

Autism Spectrum Disorder: Developing a Deeper Understanding

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Learning Objectives

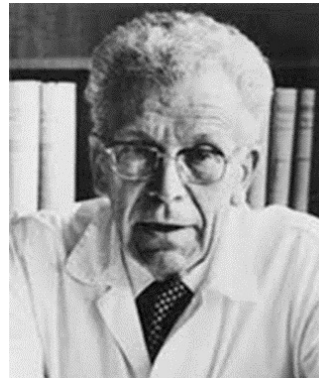
1. Recall the DSM-5 diagnostic criteria as it relates to Autism Spectrum Disorder
2. Assess how characteristics of ASD present in early childhood and manifest across the lifespan.
3. List common medical and psychiatric co-occurring conditions in Autism Spectrum Disorder

What is Autism Spectrum Disorder?

- Neurodevelopmental Disorder
 - Affect brain function
 - Occur early in life
- Symptoms manifest in core areas
 - Social Communication
 - Restrictive and Repetitive Behaviors

History of Autism

- First Recognized by Dr. Leo Kanner (1943) and Dr. Hans Asperger (1944)
- Both recognized autism was different than schizophrenia or psychosis
- Both used term “autistic”
- Kanner (1943)
 - Case Study of 11 children
 - “extreme autistic aloneness”
 - Atypical language and communication
 - Repetitive “noises and motions”
 - “obsessive desire for sameness”

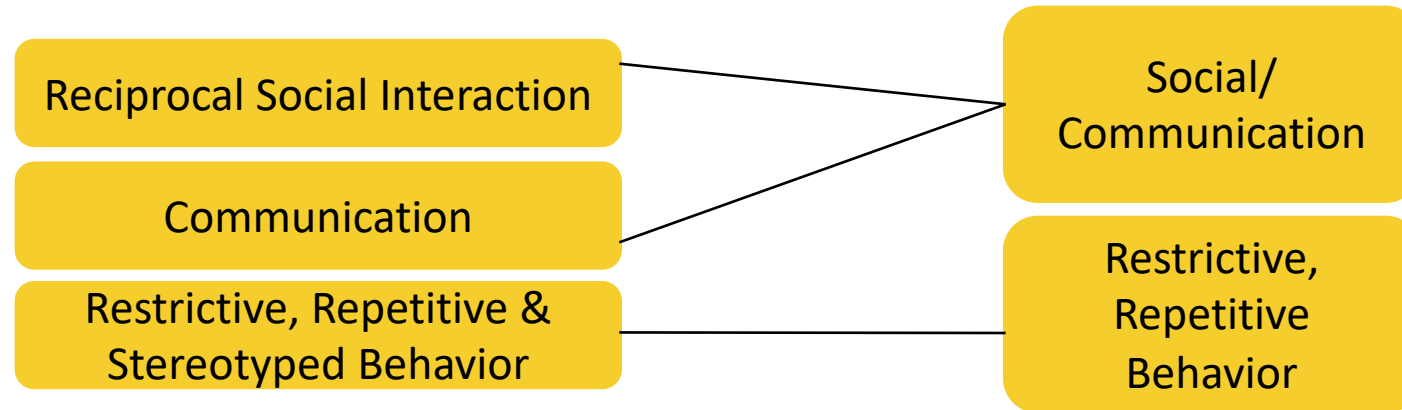


Diagnostic and Statistical Manual

- DSM III (1980): autism first appears in DSM as infantile autism
- DSM III-R (1987): Infantile autism changed to autistic disorder
- DSM IV (1994): Pervasive Developmental Disorder category added and includes five distinct conditions: Autistic Disorder, Asperger's Disorder, PDD-NOS, Rett's Syndrome and Childhood Disintegrative Disorder
- DSM 5 (2013) Single diagnosis – Autism Spectrum Disorder

