SPARK Webinar:
Autism and Mental Health

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Learning Objectives

1. Identify the major mental health challenges facing patients with youth with Autism Spectrum Disorder (ASD) and their families.

2. Discuss the concept of *diagnostic overshadowing* as it pertains to Autism.

3. Outline treatments for co-morbid mental health conditions present in patients with ASD.

4. Review how mental health challenges may change over the lifespan for patients with ASD.
• Social/Communication Deficits

• Restricted/Repetitive:
  ➢ Interests,
  ➢ Behaviors
  ➢ and Activities

Autism
ASD: Comorbidity is the Rule, Not the Exception

- Autism
- Oppositional Behaviors
- ADHD
- Anxiety
- Sleep
- Aggression
- Bullying
- Suicidality
- OCD
- Tics
- Substance Abuse
- Gender Variance
- Depression

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Consider medical problems first!

- Epilepsy
- Constipation
- Headaches
- Dental pain
- Irritable Bowel Syndrome
Co-occurring Medical Conditions

• Chronic medical conditions occurring at higher rates in patients with ASD

• **Immensely important** to find an adult primary care physician (PCP) who can assess for and manage medical problems in close collaboration with the psychiatrist.

• Evaluation should include:
  
  ✓ Full medical history
  
  ✓ Physical examination
  
  ✓ Consideration of known *genetic associations with ASD* which may be useful for informing risk for co-occurring conditions and family planning.
Diagnostic Overshadowing

Once a diagnosis is made of a Autism...

there is a tendency to attribute all other problems to Autism,

thereby leaving other co-existing conditions undiagnosed.


Neurotrauma Law Nexus http://www.neurolaw.com/neuroglossary/ accessed on 10/18/20
Co-occurring Psychiatric/Behavioral Conditions

- Individuals with ASD have high rates of co-occurring psychiatric conditions which impact daily functioning beyond the core symptoms of ASD.

- Research suggests that 70% of children and adolescents and 79% of adults with ASD have a co-occurring psychiatric disorder.
Co-occurring Psychiatric/Behavioral Conditions

1. Patients with ASD may have compromised self-report due to cognitive and language impairments: therefore difficult to assess internalizing symptoms

2. **Diagnostic overshadowing**: A diagnostic pitfall, can also occur

3. Many factors can contribute:
   1. Medical illness
   2. Inability to communicate
   3. And others.

4. It is important to remember that other psychiatric conditions can exacerbate ASD symptoms.
Attention-Deficit Hyperactivity Disorder

- DSM-5: ASD + ADHD are now recognized separately
- 41-78% of children with ASD have ADHD
- The only known study of ADHD co-occurrence in Transition-age youth with ASD found a 15% prevalence rate.
- Cross-sectional data from several adult studies found varying ADHD prevalence rates (11-68%)
Attention-Deficit Hyperactivity Disorder

- Diagnosis can be challenging because symptoms of inattention, hyperactivity, emotional impulsivity, and decreased executive function can also arise from ASD

- **Important:** conducting a multi-informant assessment that includes information obtained from teachers, parents and other providers.

- The few trials that exist in adults indicate efficacy and good tolerability in adults with ASD/ADHD

- **Potential side effects** include irritability, insomnia, and anxiety, all of which are often associated with ASD itself
Attention-Deficit Hyperactivity Disorder

- Evidence for non-pharmacological interventions in adults with ASD + ADHD is scarce.
- Internet-based coaching and physical exercise may be beneficial for adolescents and adults with ASD/ADHD
Irritability/Aggression (IA)

- Prevalence of IA in adults with ASD is unknown
- Rates of IA in children with ASD are significant, with up to 65% exhibiting some aggression toward parents or peers
  - 45% having high levels of angry mood and tantrums
  - 20% having moderate to severe IA
- Based on one prospective study, IA does not appear to decrease in TAYASD but may wane later in adulthood.
Irritability/aggression

• Critical to first address potential underlying contributors
  
  ✴ Medical problems
  
  ✴ Functional communication deficits
  
  ✴ Psychosocial stressors
  
  ✴ Maladaptive reinforcement stressors
  
  ✴ Co-occurring psychiatric disorders

• Common conditions that can trigger IA include headaches, dental pain, constipation, upper respiratory infections, and musculoskeletal pain.
Irritability/aggression

- Behavioral therapy.
- This includes Applied Behavioral Analysis (ABA) and ABA-derived behavioral modification interventions.
- Designed to identify the function of problem behaviors and reinforce more appropriate behaviors through intense practice.
Irritability/aggression

• When behavioral therapies alone do not result in substantial improvement, psychotropic medications should be considered.

• Risperidone and aripiprazole are both FDA-approved medications for the treatment of irritability in children with ASD ages 6 to 17 and have moderate to large effect sizes.

• Similarly, stimulants, alpha-agonists, mood stabilizers, and N-Acetylcysteine (NAC) could also be considered for the treatment of IA.

