



Q&A Summary:

Autism Spectrum Disorder (ASD) Part II: Medical Home Care for Children With ASD and Other Developmental Disabilities

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- 1. What did you call a seizure that lasts 2–3 seconds?
 - a. Absence or petit mal seizures
- 2. Can you provide any differential assessment guidance on looking for signs of abuse of children with autism spectrum disorder (ASD) without presuming that abuse is occurring?
 - a. Here are some recommendations:
 - i. Multiple bruises: need to consider abuse, but also need to consider selfinjurious behaviors and other medical reasons for bruising.
 - ii. Bite marks: need to consider abuse, self-injurious behaviors, or another child in the class or daycare.
 - iii. Child refusing to attend school or daycare: need to consider abuse, but also consider that the child's needs are not being met, there may be another child who is loud or bothering the child in another way, there may be a change in teacher or daycare provider, or it may be boring.
 - iv. Vaginal or anal bruising and tears: need to consider abuse, but you will also need to consider the possibility that the child may be probing him or herself with an object.
 - v. If there is concern for abuse, please talk to the child's pediatric primary care physician (PCP) to discuss and for further evaluation of the signs, symptoms, and your concerns.
- 3. Can you please give a few examples of communication types that would fall into the "other" category?
 - a. For expressive communication, some children and adults with ASD write to communicate. However, I am not sure what exactly was in the "other" category in the article. The reference is at the end of the PowerPoint for further information.
 - b. For receptive communication, the "other" could be sign language.
 - c. For expression of pain, the "other" could be running away, hiding, laughing, humming.
 - d. For the best way to examine a child, some children do well with steps written down.
 - e. To understand passage of time, some children do well if told to sing a certain song a certain number of times.
- 4. What happens when these kids become young adults and transition out of pediatrics? Do you recommend family medicine, internal medicine, or some sort of specialized medical homes, or are health homes more appropriate?

- a. Adult PCPs can be family medicine, internal medicine, or dual-trained internal medicine / pediatrics. The type of PCP for the young adult with ASD who transitions from a pediatric to an adult PCP really depends on several factors:
 - i. Who is in your community?
 - ii. What is that person's interest and expertise?
 - iii. Is it a good fit for the person with ASD?
- b. There are some specialty transition clinics in some medical centers throughout the country, so if there is one in the community in which you live, these can be very helpful.
- c. I understand that a "health home" is a term that was established under the Affordable Care Act for persons with chronic medical conditions and mental health conditions who have Medicaid. There are stipulations as to who qualifies. In my reading of the information, it appears that it is very similar to the American Academy of Pediatrics definition of a Medical Home: https://www.medicaid.gov/medicaid/ltss/health-homes/index.html
- 5. How about stem cell therapy?
 - a. This is still being studied:
 - i. <u>https://www.autismspeaks.org/science/grants/development-stem-cell-therapy-engrailed-2-asd-genetic-susceptibility</u>
 - ii. <u>https://clinicaltrials.gov/ct2/results?cond=Autism&term=stem+cell+&cntry=&state=&city=&dist</u>
- 6. I recently had a child placed on the medication naltrexone/vivitrol for his ASD diagnosis. In doing a bit of reading, it appears this is a newer medication approach to ASD. Can you speak about this?
 - a. Naltrexone has been around for a long time for treatment of opioid overdose and is being studied for use in children with ASD. It is not approved by the US Food and Drug Administration (FDA) for this use, but some have found it to be a helpful treatment.
 - i. <u>https://www.autismspeaks.org/what-autism/treatment/medicines-treating-</u> <u>core-symptoms</u>
 - ii. <u>https://autismcanada.org/living-with-</u> autism/treatments/biomedical/medication/low-dose-naltrexone/
- 7. What if parents are in denial that their child may have ASD?
 - a. When I have had cases like this, I have made the recommendations for treatment based on the symptoms, such as speech / language delay, coordination disorder, sensory processing problems, special education needs, etc. At a certain point, parents will come around. My older sister had an intellectual disability and epilepsy. It took almost 5 years before my father could accept these diagnoses.
- 8. Is there a relationship to "when" immunizations are given? For example, if a 12-monthold is just getting over an ear infection and the parents take them in for their scheduled immunizations, is there a relationship?
 - a. This is the immunization schedule from the American Academy of Pediatrics (AAP):
 - i. https://www.aap.org/en-us/advocacy-and-policy/aap-health-
 - initiatives/immunizations/Pages/Immunization-Schedule.aspx;
 - ii. http://pediatrics.aappublications.org/content/141/3/e20180083