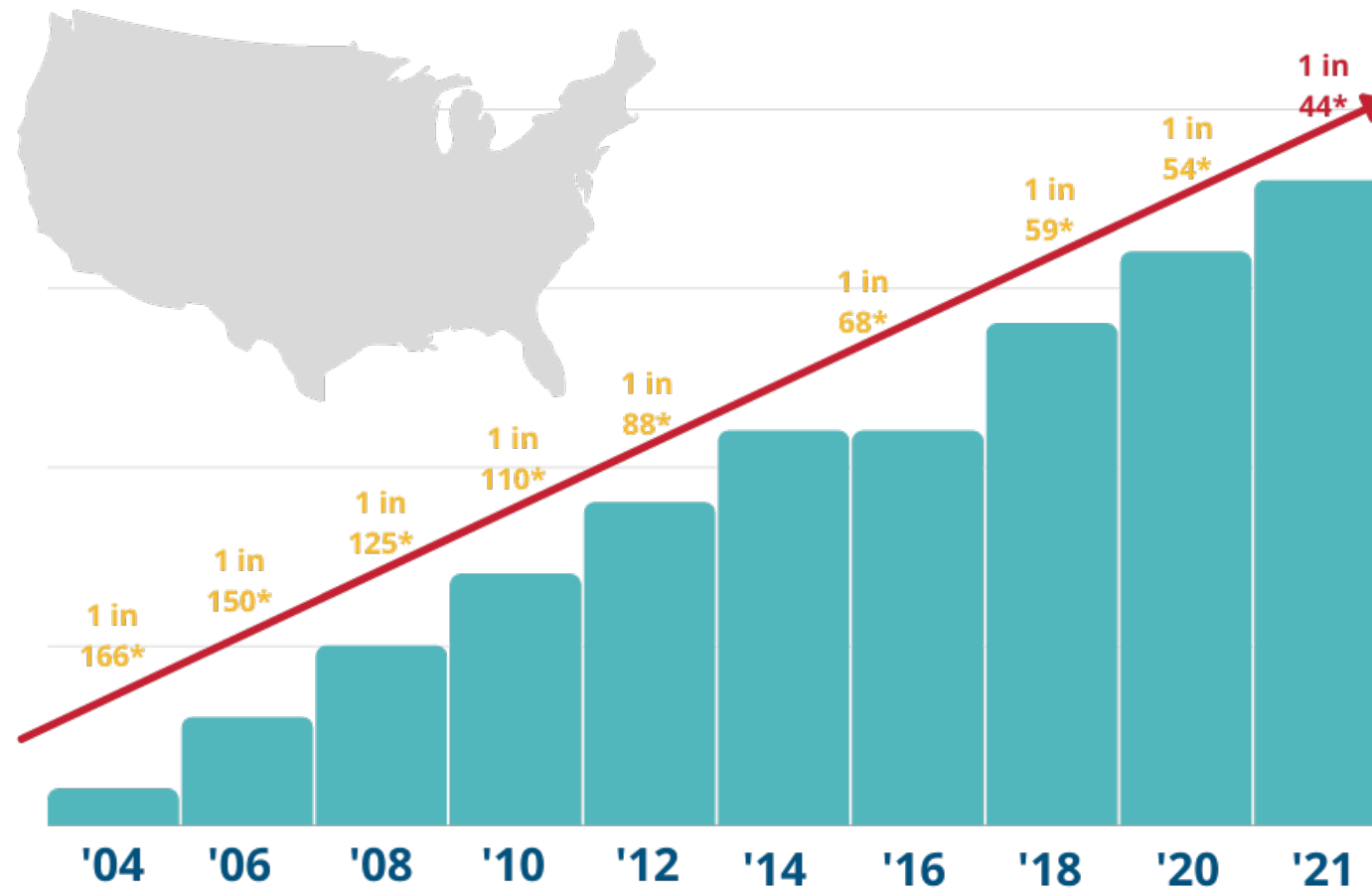
Changes with DSM-5

- Single diagnostic category (Autistic Disorder, Asperger's, PDD NOS → ASD)
- 3 symptom domains to 2



