



King's Research Portal

DOI:

[10.1016/S2215-0366\(19\)30181-6](https://doi.org/10.1016/S2215-0366(19)30181-6)

Document Version

Peer reviewed version

[Link to publication record in King's Research Portal](#)

Citation for published version (APA):

Kim, J. Y., Son, M. J., Son, C. Y., Radua, J., Eisenhut, M., Gressier, F., Koyanagi, A., Carvalho, A. F., Stubbs, B., Solmi, M., Rais, T. B., Lee, K. H., Kronbichler, A., Dragioti, E., Shin, J. I., & Fusar-Poli, P. (2019). Environmental risk factors and biomarkers for autism spectrum disorder: an umbrella review of the evidence. *The Lancet Psychiatry*, 6(7), 590-600. [https://doi.org/10.1016/S2215-0366\(19\)30181-6](https://doi.org/10.1016/S2215-0366(19)30181-6)

Citing this paper

Please note that where the full-text provided on King's Research Portal is the Author Accepted Manuscript or Post-Print version this may differ from the final Published version. If citing, it is advised that you check and use the publisher's definitive version for pagination, volume/issue, and date of publication details. And where the final published version is provided on the Research Portal, if citing you are again advised to check the publisher's website for any subsequent corrections.

General rights

Copyright and moral rights for the publications made accessible in the Research Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognize and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the Research Portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the Research Portal

Take down policy

If you believe that this document breaches copyright please contact librarypure@kcl.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.

1 **Article**

2 **Environmental risk factors and biomarkers for autism spectrum disorder: an umbrella**
3 **review of the evidence**

4

5 Jong Yeob Kim¹, Min Ji Son¹, Chei Yun Son², Joaquim Radua^{3, 4, 5, 6}, Michael Eisenhut⁷,
6 Florence Gressier⁸, Ai Koyanagi^{9, 10}, Andre F. Carvalho^{11, 12}, Brendon Stubbs^{13, 14}, Marco
7 Solmi^{15, 16, 17}, Theodor B. Rajs¹⁸, Keum Hwa Lee¹⁹, Andreas Kronbichler²⁰, Elena Dragioti²¹,
8 Jae Il Shin¹⁹ and Paolo Fusar-Poli^{17, 22, 23}

9

- 10 1. Yonsei University College of Medicine, Seoul, Republic of Korea.
- 11 2. Department of Psychological & Brain Sciences, Washington University in St. Louis,
12 MO, USA.
- 13 3. Early Psychosis: Interventions and Clinical-detection (EPIC) Lab, Department of
14 Psychosis Studies, Institute of Psychiatry, Psychology & Neuroscience, King's College
15 London, London, United Kingdom.
- 16 4. FIDMAG Germanes Hospitalaries, CIBERSAM, Barcelona, Spain.
- 17 5. Centre for Psychiatry Research, Department of Clinical Neuroscience, Karolinska
18 Institute, Stockholm, Sweden.
- 19 6. Institut d'Investigacions Biomèdiques August Pi i Sunyer (IDIBAPS), Barcelona,
20 Spain.
- 21 7. Department of Pediatrics, Luton & Dunstable University Hospital NHS Foundation
22 Trust, Luton, United Kingdom.
- 23 8. CESP, Inserm UMR1178, Department of Psychiatry, Assistance Publique-Hôpitaux
24 de Paris, Bicêtre University Hospital, Le Kremlin Bicêtre, France.
- 25 9. Research and Development Unit, Parc Sanitari Sant Joan de Déu, Universitat de
26 Barcelona, Fundació Sant Joan de Déu, Barcelona, Spain.
- 27 10. Instituto de Salud Carlos III, Centro de Investigación Biomédica en Red de Salud
28 Mental, CIBERSAM, Madrid, Spain.
- 29 11. Centre for Addiction & Mental Health, Toronto, Ontario, Canada.
- 30 12. Department of Psychiatry, University of Toronto, Toronto, Ontario, Canada.

- 1 13. Physiotherapy Department, South London and Maudsley NHS Foundation Trust,
2 London, United Kingdom.
- 3 14. Department of Psychological Medicine, Institute of Psychiatry, Psychology and
4 Neuroscience, King's College London, London, United Kingdom.
- 5 15. Department of Neurosciences, University of Padua, Padua, Italy.
- 6 16. Neurosciences Center, University of Padua, Padua, Italy.
- 7 17. Early Psychosis: Interventions and Clinical-detection (EPIC) lab, Department of
8 Psychosis Studies, Institute of Psychiatry, Psychology & Neuroscience, King's College
9 London, London, United Kingdom.
- 10 18. Department of Psychiatry, University of Toledo Medical Center, Toledo, Ohio, USA.
- 11 19. Department of Pediatrics, Yonsei University College of Medicine, Seoul, Republic of
12 Korea.
- 13 20. Department of Internal Medicine IV, Medical University Innsbruck, Anichstraße 35,
14 6020, Innsbruck, Austria.
- 15 21. Pain and Rehabilitation center and Department of Medicine and Health Sciences
16 (IMH), Faculty of Health Sciences University of Linköping, SE- 581 85 Linköping, Sweden.
- 17 22. OASIS service, South London and Maudsley NHS Foundation Trust, London,
18 United Kingdom.
- 19 23. Department of Brain and Behavioral Sciences, University of Pavia, Pavia, Italy.

20

21 *Corresponding Author:

22 Dr. Paolo Fusar-Poli, MD.

23 Address: Department of Psychosis Studies, Institute of Psychiatry, Psychology &
24 Neuroscience, London SE5 8AF, UK

25 Tel: +44 (0) 20 7848 0900; fax: +44 (0) 20 7848 0976; E-mail: paolo.fusar-poli@kcl.ac.uk

26 Prof. Jae Il Shin, MD.

27 Address: Yonsei-ro 50, Seodaemun-gu, C.P.O. Box 8044, Department of Pediatrics, Yonsei
28 University College of Medicine, Seoul 120-752, Korea

29 Tel.: +82-2-2228-2050; Fax: +82-2-393-9118; E-mail: shinji@yuhs.ac

30

31

1 * Jong Yeob Kim, Min Ji Son, and Chei Yun Son contributed equally to this article as co-first
2 authors and Jae Il Shin and Paolo Fusar-Poli are joint co-corresponding authors.

3

4 **Manuscript word count: 4455 words**

5

1 **ABSTRACT**

2 **Background**

3 Numerous studies have identified the potential risk factors and biomarkers for autism
4 spectrum disorder (ASD). We aim to study the strength and validity of the suggested
5 environmental risk factors or biomarkers of ASD.

6 **Methods**

7 We conducted an umbrella review and systematically appraised the relevant meta-analyses of
8 observational studies (PROSPERO registration: CRD42018091704). We searched PubMed,
9 Embase, and Cochrane Database of Systematic Reviews from inception to 10/17/2018 and
10 screened the reference list of relevant articles. We obtained the summary effect, 95%
11 confidence interval (CI), heterogeneity, and 95% prediction intervals. We examined small
12 study effects and excess significance. We performed analyses under credibility ceilings.

13 **Findings**

14 A total of 46 eligible articles yielded data on 67 environmental risk factors (cases=544212,
15 population=81708787) and 52 biomarkers (cases=15614, controls=15417). Evidence of
16 association was convincing for greater maternal age (RR=1.31, 95% CI=1.18 to 1.45),
17 maternal chronic hypertension (OR=1.48, 95% CI=1.29 to 1.70), maternal gestational
18 hypertension (OR=1.37, 95% CI=1.21 to 1.54), maternal overweight (RR=1.28, 95%
19 CI=1.19 to 1.36), preeclampsia (RR=1.32, 95% CI=1.20 to 1.45), pre-pregnancy maternal
20 antidepressant exposure (RR=1.48, 95% CI=1.29 to 1.71), and selective serotonin reuptake
21 inhibitor (SSRI) exposure during pregnancy (OR=1.84, 95% CI=1.60 to 2.11). Only two
22 associations, maternal overweight and SSRI during pregnancy, retained high level of
23 evidence under subset sensitivity analyses. Evidence from biomarkers was limited.