- b. Autism Speaks is a good resource for information on immunizations. There is no evidence that immunizations cause autism:
 - i. <u>http://pediatrics.aappublications.org/content/141/3/e20180083</u>
- 9. Please address the concept that facility-based "sleep studies" to identify specific sleep disorders and possible treatment in ASD are typically too "sterile" or unfamiliar to an ASD child for the results to be helpful in appropriately treating insomnia.
 - a. I understand the concern noted in this statement. Sleep studies are not necessarily useful or needed for assessment of insomnia in children with ASD. Rather, sleep studies are very useful for assessment of obstructive sleep apnea, central sleep apnea, periodic limb movement disorder, and other parasomnias.
 - b. If a child with ASD has insomnia, it is very often behavioral insomnia of childhood, which can be treated with behavioral techniques.
- 10. Can pets be helpful to children with ASD?
 - a. Pets can be wonderful for all children, and many children with ASD gravitate to animals. Pets offer a wonderful opportunity for companionship, calming, and responsibility.
- 11. Is autism curable?
 - a. This is my opinion, based on research and 26 years of practice. At this point, it is unlikely that ASD can be cured, but it certainly can be treated to the point that the person with ASD has very little functional impairment and sometimes, that person may actually no longer meet the *DSM* criteria for a diagnosis. I have not seen that happen very often. However, there is a lot of research being put into genetics and multiple different types of treatments, so it may be in the future.
- 12. Are there programs/CEUs in place to aid in training the older generation of PCPs with the newest findings, medicines and treatments/care for patients with ASD? Especially for older patients who were diagnosed later in life with ASD (teens/young adults)?
 - a. Autism Speaks has some wonderful information, as well as the AAP, but these are not associated with CME.
 - i. https://www.autismspeaks.org/
 - ii. <u>https://www.healthychildren.org/English/health-</u> issues/conditions/Autism/Pages/default.aspx
 - iii. www.aap.org
 - b. The AAP has an Autism Toolkit for purchase that can be very helpful.
 - i. <u>https://shop.aap.org/autism-caring-for-children-with-autism-spectrum-disorders-a-resource-toolkit-digital-download/</u>
 - c. This is from the Centers for Disease Control (CDC) and offers free CMEs for physicians:
 - i. <u>https://www.cdc.gov/ncbddd/actearly/autism/case-modules/index.html</u>
- 13. What options are available for an adult who was never diagnosed with autism but exhibits mild signs of ASD such as gastrointestinal (GI) issues, mild obsessive-compulsive disorder (OCD), and compulsion control issues?
 - a. GI issues can be a comorbid condition in people with ASD, but are not a symptom or sign of ASD.
 - b. OCD is only a disorder if it impairs function. If OCD behavior is impairing function, then treatment should focus around this problem.
 - c. Problems with "compulsion control issues" my answer is the same as it is in "b".

- 14. I've heard that autistic children often decline foods due to color. How is that remedied?
 - a. Working with a feeding therapist (either speech or occupational therapist [OT]) or a behavior therapist can help to address some of the food selectivity that children with ASD may have.
- 15. What is the best way to treat a child who throws his favorite toys with no warning?
 - a. When there is a concerning behavior, I always recommend first to do a Functional Behavioral Analysis (FBA). This FBA consists of "ABC" (3 parts):
 - i. A Antecedent what happens before the behavior, and is it the cause of the behavior?
 - ii. B Behavior what is the behavior? In this case, it is throwing his favorite toys
 - iii. C Consequence what is the consequence of the behavior? Does he get attention every time he throws his toy? Is it a game – is it thrown back to him? Does he get put in his room and this actually allows him to avoid being in a noisy room?
 - b. Once the FBA is done and the ABCs have been answered, then a behavior plan can be put into place to extinguish this behavior.
- 16. If a child is exhibiting aggressive, harmful behavior towards a parent, what would you suspect?
 - a. See answer to number 15 above.
- 17. What is the best response to a boy with ASD who is acting out sexually in a session?a. See answer to number 15 above.
- 18. Is Asperger syndrome a form of autism that really cannot be explained? How is this diagnosed?
 - a. *DSM5* was published in 2013. With this publication, Asperger syndrome is no longer considered a diagnosis in and of itself. People who previously met criteria for Asperger syndrome now would meet the criteria for ASD and would likely be considered high-functioning.
- 19. Why do children on the gluten-free/casein-free (GF/CF) diet seem to have worse behavior off the diet? Why is this diet so popular in the autism community?
 - a. Autism Speaks is a great resource for these questions and much more. https://www.autismspeaks.org/
 - b. This article about the GFCF diet is worth reading and can answer some of your questions.
 - i. <u>https://www.autismspeaks.org/blog/2014/06/13/autism-and-glutencasein-</u><u>free-diet-when-can-we-stop</u>
- 20. Besides risperidone, what other medications are commonly used for behavior problems?
 - a. Aripiprazole is the other FDA approved medication for children with ASD who are ≥6 years to treat autism-related irritability.
 - b. Children with ASD may also meet criteria for attention-deficit hyperactivity disorder (ADHD); stimulant and nonstimulant medications can be used to treat these ADHD symptoms.

c. Children with ASD may also meet criteria for depression, anxiety, mood disorder, bipolar disorder, or schizophrenia; then the medication appropriate for these disorders would be prescribed.

If you have questions regarding this document or the content herein, please contact: moreinfo@optumhealtheducation.com.