

MANAGEMENT OF YOUTH ON THE AUTISM SPECTRUM



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DISCLOSURES

Sonya Montgomery has no financial relationships with commercial interests to disclose.

Any unlabeled/unapproved uses of drugs or products referenced will be disclosed.

ASD

Learning Objectives

- Recognize the child/adolescent with signs of autism spectrum disorder and comfortably initiate further assessment and a treatment plan.
- Explain the value of Applied Behavioral Analysis to enable competent referrals for treatment.
- Develop a specialized medication treatment plan to address the symptoms of anxiety and inattention inherent with most spectrum disorders.

DSM V DIAGNOSTIC CRITERIA

- **Autistic Spectrum Disorder 299.0**
- **A. Persistent deficits in social communication and social interaction across multiple contexts.**
- **B. Restricted, repetitive patterns of behavior, interests, or activities.**
- **C. Symptoms must be present in early development.**
- **D. Sxs cause significant impairment in all areas of functioning.**

SRS SCREENING TOOL

- **S** ocial communication
- **R** igid and restrictive
- **S** ensory issues

SOCIAL COMMUNICATION

- Lack of reciprocity
- Inability to share emotions or affect
- Poor eye contact
- Poor understanding of nonverbal gesture
- Flat facial features
- Friendship struggles
- Poor initiative or response to social interaction

RIGID AND RESTRICTIVE

- Rigid/concrete thinking is present
- Transitions poorly
- Rigid behaviors
- Restricted, fixated interest
- echolalia

SENSORY ISSUES

- Aversion to noises, textures, tastes.
- Atypical responses to pain.



APPLIED BEHAVIORAL ANALYSIS

- Understanding and modifying behavior in the context of an environment.
 - School
 - Community
 - home



APPLIED BEHAVIORAL ANALYSIS (ABA)

- **ABA is considered an evidence-based “best” practice treatment by the US Surgeon General and by the American Psychological Association.**

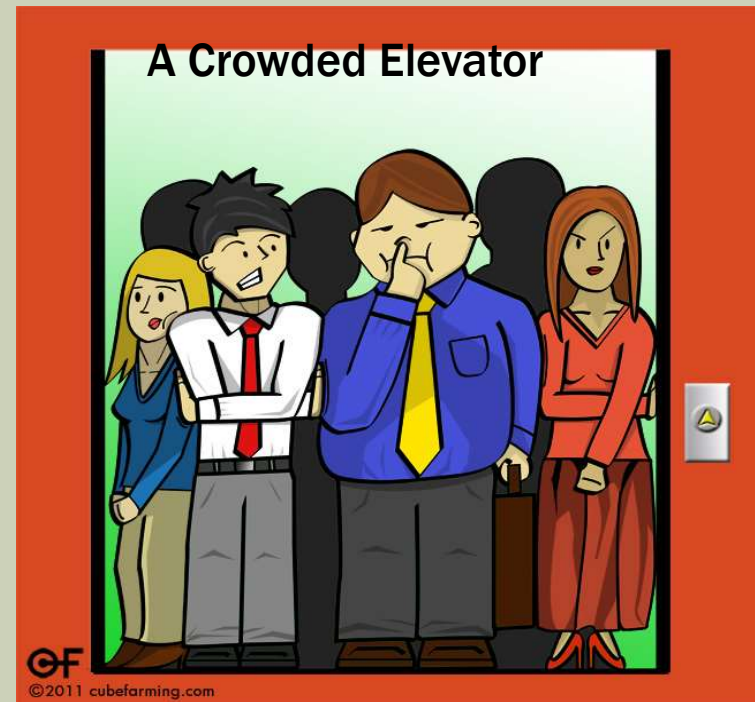
“Evidence based” means that ABA has passed scientific tests of its usefulness, quality, and effectiveness.

ABA

A broad type of therapy that includes many approaches. The science behind ABA is how behavior works and how learning takes place.

- Comprehensive data collection
- Parental and family involvement
- Application of skills to multiple settings

AN EXAMPLE OF INCIDENTAL TEACHING



ABA THERAPY

<https://www.youtube.com/watch?v=LtTU0T1p0TY&feature=youtu.be>



WHO PROVIDES ABA?