24 **Interpretation**

25 Convincing evidence suggests that maternal factors such as age and features of metabolic
26 syndrome are associated with risk of ASD. SSRI use during pregnancy was also convincingly
27 associated with risk of ASD when exposed and non-exposed groups were compared.
28 However, there is a possibility that the association is affected by other confounding factors,
29 considering that pre-pregnancy maternal antidepressant exposure was also convincingly
30 associated with higher risk of ASD. Findings from prior studies suggest that one possible
31 confounding factor is underlying maternal psychiatric disorders.

1 **Funding**

2 None.

3

4 **Key words:** autism; risk factors; environment; epidemiology; meta-analysis; umbrella review

5

1 INTRODUCTION

2 Autism spectrum disorder (ASD) is a leading cause of disability in children, and often
3 requires high levels of support, which impose a high cost on society and a substantial
4 economic, emotional, and physical burden on affected families.¹⁻⁴ The prevalence of ASD
5 was estimated to be 2.47% in US children and adolescents,⁵ and 7.6 per 1000 persons
6 globally, accounting for 111 disability-adjusted life years per 100000 global population.²

7 Given limited clinical and epidemiological evidence of remission in ASD,² numerous
8 investigations focused to better understand and advance risk prediction and prevention of
9 ASD. The etiology of ASD is believed to be multifactorial, with various genetic
10 predispositions and environmental (non-genetic) risk factors having shown to be associated
11 with an increased risk of ASD.⁶⁻¹¹ There have been remarkable advances in the knowledge of
12 genetic causes of autism by the efforts made in the field of genetics, yet the exact genes are
13 not clear. In addition, the results on associations of various kinds of environmental factors for
14 ASD have been inconsistent, and hierarchies of evidence have not been determined across
15 different factors, while it is unclear if these risk factors are prone to biases.

16 There have been numerous cohort and case-control studies reporting various kinds of
17 significant environmental risk factors or biomarkers of ASD, and these have also been meta-
18 analyzed by combining the results of multiple studies.¹² However, these analyses are usually
19 limited to one specific topic, and assessment of various kinds of biases in literature is often
20 insufficient. Claimed statistically significant associations are susceptible to biases such as
21 publication bias, reporting bias, and residual confounding bias, resulting in false positives¹³
22 or inflated estimates¹⁴ of the association. Such problems have resulted in an excess amount of
23 statistically significant associations ($p < 0.05$) in psychological science and other medical
24 fields.^{15,16} Recently, one systematic overview has comprehensively identified and analyzed

1 possible environmental risk factors of ASD.⁷ While this overview was informative,
2 quantitative assessment of bias was also incomplete because it relied on reports from the
3 original studies, and definite criteria for determining the credibility of the associations were
4 lacking. To overcome these limitations, we conducted an umbrella review of the relevant
5 meta-analyses. We aimed to generate a hierarchy of evidence and examine true
6 noteworthiness of the suggested environmental risk factors and biomarkers for ASD.

7

1 **METHODS**

2 **Literature search strategy and eligibility criteria**

3 We followed the pre-specified protocol registered in PROSPERO (registration:
4 CRD42018091704).¹⁷ Three investigators (JYK, MJS, and CYS) searched PubMed, Embase,
5 and Cochrane Database of Systematic Reviews from inception to 10/17/2018. We used the
6 following search algorithm: (Asperge* [All Fields] OR autis* [All Fields]) AND meta [All
7 Fields]. We obtained the eligible articles by consecutively examining the titles, the abstracts,
8 and then the full-text (figure 1). We further manually searched the references of the relevant
9 articles and attempted to identify and include eligible studies. Disagreements were resolved
10 by discussion by JYK, MJS, CYS, and JIS.

11 We included meta-analyses of observational studies examining associations between ASD
12 and potential environmental risk factors or biomarkers. The definition of ASD followed that
13 of the original meta-analysis, while the definition of risk factors and biomarkers followed that
14 of the World Health Organization.^{18,19} Biomarkers were defined as any substance, structure,
15 or process that can be measured in the body or its products and influence or predict the
16 incidence of outcome or disease.¹⁸ Risk factors were defined as any attribute, characteristic or
17 exposure of an individual that increases the likelihood of developing a disease or injury.¹⁹

18 We screened for articles without language restriction. We only included meta-analyses that
19 reported either effect estimates of individual study estimates or the data necessary to calculate
20 these. When two or more meta-analyses existed for an association, we included the most
21 recent meta-analysis with the largest number of studies.

22

23 **Data extraction**

1 From each meta-analysis, we extracted the first author, publication year, risk factor or
2 biomarker of interest, number of ASD cases and total participants, maximally adjusted
3 individual study estimates and corresponding 95% confidence intervals (CI), metrics used for
4 analyses such as mean difference, Hedges' g, Cohen's d, odds ratio (OR), or risk ratio (RR),
5 and individual study designs (i.e. cohort design, case-control design, etc.).

6

7 **Data analysis**

8 We adopted a series of statistical tests, developed and reproduced in previous umbrella
9 reviews.²⁰⁻²⁵ We performed re-analysis on each eligible meta-analysis with individual study
10 estimates extracted from each meta-analysis. We calculated the summary effect size, 95% CI,
11 and p value of eligible meta-analyses using both fixed and random effects model. Statistical
12 significance was claimed at p value < 0.05. We further assessed p values below thresholds
13 such as 10^{-3} or 10^{-6} .^{26,27} Additionally, we checked whether the summary effect of the random
14 effects meta-analysis and the effect of its largest component study (the study with smallest
15 standard error) showed concordance in terms of statistical significance.^{20-22,24,25} We also
16 checked whether the standard error of the largest study is below 0.10, which is considered as
17 precise effect size.²³ We performed Cochran's Q test and calculated the I^2 statistic for
18 evaluation of heterogeneity.^{28,29} We estimated the 95% prediction interval, which is the range
19 where we expect the effect of the association will lie for 95% of similar studies in the
20 future.³⁰ We assessed the presence of small study effects, i.e. large studies having
21 significantly more conservative results than smaller studies, with the regression asymmetry
22 test proposed by Egger et al.³¹ For statistically significant random effects meta-analysis, we
23 adopted the test for excess significance bias, which evaluates whether the observed number of
24 nominally statistically significant studies (p value < 0.05) is too large compared to their
9

1 expected number.^{32,33} We applied various credibility ceilings to individual observational
2 studies to account for their potential methodological limitations that might result in spurious
3 significant results for the meta-analyses.^{34,35} Details of these analytic methods are further
4 explained in the supplementary material. All statistical tests were two-sided. The software
5 used for the analysis was Comprehensive Meta-analysis ver.3.3.070 (Borenstein, NH, USA),
6 RStudio ver. 1.1.453., and R package “metafor” ver.2.0-0 and “pwr” ver.1.2-2.³⁶⁻³⁸

7

8 **Determining the credibility of evidence**

9 In accordance with previous umbrella reviews,^{20-25,39,40} we categorized the strength of the
10 evidence of biomarkers or environmental risk factors for ASD into five levels: convincing
11 (class I), highly suggestive (class II), suggestive (class III), weak (class IV), and not
12 significant (NS). Criteria for the level of evidence used p values under random effects model,
13 the number of ASD cases, heterogeneity presented as I^2 , small study effects, excess
14 significance bias, effect estimate under 10% credibility ceiling, and 95% prediction interval
15 (criteria presented in table 1). For associations classified as convincing or highly suggestive
16 evidence, we performed four kinds of subset analyses to confirm the robustness of the
17 associations: We performed subset analyses restricted to prospective cohort studies, cohort
18 studies, study estimates adjusted for covariates, or component studies that ascertained ASD
19 cases using diagnostic methods in line with DSM-III/IV/V or ICD-8/9/10 (which are
20 considered as robust measures compared to other methods such as self-reports). For any
21 associations based on both cohort study(s) and case-control study(s), we also performed
22 subgroup analyses, and assessed whether heterogeneity between the effect of the two
23 subgroups was significant (p value < 0.1 for Cochran’s Q test). We also recorded reports
24 from meta-analyses and individual studies of differences of effect of environmental risk

10

1 factor of ASD according to important factors such as sex differences and presence of
2 intellectual disability.

