Other Clinical Considerations in Patients with Autism Spectrum Disorder

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Objectives:

- To learn some often overlooked comorbidities in patients with autism spectrum disorder
- To learn the prevalence rates of ADHD, Hypermobility syndromes, and ARFID in patients with ASD
- To know the FDA approved medications for ASD

- No disclosures to report for this presentation

Pre-test

- 1. What is the most common psychiatric comorbidity in patients with autism spectrum disorder?

  - A. Oppositional Defiant Disorder
  - B. Obsessive Compulsive Disorder
  - C. ADHD
  - D. Major depressive disorder

- 2. What is the prevalence of ADHD in patients with Autism spectrum disorder?
    - A. 15%
    - B. 30%
    - C. 50%
    - D. 75%

- 3. Prevalence rates of hypermobility in females with autism spectrum disorder is higher than in males with autism spectrum disorder?

    - A. True
    - B. False

DSM- V Criteria for Autism Spectrum Disorder

- A. Persistent deficits in social communication and social interaction across multiple contexts including social-emotional reciprocity, deficits in nonverbal communicative behaviors, and deficits in developing, maintaining, and understanding relationships.

- B. Restrictive, repetitive patterns of behavior, interests or activities.

- With or without accompanying intellectual impairment and
- With or without accompanying language impairment

AuDHD

Rise of social media influence and the neurodivergent community.

Refers to having both autism spectrum disorder and ADHD

Prevalence of ADHD in patients diagnosed with ASD is 50%

Prevalence of having ASD in patients diagnosed with ADHD is between 20-50%

Potential overlapping/misdiagnosed conditions with ASD

Oppositional Defiant Disorder: loses temper, can be angry, argues with authority figures or other children, refuses to comply with requests from authority figures with rules, blames others

Theses symptoms can often be confused for the aspects of ASD where patients have meltdowns, exhibit lack of social communication, inflexibility with opinions, and mental rigidity

Pathological Demand Avoidance (PDA)

- Most commonly associated with Autism Spectrum Disorder but may also be related to ADHD
- They exhibit a high level of anxiety usually from expectations of demands being placed on them
- They go to extremes to ignore or resist anything they perceive to be a demand
- Examples can include resisting doing classwork even if it is not hard for them, refusing to do ADLs such as brushing teeth, showering or getting dressed
- Avoidance can look like withdrawing, escaping, making excuses, having a panic attack or a meltdown

KEY FEATURES OF PATHOLOGICAL DEMAND AVOIDANCE (PDA)

USES SOCIAL STRATEGIES AS PART OF THE AVOIDANCE

RESISTS AND AVOIDS THE ORDINARY DEMANDS OF LIFE

APPEARS SOCIABLE ON THE SURFACE, BUT LACKING DEPTH IN UNDERSTANDING

SOMETIMES APPEARS COMFORTABLE IN ROLE PLAY AND PRETEND, (SOMETIMES TO AN EXTREME EXTENT)

EXPERIENCES EXCESSIVE MOOD SWINGS AND IMPULSIVITY

'OBSESSIVE' BEHAVIOUR, OFTEN FOCUSED ON OTHER PEOPLE

DESIGNED BY SUNSHINE SUPPORT
Using information gathered from the PDA Society
www.sunshine-support.org

ARFID

- Avoidant/Restrictive Food Intake Disorder
- ARFID is observed in patients with ASD more frequently than the general population, occurring in 12.5%-33.3% of patients with ASD versus 1.98% in the general population

- Extremely selective eaters
- Limited variety of preferred foods
- Sometimes demonstrate little interest in eating food
- Can overlap with sensory food problems – children with autism may have strong reactions to smells, tastes, textures, or colors of food
- Some children are afraid of what may happen when they eat such as choking or vomiting

Ehlers-Danlos and hypermobility disorders

- Overly flexible joints
- Stretchy skin
- Disorder of connective tissues
- Up to 80% of people with ASD may also experience hypermobility
- 44.7% of females with ASD were hypermobile compared to 21.6% of males with ASD who were hypermobile
- Can lead to sensory hypersensitivity, chronic pain and fatigue, motor difficulties, and autonomic dysfunction
- Some genes associated with ASD may also play a role in development of hypermobility

