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RESEARCH TOPIC:

AUTISM IN OLDER PEOPLE

Acknowledgment

I would like to thank Allah Almighty first and foremost, because without His blessings, guidance, and mercy, this dissertation would not have been possible. I would like to thank my supervisor profusely and heartily for their unending support, valuable comments, and encouragement throughout this research process. Another thing I would like to mention is that I am grateful to my teachers and academic staff, whose knowledge and guidance have significantly influenced my learning. I would like to express my heartfelt gratitude to my family and friends, who were patient, prayed for me, and offered encouragement. Lastly, I acknowledge every researcher whose work has been cited in this study. It was their commitment that provided the foundation for this dissertation.

Abstract

The current paper explores the experiences, difficulties, and unmet needs of older adults with autism, who have been a neglected and under-studied group in the context of autism. Although autism has long been construed as a childhood disorder, an increasing body of literature has shown that individuals with autism persist to have particular cognitive, social, and health-related dissimilarities into adulthood. This study sought to address the question of the intersection of ageing and autism, and specifically how it affects mental health, access to healthcare, social inclusion, and late-life diagnosis. The research has also aimed to pinpoint the gaps existing in the literature, identify systemic barriers, and outline evidence-based policy, healthcare, and community support system recommendations.

A thematic analysis of academic articles, reports, and empirical studies was conducted based on a structured literature review to identify common problems and emerging trends. The results indicate that the elderly autistic adults have a high prevalence of systemic neglect, as they are often diagnosed late in adulthood because of the historical under-reporting of autism, particularly in women and minorities. The late diagnosis is a contributing factor to lifelong mental health challenges, unmet supportive needs, stigma and social isolation. The review also points to substandard healthcare systems, such as a failure in the diagnosis of overshadowing and the absence of autism-based geriatric care and settings that do not support sensory and communication disparities. Also, the social support systems and community initiatives are inadequate, and in most cases, they do not take into account the interests and lived experiences of ageing autistic individuals.

Although there has been an increasing scholarly interest, much of the research on ageing is still lacking, especially longitudinal research focusing on ageing pathways, comorbidity, and risk mitigation that facilitate healthy ageing. The paper ends by highlighting the necessity to have inclusive national approaches towards autism, autism-based healthcare reforms, better mental health interventions, and community-based interventions. It is necessary to tackle these gaps in order to achieve the goal of dignity, autonomy, and a better quality of life of ageing autistic adults so that they are no longer marginal to the autism policy, research, and practice.

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Chapter 1: Introduction

1.1 Introduction

Autism Spectrum Disorder (ASD) is a life-long neurodevelopmental disorder that seriously influences the way people see and interact with the world (Hodges, Fealko and Soares, 2020). It is usually linked to social communication deficits, repetitive and limited behaviours, as well as sensory anomalies (Mayo Clinic, 2025). Although there is a significant body of research investigating the nature of autism during childhood and adolescence, there is a glaring shortage in the research conducted to understand the nature of autism later in life. More specifically, adults aged 50 and above constitute a rather under-investigated group in autism research.

Most older adults with autism have never received a formal diagnosis in most aspects of their lives (National Institute of Mental Health, 2024). This tends to imply that their problems in communication, relationships, employment, or mental health have been misjudged or altogether not understood. The increase in autism awareness among adults resulted in the rising number of diagnoses in late life, yet it showed a grim picture of a lack of diagnostic criteria, healthcare services, and social support adapted to this age group (Brandt et al., 2022). Such older autistics might experience even more aggravated problems, such as expanded social isolation, co-existence of mental disorders, such as anxiety and depression, as well as a lack of professional awareness and training in accessing relevant health or social services.

Coupled with the world demographic population of increasing age, the issue is receiving some urgency (Ismail et al., 2021). As a longer lifespan becomes a reality to more people, one can expect more elderly adults with autism, either diagnosed or undiagnosed. Nevertheless, the intricate nature of the needs of the ageing autists has not been adequately addressed by many health systems and support-based programs. Elderly individuals will also be prone to cognitive and physical age-related changes that, in combination with the hallmarks of autism, could lead to higher susceptibility and a decrease in the quality of life (Klein & Klinger, 2024).

Thus, the lived experiences of older adults with autism should be considered, the changes of autism when associated with ageing should be explored, and the obstacles that older autistic adults encounter in receiving care and sustaining well-being should be highlighted as an essential need (Finch et al., 2022). The study aims to fill these gaps by reviewing papers that discuss four main themes, including late diagnosis, mental health, social isolation, and healthcare availability.

In this way, the study will contribute to policy changes, better professional practice and help develop age-appropriate diagnostic and interventions in working with this understudied and poorly represented group.

1.2 Research Problem

The Autism Spectrum Disorder (ASD) has gained more and more awareness when it comes to being a lifelong condition (Posar and Visconti, 2019). Still, there is a significant gap in understanding the effects it has on humans at later life stages. The elderly, especially those 50 years and older, are often underserved and over-represented in studies and services. A lot of such individuals have spent their decades without diagnosis, which causes many years and decades of needs not met, misdiagnosis, and no proper support available (Dong et al., 2020). This failure to identify early can cause chronic mental health problems, isolation, and low quality of life.

The situation is critical regarding the fact that the majority of the current diagnostic issues and other services related to autism are mainly oriented toward children and young adults. Consequently, they do not typically capture the unique presentations or the evolving needs of older adults with autism spectrum disorder. In addition, impaired cognition due to age and the lifelong characteristics of autism could exacerbate access to and daily functioning of health care. At the same time, this intersectional area is poorly investigated in recent studies and guidelines.

This group faces marginalization due to a lack of awareness among health experts regarding how to approach them. Moreover, they lack the medical equipment and services typically offered by medical institutions, which are not adapted to their needs. The proposed research seeks to bridge this important research gap by examining the needs of older adults with autism and the potential of modifying effective structures to offer more relevant support to older adults on the autism spectrum.

1.3 Research Aim

This study mainly focuses on a critique and synthesised analysis of existing literature regarding Autism Spectrum Disorder (ASD) in later lifespan or older adults who are 50 years and beyond. The research will be based on four key areas: tal health, social isolation, and accessibility of care. They are something that gives this group of people much concern, and therefore, they are not

well represented or need some attention in general. The research will analyse peer-reviewed articles from the past 20 decades to establish trends, identify gaps, and explore the emergence of new knowledge that can be used to explain the occurrence of autism later in life. The studies will also examine the appropriateness of current diagnostic standards and support channels for the ageing population. Lastly, the research will enhance expertise in autism and the elderly, providing informed recommendations that can be utilised in the future to develop services and practices that support the well-being of autistic individuals.