3

4 **Role of the funding source**

5 There was no funding source for this study. All authors had full access to all the study data
6 and the corresponding authors had final responsibility for the decision to submit for
7 publication.

8

1 RESULTS

2 A total of 1699 potentially eligible articles were identified by the initial search (figure 1).
3 After screening by title, abstract, and full-text, 46 articles were thought eligible for our
4 umbrella review. Fourteen articles were excluded in the full-text screening because a larger
5 meta-analysis was available (table S1). The eligible 46 articles^{12,41-85} yielded 119 associations
6 (67 environmental risk factors and 52 biomarkers). Screening of the reference lists of relevant
7 articles including a previous systematic review⁷ did not identify additional eligible articles. A
8 total of 67 associations of environmental risk factors with ASD was based on data of 544212
9 cases and a total population of 81708787 (table 1-2, S2-S5). Forty-two associations (63%)
10 included both cohort and case-control design studies, eight (12%) used cohort design, six
11 (9%) used case-control designs, and six (9%) included cross-sectional studies. The median
12 number of study estimates in each analysis was 8 (range 2–24). The median number of cases
13 and the total population was 3764 and 502843.

14 Total of 52 (78%) associations showed statistical significance under the random effects
15 model, of which 33 (49%) had p value $< 10^{-3}$, and 18 (27%) had p value $< 10^{-6}$. Fifty-two
16 (78%) associations had more than 1000 ASD cases, of which 16 were supported by p value $<$
17 10^{-6} . Out of 52 statistically significant associations, 40 were also supported by the statistically
18 significant result of the largest component study, of which 24 were supported by the
19 statistically significant largest study with standard error < 0.10 . Metrics followed that of the
20 original meta-analyses except for one association (extremely low birth weight vs. normal
21 birth weight), where we converted Cohen's d to OR for optimal presentation. Eventually,
22 metrics used were either RR or OR. Effect size was smaller than 2 except for six associations,
23 of which three (congenital cytomegalovirus infection, hearing impairment, visual

1 impairment) had effect size larger than 10. Only two factors (folic acid supplementation
2 during pregnancy and breastfeeding) were associated with decreased risk of ASD.

3 Thirty-one associations (46%) showed large heterogeneity ($I^2 > 50\%$), of which 12 (18%) had
4 very large heterogeneity ($I^2 > 75\%$). Twenty-four (36%) statistically significant associations
5 had neither small study effects nor excess significance bias. 95% prediction interval excluded
6 the null in only 19 (28%) of the associations. Eleven (16%) associations were retrieved from
7 two individual studies only, and thus small study effects and prediction intervals could not be
8 estimated. Effect sizes of meta-analyses showed a trend toward null value as the standard
9 error of summary estimate decreased (figure 2), and effect sizes of the largest studies were
10 largely similar with the effect sizes of random effects meta-analyses (figure 3). Under the
11 random effects models, while 52 (78%) associations were statistically significant, 41 (61%),
12 30 (45%), 18 (27%), and 10 (15%) retained statistical significance under respectively 5%,
13 10%, 15%, and 20% credibility ceilings.

14 Eventually, seven (10%) associations were graded as convincing evidence (table 1-2). The
15 risk factors with convincing associations were the following: maternal age ≥ 35 years vs. 25
16 to 29 years, maternal chronic hypertension, maternal gestational hypertension, maternal
17 overweight pre- or during pregnancy, maternal preeclampsia, pre-pregnancy maternal
18 antidepressant exposure vs. unexposed group, and selective serotonin reuptake inhibitor
19 (SSRI) during pregnancy. Effect sizes of these associations ranged from 1.31 to 1.84. Eight
20 (12%) associations were graded as highly suggestive evidence (table 1-2), which are the
21 following: highest maternal age group vs. reference group, maternal age 30 to 34 vs. 25 to 29
22 years, maternal autoimmune disease exposure, acetaminophen during pregnancy, higher
23 paternal age, per 10-year increase, highest paternal age group vs. reference group, paternal

1 age>45 years vs. reference group, and paternal age 40-45 years vs. reference group. Eleven
2 (16%) associations were graded as suggestive evidence (table S2), twenty-six (39%) were
3 graded as weak evidence (table S3), and the remaining 15 (22%) did not show statistically
4 significant associations (table S4).

5 Fifty-two associations of biomarkers comprised a total of 15614 cases and 15417 controls
6 (table 3,S6,S7). Out of 52 meta-analyses of environmental risk factors, 17 (33%) used case-
7 control studies. Two (4%) associations used cross-sectional studies, and study design was not
8 specified in 33 (63%) studies. The median number of study estimates in each analysis was six
9 (range 2–23). The median number of cases and controls was 228 and 215.5.

10 Out of 52 biomarkers associations, twenty-seven (52%) associations were statistically
11 significant (p value < 0.05), and ten (19%) associations had p value $< 10^{-3}$. Only three
12 associations, 5-hydroxytryptamine in whole blood, digit ratio (2D:4D ratio), and glutathione
13 disulfide in plasma had p value $< 10^{-6}$. Moreover, only three associations, namely brain-
14 derived neurotrophic factor in blood, mercury in hair, and mercury in whole blood, were
15 supported by a population with more than 1,000 ASD cases. No associations were based on
16 more than 1,000 cases had p value $< 10^{-3}$. Thus, no biomarker association was graded as
17 suggestive (class III) or higher level of evidence.

18 Out of 27 statistically significant associations, only 14 were also supported by a statistically
19 significant result of the largest component study, of which none was supported by a
20 statistically significant result of the largest study of standard error < 0.10 . Forty-four
21 associations (85%) had large heterogeneity ($I^2 > 50\%$), of which 36 (69%) associations had
22 very large heterogeneity. Only eleven (21%) associations retained statistical significance
23 under 10% credibility ceilings, and twelve (23%) statistically significant associations had

1 neither small study effects nor excess significance bias. 95% prediction intervals excluded the
2 null in only one association (D2:D4 ratio). The detailed results are summarized in table S6-S7.
3 Sensitivity subset analyses were performed on meta-analyses of 15 environmental risk factors
4 graded as convincing (class I) or highly suggestive evidence (class II). Subset analysis
5 restricted to cohort studies (prospective or retrospective) showed that only two associations of
6 class I remained at the same rank (table S8). These were maternal overweight pre- or during
7 pregnancy and maternal preeclampsia. Three associations (SSRI during pregnancy,
8 acetaminophen during pregnancy, paternal age>45 years vs. reference group) remained at
9 highly suggestive evidence. When subset analysis was restricted to only prospective cohort
10 studies, no convincing association was identified, and only two associations (maternal
11 overweight pre- or during pregnancy and SSRI during pregnancy) were still graded as highly
12 suggestive evidence (table S9).

13 In subset analyses of adjusted study estimates, association of maternal preeclampsia with
14 ASD was downgraded to suggestive evidence, while association of maternal autoimmune
15 disease exposure with ASD was upgraded from highly suggestive evidence to convincing
16 evidence (table S10). In subset analyses limited to component studies that used diagnostic
17 methods in line with DSM III-V or ICD-8/9/10, only two associations, maternal gestational
18 hypertension and maternal autoimmune disease exposure, were downgraded to suggestive
19 evidence (table S11).

20 A total of 46 associations were eligible for subgroup analyses of cohort studies and case-
21 control studies (table S12). It is worth noting that in all nine class I or II associations that had
22 their level of evidence downgraded in subset analyses of cohort studies (table S8), the effect
23 difference between subgroups of cohort studies and case-control studies was not significant.

1 Therefore, in these associations, adopting the results and level of evidence of the original
2 meta-analyses of both cohort and case-control studies would also be appropriate. In nine
3 eligible environmental risk factors, at least one individual study reported adjusted study
4 estimates separately by sex or presence of intellectual disability (table S13). Separate meta-
5 analyses by these factors were not feasible due to lack of study estimates (table S13).

