

Diagnosis and Initial Management of a Child with Autism Spectrum Disorder

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Overview

- Broad range of conditions that are characterized by challenges in a number of areas
 - Social skills
 - Repetitive behaviors
 - Speech
 - Nonverbal communication
- Many subtypes - influenced by a combination of genetic and environmental factors
- Some individuals require an extensive amount of support, others less, and some may live independently
- Often accompanied by sensory sensitivities and medical issues

Epidemiology

- Affects ~ 1 in 54 children in the United States
 - 1/34 boys
 - 1/144 girls
- 31% of children will have an intellectual disability (IQ <70)
- Children born to older parents have an increased risk of Autism
- Parents who have a child with autism have a 2-18% chance of having a second child with autism
- 1/3 of children with autism are nonverbal
- Almost 2/3 of children with autism from the ages 6-15 are bullied
- VACCINES DO NOT CAUSE AUTISM

Epidemiology

- There are frequently comorbid conditions
 - ADHD
 - Chronic Sleep Problems
 - Anxiety Disorders
 - Depression
 - Chronic GI disorders
 - Seizure disorders
 - Appears to have increased incidence of schizophrenia
- Autism can cost families ~\$60,000/yr through childhood
 - Majority is special services
 - Additionally lost wages due to increased care demand of parents

Possible Presentation to General Pediatrician

- Speech: language delay in preschoolers, regression of language skills, echolalia
- Response to others: Absent/reduced response to name/social smiling/facial expressions, demand avoidance, rejection of physical affection from caregiver
- Interactions: reduced/absent awareness of personal space/social interest in others/initiation of social play
- Eye contact/Gestures: reduced/absent gestures or eye contact, reduced joint attention
- Reduced/absent pretend play
- Stereotyped/Restrictive/Repetitive Behavior or Fixations
- Insistence on sameness

1st Steps

- Developmental Screening
- Specifically MCHAT at 18 and 24 months; can be used from 16-30 months
 - If MCHAT-R is positive, follow up with MCHAT-F
- If globally positive screening
 - Full medical evaluation
 - Referral to a specialty that has more experience in diagnosis: DBP, Neurodevelopmental Specialists, Psychiatrists, or Psychologists.

Diagnosis

- Direct observation of the child to evaluate social skills and behavior
 - Autism Diagnostic Observation Schedule, Second Edition and Toddler Module (ADOS-2, ADOS-T)
- Childhood Autism Rating Scale - CARS-2
 - 15 item direct clinical observation that can assist with diagnosis
- Autism Diagnostic Interview Revised - ADI-R
 - Extensive clinical interview tool, typically used in research settings as it requires several hours for administration.

DSM Criteria

- A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (must have all 3):
 1. Deficits in social-emotional reciprocity.
 2. Deficits in nonverbal communicative behaviors used for social interaction.
 3. Deficits in developing, maintaining, and understanding relationships.
- B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least 2 of the following, currently or by history (at least 2/4):
 1. Stereotyped or repetitive motor movements, use of objects, or speech.
 2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior.
 3. Highly restricted, fixated interests that are abnormal in intensity or focus.
 4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment.
- C. Symptoms must be present in the early developmental period (may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life)
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
- E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay.

Common Comorbid Conditions

- Developmental Disorders: Intellectual Disability, Language Disorders, ADHD, Tic disorders.
- General Medical Disorders: Epilepsy, GI disorders, Immune dysregulation, Genetic Dysregulation, Sleep Disorders
- Psychiatric Disorders: Anxiety, Depression, OCD, psychotic d/o, ODD, personality disorders
- Behavioral Disorders: Aggressive disorders, self injurious behavior,

Treatment Overview

- Every treatment plan must be individualized for the patient
- Applied Behavioral Analysis (ABA) therapy is the mainstay of treatment, allowing them to develop ADLs and a framework for appropriate behavior
- Speech and Language Therapy in proportion to the deficit
- Earlier initiation with higher intensity of treatment are associated with better outcome
- Additionally treatment of co-morbid conditions is important
 - Specifically pharmacological therapy for ADHD, Anxiety, Irritability, and Insomnia

References

- [Autismspeaks.org](https://autismspeaks.org)
- *Autism Spectrum Disorder*. Carolyn F. Bridgemohan. Nelsons Textbook of Pediatrics. Elsevier. 2020
- [M-chat.org](https://m-chat.org)