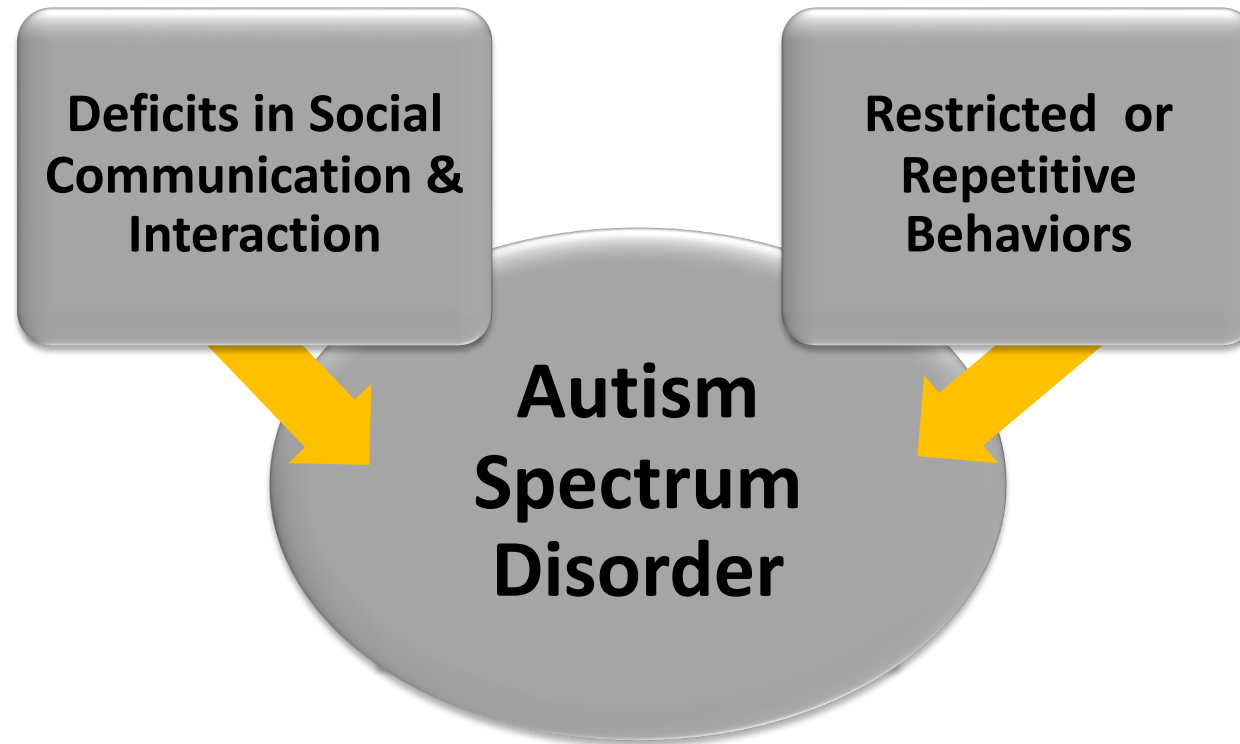
- Addition of severity criteria (Levels 1 through 3) to capture heterogeneity of disorder