6

7

1 **DISCUSSION**

2 To the best of our knowledge, the current umbrella review is the first to quantitatively appraise
3 the environmental risk factors and biomarkers of ASD. We evaluated associations of ASD
4 with 119 possible risk factors and biomarkers. Our analysis revealed that associations
5 showing convincing evidence (class I) were either maternal factors, such as age and features
6 of metabolic syndrome, or use of antidepressants such as SSRI. Association of ASD with
7 higher paternal age, maternal autoimmune disease exposure, and acetaminophen exposure
8 during pregnancy were graded as highly suggestive evidence (class II), partly because of the
9 presence of small study effects and large heterogeneity. Only two associations, maternal
10 overweight pre- or during pregnancy and SSRI during pregnancy, remained at convincing or
11 highly suggestive evidence. However, the results should be interpreted with caution, because
12 the statistical methods and bias tests applied are not perfect and criteria are based on arbitrary
13 thresholds, although they have been used in recent umbrella reviews of meta-analyses.²⁰⁻²⁵

14 In our study, components of a maternal metabolic syndrome, that is, chronic hypertension,
15 gestational hypertension, preeclampsia, and overweight were associated with higher risk of
16 ASD in offspring, all graded as convincing evidence. One of the possible underlying
17 mechanism discussed is “fetal programming”, a concept that maternal factors like
18 inflammation and chronic stress can alter the gestational environment and determine long
19 term fetal outcomes.^{86,87} Metabolic syndromes are often characterized by chronic low-grade
20 inflammation and insulin resistance. The metabolic and immune system share common
21 signaling pathways.⁸⁸ Although the role of an aberrant immune system function in the
22 development of ASD is speculative, there has been evidence of the deleterious role of
23 dysregulation of the maternal immune system on the development of ASD.⁸⁹ Several studies

1 showed that maternal autoantibodies that recognize proteins in the developing fetal brain
2 could cause ASD in offspring of mothers with metabolic syndromes.^{90,91} In children with
3 severe ASD, ASD-specific autoantibodies were found to be significantly more prevalent in
4 mothers with diabetes (type 2 or gestational), hypertension, and mothers who were
5 moderately overweight than in healthy mothers.⁹² Recently, Jones et al.⁹⁰ demonstrated that
6 ASD-specific antigen-induced maternal autoantibodies produced alterations in a constellation
7 of ASD-relevant behaviors in mice. Therefore, one hypothesis is that metabolic syndrome
8 could contribute to the production of ASD-specific maternal autoantibodies through a
9 breakdown of maternal immune tolerance and this can increase the risk for the development
10 of ASD in the offspring.

11 Convincing evidence showed that maternal age, when the comparison is restricted to age
12 groups of ≥ 35 years vs. 25 to 29 years, was associated with a higher risk of ASD.
13 Accumulation of mutations, high rate of complications, and increased chance of exposure to
14 medications or pollutions are possible mechanisms that underlie the higher risk of ASD in
15 higher maternal age group.⁸⁰ Higher paternal age was also associated with a higher incidence
16 of ASD. Three comparisons (per 10-year increase in paternal age, highest paternal age group
17 vs. reference group, paternal age >45 years vs. reference group, and paternal age 40-45 years
18 vs. reference group) represented risk factor as higher paternal age showed sufficiently low p
19 value ($< 10^{-6}$) and 95% prediction intervals excluded the null despite high heterogeneity and
20 presence of small study effects. In two of the comparisons, subset analyses of prospective
21 studies showed p value $< 10^{-3}$ with no evidence of small study effects, indicating the
22 existence of meaningful associations. Increased rate of *de novo* mutations⁹³ and epigenetic
23 alternations⁸⁰ are proposed potential mechanisms underlying the association.

1 Convincing evidence showed that maternal exposure to SSRI during pregnancy was
2 associated with a higher risk of ASD when compared with unexposed groups. However, the
3 association must be interpreted carefully. In another meta-analysis, when maternal groups
4 with pre-pregnancy antidepressant exposure were compared with unexposed maternal groups,
5 the association with ASD was also graded as convincing evidence. This raises the question of
6 whether underlying psychiatric conditions of mothers have caused confounding by indication
7 in classical comparisons (SSRI-exposed vs. SSRI-unexposed). Several other meta-analytic
8 attempts have been made to discern between the two possible causes of ASD.^{53,64} When
9 maternal groups with psychiatric disorder but with no SSRI exposure during pregnancy were
10 compared with unexposed groups, a higher incidence of ASD was observed in the former
11 group (OR=1.81, 95% CI=1.44 to 2.29), supporting the idea that presence of a maternal
12 psychiatric condition is an independent risk factor for ASD.⁵³ Meanwhile, when SSRI-
13 exposed groups were compared with unexposed groups with a history of affective disorder
14 (setting in which the possibility of confounding by psychiatric disorder is minimized), the
15 association with ASD was nonsignificant (OR=1.18, 95% CI=0.91 to 1.52).⁶⁴ Analyses
16 restricted to sibling studies also showed a non-significant association (RR=0.96, 95% CI 0.65
17 to 1.42).⁶⁴ Interestingly, when group with paternal antidepressant exposure during the
18 maternal pregnancy period were compared with unexposed group, there was higher risk of
19 ASD in the former group (RR=1.29, 95% CI=1.08 to 1.53).⁶⁴ Overall, these findings suggest
20 that while maternal psychiatric disorder may act as an independent risk factor for ASD, the
21 association between SSRI exposure during pregnancy and ASD needs to be further verified in
22 adequately designed future studies.

1 Maternal autoimmune disease exposure was associated with higher risk of ASD, graded as
2 highly suggestive association, with 95% prediction intervals excluding the null. In mothers
3 with autoimmune diseases, immune response mediators and autoantibodies might play a role
4 in fetal neurodevelopment, resulting in adverse fetal outcomes such as ASD. Family history
5 of psoriasis, rheumatoid arthritis, type 1 diabetes, or any type of autoimmune disease was
6 also associated with a higher risk of ASD, graded as suggestive evidence. Several researchers
7 have tested the potential link between the production of ASD-specific brain-reactive maternal
8 autoantibodies and maternal autoimmunity.^{94,95} Martin et al.⁹⁴ showed that rhesus monkeys
9 exposed prenatally to human IgG collected from mothers of multiple children diagnosed with
10 ASD consistently demonstrated increased whole-body stereotypies and hyperactive behaviors,
11 suggesting a potential autoimmune etiology in a subgroup of patients with ASD. Brimberg et
12 al.⁹⁵ reported that mothers of a child with ASD that were positive for anti-brain antibodies
13 were significantly more likely to be positive for anti-nuclear autoantibodies, which are
14 frequently observed in patients with various kinds of autoimmune diseases. They also found
15 that there was a significantly increased incidence of some autoimmune in mothers with
16 circulating ASD-specific anti-brain antibodies than those with negative anti-brain
17 antibodies.⁹⁵ Despite such findings, in the identified meta-analyses, small study effects
18 existed across the associations, and no significant association of ASD with maternal
19 autoimmune disease was identified when the analysis was restricted to certain types of
20 autoimmune diseases (e.g., autoimmune thyroid disease).⁴⁴ Therefore, more studies are
21 needed to confirm the association between maternal autoimmune disease exposure and ASD.