1.4 Research Objectives

- To describe and analyze the lived experience of older autistic adults, including social, emotional, and cognitive dimensions.
- To examine the primary issues of such a population, such as mental health issues, socialising, and inability to receive healthcare.
- To determine the effect of ageing on the autism traits, as well as to determine the relevance of the existing diagnostic criteria among older individuals.
- To offer recommendations on effective support systems and interventions that are responsive to the needs of older adults on the autism spectrum.

Research Significance

This research is important regarding overcoming a major gap in the study of autism because it aims to study the experiences and problems of older adults with Autism Spectrum Disorder (ASD). Although this population should be paying more attention to the issue of autism as their primary concern, little is known about the needs and experiences of people aged 50 and older in the academic context and the public health sector. With the world ageing, there has been a growing importance in understanding the interaction between autism and ageing.

This study aims not only to thoroughly examine the prominent themes like late diagnosis, mental health issues, social isolation, and access to care by performing a thematic analysis of contemporary literature on the subject, but also to deliver a valuable insight into the chosen topic. Such results will help bring understanding of the manifestation of autism into old age to a more

comprehensive and inclusive realisation, as well as to define the gaps which are, as of now, left by diagnosis standards, practices within the medical community and support systems.

The findings of the study are intended to benefit various stakeholders, namely health practitioners, mental health experts, social workers, policy-makers, and caregivers. With a series of practical obstacles and knowledge gaps, the study will assist in informing the design of age-specific, person-centred interventions and policy amendments that would apply to the older autistic community.

Finally, the study aims to advance more inclusiveness and dignity among ageing individuals with autism. It provides empirical information capable of transforming the design of a better care plan, enhancing life conditions, and the fact that senior autistic adults are no longer a forgotten member of the wider autism spectrum.

Chapter 2: Literature Review

Autism Spectrum Disorder (ASD) has been historically considered a disease of childhood and early adulthood, with diagnosis methods, support systems, and research mostly focused towards younger individuals. Autism was a disease that was believed to be predominantly associated with children, thus resulting in a major gap in the process of understanding the way this condition transforms within the lifespan (Mughal, Faizy and Saadabadi, 2025). But it is increasingly being realised that autism is a neurodevelopmental disorder that lasts the duration of life, and ever more people are being diagnosed in adulthood. The world's life expectancy increases so does the awareness of diagnosing autism leading to a greater focus on the ageing population that is growing with autism.

Along with such a morphing interest, there are still significant problems with the research of the experiences (and needs) of people on the autistic spectrum who are 50-years old and older. Most of the existing literature is piecemeal, often lumping all adults together under one heading and failing to acknowledge the specific difficulties faced by people during the later years of life. The aged autistic adults will probably impose peculiar challenges that come along with aging, involving late diagnosis, age-related health, and social area developments. Still, these challenges remain underutilized in the existing academic and professional literature.

This chapter aims to fill that gap by providing a comprehensive overview of existing studies on autism in later life. It highlights four key thematic areas that have been found in the literature to be significant: late diagnosis, mental health, social isolation, and access to healthcare. These themes have become common themes in the body of little research on aging and autism illustrating just how pressing the need to have a more inclusive and age-appropriate development of ludicrousness of the condition is. Based on such a review, the chapter will attempt to critically assess the current state of knowledge on the topic, identify gaps in service delivery and research, and lay the foundations for designing effective interventions to address the needs of this marginalised population.

2.1 Late Diagnosis of Autism in Older Adults

Late diagnosis is identified as an important issue with one of the most persistent and complicated interactions among older adults with autism (Mandy et al., 2022). Thousands of people aged 50 and older today have spent most of their lives not being diagnosed with autism, continuing to have problems in social, emotional, and most of all occupational aspects of their lives. Such diagnostic delay is very problematic, leading to a lifetime of misunderstandings, mental health problems, and the absence of proper support.

Traditionally, people considered autism in childhood, as well as the general or medical awareness of adult autism, was low until the late 1990s and early 2000s (Rosen, Lord and Volkmar, 2021). Consequently, some of those who grew up in the previous decades were labelled incorrectly, diagnosed as having some mental illness (schizophrenia, personality disorders, etc), or just dismissed as unimportant (Kentrou et al., 2024). Historically, they did not see the need to treat earlier covered generations of older adults who have had to struggle through life without validation, support or accommodations that a formal diagnosis would have possibly offered them.

As a major critique of existing diagnostic systems, they are based on assessment tools and criteria established for use with children, and include the use of ADOS and DSM-based diagnostic frameworks (Sreelakshmi et al., 2025). They could miss identifying the more subtle or disguised forms of autism, which are prevalent in older individuals. As an example, older patients might have learned coping mechanisms that help them hide autistic expressions in the interpersonal setting, which are commonly called camouflaging or masking (Bradley et al., 2021). Although these strategies can help a person cope in social situations in the short term, they are likely to result in long-term emotional exhaustion and impairments in mental health. There is also gender bias in the problem. Studies indicate that women, especially, tend not to be diagnosed with autism as both social perceptions and diagnostic assessment tools are developed with only male representations of autism in mind (D'Mello et al., 2022). Older women with autism are particularly susceptible to misdiagnosis or non-diagnosis, making it apparent that there is a strong necessity for both gender- and age-sensitive diagnostic criteria.

However, services are still found to be under-prepared in assessing and managing middle-aged or older adults with a new diagnosis of autism, even though there is growing awareness of the severity of autism as a lifelong condition (Howlin, 2021). The knowledge to identify autism among older communities and the instruments that help do so comprehensively are absent in a substantial number of health professionals; diagnostic tests are commonly out of reach due to

wait times, costs, or the absence of specialist care. To focus on this gap, additional research and policy efforts should be devoted to developing inclusive diagnostic models and enhancing the training of professionals working in geriatric care of individuals with autism.

2.2 Mental Health and Aging with Autism

The issue of mental health is of much concern to older adults on the autism spectrum, with studies steadily indicating high risks of mental anxiety, depression, and mood disorders among them (Colvert et al., 2021). Compared to their neurotypical counterparts, older autistic individuals have higher chances of going through a lifetime of social misinterpretation, social rejection, and unaddressed needs due to support issues. These stressors stemming together can have a lasting psychological aftermath, which worsens or persists well into old age (Mariotti, 2015). Among the first ones is the lack of mental health care services that specifically address the needs of autism. Most neurotypical views and models of mental health care do not take into consideration the variety in which autistic individuals experiencing distress or emotional dysregulation will express this manifestation (Dell’Osso et al., 2023), a substantial proportion of older adults with autism get inappropriate and/ or ineffective treatment, if any treatment. Besides, the detection of autism is often not taught to mental health professionals, particularly in ageing, making them misdiagnose the condition. As an example, such features as the lack of emotion or a low degree of eye contact can be misinterpreted as symptoms of depression, schizophrenia, or even the beginning of dementia, instead of such aspects being evaluated as the peculiarities of autism (Cloak, Al Khalili and Schoo, 2024).

