

## Caring for Persons with Autism – PCP Handout

Autism is defined by the DSM-V as a neurodevelopmental condition characterized by early onset challenges in social communication and the presence of restricted, repetitive patterns of behavior, interests or activities. Prevalence is estimated at 1 in 38 children, with higher frequency in males.

| Comorbidity  | Summary   | Management  |
|--|---|---|
| ADHD   | <ul style="list-style-type: none"> <li>Attention-Deficit/Hyperactivity Disorder 37% (28–46%). Offer info from CHADD.org</li> </ul>  | <ul style="list-style-type: none"> <li>Use behavioral checklists to help identify ADHD.</li> <li>Offer behavioral strategies and med management</li> </ul>  |
| Anxiety  | <ul style="list-style-type: none"> <li>Prevalence 35% (30–39%) Distinguishing issues can be gaps in recognizing emotions of self/others, sensory sensitivities, difficulty with uncertainty, performance anxiety, more repetitive behavior, more hyperfocus.</li> </ul> | <ul style="list-style-type: none"> <li>Routine screeners less reliable. Options include Glasgow Anxiety Scale or Adapted GAD7 for IDD.</li> <li>Offer coping skill options, counseling, behavior therapy, and/or med management. SSRI first line.</li> </ul>  |
| Other psychiatric conditions                         | <ul style="list-style-type: none"> <li>Disruptive/impulse-control/conduct disorders 28%, depression 18%, obsessive-compulsive 9%, bipolar disorder 7%, schizophrenia 10%, personality disorder 7%, substance use dis 5%</li> </ul>                                      | <ul style="list-style-type: none"> <li>Disruptive behavior can be manifestation of physical, psychological, social, or environmental trigger. Can become habitual. Use holistic approach. Evaluate for medical causes eg. pain, headache, dyspepsia, dental, etc.</li> </ul>                                      |
| Intellectual / learning/ speech / language disorders | <ul style="list-style-type: none"> <li>ID 33% (26-41%), learning disorder 13%, speech/ language 16% (0-53%)</li> <li>Significant rates of echolalia, mutism, limited eye contact, challenges w/ emotional expression.</li> </ul>  | <ul style="list-style-type: none"> <li>Avoid presumption of ID in patients with autism.</li> <li>For expressive language deficits, use tools for augmentative communication as patient prefers.</li> </ul>  |
| Sensory, motor impairments                           | <ul style="list-style-type: none"> <li>Developmental coordination disorder 87%, gross/fine motor deficits increase with more intellectual/behavioral challenges, hearing disorder 4%, hyper- and hypo-sensitivities</li> </ul>  | <ul style="list-style-type: none"> <li>Test hearing.</li> <li>Verify ability to report pain and illness</li> <li>Sensitivities may need accommodations for daily living &amp; clinical care. OT as needed.</li> </ul>   |
| Sleep concerns                                       | <ul style="list-style-type: none"> <li>68% – much higher than genl popln</li> <li>Disrupted circadian rhythms with light/noise hypersensitivities, parasomnia – night terrors/ nocturnal enuresis, OSA, restless leg, narcolepsy</li> </ul>                             | <ul style="list-style-type: none"> <li>Screen sleep onset, awakenings, length of sleep, daytime symptoms.</li> <li>Benefit w/ melatonin 1-3 mg, some benefits w/ trazodone, mirtazapine, clonidine, clonazepam</li> </ul>   |
| Seizures, tic disorders                              | <ul style="list-style-type: none"> <li>Seizures 16%, onset peaks – infancy &amp; teens, higher in ASD w/ ID (21%) vs ASD (8%). All types of seizures reported. Tics 10% are involuntary vs stimming is self-stimulatory.</li> </ul>                                     | <ul style="list-style-type: none"> <li>Elevated surveillance for seizure-like activity.</li> <li>Tics influenced by sensory and emotional triggers. Consider behavior and/or med management.</li> </ul>   |
| Feeding issues, celiac, overweight                   | <ul style="list-style-type: none"> <li>Feeding disorder 32% (20–46%), eating disorder (5%), food intolerance 13%, celiac 4%, obesity/overweight 33%</li> <li>At risk for nutritional deficiencies on restrictive diets.</li> </ul>                                      | <ul style="list-style-type: none"> <li>Screen for selective diets, inadequate chewing or cramming, adequate hydration, portion control, malabsorptive symptoms.</li> <li>Follow weight/BMI.</li> <li>Consider multivitamin for poor diet. Consider low vit D causing bone pain.</li> </ul>                        |
| Toileting  | <ul style="list-style-type: none"> <li>Constipation 29%, functional urinary/fecal incontinence. Inc. risk of dehydration, may have low urine volume and/or higher specific gravity.</li> </ul>  | <ul style="list-style-type: none"> <li>Screen stooling frequency and consistency, adequacy of urinary volume, dilution.</li> <li>Timed voiding and/or continence supplies prn.</li> </ul>   |
| Skin   | <ul style="list-style-type: none"> <li>Picking 15%, typical onset as teens.</li> </ul>  | <ul style="list-style-type: none"> <li>Observe for infection or scarring. Habit reversal therapy or N-acetyl cysteine of some benefit.</li> </ul>   |
| Sexual health  | <ul style="list-style-type: none"> <li>Gender identity diversity 3%. Higher LGBTQIA+ rates than neurotypical population.</li> </ul>   | <ul style="list-style-type: none"> <li>Screen gender identity, sexual orientation. Connect with supports prn.</li> </ul>  |
| Genetic abnormalities                                | <ul style="list-style-type: none"> <li>Chromosomal abn 2%, genetic syndrome 3%, Down syndrome 1%, Rett 2%, Fragile X 2%</li> <li>9% genetic variants in SPARK study (most de novo)</li> </ul>   | <ul style="list-style-type: none"> <li>Follow testing advances. Consider fragile X, WES over CMA, targeted tests for associated findings.</li> <li><a href="https://www.autismspeaks.org/expert-opinion/genetic-testing-autism">https://www.autismspeaks.org/expert-opinion/genetic-testing-autism</a></li> </ul> |

Center for Youth and Adults with Conditions of Childhood — CYACC