22 Fifty-two biomarkers for ASD were identified and analyzed. Identifying robust evidence of
23 biomarker for ASD can result in early diagnosis and better treatment of the disease.⁹⁶

1 Association of D2:D4 ratio with a risk of ASD was supported by sufficiently low p value
2 ($p < 10^{-6}$) without signs of biases, meeting the criteria for convincing evidence except for the
3 number of ASD cases, being supported by 277 cases. However, most of the associations of
4 biomarkers were supported by p values close to the significance threshold ($p \text{ value} > 10^{-3}$) and
5 too few cases, implying a significant possibility of false positive findings. Similar findings
6 were observed in umbrella reviews of biomarkers for other psychiatric disorders.^{21,97,98}

7 Findings from our study differed significantly from that of the previous umbrella review
8 which systematically evaluated environmental risk factors for ASD using different
9 approaches to determine the credibility of the association.⁷ The previous review concluded
10 that birth complications accompanied by trauma or ischemia and hypoxia have shown strong
11 links to ASD, while in our review, those markers were graded as class III evidence (5-min
12 Apgar score < 7 , class III; O₂ treatment, class IV; neonatal acidosis, NS) due to p value close
13 to significance threshold or few cases. These risk factors should be interpreted with caution,
14 because autism is not thought to be a disorder of brain damage, such as hypoxia, but of
15 aberrant brain development. Also, we should also consider the populations that were studied
16 and whether the diagnosis was truly confirmed using objective criteria, because the
17 broadening of the definition of ASD could result in labeling some individuals with
18 differences in socialization as having ASD. In addition, because there are many comorbidities
19 to be considered in evaluating prenatal or perinatal factors, using unadjusted study estimates
20 in a meta-analysis can lead to overestimation of the results. The previous review also asserted
21 that pregnancy-related factors such as maternal obesity, maternal diabetes, and caesarian
22 section have shown weak association with ASD.⁷ While our review agreed on the listed
23 associations (maternal obesity, class IV; caesarian section, class IV; maternal diabetes, class

1 III), we further concluded that other pregnancy-related maternal factors, such as preeclampsia,
2 hypertension, and psychiatric disorders were convincingly associated with ASD. In contrast
3 with the previous review⁷, our review quantitatively appraised risk factors in terms of not
4 only small study effects but also other various tests of assessing potential biases. We
5 discerned between the likely and the less likely associations and graded the credibility of the
6 associations using objective criteria utilizing rigorous statistical tests developed and
7 reproduced in prior studies,^{20-25,39,40} which is why we believe our review provides the most
8 reliable and objective evidence of associations between environmental risk factors and ASD.
9 There are some limitations to our study. First, despite the most rigorous criteria we used to
10 assess the credibility of the associations developed and reproduced in prior studies,²⁰⁻²⁵ we
11 cannot be sure we ruled out all the biases inherent to individual studies. In addition, biases
12 that might have caused from the respective characteristics of study design, diagnosis of ASD,
13 genetic causes of ASD in the population, or gender effects, were not fully assessed in our
14 study, partly due to insufficient reporting of the original studies. Second, we did not assess
15 the quality of component studies of the meta-analyses as it was beyond the scope of our
16 umbrella review. If component studies are flawed with serious methodologic problems, or if
17 crude unadjusted study estimates which can be more exaggerated than adjusted study
18 estimates are used in the meta-analysis, the effect of meta-analysis could be overestimated.
19 Surely, when we re-analyzed an eligible meta-analysis studying thimerosal exposure during
20 embryo or early infancy⁸² after excluding its individual studies known for their flawed
21 methodology,^{99,100} the level of association changed from class IV ($p < 0.05$) to not significant
22 ($p > 0.05$). Likewise, the results of meta-analyses should always be interpreted with caution.
23 Third, we could not assess environmental risk factors of ASD according to important factors

1 such as sex or presence of intellectual disability, because most individual component studies
2 did not report the adjusted estimates separately by these factors. To overcome this limitation,
3 future observational studies should report adjusted study estimates of risk factors separately
4 by such factors, and if possible, make raw population data open to researchers. Fourth, we
5 studied biomarkers and environmental risk factors reported in published meta-analyses and
6 therefore, associations that have been studied only in large trials could have been missed in
7 our review. Fifth, because the possibility of genetic/environmental confounding cannot be
8 ruled out in findings of observational studies, it may be hard to establish causations from
9 some associations. What were classified as risk factors might actually act as biomarkers that
10 predict the ascertainment of ASD, rather than being causal factors.

11 Despite these limitations, this umbrella review covered and mapped the association of ASD
12 with a wide range of environmental risk factors and biomarkers. Out of 119 identified
13 associations, only several maternal factors, which are higher age, chronic hypertension,
14 preeclampsia, gestational hypertension, overweight pre- or during pregnancy, were
15 convincingly associated with ASD, without any signs of biases. SSRI exposure during
16 pregnancy was also convincingly associated but confounding from underlying maternal
17 psychiatric disorders is highly possible. One cannot state that other associations are not
18 meaningful, but there is still some uncertainty in them that should be resolved. Further well-
19 designed studies with accurate assessment of potential biases are needed to confirm the true
20 association.

21

1 **Contributors**

2 JYK, MJS, CYS, and JIS contributed to the concept and design of the study. JYK, MJS and
3 CYS contributed to the literature search, literature screening, data extraction, data analysis,
4 data interpretation, and construction of figures and tables, and any discrepancies were
5 resolved with discussion by JYK, MJS, CYS, JIS and PFP. All authors drafted and critically
6 revised the manuscript. All authors gave approval to the final version of the manuscript for
7 publication. The corresponding authors (JIS and PFP) attest that all listed authors meet
8 authorship criteria and that no others meeting the criteria have been omitted. JYK, MJS, and
9 CYS contributed equally to the manuscript (joint first authors) and JIS and PFP are joint co-
10 corresponding authors.

11

12 **Declaration of interests**

13 We declare no competing interests.

14

15 **Acknowledgment Statement**

16 There was no funding source for this study.

17

1 **Research in context panel**

2

3 **Evidence before this study**

4 Numerous risk factors and biomarkers were shown to have associations with risk of autism
5 spectrum disorder (ASD) in systematic reviews and meta-analyses. However, some results
6 have been inconsistent, and it is unclear if the claimed associations are prone to biases in
7 literature. One systematic review performed by Modabbernia and colleagues has
8 comprehensively identified and analyzed possible environmental risk factors of ASD and
9 concluded that birth complications related birth complications accompanied by trauma or
10 ischemia and hypoxia have shown strong links to ASD, but overall, quantitative analysis was
11 lacking, and bias assessment was incomplete due to its reliance on previous reports. To
12 overcome these limitations, we performed an umbrella review of meta-analyses. We searched
13 PubMed, Embase, Cochrane Database of Systematic Reviews from inception to 10/17/2018
14 for meta-analyses of observational studies studying any environmental risk factors and
15 biomarkers of ASD, without language limitations. We used the following keywords: “autis*”,
16 “Asperge*”, and “meta-analysis.” We performed various tests of bias assessment and applied
17 criteria for determining the level of credibility of the association.

18 **Added value of this study**

19 A total of 119 unique associations of environmental risk factors or biomarkers with risk of
20 ASD were identified and analyzed. Among these, only maternal factors, namely greater age,
21 chronic hypertension, preeclampsia, gestational hypertension, and overweight pre- or during
22 pregnancy, were convincingly associated with an increased risk of ASD. Selective serotonin
23 reuptake inhibitor (SSRI) exposure during pregnancy was also convincingly associated with
24 increased risk of ASD, but confounding from underlying maternal psychiatric disorder is
25 possible. Evidence from biomarkers was limited, supported by few cases and p value close to
26 significance threshold.

27 **Implications of all the available evidence**

28 Our findings suggest that offspring of mothers who are older, having certain metabolic
29 syndromes, and perhaps under psychiatric disorders are at higher risk of developing ASD.
30 While this does not imply that the other environmental risk factors and biomarkers are not

1 meaningful, there is still some uncertainty in them that should be resolved. Well-designed
2 prospective cohort studies are needed to draw firmer conclusions.