This complicates the situation further, as co-occurring health conditions that are more common in old age exist. They can be cardiovascular disease, arthritis, or neurodegenerative disorders that may increase stress and lower resistance to mental disorders (Luca et al., 2024). Nevertheless, the existing care tends to approach such problems separately and overlook the correlation between physical health and neurodevelopmental disorders such as autism. Such an uneven care system is the cause of worse mental health outcomes and quality of life. More importantly, the existing studies on the topic are limited and scattered. Although autistic adults who are younger have been high-profiled in research concerning mental health, older people are not usually included in such endeavours. The result of this age bias in research is diminishing the age-

appropriate mental health approach development and playing a role in the systematic oversight of older autistic adults.

Integrated and multidisciplinary approaches are urgent to overcome such failures that take into account the peculiarities of the mental situation of ageing autistic individuals (Fusar-Poli, 2019). The professional preparation needs to be extended to encompass the lifespan of autism, and mental health models need to be reconsidered so that they become inclusive. In the absence of such efforts, the mental health of autistic adults living later will remain an ignored aspect in clinical practice and policymaking.

2.3 Social Isolation and Loneliness

Social isolation can be defined as an overwhelmingly urgent concern of older autistic adults, formed through complex interactions between lifelong and life-stage transitions (Stewart et al., 2024). As early as their childhood years, most individuals with autism have issues with developing and maintaining social interactions, as differences in communication, emotional reciprocity, and social perception are observed in them. These problems tend to compound as one ages, especially when it comes to senescence in normal life; retirement, loss of friends or associates and health shifts all seek to narrow down the available opportunities to socialize with and many older individuals with autism end up being alone at the time in life when they need social connections the most (McHugh and Gil, 2017). Importantly, the study shows that social isolation among individuals in this population group is not just a consequence of their autistic characteristics, but also lies within the systemic and social contexts. Turnock, Langley and Jones (2022), draw attention to the fact that autism stigmatization by the rest of society, low awareness about autism, and societal misconceptions concerning autism are the major aggravating factors of isolation in later life. Having to deal not only with their marginalization, but being excluded more often than not by what are purported to be community events or aging-related programs that are not autism-friendly, or modified with sensory-friendly amenities or social programs is also a problem often seen on older autistic adults.

Social disconnection can be inadvertently perpetuated by caregivers and families, who are one of the primary security systems (Yoo-Jeong et al., 2025). Reduced family contact, whether due to physical separation, generational differences, or caregiver burnout, denies opportunities for

personal interactions. As social networks diminish with time, elderly autistic adults lack crucial emotional scaffolding as they become susceptible to loneliness and potential health problems.

Isolation is not only emotionally detrimental as older adults with loneliness are closely associated with physical health decay, cognitive decline and high mortality risk, and autistic individuals may be additionally vulnerable to loneliness because of the sensory disorders and social fatigue (National Institute on Aging, 2019). However, currently available ageing services, such as senior centres or community clubs, hardly adjust their services to meet the needs of neurodivergent individuals, including downtime between activities, smaller cohorts, or predictable schedules, which would make them much more accessible.

2.4 Access to Healthcare and Support Services

Older adults on the autism spectrum have a long-standing and complex problem with access to adequate healthcare (Malik-Soni et al., 2021). The degree of disparities in access and quality of care is often multi-factorial, as the inadequacies of the system, environmental barriers, and failures at the provider level most frequently contribute to these gaps in this population. The issue of communication barrier lies at the heart of it all; a portion of autistic individuals might not be able to express the symptoms or comprehend medical vocabulary, and vice versa; healthcare providers might be poorly trained in neurodivergence, causing the misunderstanding of autistic mannerisms or an inattention to health-related symptoms (McKnight-Lizotte, 2018). Sensory sensitivities also complicate access to health care. Hospital environments are usually hectic, crowded and overwhelmingly light, soundproof and advanced, which proves to be uncomfortable to autistic patients and unlikely to attract them to come to treatment (Straus et al., 2019). These settings are usually unmodified to take the needs of differing sensory processing folks into consideration, so the older autistic adults have adverse experiences or even traumatic experiences to remember, which will affect their usage of help-seeking behaviours in the future. In addition to the physical environment, structural barriers such as navigating the complexity of healthcare systems and scheduling appointments pose significant challenges (Schwarz et al., 2022). Most older adults with autism experience difficulties with executive functioning or a lack of social support to facilitate their care coordination as caregivers become old or unavailable.

2.5 Summary of Key Findings and Gaps

The existing literature on ageing and autism is currently limited and scattered. A lot of the existing studies note the historical neglect of more senior people with autism, with most of them spending most of their lives without a diagnosis and adequate resources to manage it. Among the most frequently mentioned problems is the insufficiency of available diagnostic tests, which were mostly developed with children and young adults in mind. The tools cannot capture the subtle manner in which autism manifests in an older population, thus causing a misdiagnosis or no diagnosis at all.

The necessity of enhanced professional training is also evident and widely acknowledged in the literature. Mental health practitioners and other healthcare providers are not equipped with the expertise or knowledge on how to diagnose and assist older people with autism, which is another major impediment to treatment. In addition, a sizable body of research addresses the pressing need to design specific interventions that respond to the topics of ageing and neurodiversity, particularly about mental health and social support. Another significant gap is the lack of longitudinal studies. There is limited knowledge regarding the maturational changes in autistic traits and needs, which poses a challenge to the development of proactive and sustainable support systems. Issues, like diagnosis, mental health, or access to healthcare, have been treated in isolation and in a piecemeal way by research, as opposed to in an integrated approach that encompasses the lifespan. Broadly, the literature highlights shortcomings in health, policy, and social inclusion. Adults with autism in later lifespan are scarcely visible in scholarly and policy writings, making the need to provide inclusive, age-and autism-sensitive services that can increase the quality of life both in later and lifetime even more urgent.

Chapter 3: Methodology

3.1 Introduction

In this chapter, the methodological approach used in conducting the research is explained. It has elaborated on the academic methodology poster, providing a detailed description of the desk-based and literature-based methods used. As the research employed only secondary research, the available peer-reviewed articles, books, and reports were critically examined to examine autism in older adults. This approach enabled the synthesis of a comprehensive range of scholarly evidence without requiring the collection of primary data. The aim of the research process described in this chapter was to identify, review, and analyze pertinent sources that informed the thematic findings presented in Chapter 4.

3.2 Search Strategy

Keywords were formulated according to the research title and objectives and included autism in older adults, ageing and autism, late-life autism diagnosis, and geriatric autism. Similar technical synonyms like autism spectrum disorder, neurodiversity, and older adults with autism were also employed. Search terms were combined using Boolean operators (AND, OR, NOT) to narrow the search, e.g., adult autism and older adults or adult autism and children. A scheduled search plan has been developed to document pertinent search combinations systematically, ensuring consistency and accuracy throughout the research process.

