

Caring for Persons with Autism

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

Reference: Micai M, et al. Prevalence of co-occurring conditions in children & adults with ASD: A systematic review & meta-analysis. *Neurosci Biobehav Rev.* 2023 Dec;155:105436.

Summary by CYACC: April 2025