3

4

1 REFERENCES

- 2 1 American Psychiatric Association. Diagnostic and Statistical Manual of Mental
3 Disorders. 5th edn (DSM-5). Washington DC: American Psychiatric Publishing, 2013.
- 4 2 Baxter AJ, Brugha TS, Erskine HE, Scheurer RW, Vos T, Scott JG. The
5 epidemiology and global burden of autism spectrum disorders. *Psychol Med.* 2015; **45**: 601—
6 13.
- 7 3 Tomeny TS. Parenting stress as an indirect pathway to mental health concerns among
8 mothers of children with autism spectrum disorder. *Autism.* 2017; **21**: 907—11.
- 9 4 Lavelle TA, Weinstein MC, Newhouse JP, Munir K, Kuhlthau KA, Prosser LA.
10 Economic Burden of Childhood Autism Spectrum Disorders. *Pediatrics.* 2014; **133**: e520—9.
- 11 5 Xu G, Strathearn L, Liu B, Bao W. Prevalence of Autism Spectrum Disorder Among
12 US Children and Adolescents, 2014-2016. *JAMA.* 2018; **319**: 81.
- 13 6 Baumer N, Spence SJ. Evaluation and Management of the Child With Autism
14 Spectrum Disorder. *Contin Lifelong Learn Neurol.* 2018; **24**: 248—75.
- 15 7 Modabbernia A, Velthorst E, Reichenberg A. Environmental risk factors for autism:
16 an evidence-based review of systematic reviews and meta-analyses. *Mol Autism.* 2017; **8**: 13.
- 17 8 Gardener H, Spiegelman D, Buka SL. Perinatal and Neonatal Risk Factors for
18 Autism: A Comprehensive Meta-analysis. *Pediatrics.* 2011; **128**: 344—55.
- 19 9 Wang C, Geng H, Liu W, Zhang G. Prenatal, perinatal, and postnatal factors
20 associated with autism. *Medicine (Baltimore).* 2017; **96**: e6696.
- 21 10 Liu L, Zhang D, Rodzinka-Pasko JK, Li Y-M. Environmental risk factors for autism
22 spectrum disorders. *Nervenarzt.* 2016; **87**: 55—61.
- 23 11 Chaste P, Leboyer M. Autism risk factors: genes, environment, and gene-
24 environment interactions. *Dialogues Clin Neurosci.* 2012; **14**: 281—92.
- 25 12 Curran EA, O'Neill SM, Cryan JF, et al. Research review: Birth by caesarean section
26 and development of autism spectrum disorder and attention-deficit/hyperactivity disorder: a
27 systematic review and meta-analysis. *J Child Psychol Psychiatry.* 2015; **56**: 500—8.
- 28 13. Ioannidis JP. Why most published research findings are false. *PLoS Med.* 2005; **2**:
29 e124.
- 30 14. Ioannidis JP. Why most discovered true associations are inflated. *Epidemiology.*
31 2008; **19**: 640—8
- 32 15. Ioannidis JP, Munafo MR, Fusar-Poli P, Nosek BA, David SP. Publication and other
33 reporting biases in cognitive sciences: detection, prevalence, and prevention. *Trends Cogn Sci.*
34 2014; **18**: 235—41.
- 35 16. Boffetta P, McLaughlin JK, La Vecchia C, Tarone RE, Lipworth L, Blot WJ. False-
36 positive results in cancer epidemiology: a plea for epistemological modesty. *J Natl Cancer*
37 *Inst.* 2008; **100**: 988-95.
- 38 17 Son MJ, Son CY, Shin J Il. An umbrella review of meta-analyses on risk factors for
39 autism spectrum disorder. *PROSPERO.* 2018; CRD42018091704.
40 http://www.crd.york.ac.uk/PROSPERO/display_record.php?ID=CRD42018091704 (accessed
41 September 30, 2018).
- 42 18 World Health Organization. WHO International Programme on Chemical Safety
43 Biomarkers in Risk Assessment: Validity and Validation.
44 <http://www.inchem.org/documents/ehc/ehc/ehc222.htm> (accessed September 30, 2018).
- 45 19 World Health Organization. Health topics: Risk factors.
46 http://www.who.int/topics/risk_factors/en/ (accessed September 30, 2018).

1 20 Belbasis L, Köhler CA, Stefanis N, et al. Risk factors and peripheral biomarkers for
2 schizophrenia spectrum disorders: an umbrella review of meta-analyses. *Acta Psychiatr*
3 *Scand.* 2018; **137**: 88—97.

4 21 Bellou V, Belbasis L, Tzoulaki I, Middleton LT, Ioannidis JPA, Evangelou E.
5 Systematic evaluation of the associations between environmental risk factors and dementia:
6 An umbrella review of systematic reviews and meta-analyses. *Alzheimers Dement.* 2017; **13**:
7 406—18.

8 22 Bellou V, Belbasis L, Tzoulaki I, Evangelou E, Ioannidis JPA. Environmental risk
9 factors and Parkinson’s disease: An umbrella review of meta-analyses. *Parkinsonism Relat*
10 *Disord.* 2016; **23**: 1—9.

11 23 Belbasis L, Bellou V, Evangelou E, Ioannidis JP, Tzoulaki I. Environmental risk
12 factors and multiple sclerosis: an umbrella review of systematic reviews and meta-analyses.
13 *Lancet Neurol.* 2015; **14**: 263—73.

14 24 He Y, Li X, Gasevic D, et al. Statins and Multiple Noncardiovascular Outcomes:
15 Umbrella Review of Meta-analyses of Observational Studies and Randomized Controlled
16 Trials. *Ann Intern Med.* 2018; **169**: 543—53.

17 25 Kyrgiou M, Kalliala I, Markozannes G, et al. Adiposity and cancer at major
18 anatomical sites: umbrella review of the literature. *BMJ.* 2017; **356**: j477.

19 26 Sterne JAC, Davey Smith G. Sifting the evidence—what’s wrong with significance
20 tests? *BMJ.* 2001; **322**: 226—31.

21 27 Ioannidis JPA, Tarone R, McLaughlin JK. The false-positive to false-negative ratio
22 in epidemiologic studies. *Epidemiology.* 2011; **22**: 450—6.

23 28 Cochran WG. The Combination of Estimates from Different Experiments.
24 *Biometrics.* 1954; **10**: 101—29.

25 29 Ioannidis JPA, Patsopoulos NA, Evangelou E. Uncertainty in heterogeneity estimates
26 in meta-analyses. *BMJ.* 2007; **335**: 914—6.

27 30 Higgins JPT, Thompson SG, Spiegelhalter DJ. A re-evaluation of random-effects
28 meta-analysis. *J R Stat Soc Ser A Stat Soc.* 2009; **172**: 137—59.

29 31 Egger M, Davey Smith G, Schneider M, Minder C. Bias in meta-analysis detected by
30 a simple, graphical test. *BMJ.* 1997; **315**: 629—34.

31 32 Ioannidis JPA, Trikalinos TA. An exploratory test for an excess of significant
32 findings. *Clin Trials.* 2007; **4**: 245—53.

33 33 Ioannidis JPA. Clarifications on the application and interpretation of the test for
34 excess significance and its extensions. *J Math Psychol.* 2013; **57**: 184—7.

35 34 Salanti G, Ioannidis JPA. Synthesis of observational studies should consider
36 credibility ceilings. *J Clin Epidemiol.* 2009; **62**: 115—22.

37 35 Papatheodorou SI, Tsilidis KK, Evangelou E, Ioannidis JPA. Application of
38 credibility ceilings probes the robustness of meta-analyses of biomarkers and cancer risk. *J*
39 *Clin Epidemiol.* 2015; **68**: 163—74.

40 36 RStudio Team. RStudio: Integrated Development for R. Boston MA: RStudio, Inc.,
41 2015. <http://www.rstudio.com/>.

42 37 Viechtbauer W. Conducting meta-analyses in R with the metafor package. *J Stat*
43 *Softw.* 2010; **36**: 1—48.

44 38 Champely S, Ekstrom C, Dalgaard P, et al. pwr: Basic Functions for Power Analysis.
45 R package version 1.2-2. March 3, 2018. <https://cran.r-project.org/package=pwr> (accessed
46 September 30, 2018).