3.3 Searching for Information

Peer-reviewed sources were found in the academic databases of PubMed, PsycINFO, Google Scholar, and JSTOR. These databases were selected as they are credible, accessible, and cover a wide range of the psychological, medical, and social research literature. Search filters were used to narrow the search to English-language articles that were peer-reviewed and published between 2004 and 2024, so that the findings were based on more recent research.

The search was conducted iteratively, and further modifications were made to enhance relevance and coverage. As an example, an initial search with the terms autism and elderly was further narrowed down to late diagnosis of autism in older adults to filter for more precise results. A source-tracking table was created to capture important information, including author, year, methodology, and key findings. This systematic arrangement facilitated systematic analysis and helped identify emerging themes in the reviewed literature.

3.4 Research Validation

To verify the sources, the articles were initially filtered using the titles, abstracts, introductions, and conclusions to determine their relevance. The quality of each source was evaluated using the CRAAP test, which assesses Currency, Relevance, Authority, Accuracy, and Purpose. The search studies were given priority to those that exhibited good currency (within the last 10 years), relevance, and authority as determined by reputable journals or institutions.

Not all studies were included as required, but preference was given to peer-reviewed studies that offered an empirical or theoretical perspective. Indicatively, older previous studies were included solely because they presented critical theoretical knowledge that remains relevant to the current research. This ensured the final selection was reliable and scholarly.

3.5 Inclusion and Exclusion Criteria

The inclusion and exclusion criteria were well formulated to facilitate the quality, relevance, and credibility of the research sources that were selected to be used in this study. The number of peer-reviewed articles, books, and reports (2004-2024) was chosen as 25 articles were reviewed. These sources were specifically on autism in adults aged 50 years and older, and this is where the study concentrates on ageing and neurodiversity. Both qualitative and quantitative studies were included, which have provided an opportunity to gain a clear picture of the life experiences, diagnosis, and disease burden of older adults with autism. The studies were incorporated in case they focused on major themes such as late diagnosis, mental health and emotional well-being, social isolation, and access to healthcare services.

However, non-peer-reviewed materials like blogs, opinion pieces, and magazine articles were excluded as non-academic and lacking in verifiable information. Studies that involved only children, adolescents, or young adults were also eliminated to ensure that the study remained on the elderly autistic population. Also, articles that were not written in English and those that were not published since 2004 were excluded so that only recent and pertinent results were used in the analysis.

Using these inclusion and exclusion parameters, the research was well-focused on high-quality and evidence-based literature. This method improved the trustworthiness and dependability of the results and ensured that the study would represent the latest information and comprehension of autism in the elderly over the past twenty years.

3.6 Analysing Research

A thematic coding methodology was employed to facilitate a systematic analysis of the 25 selected sources. All the articles were carefully read to identify common ideas, concepts, and patterns associated with the four key themes of the study: late diagnosis, mental health, social isolation, and access to healthcare. In the first stage, open coding was used to identify key phrases, common findings, and theoretical insights that were recurrently found in the literature. These early codes were then narrowed down and made under larger thematic headings, which were directly connected with the research objectives.

Spreadsheets, tables, and colour-coded highlights, among others, were also used to document emergent themes and patterns, ensuring that the entire process was well-organized and accurate. This made it easy to compare studies, and there was uniformity in cross-cutting issues. After finalizing the themes, they were subjected to critical scrutiny to ensure that the themes accurately reflected the key discussions and gaps in the literature.

This is a systematic analytical procedure that has enabled the incorporation of results from various materials to adopt a broader and more descriptive approach to autism in elderly individuals.

Chapter 4: Findings and Discussion presents an evidence-based discussion and interpretation, grounded in the last thematic framework.

3.7 Ethical Considerations

This study employed only secondary research, so no primary data were collected, and therefore, no participant consent or ethical approval was required. There was also ethical integrity, as the authors' findings were properly represented, academic honesty was upheld, and the Harvard referencing style was consistently used throughout the report.

The references were made transparently to ensure credibility and prevent plagiarism. The researcher was objective in his choice and presentation of the literature, ensuring that interpretations were not biased or distorted by personal interests.

3.8 Chapter Conclusion

The chapter describes the secondary research process, which involved formulating keywords, conducting a systematic search of databases, and validating, selecting, and analyzing the literature thematically. A systematic approach was employed to ensure that only valid and relevant studies were incorporated, thereby enhancing the reliability of the findings.

Chapter 4: Analysis and Findings

This chapter presents the results of a comprehensive thematic analysis of 25 peer-reviewed papers, books, and reports that examined autism in adults over the age of 50. This analysis attempted to summarize the existing knowledge and establish the main patterns, challenges, and gaps surrounding aging in autism. The study targets older adults, one of the most underrepresented groups in autism research; therefore, it sheds light on such issues that have traditionally received little coverage despite their immense effects on the quality of life.

Based on the close examination of the chosen literature, four overall themes were identified that were regularly prominent: late diagnosis, mental health, social isolation, and access to healthcare and support services. These themes are indeed representative of the lived experiences of older adults with autism and the barriers within the system that impact their well-being. The discussion of each theme in this chapter is critical, and the interactions of individual traits, social situations, and healthcare structures are considered to affect future life outcomes.

The gaps in the existing research also lie in the lack of longitudinal studies, age-based diagnostic instruments, and interventions targeting older adults. The combination of results from several studies in this chapter enables the reader to clearly understand the challenges faced by elderly autistic individuals, and it forms the basis for some evidence-based recommendations later in the chapter.

4.1 Theme 1: Autism Diagnosed Late in the Adult Years.

The results of the thematic analysis outline that the late diagnosis is one of the most widespread and harmful issues older adults with autism have to cope with. In the literature, missed or late diagnosis is repeatedly associated with decades of misunderstanding in society, mental health burden, and the lack of relevant support networks. To a large extent, this issue is related to the fact that existing diagnostic frameworks were historically children-centric, especially for boys, and this aspect has not provided a set of adults with generations of diagnosis or misdiagnosis (Brugha et al., 2016). The diagnostic criteria and instruments generally applied in the first part of the 2000s were highly behavioral in nature and were unable to identify more subtle forms of autistic expression, particularly those that were masked by years of adaptation or learned, or culturally dictated by adulthood. Due to this, most older adults are only understood to be neurodivergent at

crisis points, whether because of mental health breakdown, unemployment, or because they are aging and develop age-related conditions that reveal suppressed characteristics.

