 consultations carried out in four years, covering Macroregional and Regional Reference Centers, as well as Health Care Centers (CAS). The program includes continuing education for professionals and support for families, demonstrating a model of care that combines direct assistance and continuing education, strengthening the care network and intersectorality.

With regard to care for children with autism in Brazil, it should be noted that primary care faces significant challenges, such as the fragility of early diagnosis and post-diagnosis follow-up. Insufficient training of health professionals and limited integration of the care network are common barriers in several regions, including Amazonas.

Comparatively, Amazonas presents a more precarious situation in terms of the organization and systematization of care for children with ASD, especially with regard to epidemiological surveillance and integration between health and social assistance. The non-mandatory reporting of ASD and the consequent lack of epidemiological data hinder the planning and implementation of specific policies, while in states such as São Paulo and Rio Grande do Sul, there have been advances in data collection and the structuring of care pathways that ensure comprehensive and continuous care.

These differences highlight the urgent need to strengthen the health-care network in Amazonas by training primary care teams, expanding the provision of specialized services with professionals such as pediatricians and psychiatrists, and developing standardized protocols for diagnosis and follow-up. In addition, the creation of local strategies for monitoring ASD, even without a legal obligation to report it, can contribute to the visibility of the disorder and to the improvement

of the care network, in line with SUS guidelines.

Thus, the students' experience during technical visits reinforces the importance of critical medical training that understands the barriers faced by vulnerable populations and promotes humane and integrated solutions for the healthcare of children with ASD in the public system, especially in contexts with limited resources and infrastructure such as Amazonas.

CONCLUSION

This study identified important weaknesses in the organization of care

for children with Autism Spectrum Disorder (ASD) in the public health system in Manaus, especially regarding the absence of formalized protocols, the lack of coordination between care flows, and the scarcity of systematic epidemiological data. The lack of multidisciplinary teams and the transfer of responsibility for care to other instances highlight the fragmentation of care, compromising the comprehensiveness of care and contradicting the principles of the SUS.

Given these findings, there is a reinforced need to standardize screening and referral protocols, invest in the continuing education of primary care

teams, and adopt local monitoring strategies, even without mandatory reporting. It is also essential to strengthen coordination between the health and social assistance sectors, promoting an intersectoral approach. Finally, it is important to highlight the importance of the qualified inclusion of medical students in the SUS as a strategy for training professionals who are more sensitive to the demands of the population. Future studies may further explore the relationship between the absence of epidemiological data and gaps in public policy planning, as well as successful experiences as references for improving the quality of care provided.

REFERENCES

1. Lima Leilane, Couto Mariane, Nascimento Rafaela, Silva Lorena, Mendes Efigênia, Carmo Renata, et al. Fatores relacionados à funcionalidade da comunicação social em crianças com transtorno do espectro do autismo: estudo preliminar. *Audiol Commun Res* 2023;28:e2754. Disponível em: <<https://doi.org/10.1590/2317-6431-2022-2754>>. Acesso em 2 de jun. 2025.
2. Santos Altair José Dos, Lemes Mariana Guimarães Neves. O espectro dos 4. Dias Camila, Oliveira Francielle, Lima Renata, Felício Viviane, Ferreira Talita, Souza Júlio, et al. Representações sociais sobre o autismo elaboradas por estudantes universitários. *Psico-USF* 2021;26(4):631-643. Disponível em: <<https://doi.org/10.1590/1413-82712021260407>>. Acesso em 2 jun. 2025.
3. Mandaj Vanini, Simões-Zenari Marcia, Molini-Avejonas Daniela. The public health system and the place of autism. *Rev CEFAC* 2023;25(2):e7322. Disponível em: <<https://doi.org/10.1590/1982-0216/20232527322>>. Acesso em 2 de jun. 2025.
4. Santos Altair José Dos, Lemes Mariana Guimarães Neves. O espectro dos autismos e a psicose infantil: uma questão diagnóstica para a psicanálise. *Rev Latinoam Psicopatol Fundam* 2020;23(2):175-197. Disponível em: <<https://doi.org/10.1590/1415-4714.2020v23n2p175.8>>. Acesso em 2 jun. 2025.
5. Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES). A Organização Mundial da Saúde (OMS) estima que 1 em cada 100 crianças no mundo tem Transtorno do Espectro Autista (TEA) [Internet]. Brasília: CAPES; 2021 [citado 2025 maio 20]. Disponível em: <https://www.periodicos.capes.gov.br/?option=com_pnews&component=NewsShow&cid=1056&mn=0>. Acesso em 2 jun. 2025.
6. Instituto Brasileiro de Geografia e Estatística (IBGE). Censo 2022 identifica 2,4 milhões de pessoas diagnosticadas com autismo no Brasil [Internet]. Rio de Janeiro: IBGE; 2024 [citado 2025 jun 3]. Disponível em: <<https://agenciadenoticias.ibge.gov.br/agencia-noticias/2012-agencia-de-noticias/noticias/43464-censo-2022-identifica-2-4-milhoes-de-pessoas-diagnosticadas-com-autismo-no-brasil>>. Acesso em 2 jun. 2025.
7. Gaion João, Kishi Renata, Nordi Aline. Preceptorial na atenção primária durante as primeiras séries de um curso de Medicina. *Rev Bras Educ Med* 2022;46(3):e096. Disponível em: <<https://doi.org/10.1590/1981-5271v46.3-20210377>>. Acesso em 2 jun. 2025.
8. Silva AC, Souza JF, Oliveira LM, Santos RS, Pereira MT, Costa AB, et al. Atenção primária à saúde e o cuidado às crianças com transtorno do espectro autista: uma revisão integrativa. *Rev Saúde Coletiva*. 2021;31(4):e1925. Disponível em: <<https://doi.org/10.36489/saudecoletiva.2021v11i69p8393-840>>. Acesso em: 13 jun 2025.
9. Prefeitura da Cidade de São Paulo. Secretaria Municipal de Saúde. Linha de cuidado para o transtorno do espectro do autismo (TEA). São Paulo: SMS-SP; 2022. Disponível em: <https://drive.prefeitura.sp.gov.br/cidade/secretarias/upload/saude/LINHA_DE_CUIDADO_TEA_FINAL.pdf>. Acesso em: 13 jun 2025.
10. Governo do Estado do Rio Grande do Sul. Programa voltado a pessoas com transtorno do espectro do autismo já realizou mais de 300 mil atendimentos no RS [Internet]. Porto Alegre: Governo do RS; 2023 [citado 2025 jun 13]. Disponível em: <<https://www.estado.rs.gov.br/programa-voltado-a-pessoas-com-transtorno-do-espectro-do-autismo-ja-realizou-mais-de-300-mil-atendimentos-no-rs>>. Acesso em: 13 jun 2025.