• Given the scarcity of evidence for pharmacological treatment of IA in adults, physicians should use medications judiciously and only after detailed review with the family of the limited data on risks and benefits.
Anxiety Disorders

- A meta-analysis of studies of adults with ASD indicate that the current and lifetime prevalence of any anxiety disorder was 27% and 42%, respectively.

- Specific phobia

- Generalized anxiety disorder

- Social anxiety disorder

Being the most common lifetime disorders
Anxiety Disorders

• Some individuals with ASD are self-aware of their emotions and can report worry and internalizing experiences.

• When self-report capacity is compromised, however, behavioral information is needed to establish an anxiety disorder diagnosis.

• Signs of anxiety can include irritability, aggression, fearful affect, avoidance of the anxiety-provoking stimulus, withdrawal, and sleep disturbances.

• Another factor to consider in the evaluation process is the overlapping symptomatology between anxiety and ASD.
Anxiety Disorders

Case Vignette 1: Peter graduated high school and within one year obtained a job at a major car manufacturing plant.
Anxiety Disorders

• In Peter’s case, modified cognitive behavior therapy could be implemented to decrease his anticipatory anxiety about falling behind during his workday.

• Mindfulness-based interventions also show promise and provide symptom relief through guided meditation and focus on awareness of emotions and bodily sensations without active efforts to reduce symptoms.
Anxiety Disorders

• Few psychotropic medication trials for anxiety have been conducted in the ASD population. Medication choices are therefore based on evidence in TD children and adults.

• Titrating slowly and close monitoring of side effects, however, is warranted given data on high rates of SSRI-induced behavioral activation in the ASD population.
Major Depressive Disorder

• Patients with ASD are four times more likely to develop major depressive disorder (MDD) in their lifetime compared to TD individuals

• MDD impacts an estimated 26-70% of adults with ASD and is associated with suicidal ideation and attempts

• In patients with ASD, rates of suicidal ideation are up to nine times that of the general population, with increased risk for suicide attempts and use of lethal means to attempt suicide

• One study of adults with ASD presenting to a specialty diagnostic clinic found that 66% reported suicidal ideation, plan or attempt

• Loneliness and lack of social supports are major risk factors for both major depressive disorder and suicidal ideation
Major Depressive Disorder

- Group cognitive behavioral therapy (CBT) can be useful for depressive symptoms in high-functioning TAYASD.

- Preliminary evidence suggests that social skills training and vocational training could also be potentially effective in decreasing depressive symptoms in young adults with ASD.

- Preliminary evidence indicates that rTMS is feasible and well-tolerated in depressed adults with ASD although more definitive trials are needed to establish efficacy.
Bipolar Disorder (BD)

- Patients with ASD also have an elevated risk for bipolar disorder, which has a point prevalence of approximately 6-9% in adults with ASD.
- An estimated lifetime prevalence of 20% or more.
- From a pharmacological standpoint, there are no controlled trials for adults with BD/ASD.
- It is reasonable for clinicians to use medications that have been shown to be effective in cases series and open trials for BD/ASD, including risperidone, aripiprazole and mood stabilizers.
- Anti-depressants may be effective in treating depressive episodes in patents with BD/ASD, but carry a high risk of activation and/or manic switch.
Schizophrenia/Psychotic Disorders

• A recent meta-analysis involving almost 15,000 individuals with ASD indicated that Schizophrenia occurs in an estimated 3-4% of individuals with ASD.

• Psychosis could be missed due to misattributing social withdrawal, paranoid ideation regarding others, responding to internal stimuli, and disorganized speech to core ASD-related social communication deficits.
Sleep Disorders

- Up to 80% of adults with ASD have sleep problems including insomnia, low sleep efficiency, short sleep duration, long sleep latency, frequent night-time awakenings, poorer refreshment scores on awakening and daytime sleepiness.

- Sleep disorders can have a cascading effect on core ASD symptoms.

- In adults with ASD, sleep problems are one of the most important predictors of quality of life.
Sleep Disorders

- Cognitive behavioral therapy is the first-line treatment for insomnia in patients with ASD.
- Research on pharmacological treatments for sleep in adults with ASD is limited.
- Melatonin can be combined with behavioral therapy or used alone and appears to be very well tolerated, with minimal, if any, side effects in children and adults with ASD.
de Vries et al. (2010) found that the incidence of ASD in a sample of 231 children and adolescents with gender dysphoria was 7.8 % and that the majority of the young people in their sample with both GD and ASD were natal boys, who identified as girls.

Pasterski et al. looked at autistic traits in 91 gender dysphoric adults undertaking medical treatment at a private gender identity clinic and found autistic traits consistent with ASD in 5.5% of the people.

However, whether the autistic features indicate a separate diagnosis or are part of the GD is unclear. It may be that the association between autistic features and GD may account for the variability in GD presentations and outcomes.

There was no significant difference in terms of total score means or raw subscale means between the natal males and females.

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Depression
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- Tics

Sleep

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Estimated Autism Prevalence 2020

*Centers for Disease Control and Prevention (CDC) prevalence estimates are for 4 years prior to the report date (e.g., 2020 figures are from 2016).
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