A notable pattern currently observed in the research is the role of camouflaging and compensatory strategies, which have a significant impact on diagnostic delays. A study by Bradley et al (2021) has shown that most autistic adults have actively led a consciously deviant life, which hides their characteristics in order to conform to societal expectations, yet this is costly in a psychological context. The chronic camouflaging causes exhaustion, confusion of identity, and long-term emotional stress, but ironically, it also makes autism more difficult to identify in clinicians. This disguise will only be further reinforced as one grows older and thus traditional assessment instruments, mostly created in children, are ill-prepared to uncover ways of coping throughout life that are used to conceal autistic characteristics.

Another important obstacle is gender bias. Several studies declare that women are disproportionately in danger of lateness or delayed diagnosis because of the past-centric models of diagnosis (Hull et al., 2020). Nevertheless, later scholarship elaborates on this criticism by demonstrating that women are also underrepresented in the research pipeline, i.e., their presentations are not well understood. D'Mello et al. (2022) emphasize that women are systematically marginalized at different points of autism research, including recruitment to participation, which forms a leaky pipeline that prevents gender-sensitive improvements in diagnosing autism. Scientific supervision sustains diagnostic blind spots and creates the ongoing invisibility of autistic women in both clinical and academic domains.

Age-related health conditions also overlap with late diagnosis, making it even more difficult to detect. Many elderly people with autism develop mental issues, anxiety or behavioural problems that can easily be confused with dementia or any other age-related illness. Cloak et al. (2024) mention that behavioural and psychological manifestations of dementia are often confused with autistic features, which exacerbates the possibility of misdiagnosis in older adults. In a similar manner, emotional dysregulation, which is a significant aspect of autism throughout human development, has often been disregarded or viewed through the prism of mood disorders instead of neurodevelopmental disorders (Dell'Osso et al., 2023). This misunderstanding strengthens the errors in diagnosis and postpones access to the appropriate types of assistance.

The second one is the broader structural context. Groups of people who experience social stress, discrimination, and health disparity tend to be more frequently misdiagnosed (Dong et al., 2020). Ageing autistic adults, who in many instances have been raised in an era where there was limited recognition of neurodiversity, have been exposed to stigma and exclusion throughout their lives.

These experiences usually drove people into social isolation, the effects of which are found to have significant effects on mental health throughout the lifespan (Brandt et al., 2022). In this case, older adults often suppressed their hardships instead of resorting to support, and this created a loop by which their autism went unobserved.

The qualitative research also indicates that a significant number of older adults demonstrate frustration in dealing with life without understanding why they are different. Finch et al. (2022) explain how most adults reevaluate their life experiences following a diagnosis, frequently stating that they feel relieved, but also regret their missed opportunities, misguided treatments, and decades of self-blame. This underscores the emotional and psychological costs of late diagnosis, one of the aspects that have not been adequately covered in the existing literature.

Altogether, the results indicate that the problem of late diagnosis among older adults with autism is not merely a clinical negligence, but a multi-tiered and multi-faceted phenomenon with gender bias, lack of diagnostic instruments, stigma, and insufficient research inclusivity. To address these issues, it is necessary to consider age-specific assessment systems and enhance professional training to make neurodiversity more intersectional across the lifespan.

4.2 Theme 2: Mental Health Challenges

According to the thematic analysis, mental health problems can be viewed as one of the most significant and long-lasting challenges older autistic adults have to face. Studies indicate that there are always high levels of anxiety, depression, mood swings, and emotional dyscontrol in autistic people compared to the rest of the population (Uljarević et al., 2022). Nevertheless, when such difficulties arise later in life, they tend to represent the cumulative effect of decades of unmet needs, social exclusion, and the overshadowing of the testing. In comparison to the younger generations who might have been exposed to more advanced diagnostic models and early intervention routes, older autistic adults often report a long history of misidentification or misconception, which has a strong influence on the trajectory of mental health throughout their lives.

One of the most important aspects of this mental health burden lies in the ongoing impact of social marginalisation. Most older adult autistic individuals grew up at a time when autism was not well understood, under-recognised, or defined: e.g., it was only during DSM-III that autism was formally recognised in adulthood (Howlin, 2021). Before these advancements, adults with autistic characteristics tended to self-blame or were wrongly diagnosed based on psychiatry. This

historical context is necessary since most people came up with coping options based on the fear of stigma or the inability to get high-quality support. In the long run, such pressures lead to stress and low emotional health.

Furthermore, mental health degradation is closely related to late or untimely diagnosis. The literature exemplifies that when diagnosed in their later life, such individuals often have a high level of distress and maladaptive coping behaviours, as a sign of the years of improper support and misunderstanding of social interactions with peers (Mandy et al., 2022). These accumulative stressors are among the major distinctions between the mental health of older autistic adults and autistic individuals diagnosed at earlier stages in their lives. The mental tension of having to maneuver around an unaccommodating world is prone to cause chronic adverse effects that worsen as individuals age.

Old age is also a complication to mental health. Chronic health issues, like cardiovascular disease, diabetes and neurological decline, are more common in older adults with autism and independently coupled with psychiatric susceptibility (Ismail et al., 2021; Luca et al., 2024). Physical comorbidity coupled with autism-specific mental health issues leads to a compounded risk landscape. An example is that problems in communicating symptoms or self-advocating can result in under-treatment of bodily problems, which subsequently increase anxiety or depression. These bi-directional relations are indicative of the necessity for combined healthcare solutions, but these models are currently rare in practice.

A similar criticism that has been found in the literature is that there is a lack of mental health services to identify autistic presentations in older adults. The issue of diagnostic overshadowing is a common one: clinicians often project autistic characteristics onto dementia, personality-related disorders, or late-onset psychiatric disorders, cognitive inflexibility, sensory sensitivity, or communication dissimilarities (Happé et al., 2016). More recent empirical studies also prove that high levels of misdiagnosis by mental health professionals are perceived by autistic adults themselves (Kentrou et al., 2024). This continuous diagnostic muddiness results in inappropriate treatment, inability to receive an autism-informed treatment, and, in some instances, aggravated psychiatric symptoms caused by wrong interventions.

The other significant obstacle is that most mental health systems are modeled based on the neurotypical groups and do not consider the autistic emotional patterns. Indicatively, Hodges et al. (2020) note that most psychiatric screening instruments usually fail to recognize the autistic speech patterns (or sensory use) and end up inflating or falsely assessing mental health scores. In the absence of autism-sensitive assessment measures, clinicians will tend to under- or over-

pathologise the symptoms. The implications of this disparity in the accuracy of diagnosis for older adults are immense, given the complexity of their history and age-related changes that are already challenging to distinguish.

