

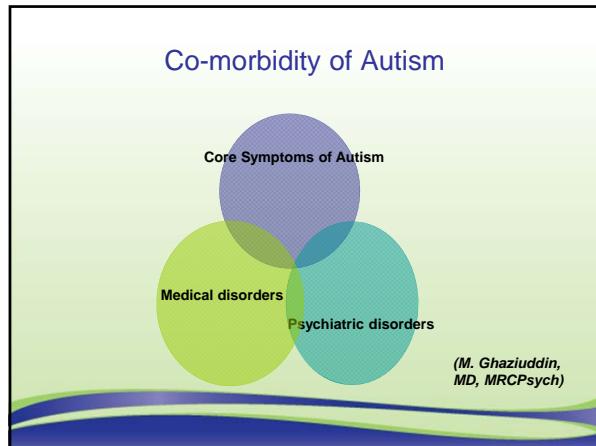
Objective

- 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

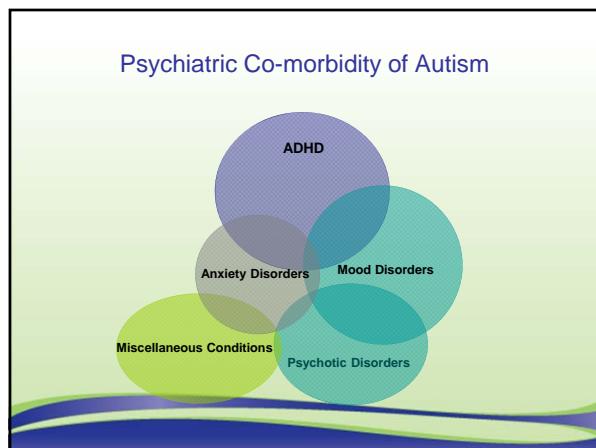
Co-morbidity of ASD

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

The two conditions may or may not be causally related.







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

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

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).

Psychiatric Disorders in ASD

Common

- Disruptive behavior disorders (ADHD)
- Mood disorders (eg. Depression)
- Anxiety disorders

Uncommon

- Psychotic disorders (eg. Schizophrenia)
- Eating disorders (eg. Anorexia Nervosa)
- Substance abuse disorders

Disruptive Behavior Disorders

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.

Prevalence of ADHD and Autism

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

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.

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.

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.

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: Straterra; Trazodone; Intunive; Clonidine.
- Increasing use of atypical antipsychotic medications, such as, risperidone (Risperdal).

Mood Disorders

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.

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)

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.

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)

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

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.

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.

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.

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)

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

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.

Anxiety Disorders

Anxiety Disorders Overview

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

Prevalence

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

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

Obsessive Compulsive Disorder

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

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

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.

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.

Treatment of Anxiety Disorders

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

Other Disorders

- Sleep disorders
- Self-injurious behavior

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).

Sleep Disorders in ASD

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

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.

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.

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.

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.

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.

Thank you