- 1 39 Ioannidis JPA. Integration of evidence from multiple meta-analyses: a primer on
2 umbrella reviews, treatment networks and multiple treatments meta-analyses. *CMAJ*. 2009;
3 **181**: 488—93.
- 4 40 Fusar-Poli P, Radua J. Ten simple rules for conducting umbrella reviews. *Evid Based*
5 *Ment Health*. 2018; **21**: 95—100.
- 6 41 Amin SB, Smith T, Wang H. Is neonatal jaundice associated with Autism Spectrum
7 Disorders: a systematic review. *J Autism Dev Disord*. 2011; **41**: 1455—63.
- 8 42 Andalib S, Emamhadi MR, Yousefzadeh-Chabok S, et al. Maternal SSRI exposure
9 increases the risk of autistic offspring: A meta-analysis and systematic review. *Eur*
10 *Psychiatry*. 2017; **45**: 161—6.3.
- 11 43 Babaknejad N, Sayehmiri F, Sayehmiri K, Mohamadkhani A, Bahrami S. The
12 Relationship between Zinc Levels and Autism: A Systematic Review and Meta-analysis. *Iran*
13 *J Child Neurol*. 2016; **10**: 1—9.
- 14 44 Chen SW, Zhong XS, Jiang LN, et al. Maternal autoimmune diseases and the risk of
15 autism spectrum disorders in offspring: A systematic review and meta-analysis. *Behav Brain*
16 *Res*. 2016; **296**: 61—9.
- 17 45 Dachew BA, Mamun A, Maravilla JC, Alati R. Pre-eclampsia and the risk of autism-
18 spectrum disorder in offspring: meta-analysis. *Br J Psychiatry*. 2018; **212**: 142—7.
- 19 46 Do B, Lynch P, Macris EM, et al. Systematic review and meta-analysis of the
20 association of Autism Spectrum Disorder in visually or hearing impaired children.
21 *Ophthalmic Physiol Opt*. 2017; **37**: 212—24.
- 22 47 Flores-Pajot MC, Ofner M, Do MT, Lavigne E, Villeneuve PJ. Childhood autism
23 spectrum disorders and exposure to nitrogen dioxide, and particulate matter air pollution: A
24 review and meta-analysis. *Environ Res*. 2016; **151**: 763—76.
- 25 48 Gabriele S, Sacco R, Persico AM. Blood serotonin levels in autism spectrum
26 disorder: a systematic review and meta-analysis. *Eur Neuropsychopharmacol*. 2014; **24**:
27 919—29.
- 28 49 Honekopp J. Digit ratio 2D:4D in relation to autism spectrum disorders, empathizing,
29 and systemizing: a quantitative review. *Autism Res*. 2012; **5**: 221—30.
- 30 50 Jafari T, Rostampour N, Fallah AA, Hesami A. The association between mercury
31 levels and autism spectrum disorders: A systematic review and meta-analysis. *J Trace Elem*
32 *Med Biol*. 2017; **44**: 289—97.
- 33 51 Jiang HY, Xu LL, Shao L, et al. Maternal infection during pregnancy and risk of
34 autism spectrum disorders: A systematic review and meta-analysis. *Brain Behav Immun*.
35 2016; **58**: 165—72.
- 36 52 Jung Y, Lee AM, McKee SA, Picciotto MR. Maternal smoking and autism spectrum
37 disorder: meta-analysis with population smoking metrics as moderators. *Sci Rep*. 2017; **7**:
38 4315.
- 39 53 Kaplan YC, Keskin-Arslan E, Acar S, Sozmen K. Maternal SSRI discontinuation,
40 use, psychiatric disorder and the risk of autism in children: a meta-analysis of cohort studies.
41 *Br J Clin Pharmacol*. 2017; **83**: 2798—806.
- 42 54 Lam J, Sutton P, Kalkbrenner A, et al. A Systematic Review and Meta-Analysis of
43 Multiple Airborne Pollutants and Autism Spectrum Disorder. *PLoS One*. 2016; **11**: e0161851.
- 44 55 Li YM, Ou JJ, Liu L, Zhang D, Zhao JP, Tang SY. Association Between Maternal
45 Obesity and Autism Spectrum Disorder in Offspring: A Meta-analysis. *J Autism Dev Disord*.
46 2016; **46**: 95—102.

1 56 Liu L, Gao J, He X, Cai Y, Wang L, Fan X. Association between assisted
2 reproductive technology and the risk of autism spectrum disorders in the offspring: a meta-
3 analysis. *Sci Rep*. 2017; **7**: 46207.

4 57 Maeyama K, Tomioka K, Nagase H, et al. Congenital Cytomegalovirus Infection in
5 Children with Autism Spectrum Disorder: Systematic Review and Meta-Analysis. *J Autism*
6 *Dev Disord*. 2018; **48**: 1483—91.

7 58 Main PA, Angley MT, O'Doherty CE, Thomas P, Fenech M. The potential role of the
8 antioxidant and detoxification properties of glutathione in autism spectrum disorders: a
9 systematic review and meta-analysis. *Nutr Metab (Lond)*. 2012; **9**: 35.

10 59 Masarwa R, Levine H, Gorelik E, Reif S, Perlman A, Matok I. Prenatal Exposure to
11 Acetaminophen and Risk for Attention Deficit Hyperactivity Disorder and Autistic Spectrum
12 Disorder: A Systematic Review, Meta-Analysis, and Meta-Regression Analysis of Cohort
13 Studies. *Am J Epidemiol*. 2018; April 24. doi: 10.1093/aje/kwy086.

14 60 Masi A, Quintana DS, Glozier N, Lloyd AR, Hickie IB, Guastella AJ. Cytokine
15 aberrations in autism spectrum disorder: a systematic review and meta-analysis. *Mol*
16 *Psychiatry*. 2015; **20**: 440—6.

17 61 Mathewson KJ, Chow CH, Dobson KG, Pope EI, Schmidt LA, Van Lieshout RJ.
18 Mental health of extremely low birth weight survivors: A systematic review and meta-
19 analysis. *Psychol Bull*. 2017; **143**: 347—383.

20 62 Mazahery H, Stonehouse W, Delshad M, et al. Relationship between Long Chain n-3
21 Polyunsaturated Fatty Acids and Autism Spectrum Disorder: Systematic Review and Meta-
22 Analysis of Case-Control and Randomised Controlled Trials. *Nutrients*. 2017; **9**.

23 63 Modabbernia A, Mollon J, Boffetta P, Reichenberg A. Impaired Gas Exchange at
24 Birth and Risk of Intellectual Disability and Autism: A Meta-analysis. *J Autism Dev Disord*.
25 2016; **46**: 1847—59.

26 64 Morales DR, Slattery J, Evans S, Kurz X. Antidepressant use during pregnancy and
27 risk of autism spectrum disorder and attention deficit hyperactivity disorder: systematic
28 review of observational studies and methodological considerations. *BMC Med*. 2018; **16**: 6.

29 65 Ng DK, Chan CH, Soo MT, Lee RS. Low-level chronic mercury exposure in
30 children and adolescents: meta-analysis. *Pediatr Int*. 2007; **49**: 80—7.

31 66 Oldereid NB, Wennerholm UB, Pinborg A, et al. The effect of paternal factors on
32 perinatal and paediatric outcomes: a systematic review and meta-analysis. *Hum Reprod*
33 *Update*. 2018; **24**: 320—89.

34 67 Rutigliano G, Rocchetti M, Paloyelis Y, et al. Peripheral oxytocin and vasopressin:
35 Biomarkers of psychiatric disorders? A comprehensive systematic review and preliminary
36 meta-analysis. *Psychiatry Res*. 2016; **241**: 207—20.

37 68 Saghazadeh A, Rezaei N. Systematic review and meta-analysis links autism and
38 toxic metals and highlights the impact of country development status: Higher blood and
39 erythrocyte levels for mercury and lead, and higher hair antimony, cadmium, lead, and
40 mercury. *Prog Neuropsychopharmacol Biol Psychiatry*. 2017; **79**: 340—68.

41 69 Sanchez CE, Barry C, Sabhlok A, et al. Maternal pre-pregnancy obesity and child
42 neurodevelopmental outcomes: a meta-analysis. *Obes Rev*. 2018; **19**: 464—84.

43 70 Sandin S, Hultman CM, Klevzon A, Gross R, MacCabe JH, Reichenberg A.
44 Advancing maternal age is associated with increasing risk for autism: a review and meta-
45 analysis. *J Am Acad Child Adolesc Psychiatry*. 2012; **51**: 477—86. e471.

