

Clinical Care Guidelines for: Autism Spectrum Disorder

OBJECTIVE

Guide the appropriate diagnosis and treatment of Autism Spectrum Disorder (ASD) in children and adolescents. ASD is characterized by delays in socialization and communication skills and is a neurodevelopmental disorder.

DIAGNOSIS & ASSESSMENT

DSM-5 DIAGNOSTIC CRITERIA

- Parents may notice symptoms in early infancy, although the typical age of onset is prior to age 3.
- Symptoms of disorders on the higher functioning end of the spectrum may emerge later.
- Symptoms may include difficulty with understanding and expressing language, problems relating to peers and objects, unusual focus on toys or objects, repetitive body movements or repetitive behavior, and sensory sensitivity.
- Symptoms cause significant impairment in functioning in more than one setting. The following areas are affected:
 - A. Social communication and interaction
 - B. Repetitive patterns of behavior, interests or activities

Early intervention is critical in obtaining appropriate support and services for this population.

PROCEDURES

Diagnosis of a Autism Spectrum Disorder requires a multi-disciplinary evaluation. This will include:

- Screening with PMP
- Obtaining a thorough history that includes:
 - Language development; occurrence of repetitive movement; problems relating to others, objects, and/ or environment; sensitivity to sensory input (loud noises, lights); difficulty adjusting to changes in routine; and unusual focus on an object (toys, obsessive talk about a particular subject of interest)
- Referral to specialist(s) to confirm the diagnosis and establish levels of functioning for treatment.
 - Psychologist
 - Speech Therapist
 - Occupational Therapist
- All data is put into a developmental profile

Applicable rating scales and assessment tools: CARS, CHAT, Autism Screening Questionnaire, ADI-R, ADOS

TREATMENT

MEDICATION MANAGEMENT

A trial of medication may be appropriate based on the severity of symptoms and level of impairment in functioning.

May re-administer behavior ratings to monitor response to medication.

If on atypical anti-psychotic medication, monitor blood glucose levels, weight and diet.

Risperdone has the most substantive amount of clinical evidence for children and adolescents. There is a paucity of evidence on the other atypical anti-psychotics for use with children and adolescents.

THERAPY

Applied Behavior Analysis, Speech/Language and Occupational Therapy.

Family and individual therapy.

Special education programs and support services through the school system.

Support services for parents, community-based resources, respite services and evaluation and training with a behavioral specialist who works with Autism Spectrum Disorders.

If child is discharged from inpatient hospitalization, child needs to be seen in an outpatient setting, intensive outpatient setting or partial hospitalization by a behavioral health provider within 7 calendar days.

**Early treatment for ASD must recognize it is a chronic condition that will need to be monitored over long periods in order to assist the person with ASD in the on-going management of this disorder. Multi-disciplinary therapies are more effective over the course of the disorder than one form of therapy alone.*

Disclaimer: Recommendation of treatment does not guarantee coverage of services.

REFERENCES

- American Academy of Child and Adolescent Psychiatry (2011). Practice Parameter for the Use of Atypical Antipsychotic Medications in Children and Adolescents.
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