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Towards the equal recognition of autism in girls and women

Diagnosis rates between the sexes may be more equal than previously thought

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Autism has long been regarded as a condition that predominantly affects the male sex, with even the DSM-5 (*Diagnostic and Statistical Manual of Mental Disorders*, fifth edition) stating a male to female ratio of 4:1 for diagnoses. More recent research, as well as common self-reported experiences of autistic women,[1] suggest that the true ratio is less skewed and that current practices are failing to recognise autism in many women until later in life, if at all. A 2017 meta-analysis of research before 2011 suggests a lower but still skewed ratio of 3:1.[2] This is an area of active research with multiple competing and complementary hypotheses.[2-6]

The harms of underdiagnosis and misdiagnosis of autism in women—harms that are infrequently reported in medical research but are often discussed in the autistic community—extend beyond barriers to appropriate interventions, supports, and accommodations afforded to correctly diagnosed autism in women. For example, in a report from the Autistic Women's and Nonbinary Network, patient Helena described how before her autism diagnosis, her misdiagnosis of borderline personality disorder led to a stay for a year and a half on a psychiatric ward. "I think they were misinterpreting everything I did and assigned me motivations I didn't have . . . Possibly that partly explains why the treatment was quite ineffective and why I stayed so long and they didn't know what to do with me."[1]

The linked study by Fyfe and colleagues (doi:10.1136/bmj-2025-084164) suggests that autism may actually occur at comparable rates among male and female cohorts.[7] The authors examined diagnosis rates of autism in Sweden for all people born between 1985 and 2000. They found that although the male cohort was more likely to have a diagnosis of autism before adolescence, the female cohort then caught up, giving a male to female ratio approaching 1:1. The authors attempted to disentangle three overlapping potential phenomena: that societal variables affecting the likelihood of autism (eg, parental age) are changing over time (a birth cohort effect), that the rates at which autism are recognised by screening and diagnostic procedures is changing over time (a period effect), and that the likelihood of an individual being newly diagnosed as autistic varies with that person's age (an age effect.)

At least two findings are notable about the most recent screening data in the study. Firstly, screenings are resulting in more even rates of diagnosis between the sexes over time. This is evident when the DSM-5's 4:1 male to female ratio is compared with figure 2 (2022 screenings) in the paper, in which the cumulative rates for both sexes are essentially indistinguishable by age 35 years. Secondly, the age effect remains striking even with these recent diagnoses. The same figure shows that at age 5 years, the male to female ratio is greater than 3:1, and that it does not reach 1:1 until age 14 or 15 years.

This evidence seems to support the argument that systemic biases in diagnosis, rather than a true gap in incidence, underlie the commonly accepted 4:1 male to female ratio.[2] These biases have meant that a girl who would ultimately have a diagnosis of autism would have a less than third of a chance of receiving a diagnosis before the age of 10 years.

The skew in male to female ratio in childhood may or may not be misleading. It could be that the onset of autistic traits is delayed in females; if that is the case, it may be unreasonable to assume that autism is being missed in young girls. It might, however, suggest that the assessment tools contain sex biases and need reworking. Might it be possible to capture autism earlier in girls with refined measurement tools? Or are girls, out of instinct or necessity, more convincingly masking their autistic traits from an early age, with greater pressure to act neurotypical or fit in with their peers?

The explanation for why autism is diagnosed later in girls and women compared with boys and men is possibly twofold. Firstly, sex differences are likely in the presentation of autistic traits, especially in childhood. Secondly, informers (eg, parents, teachers) and diagnosticians might expect females to be less likely to be autistic and develop a bias against recognising autistic traits in girls.[8] With current common assessment tools, autistic girls perform at more typical levels than autistic boys in all three diagnostic domains of autism: socialisation, restricted and repetitive behaviours and interests, and communication.[9] Research has suggested that among autistic children aged 7-13 years, girls perform at higher levels than boys in assessments of social adaptive functioning.[9] However, autistic girls experience a surge of social difficulty from late childhood through adolescence.[10] Furthermore, among autistic people without intellectual disability, females across the lifespan show lower levels of restricted and repetitive behaviours and interests—at least according to common assessment tools, which may themselves include sex related biases (eg, questions about trains but not about dolls).[11 12] Finally, just as with the non-autistic population, autistic girls outperform autistic boys in the area of linguistic abilities.[13]

Studies like that of Fyfe and colleagues are essential to changing the assumption that autism is more prevalent in the male sex than in the female sex. As autistic girls and women await proper diagnosis, they are likely to be (mis)diagnosed with psychiatric

conditions,[14] especially mood and personality disorders,[15] and they are forced to self-advocate to be seen and treated appropriately: as autistic patients, just as autistic as their male counterparts.