Most importantly, studies have shown that mental health problems among adults with autism do not always occur because of autism per se, but rather because of the years of adjusting to unfriendly environments. Klein and Klinger (2024) believe that it is possible to age well with autism and be included in the community and provided with individual mental health services. This implies that the issue of mental health disparity in older adults with autism can be seen as a socially constructed phenomenon and not something that necessarily happens due to neurology. On the same note, Malik-Soni et al. (2021) point out that the hindrances to healthcare access (both at the diagnosis stage and throughout adulthood) are causing a direct impact on mental health outcomes, which is why the system needs to be reformed.

Although it has been increasingly recognised, specialised services for older adult autistic adults are virtually non-existent. The literature is also a strong advocate of autism-inspired training for psychiatrists, psychologists, and geriatric professionals to ensure that neurodiversity is adequately considered throughout the aging experience. It is also evident that interventions in sensory areas, preferences in communication, and lived experiences of the individuals who were late diagnosed are called upon. In the absence of these customized supports, mental health disparities are likely to stay or even improve.

4.3 Theme 3: Social Isolation and Loneliness.

Social isolation and loneliness turned out to be one of the most acutely discussed problems of older adults with autism, which was also brought out in the literature as one of the older problems, but also a problem that seemed to be very pressing. The compound nature of autistic adults, compared to general ageing, is isolation, which is usually caused by retirement, bereavement, or inability to move, whereas the autistic person experiences a systemic failure to accommodate, even in adulthood (Mason et al., 2022). This cumulative impact leads to the creation of smaller, weaker, and more reliant on certain routines and settings, which may not carry over to later life.

Autistic adults are now aged over 50 years, and their early years have been marked by the lack of proper recognition of autism, and even the creation of diagnostic systems like DSM-III only happened in the 1980s (Rosen et al., 2021). To most people involves a process of negotiating social relationships without realising that they are neurodivergent, which results in repeated

incidences of being misunderstood, rejected or experiencing social withdrawal. These previous experiences in life have long-term effects on reduced social participation in later life. According to Posar and Visconti (2019), long-term results of autistic adults are extremely conditional on the early environmental background; therefore, older generations are the most susceptible to isolation, as they usually did not receive early intervention or inclusion in the community.

The essential arguments of social isolation are critical that the interpersonal issues are not intrinsic lacks in an autistic patient, but they are probably the result of social barriers ingrained in the expectations of neurotypical communicators. For example, McKnight-Lizotte (2018) notes that barriers to communication in workplaces are often related to employers' and coworkers' limited understanding of the communication styles of autistic individuals, rather than the autistic individual's inability to communicate. Decades on, these obstacles limit chances to establish meaningful relationships with each other, and many autistic adults will go into old age with less developed social relationships.

Social isolation is also brought about by environmental and structural barriers. Many older adult services, community programmes, and social clubs are not designed to support sensory sensitivities, social processing differences, or the need for predictable routines (Hickey et al., 2018). Studies have proven that it may be overwhelming for autistic adults who engage in no activity at all since the environment may be too noisy, have fluorescent lights, or its social requirements are unpredictable (Mayo Clinic, 2025). It is compounded by the fact that society continues to misinterpret autism, although it is getting more familiarised with it; certain elements of communication, empathy, and independence continue to create exclusionary dynamics (National Institute of Mental Health, 2024).

The process of ageing in itself is a physiological/psychological one, which also complicates the process of social participation. Age-associated and cellular senescence-related cognitive alterations, like the slower processing speed, lower emotional resilience, and greater stress susceptibility, could be disproportionately true of autistic adults who already possess sensory and emotional sensitivity (McHugh and Gil, 2017). Stress associated with individuals with autism as a result of lifetime adaptive needs has far-reaching consequences on the brain-body communication, affecting immune capacity, heart conditions and emotional stability (Mariotti, 2015). These biological effects are compounded by social exclusion, forming a feedback loop where poor health diminishes social engagement, which consequently leads to poorer health.

Isolation has not only social consequences but is also directly related to being at high risk of poor health. According to the National Institute on Ageing (2019), loneliness is a risk factor for depression, cognitive impairment, high blood pressure, and premature death in elderly people. The compounded effect is especially alarming when used by autistic adults who have certain predispositions to mental health conditions (Mughal et al., 2025). There is also evidence that emotional regulation is exacerbated by social isolation, which is observed throughout the autism spectrum and is more difficult in the absence of supporting social settings (Sreelakshmi et al., 2025).

More importantly, according to the literature, loneliness in adults with autism is not inescapable but the consequence of the absence of inclusive infrastructures in the system. Mason et al. (2022) suggest that Gerontautism, as a new understanding of autism in later adulthood, necessitates a reevaluation of existing services for older adults, which often assume normal social preferences. The social participation programmes should take into consideration sensory-friendly environments, predictable environments, straightforward communication techniques, and a small group setup that accommodates autistic interaction styles. The absence of such adaptations excludes older autistic adults, even though these services are expected to help alleviate loneliness among ageing groups.

Additionally, healthcare barriers are indirect causes of loneliness. Healthcare practitioners often treat autistic adults in a discriminatory or dismissive way, potentially preventing them from using routine health services and diminishing their chances to engage in socially related community health programmes (Schwarz et al., 2022). This is where a significant overlap is created: social isolation is both a product of social environments and institutional systems.

Overall, the literature demonstrates social isolation in older adults with autism as a complex issue that is structurally constructed and can not be explained in an individual-deficit paradigm. The cause of loneliness among this population is lifelong unmet social needs, unreachable surroundings, exclusion by the system and the ageing-related vulnerability. To deal with this challenge, there is a need to develop autism informed, sensory-sensitive, and socially supportive programmes that understand the different ways in which autistic adults interact and associate. The repetitive cycle of exclusion with its grave health effects is likely to continue and even intensify without systemic reform, as adults with autism will keep aging.

4.4 Availability of Health and Support Services

The provision of healthcare and support services stands out as one of the poorest areas in the autism and ageing literature, which are two of the most important and underdeveloped areas. The barriers that older autistic adults have to overcome in the way to receiving the proper care are a complex set of problems, most of which are deeply rooted in structural flaws of healthcare systems that are many years old. The system of diagnosis and service provision of autism is historically child-centred, and therefore older adults are being introduced to a system that has not been designed to serve their interests and lacks sufficient clinical knowledge (Rosen et al., 2021). This diagnostic heritage, having been developed over decades of changing criteria since the early characterisations of Kanner through to DSM-5, has led to the generation of autistic adults who are still largely unnoticed in geriatric health care provision.

One of the major challenges highlighted in the literature is the communication challenges that arise during clinical interactions. Healthcare settings are highly dependent on quick verbal communication, inference, and unspoken social norms, where a lot of autistic adults find problems with their whole lives. Straus et al. (2019) prove that even more younger individuals with autism experience a great deal of stress in clinical facilities because of sensory overstimulation, ambiguous communications, and unclear routines. These obstacles are probably heightened among the elderly who might be grappling with age-related sensory impairment or cognitive modifications, which only adds to their sidelining in healthcare experience.