- 1 71 Sayehmiri F, Babaknejad N, Bahrami S, Sayehmiri K, Darabi M, Rezaei-Tavirani M.
2 Zn/Cu Levels in the Field of Autism Disorders: A Systematic Review and Meta-analysis.
3 *Iran J Child Neurol*. 2015; **9**: 1—9.
- 4 72 Schur RR, Draisma LW, Wijnen JP, et al. Brain GABA levels across psychiatric
5 disorders: A systematic literature review and meta-analysis of (1) H-MRS studies. *Hum Brain*
6 *Mapp*. 2016; **37**: 3337—52.
- 7 73 Taylor LE, Swerdfeger AL, Eslick GD. Vaccines are not associated with autism: an
8 evidence-based meta-analysis of case-control and cohort studies. *Vaccine*. 2014; **32**: 3623—9.
- 9 74 Tseng PT, Chen YW, Stubbs B, et al. Maternal breastfeeding and autism spectrum
10 disorder in children: A systematic review and meta-analysis. *Nutr Neurosci*. 2017: October
11 18. 1—9.
- 12 75 Wan H, Zhang C, Li H, Luan S, Liu C. Association of maternal diabetes with autism
13 spectrum disorders in offspring: A systemic review and meta-analysis. *Medicine (Baltimore)*.
14 2018; **97**: e9438.
- 15 76 Wang M, Li K, Zhao D, Li L. The association between maternal use of folic acid
16 supplements during pregnancy and risk of autism spectrum disorders in children: a meta-
17 analysis. *Mol Autism*. 2017; **8**: 51.
- 18 77 Wang T, Shan L, Du L, et al. Serum concentration of 25-hydroxyvitamin D in autism
19 spectrum disorder: a systematic review and meta-analysis. *Eur Child Adolesc Psychiatry*.
20 2016; **25**: 341—50.
- 21 78 Wang Y, Tang S, Xu S, Weng S, Liu Z. Maternal Body Mass Index and Risk of
22 Autism Spectrum Disorders in Offspring: A Meta-analysis. *Sci Rep*. 2016; **6**: 34248.
- 23 79 Wu S, Ding Y, Wu F, et al. Family history of autoimmune diseases is associated with
24 an increased risk of autism in children: A systematic review and meta-analysis. *Neurosci*
25 *Biobehav Rev*. 2015; **55**: 322—32.
- 26 80 Wu S, Wu F, Ding Y, Hou J, Bi J, Zhang Z. Advanced parental age and autism risk
27 in children: a systematic review and meta-analysis. *Acta Psychiatr Scand*. 2017; **135**: 29—41.
- 28 81 Xu RT, Chang QX, Wang QQ, et al. Association between hypertensive disorders of
29 pregnancy and risk of autism in offspring: a systematic review and meta-analysis of
30 observational studies. *Oncotarget*. 2018; **9**: 1291—301.
- 31 82 Yoshimasu K, Kiyohara C, Takemura S, Nakai K. A meta-analysis of the evidence
32 on the impact of prenatal and early infancy exposures to mercury on autism and attention
33 deficit/hyperactivity disorder in the childhood. *Neurotoxicology*. 2014; **44**: 121—31.
- 34 83 Zheng Z, Zhang L, Zhu T, Huang J, Qu Y, Mu D. Peripheral brain-derived
35 neurotrophic factor in autism spectrum disorder: a systematic review and meta-analysis. *Sci*
36 *Rep*. 2016; **6**: 31241.
- 37 84 Zheng Z, Zhu T, Qu Y, Mu D. Blood Glutamate Levels in Autism Spectrum
38 Disorder: A Systematic Review and Meta-Analysis. *PLoS One*. 2016; **11**: e0158688.
- 39 85 Zhou XH, Li YJ, Ou JJ, Li YM. Association between maternal antidepressant use
40 during pregnancy and autism spectrum disorder: an updated meta-analysis. *Mol Autism*.
41 2018; **9**: 21.
- 42 86 Goines PE, Ashwood P. Cytokine dysregulation in autism spectrum disorders (ASD):
43 possible role of the environment. *Neurotoxicol Teratol*. **36**: 67—81.
- 44 87 Faa G, Manchia M, Pintus R, Gerosa C, Marcialis MA, Fanos V. Fetal programming
45 of neuropsychiatric disorders. *Birth Defects Res C Embryo Today*. 2016; **108**: 207—23.

1 88 Korkmazer E, Solak N. Correlation between inflammatory markers and insulin
2 resistance in pregnancy. *J Obstet Gynaecol.* 2015; **35**: 142–5.

3 89 Jones KL, Van de Water J. Maternal autoantibody related autism: mechanisms and
4 pathways. *Mol Psychiatry.* 2019; **24**: 252-65.

5 90 Jones KL, Pride MC, Edmiston E, et al. Autism-specific maternal autoantibodies
6 produce behavioral abnormalities in an endogenous antigen-driven mouse model of autism.
7 *Mol psychiatry.* 2018 Jun 28. doi: 10.1038/s41380-018-0126-1.

8 91 Krakowiak P, Walker CK, Tancredi D, Hertz-Picciotto I, Van de Water J. Autism-
9 specific maternal anti-fetal brain autoantibodies are associated with metabolic conditions.
10 *Autism Res.* 2017; **10**: 89-98.

11 92 Krakowiak P, Walker CK, Bremer AA, et al. Maternal metabolic conditions and risk
12 for autism and other neurodevelopmental disorders. *Pediatrics.* 2012; **129**: e1121-8.

13 93 Sanders SJ, Murtha MT, Gupta AR, et al. De novo mutations revealed by whole-
14 exome sequencing are strongly associated with autism. *Nature.* 2012; **485**: 237—41.

15 94 Martin LA, Ashwood P, Braunschweig D, Cabanlit M, Van de Water J, Amaral DG.
16 Stereotypies and hyperactivity in rhesus monkeys exposed to IgG from mothers of children
17 with autism. *Brain Behav Immun.* 2008; **22**: 806-16.

18 95 Brimberg L, Sadiq A, Gregersen PK, Diamond B. Brain-reactive IgG correlates with
19 autoimmunity in mothers of a child with an autism spectrum disorder. *Mol Psychiatry.* 2013;
20 **18**: 1171-7.

21 96 Goldani AAS, Downs SR, Widjaja F, Lawton B, Hendren RL. Biomarkers in autism.
22 *Front psychiatry.* 2014; **5**: 100.

23 97 Carvalho AF, Köhler CA, Brunoni AR, et al. Bias in Peripheral Depression
24 Biomarkers. *Psychother Psychosom.* 2016; **85**: 81—90.

25 98 Carvalho AF, Köhler CA, Fernandes BS, et al. Bias in emerging biomarkers for
26 bipolar disorder. *Psychol Med.* 2016; **46**: 2287—97.

27
28

29 99 Geier DA, Geier MR. A prospective study of thimerosal-containing Rho(D)-immune
30 globulin administration as a risk factor for autistic disorders. *J Matern Fetal Neonatal Med.*
31 2007; **20**: 385-90.

32 100 Geier DA, Mumper E, Gladfelter B, Coleman L, Geier MR. Neurodevelopmental
33 disorders, maternal Rh-negativity, and Rho(D) immune globulins: a multi-center assessment.
34 *Neuro Endocrinol Lett.* 2008; **29**: 272-80.

35

1 **Figure legends**

2 Fig 1. Flow chart of literature searches

3 Fig 2. Summary estimate of random effects meta-analysis of environmental risk factors
4 versus standard error. The Y-axis labelled “Standard error” represents the standard error of
5 random effects summary estimate of each meta-analysis. The X-axis labelled “ Summary
6 estimate under random effects model (log scale)” represents the the summary estimate under
7 random effects of each meta-analysis, presented in log scale. The three outliers having
8 summary estimate >5 are associations of autism spectrum disorder with congenital
9 cytomegalovirus infection, hearing impairment, and visual impairment. These studies were
10 not funded by industry nor did the authors declare any conflict of interest.

11 Fig 3. Log (effect size of the largest study) versus log (summary effect under random effects
12 model) for each meta-analysis of environmental risk factors. The Y-axis labelled “Log (effect
13 size of the largest study)” represents the log of the effect estimate of the largest component
14 study (study with smallest standard deviation) of each meta-analysis. The X-axis labelled
15 “Log (summary estimate under random effects model)” represents the log of the summary
16 effect estimate under random effects of each meta-analysis. The three outliers having log of
17 the summary estimate >2 are associations of autism spectrum disorder with congenital
18 cytomegalovirus infection, hearing impairment, and visual impairment. These studies were
19 not funded by industry nor did the authors declare any conflict of interest.

20