Estimated Autism Prevalence 2021



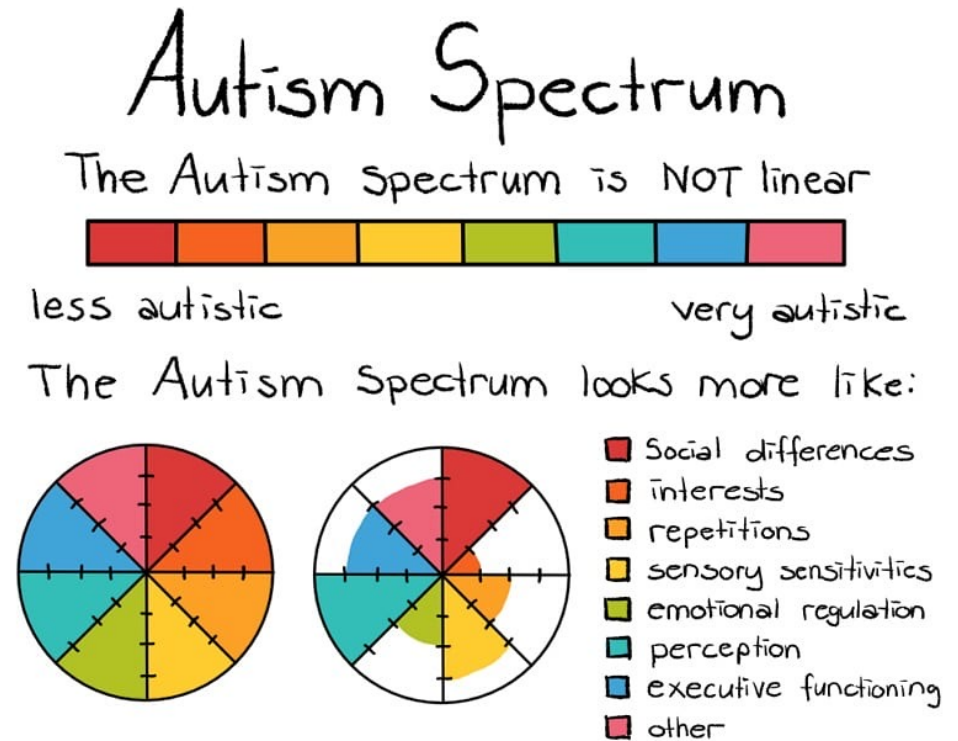
*Centers for Disease Control and Prevention (CDC) prevalence estimates are for 4 years prior to the report date (e.g. 2020 figures are from 2016)

Autism Spectrum Disorder (ASD)



The Autism Spectrum

- A spectrum of symptoms
- Symptoms vary
 - In severity
 - In number
 - Across time
 - Between individuals



Terms like "high functioning", "low functioning" and "Asperger" are harmful and outdated.

Autism_sketches



Young people explain autism

<https://youtu.be/xTLUYda-008>

DSM-5 Criteria

- Deficits in ***social communication and social interaction*** (3 of 3)
- ***Restricted, repetitive*** and ***stereotyped*** patterns of behavior, interests or activities (2 of 4)
- Symptoms present in early childhood
- Symptoms cause clinically significant impairment in functioning
- Symptoms can't be better explained by intellectual disability (ID)

Social Communication

A1: Deficits in social-emotional reciprocity:

- Abnormal social approach
- Failure of normal back and forth conversation
- Reduced sharing of interests, emotions, or affect
- Failure to initiate or respond to social interactions



Toddlers



http://www.youtube.com/watch?v=_JmA2CIUvUY

Social Communication

A2: Deficits in nonverbal communicative behaviors used for social interaction:

- Poorly integrated verbal & nonverbal communication
- Abnormal eye contact and body language
- Deficits in understanding & using nonverbal communication
- Lack of facial expression or gestures



<https://www.peoi.org/Courses/Coursesen/socfwk/ch/ch5c.html>



Social Communication

A3: Deficits in developing, maintaining, and understanding relationships ranging from:

- Difficulties adjusting behavior to suit different social contexts
- Difficulties sharing imaginative play or making friends



What do you see?



<https://www.youtube.com/watch?v=3mXJKh4xZ2Q>

Restricted/Repetitive Behavior

B1. Stereotyped or repetitive motor movements, use of objects, or speech, such as:

- Simple motor stereotypies
- Lining up toys or flipping objects
- Echolalia
- Idiosyncratic phrases



Restricted/Repetitive Behavior

Insistence on sameness, inflexible routines, or ritualized behavior:

- Need to take same route or eat same food every day
- Extreme distress at small changes
- Difficulties with transitions
- Rigid thinking patterns
- Greeting rituals



Restricted/Repetitive Behavior

Highly restricted, fixated interests that are abnormal in intensity or focus:

- Strong attachment to/preoccupation with unusual objects
- Excessively circumscribed or perseverative interests



Restricted/Repetitive Behavior

Hyper- or hypo-reactivity to sensory input or unusual sensory interests:

