


Autism Spectrum Disorders and Co-existing  
Mental Health Issues

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Objective

- To present an overview of common psychiatric conditions that occur in persons with autism spectrum disorders
- To provide information on how these conditions present in the ASD population

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Co-morbidity of ASD

*Co-morbidity - when two or more conditions occur together.*

*The two conditions may or may not be causally related.*

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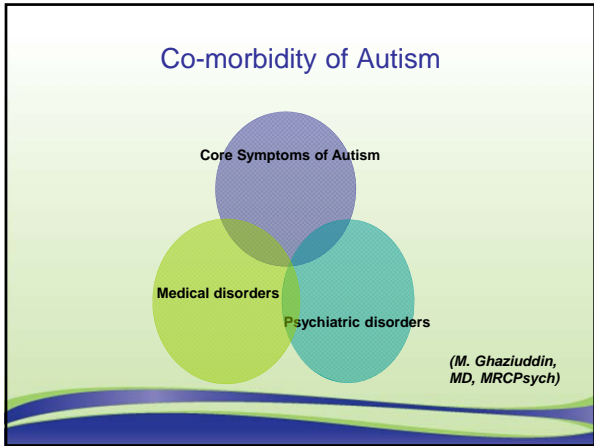
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- ### Medical Co-morbidity of Autism
- ~ 30% have epilepsy (seizure disorder)
  - ~ 50% have intellectual disability
  - 10-25% have known medical conditions such as:
    - Fragile X syndrome
    - Tuberous sclerosis
    - Other conditions

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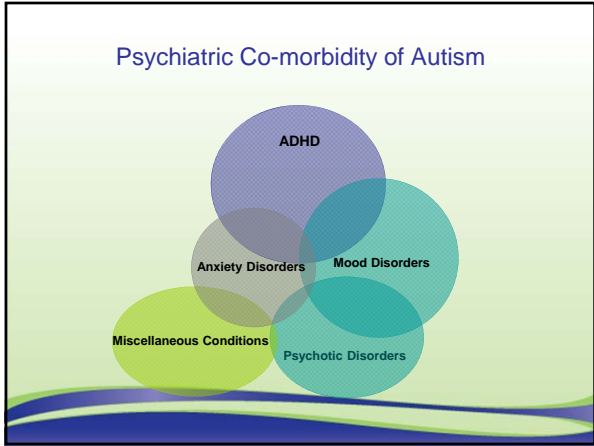
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**What are Psychiatric Disorders?**

- No universally accepted definition
- Any clinically significant behavioral or psychological syndrome or pattern that causes a significant degree of distress and impairment to the individual or to the community. (APA, 1994).
- This behavior would not be a culturally acceptable reaction to an external event

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**Multi-axial Classification**

- Axis I: Clinical Disorder
- Axis II: Personality Disorder/ID
- Axis III: General Medical Condition
- Axis IV: Psychosocial Problems
- Axis V: Global assessment of functioning

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**Prevalence**

- 109 children with autism (ADI-R; ADOS; expert clinician).
- 5-17 years old.
- Mean full scale IQ: 82.5
- Only parents interviewed.
- 72% had at least one DSM-IV psychiatric disorder.

*(Leyfer et al., 2006).*

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**Psychiatric Disorders in ASD**

<p><u>Common</u></p> <ul style="list-style-type: none"><li>• Disruptive behavior disorders (ADHD)</li><li>• Mood disorders (eg. Depression)</li><li>• Anxiety disorders</li></ul>	<p><u>Uncommon</u></p> <ul style="list-style-type: none"><li>• Psychotic disorders (eg. Schizophrenia)</li><li>• Eating disorders (eg. Anorexia Nervosa)</li><li>• Substance abuse disorders</li></ul>
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**Disruptive Behavior Disorders**

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**ADHD Overview**

- Main features are: attention deficit, impulsivity, and hyperactivity.
- Hyperactivity may or may not be present.
- Onset usually before 7 years of age.
- Males more commonly affected.
- Both genetic and environmental factors are involved.

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**Prevalence of ADHD and Autism**

- Common in children in ASD (~28-31%)
- Less common in adults with ASD.

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**Presentation**

- Hyperactivity and impulsivity out of proportion to the level of autism.
- Symptoms often mixed with oppositional behavior and mood instability.
- ADHD may be the initial diagnosis in some higher functioning children with ASD.

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**ADHD and Autism: Signs and Symptoms**

- Problems with attention often occur in children with autism.
- Children with autism have difficulty in processing information.
- This contributes to the social deficits indirectly.

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Treatment of ADHD in ASD

- Treat both the symptoms of ADHD and those of autism/Asperger syndrome.
- Use medications with behavioral therapy and educational treatment.

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Use of Medications in ADHD and ASD

- Stimulants form the mainstay of treatment.
- Side effects more common in those with intellectual disability and seizure disorder.
- Other medications include: Strattera; Trazodone; Intunive; Clonidine.
- Increasing use of atypical antipsychotic medications, such as, risperidone (Risperdal).

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Mood Disorders

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### Depression Overview

- Depression is a medical disorder characterized by a disturbance of mood, thinking, and behavior.
- Depression is divided into several subtypes, most commonly: major depression and bipolar disorder.

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### Prevalence of Depression and Autism

- Across the life span, depression is probably the most common psychiatric disorder in persons with ASD.
- Depression rates increase in adolescence (25%) and adulthood (30-37%)

*(Ghaziuddin 2002; Matson et al., 2007)*

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### Presentation

- Depressed mood, increased withdrawal.
- Weight changes, disturbed sleep, regression of skills.
- Special features: increase in morbid fixations, irritability, increase in obsessive features, or psychotic symptoms.