- **Masters level or above therapists certified through the Behavior Analyst Certification Board with the initials BCBA.**
- **Some therapists may not be board certified but are supervised by board certified ABA therapists.**

FINDING A QUALIFIED THERAPIST

- www.autismspeaks.org.
- www.autismsociety.org
- www.bacb.com.

MEDICAL INTERVENTIONS

- Medication management is a core treatment to soften the cardinal symptoms of anxiety, inattention, and emotional dysregulation.

MEDICAL INTERVENTIONS

■ ALPHA AGONISTS



Tenex (Guanfacine 1) – 4mg BID/TID

Intuniv (Guanfacine ER) 1- 6mg QD/BID

Clonidine (clonidine hydrochloride) 0.1mg –
0.4mg QD/BID/TID

Kapvay (Clonidine ER) – 0.1mg- 0.2mg BID

ALPHA AGONISTS

- **Hyperactivity**
- **Oppositional behaviors**
- **Impulsivity**
- **Anger/aggression**
- **Anxiety**
- **Insomnia (clondine)**

ALPHA AGONISTS: ADVERSE EFFECTS/RISKS

- Sedation
- Fatigue
- Hypotension
- Constipation/dry mouth/thirst
- Manic episode or extreme agitation
(uncommon AE with guanfacine/guanfacine ER)

PSYCHOSTIMULANTS



- **Methyphenidate derivatives & Amphetamine derivatives are potent cognitive enhancers.**
- **All carry the risks of appetite suppression, insomnia, anxiety and moodiness, blood pressure/HR elevations.**
- **Contraindicated with cardiac structural abnormalities.**

PSYCHOSTIMULANT ALTERNATIVES (MONOTHERAPY OR AUGMENTATION)

- Intuniv (Guanfacine ER), Kapvay (Clonidine ER)
- Strattera (Atomoxetine)
- Symmetrel (Amantadine)



AMANTADINE

50MG- 150MG QD/BID



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- Glutamate antagonists and dopamine enhancer
- Effective for treating arousal, attention/focus, distractibility, processing speed, & initiation.
- Efficacy data for treating autism, ADHD, fetal alcohol syndrome.
- Well tolerated. Early A/E of nausea, dizziness possible. Dosing of 300mg daily may lower seizure threshold.

SEROTONERGIC AGENTS (ANTIANSXIETY AGENTS)

- **Lexapro (Escitalopram) 5 – 10mg QD and Prozac (fluoxetine) 10 – 60mg QD FDA approved.**
- **Zoloft (Sertraline) 25- 200mg QD**
- **BuSpar (Buspirone) 5 – 30mg BID**

- **Monitor mood closely. May switch to depressive or manic episode if co-morbid mood disorder is present.**

MOOD STABILIZERS (2ND LINE)

- Lamictal (lamotrigine) 25 – 200mg daily for anxiety/depression.
- Trileptal (oxcarbazepine) 150- 600mg BID
- Depakote (divalproex sodium) ER/XR 125mg-1000mg QD/BID
- Lithobid (lithium) 150mg – 600mg BID

ATYPICAL ANTIPSYCHOTICS (FURTHER DOWN THE LINE)

FDA Approved

- Risperdal (risperdone)
- Abilify (aripiprazole)

Commonly utilized

- Saphris (asenapine)
- Zyprexa (olanzapine)
- Latuda (lurasidone)
- Seroquel
(quetiapine/quetiapine ER)

Highly effective in reducing irritability, aggression, anger, severe temper tantrums, & mood instability.

FDA approved mood stabilizers in children

Medication	Mania Approval	Ages	Other approval
Lithium	Yes	12 and above	
Depakote	No		Seizures >12
Tegretol	No		Seizures >2
Lamictal	No And ASD		Seizures >2
Aбилify	Yes	10 and above	Schizophrenia
Geodon	Yes	10 and above	Schizophrenia
Latuda	No and ASD		Schizophrenia
Risperdal	Yes	10 and above	Schizophrenia
Saphris	Yes	10 and above	Bipolar disorder
Seroquel	Yes	10 and above	
Zyprexa	Yes	13 and above	

SAFETY MONITORING OF ATYPICALS

- Upon initiation of atypical antipsychotics and every 6 – 12 months:
 - Fasting lipids
 - Fasting BS
 - HGB A1C

- Every med management visit:
 - Abnormal Involuntary Movement Scale

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