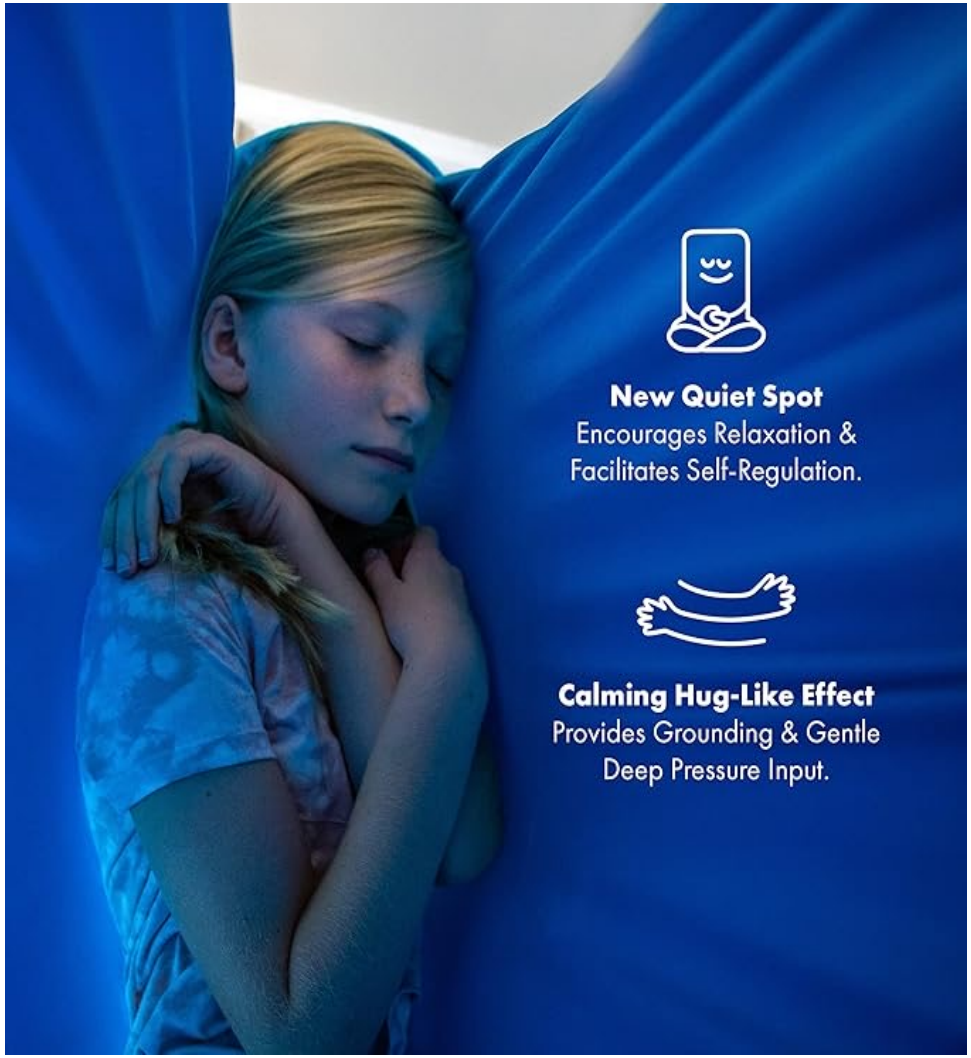
ASD and early onset schizophrenia

- Parent reported ASD was a strong predictor of psychotic symptoms in middle childhood
- Childhood onset schizophrenia often has developmental abnormalities before the onset of psychosis.
- Less than 15% of patients with schizophrenia are diagnosed with their first psychotic episode before age 18
- Co-occurring ASD is associated with poorer response to an initial medication
- May have more negative symptoms of schizophrenia including catatonia
- Advanced paternal age can be a strong predictor of childhood onset schizophrenia

Medications for Autism Spectrum Disorder

- The only medications FDA approved for ASD are Risperidone and Aripiprazole
- Risperidone can be prescribed for children ages 5-16 to treat irritability and aggression associated with ASD
- Aripiprazole can be prescribed for children ages 6-17 to treat irritability and aggression associated with ASD

Sensory tools

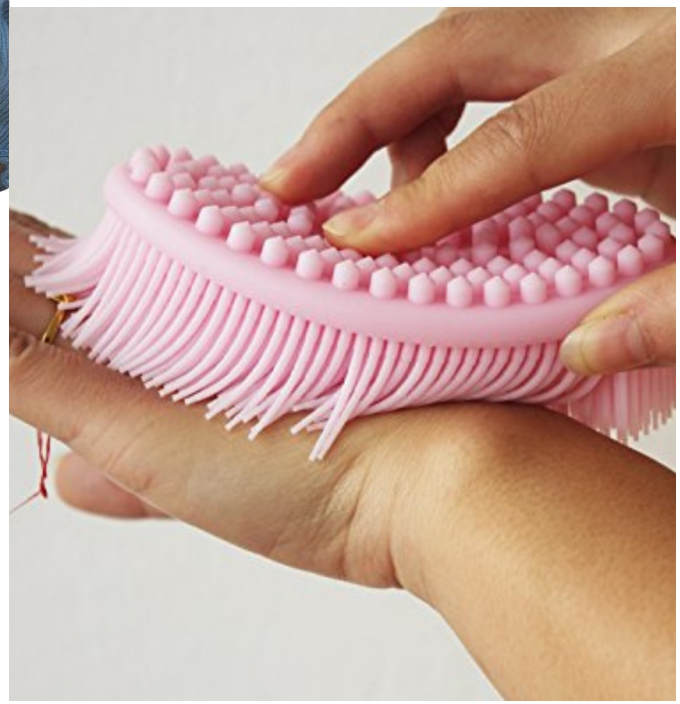



WEIGHTED BLANKETS FOR AUTISM
MATTRESSNUT.COM

Sensory chews and fidgets

What are the benefits of

a Sensory Brush?



Post-test

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