The failure of professional knowledge and training among health practitioners is also equally problematic. Research indicates that clinicians often misinterpret or miss signs of autism in adults later in life, especially when the manifestation is subtle or complicated by comorbid factors (like anxiety, depression, or chronic disorders) (Schwarz et al., 2022). Such a lack of neurodiversity-based training can lead to misdiagnosis, delayed diagnosis, or an improper treatment plan. Adding to the situation is the fact that most diagnostic instruments remain unvalidated for use in older populations. Sreelakshmi et al. (2025) note that the currently used measures of assessment, most of which are designed to assess children, are not adjusted to adult development patterns.

A significant part is also played by environmental barriers. Bright lighting, crowded waiting rooms, and sensory stimuli are common in clinical settings, all of which may be a nightmare to autistic individuals (Straus et al., 2019). These sensory-related issues can make older autistic adults avoid care altogether, which adds to the failure to address medical requirements and worsens long-term outcomes. It is even more worrying considering that ageing alone predisposes to chronic health disorders, locomotion and cognitive impairment, making it more dependent on the responsive and available health care systems.

The literature also depicts that there is an overlap between social and systemic factors to form healthcare access. Stigmatisation experiences, which are based on misconceptions of autism in the society, restrict the readiness of persons to share their status or to push to obtain accommodations (Turnock et al., 2022). In the case of older adults who have received their diagnosis later or not at all, the sphere of healthcare interactions can turn into a place of anxiety, distrust, and the feeling of misunderstanding. In addition, the absence of integrated support services compels many individuals to navigate disjointed health and social care systems alone, which makes them feel isolated and less experienced with a continuum of care. The problem lies within the context of a larger body of evidence that social disconnectedness among ageing groups is more pronounced (Yoo-Jeong et al., 2025), implying that autistic elderly people suffer greater harm caused by the combined disadvantage of both age-related and disability-related factors.

Importantly, the literature highlights gaps in service provision at a systemic level. The geriatric-autism services offered by most nations are not specialised, and thus cannot meet the complex requirements of neurodiversity in ageing. Similar to the case of social isolation argued by Stewart et al. (2024), older adults with autism fall in between two service systems: autism support and geriatric services, neither of which adequately addresses the needs of older adults. This discontinuity is an indication of a chronic policy gap and lack of investment in lifespan autism research. Combined, the evidence highlights the necessity of having autism-seeking healthcare systems. The suggested measures include clinician education on neurodiversity competence, environmental modifications to clinical settings, transparent and consistent communication practices, and integrated care frameworks that unite physical, mental, and social healthcare. In the absence of these reforms, older people with autism will remain disproportionately at risk of ill health and systemic marginalisation.

4.5 Summary of Findings

The thematic analysis that was carried out in this research paper gives a general picture of the experiences, difficulties and unmet needs of autistic adults who are aged 50 years and above. Throughout the literature, there is a common trend: older adults with autism have a marginalised status in health, social and research systems, and this is leading to significant inequalities that are accrued throughout life. The results indicate that late diagnosis, mental health challenges, social isolation, and limited access to healthcare combine in intricate ways, resulting in the birth of a cycle of disadvantage that is further amplified in adulthood. This part will synthesise these patterns and critically discuss their interaction, as well as the overall gaps in existing knowledge.

Late and missed diagnoses are a leading theme in the literature, having significant effects on quality of life. People within the age bracket studied have been brought up by many generations, who have raised autism in an ill manner, defined it very narrowly, or stigmatised it culturally. This has led to the heavy detection of the newer adults with autism, as in large numbers, either not diagnosed, ignored or pathologised under different names. Such a historical background sets off a domino effect: without the opportunity to be acknowledged in time, people were deprived of support, adaptations, or social understanding during their school years, at work, and within their families. According to the literature, the later a person receives a diagnosis, the better it may make them clear and self-understanding, but it also leaves one with a sense of grief, remorse, or anger concerning decades of unmet needs. This highlights a systemic problem that is bigger than just autism. Autism has been framed and funded through the child-centric perspective, which means that adults are left in a vacuum when it comes to diagnosis and support.

The review also indicates that there are high levels of mental health disparities, and older autistic adults have high levels of depression, anxiety, stress, and trauma. Such challenges do not occur in isolation but are profoundly related to previous life events of social rejection, bullying, misdiagnosis and sensory overload. The innate stress caused by the need to make a living in a non-autism-friendly world develops over decades, which leads to poor mental health outcomes in later life. There are further structural hindrances in mental health services; clinicians are usually not trained on the presentation of autism, especially in the elderly, who may conceal the symptoms, or they may exhibit different behavioural patterns as compared to the younger generations. The consequences include inappropriate treatment, diagnostic overshooting, or total service exclusion. Therefore, mental disparities in older individuals with autism cannot be conceptualised without considering the systemic failures during the life span.

The next important observation is the overwhelming social isolation and loneliness, which are mentioned numerous times as one of the most harmful problems affecting this population. Social isolation of older adults with autism is not confined to those problems that are universally related to the ageing process, like bereavement or retirement. Rather, lifelong challenges encountered in the process of establishing and maintaining social relationships, the absence of a feeling of belonging to a community, sensitivities to sensory experiences, and prevalent societal stigma contribute to this magnification. Poor chances of meaningful interactions lead to a decline in social network quality and a low quality of life. The literature has repeatedly emphasised the necessity of systematic, autism-sensitive social programs that meet sensory requirements, lay emphasis on

predictability, and utilise small-group interactions. However, these efforts are rare, and they also indicate systemic disregard for this group.

The thematic analysis also shows severe limitations connected to access to healthcare and support services, in which older autistic adults experience some of the most critical disparities. Most of them have communication problems when attending the clinic, increased sensory pain in the clinical facility and provide a knowledge gap on autism in adulthood. The diagnostic processes and health care models are poorly prepared to deal with the overlap of autistic characteristics with the age-related health conditions, and consequently causes delays in treatment and the lack of medical needs. Moreover, in the majority of countries, services remain weakly integrated, and physical health, mental health, and social care are not well interconnected, resulting in a divide between the needs of the autistic population, which might need well-coordinated and specialist care. The results depict that there is a dire need to identify neurodiversity-affirming healthcare models that would acknowledge the unique needs of older adults with autism.

Altogether, the identified themes, i.e., late diagnosis, mental health issues, social isolation, and limited access to healthcare, make a picture of decades-long neglect on the system level. Significantly, these problems are not isolated; instead, they build upon one another, resulting in disadvantage throughout the lifespan. As an example, late diagnosis is one of the factors of poor mental conditions that subsequently increase the level of social isolation and diminish the interest in healthcare services. Similarly, social isolation exposes and aggravates preexisting mental health struggles and predisposes a person to physical health deterioration, and unavailable healthcare settings reduce the chances of receiving support or intervention in time.