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1 Kim C. Autistic Women: Misdiagnosis and the Importance of Getting it Right. Autistic Women and Nonbinary Network (AWN). 2013. https://awnnetwork.org/autistic-women-misdiagnosis-and-the-importance-of-getting-it-right/

2 Loomes R, Hull L, Mandy WPL. What Is the Male-to-Female Ratio in Autism Spectrum Disorder? A Systematic Review and Meta-Analysis. *J Am Acad Child Adolesc Psychiatry* 2017;56:-74. doi: 10.1016/j.jaac.2017.03.013 pmid: 28545751

3 Bölte S, Neufeld J, Marschik PB, Williams ZJ, Gallagher L, Lai MC. Sex and gender in neurodevelopmental conditions. *Nat Rev Neurol* 2023;19:-59. doi: 10.1038/s41582-023-00774-6 pmid: 36747038

4 Lyall K, Croen L, Daniels J, etal. The Changing Epidemiology of Autism Spectrum Disorders. *Annu Rev Public Health* 2017;38:-102. doi: 10.1146/annurev-publhealth-031816-044318 pmid: 28068486

5 Lockwood Estrin G, Milner V, Spain D, Happé F, Colvert E. Barriers to Autism Spectrum Disorder Diagnosis for Young Women and Girls: a Systematic Review. *Rev J Autism Dev Disord* 2021;8:-70. doi: 10.1007/s40489-020-00225-8 pmid: 34868805

6 Duvekot J, van der Ende J, Verhulst FC, etal. Factors influencing the probability of a diagnosis of autism spectrum disorder in girls versus boys. *Autism* 2017;21:-58. doi: 10.1177/1362361316672178 pmid: 27940569

7 Fyfe C, Winell H, Dougherty J, etal. Time trends in the male-to-female ratio for autism incidence: population based, prospectively collected, birth cohort study. *BMJ* 2026;392:e084164. doi: 10.1136/bmj-2025-084164

8 Lai MC, Szatmari P. Sex and gender impacts on the behavioural presentation and recognition of autism. *Curr Opin Psychiatry* 2020;33:-23. doi: 10.1097/YCO.0000000000000575 pmid: 31815760

9 Szatmari P, Georgiades S, Duku E, etalPathways in ASD Study Team. Developmental trajectories of symptom severity and adaptive functioning in an inception cohort of preschool children with autism spectrum disorder. *JAMA Psychiatry* 2015;72:-83. doi: 10.1001/jamapsychiatry.2014.2463 pmid: 25629657

10 Mandy W, Pellicano L, St Pourcain B, Skuse D, Heron J. The development of autistic social traits across childhood and adolescence in males and females. *J Child Psychol Psychiatry* 2018;59:-51. doi: 10.1111/jcpp.12913 pmid: 29672866

11 Wilson CE, Murphy CM, McAlonan G, etal. Does sex influence the diagnostic evaluation of autism spectrum disorder in adults? *Autism* 2016;20:-19. doi: 10.1177/1362361315611381 pmid: 26802113

12 Knutsen J, Crossman M, Perrin J, Shui A, Kuhlthau K. Sex differences in restricted repetitive behaviors and interests in children with autism spectrum disorder: An Autism Treatment Network study. *Autism* 2019;23:-68. doi: 10.1177/1362361318786490 pmid: 30047281

13 Conlon O, Volden J, Smith IM, etalPathways in ASD Study Team. Gender Differences in Pragmatic Communication in School-Aged Children with Autism Spectrum Disorder (ASD). *J Autism Dev Disord* 2019;49:-48. doi: 10.1007/s10803-018-03873-2 pmid: 30627893

14 Kentrou V, Oostervink M, Scheeren A, Begeer S. Stability of co-occurring psychiatric diagnoses in autistic men and women. *Res Autism Spectr Disord* 2021;82:101736. doi: 10.1016/j.rasd.2021.101736.

15 Martini MI, Kuja-Halkola R, Butwicka A, etal. Sex differences in psychiatric diagnoses preceding autism diagnosis and their stability post autism diagnosis. *J Child Psychol Psychiatry* 2025. doi: 10.1111/jcpp.14130