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**Depression and ASD: Signs and Symptoms**

- When “new” symptoms occur, such as:
  - Crying spells, sadness
  - Aggression, irritability
  - Increase in ritualistic behaviors
  - Increasing social withdrawal
  - Psychotic behavior (paranoia, hallucinations)
  - Regression of skills
  - Change in quality of fixations (take on depressing theme)

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**Depression and ASD: Signs and Symptoms**

- When “old” symptoms get worse, such as:
  - Anger outbursts
  - Irritability
- When the person with ASD goes through major life events, such as:
  - Change of school
  - Bullying in school
  - Death and divorce in the family
  - Especially after puberty

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**Suicidal Behavior in Persons with ASD**

- Sometimes adolescents and adults with Autism and Asperger syndrome commit suicide.
- The underlying cause is depression.
- Parents and professionals should take suicidal behavior and comments seriously.

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### Treatment for Depression

- Antidepressants commonly used. SSRIs often used (Celexa, Lexapro, Prozac, Zoloft)
- In many children with a mixture of mood and hyperactive symptoms, combination with stimulants needed.
- Combination of cognitive behavior therapy and medications in higher functioning subjects.
- In treatment resistant cases: mood stabilizers, ECT.

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### Bipolar Disorder Overview

- Characterized by cycles of mood disturbance: depression followed by elation or irritability.
- Duration of the cycles varies.
- Is being increasingly diagnosed in children.
- Usual age of onset is early adult life.

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### Prevalence

- One study indicated that bipolar was three times that of major depressive disorder
- It was significantly higher in families with Asperger's syndrome, suggesting an etiological link between Asperger's syndrome and bipolar. (DeLong and Dwyer 1988)

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### Bipolar Disorder and ASD: Signs and Symptoms

- Variable mood regardless of circumstances
- Low frustration tolerance
- Grandiose thoughts
- Increase in frequency or intensity of vocal stereotypies or compulsive activities
- Disinhibition (interactions, sexual interest)
- Not following rules and limits

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### Treatment of Bipolar Disorder in ASD

- Mood stabilizers are the main medication (Lithium, Tenex, Depakote etc.)
- A low dose of an antipsychotic medications, such as Risperidone, often necessary in the acute stages.
- If mania occurs, hospital admission should be considered.
- Treat any environmental and social factors with behavioral strategies.

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### Anxiety Disorders

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**Anxiety Disorders Overview**

- Common types are
  - Obsessive Compulsive Disorder
  - Generalized Anxiety Disorder
  - Simple Phobias

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**Prevalence**

- Phobias and Fears (44%)
- Social Anxiety (29.2%)
- Generalized Anxiety (13.4%)
- Panic Disorder (10.1%)
- OCD (range from 8-33%)

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**Anxiety: Signs and Symptoms**

- Avoidance- new people, tasks, setting)
- Increased rituals and/or rigid inflexibility
- Increased reliance on rules
- Increased resistance to change
- Low frustration tolerance
- Repetitive questioning

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### Obsessive Compulsive Disorder

- Characterized by obsessions or compulsions or both
- Often these are part of the definition of Autism

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### Obsessive Compulsive Disorder and ASD

- There is a clear onset
- There is a change in the quality or intensity of symptoms
- There is a gradual deterioration in symptoms

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### Simple Phobias

- People with autism/PDD often show a variety of phobias
- These interfere with their quality of life and cause distress
- Common phobias are fear of elevators, fear of heights and needles etc.

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### Generalized Anxiety Disorder

- Characterized by free floating anxiety
- The patient worries about events that may occur in the future, such as illness
- Often co-exists with mild depression
- Physical symptoms, such as sweating, stomach ache, common.

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### Treatment of Anxiety Disorders

- Behavioral treatments such as desensitization of phobia, should be tried.
- Social and psychological interventions, eg. Cognitive behavior therapy, useful in some patients.
- Medications, especially Selective Serotonin Receptor Inhibitors (Prozac etc.) should be tried.

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### Other Disorders

- Sleep disorders
- Self-injurious behavior

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**Sleep Disorders in ASD**

- Sleep problems are common in children with PDD.
- These often result in behavioral problems during the day, such as irritability and inattention.
- Some have suggested that insomnia is common in Asperger syndrome probably because of their 'inherent anxiety' (Tani et al., 2004).

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**Sleep Disorders in ASD**

- Causes:
  - Change of routines and schedules
  - Depression and mood disorders
  - Medical disorders

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**Assessment of Sleep Disorders**

- Rule out sleep apnea.
- Sleep studies if necessary.
- Use sedatives only for a short-term if absolutely necessary.
- Medications used include: melatonin; trazodone; clonidine etc. Each has its own side effects.

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**Self-Injurious Behavior**

- Self injurious behavior sometimes occurs in persons with autism who also have severe mental retardation.
- The behavior may consist of self-biting, hitting, and in some cases, more severe acts of self injury.

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**Self Injurious Behavior**

- Causes:
  - Chemical theories have been proposed, involving neuropeptides (Panskepp et al.1987).
  - No clear known cause.
  - Sometimes, underlying psychiatric conditions, such as depression, may be responsible.

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**Self Injurious Behavior**

- Do a detailed behavioral analysis.
- Treat any social and environmental factors.
- Use medications, such as naltrexone and antipsychotic medications.
- Mood stabilizers, such as lithium, have also been used.
- Long term outcome guarded.

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### Conclusion

- A significant number of persons with autism and Asperger syndrome develop additional psychiatric disorders.
- These disorders should be diagnosed and treated promptly.
- Treatment of comorbid disorders improves the quality of life of the patients and their families.

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Thank you

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