CHAPTER 5: Conclusion and Recommendations

5.1 Conclusion

This dissertation proposes to investigate the experiences, challenges, and unmet needs of autistic adults aged 50 years and older as a group that has long been neglected in research and service delivery. The study, through a systematic, thematic review of the recent literature, found a number of issues, which are interrelated, such as late and missed diagnosis, huge inequalities in mental health, widespread social isolation, and significant obstacles to healthcare and support services. Together, these themes point to a systematic neglect trend that determines the life path of older autistic adults, which tends to lead to their poorer health outcomes, lower quality of life, and lack of psychosocial needs.

One of the key observations is that a number of older adults with autism were brought up in the times when autism was not well understood, highly stigmatised or narrowly described in diagnostic manuals. Consequently, great numbers were raised to be unaware of their neurodiversity, nor did they always receive the appropriate diagnosis of another psychiatric or behavioural disorder. Such a historical diagnosis crisis continues to have a significant impact on their lives; those who were not identified in a young age could not receive education, jobs, and social assistance. A later diagnosis can bring about some clarity, yet it will also reveal decades of inadequate support and ensuing challenges that could have been avoided.

The review also determines that among older adults with autism, the rates of mental health issues, such as depression, anxiety, chronic stress, and trauma, are disproportionately high. These circumstances are caused by the long-term effects of social rejection, sensory overload, inaccessible spaces, and the ongoing lack of understanding among peers and professionals. Although this poses a high risk, mental health services are ill-equipped to cater for the older autistic individuals. Inaccessibility to effective care remains a problem due to diagnostic overshadowing, inadequate clinician training, and improper treatment strategies. This highlights the need to come up with autism-based mental health practices that address the needs of older adults.

The other important theme is the social isolation and loneliness that is permeating. These are not limited to the normal ageing issues like bereavement or retirement. In autistic adults, social marginalisation is exacerbated by an inability to establish relationships, sensorial sensitivity, poor attitudes towards them in society, and inaccessible neurodiverse environments. The effects of this isolation, such as escalated mental health degradation, cognitive, and physical health decline, highlight why supportive, autism-centred community programmes are critical.

The results also demonstrate that there are major obstacles to accessing healthcare services. Clinical settings are often characterized by sensory challenges, communication issues are widespread, and most health care providers do not have adequate information about autism later in life. Moreover, the disintegration of the physical, mental, and social care systems poses an additional challenge to the autistic adults in need of integrated assistance. Older autistic people will remain exposed to disproportional health inequalities unless significant changes are made in clinical practices and health policy.

Altogether, this paper comes to the conclusion that the issues of older autistic adults are not predetermined by age effects but are mostly due to the failures of the structure, neglect by institutions, and gaps in the research, policy, and practice of autism. These issues require a multi-tiered solution and understanding that involves clinicians, policymakers, community organizations, and society as a whole. The recommendations listed below provide evidence-based, practical measures to enhance the lives of autistic adults as they age.

5.2 Recommendations

Based on the results of this review, a multidimensional set of recommendations will be presented, aiming to address the complex nature of issues faced by autistic adults aged 50 years and above. These recommendations span policy formulation, healthcare transformation, the provision of mental health services, and social inclusion. They all strive to minimise systemic inequalities, improve the quality of life, and ensure that ageing autistic people receive equal and respectful support throughout their lifespan.

5.2.1 Recommendations at the Policy Level

1. Create National Autism Strategies that Fundamentally Incorporate Older Adults

Most of the present-day approaches to autism in most countries are still very much child-centred, as this can be attributed to historical beliefs that autism is mainly a childhood condition. In order to fill this gap, governments ought to develop national systems that clearly integrate the needs of adult autistic persons aged 50. These measures should map out clear directions for late-life evaluation, long-term assistance, job maintenance or access, affordable housing, and integrated healthcare. Incorporating older autistic adults into policy helps to influence in such a way that

ageing does not lead to the withdrawal of services or the neglect of older adults, but it becomes a structured and supported phase of life.

2. Further Investment in Autism and Ageing Research

Although there has been an increased awareness of gerontautism, studies of autism during adulthood are fairly underdeveloped. Funding agencies must focus on longitudinal and interdisciplinary research that focuses on cognitive ageing, physical health, mental health development, and the effects of lifelong stress on autistic adults. Further, inclusive studies are also needed to reflect populations that have traditionally been marginalised in the discourse of autism, like autistic women, ethnic minorities, autistic adults, and people with co-occurring disability or chronic illnesses. The growth of research will provide the evidence base for targeted interventions and improved clinical practice.

3. Autism-Specific Health and Social Care Professional Requirement

One of the most common issues that was raised in the literature is the general deficiency of knowledge about autism among practitioners. Policymakers need to make autism education mandatory in geriatric medicine, psychiatry, primary care, and social work. This training should not be confined to the awareness level, but should provide professionals with the practical skills necessary to detect sensory needs, comprehend communication differences, identify the presentation of autism in late life, and also prevent diagnostic overshadowing. This recommendation is crucial in the improvement of the diagnostic accuracy, the avoidance of misinterpretation of the autistic characteristics as dementia or mental illness, and the provision of person-centred care.

5.2.2 Recommendations of the Healthcare System

4. Create Autism-Inclusive Clinical Environments

The healthcare environments must be restructured to meet the sensory and communication requirements of older adults with ASD. Some of these adjustments can include offering quiet waiting rooms, minimising light and noise, providing flexible scheduling, and maintaining simple and clear communication. These adaptations not only make things more comfortable, but they also make the process of receiving healthcare more anxiety-free, engaging, and accurate in

diagnosis. The inclusion of autism within the environment should be regarded as the norm and not an extravagant addition.

5. Introduce Integrated and Coordinated Care Models

The elderly with autism often deals with disjointed systems relating to physical health, mental health, and social care. ICPs are thus necessary. These models aim to allocate a care coordinator/key worker who provides continuity, advocacy, and individualised support to ensure that people do not fall through the gaps between service provision. The multi-condition autistic adult with a communication issue or an autistic adult who lacks the support of a family is one such area where coordinated care is especially essential.

6. Increase Late-Life Diagnostic Services

Because of the way autistic adults were underdiagnosed historically, large groups of adults aged 50 and older are yet to be diagnosed, thus they do not receive support. Healthcare systems should develop diagnostic services tailored to the elderly. This involves the creation and testing of age-relevant assessment instruments, the adaptation of interview procedures based on memory or communication dissimilarities and educating clinicians in identifying the difference between autism characteristics and age-associated cognitive variations. Enhanced access to diagnosis is one of the important measures in overcoming decades of unmet demand.

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