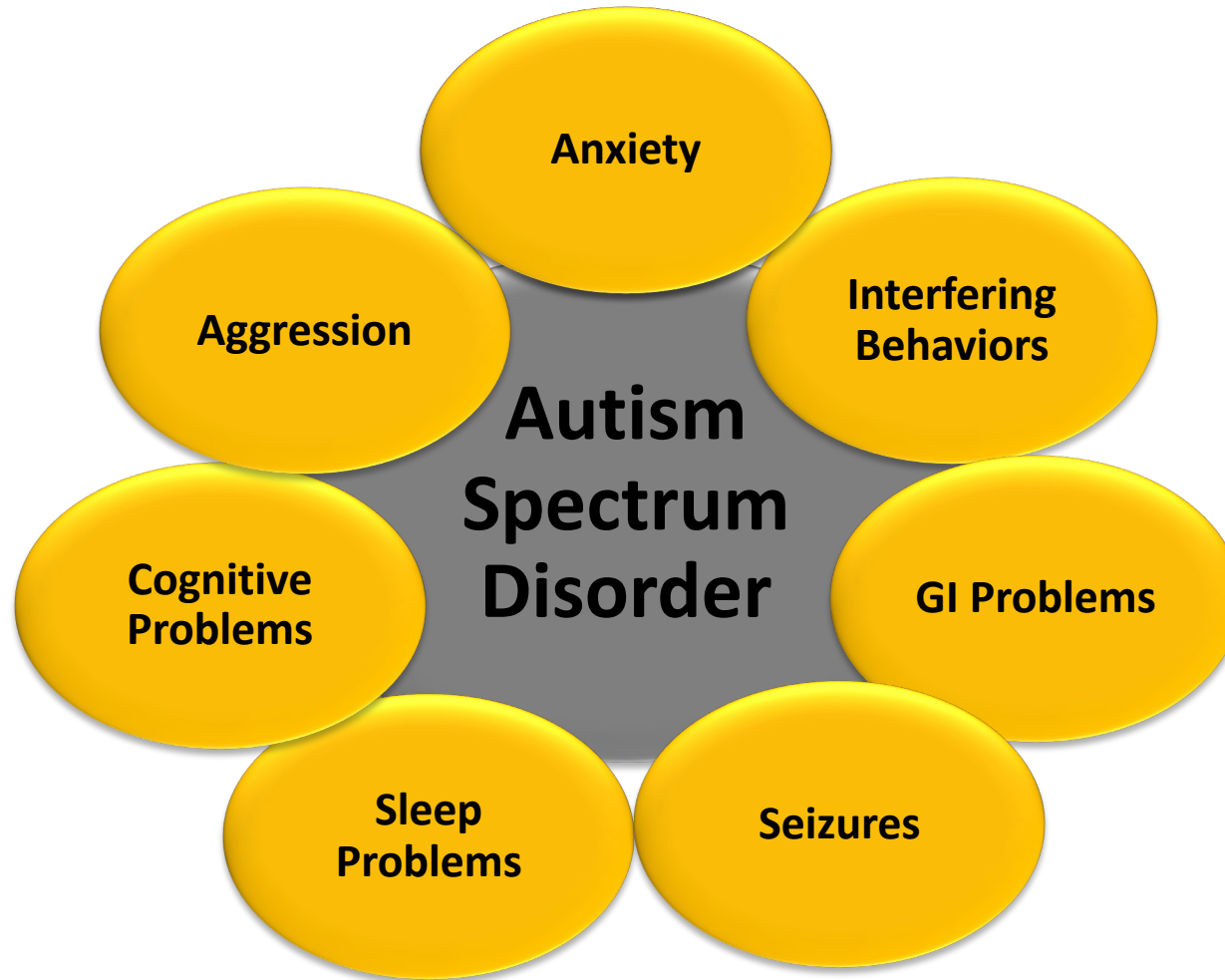
- Indifference to pain/temperature
- Adverse response to specific sounds or textures
- Excessive smelling/touching objects
- Visual fascination with lights or movement



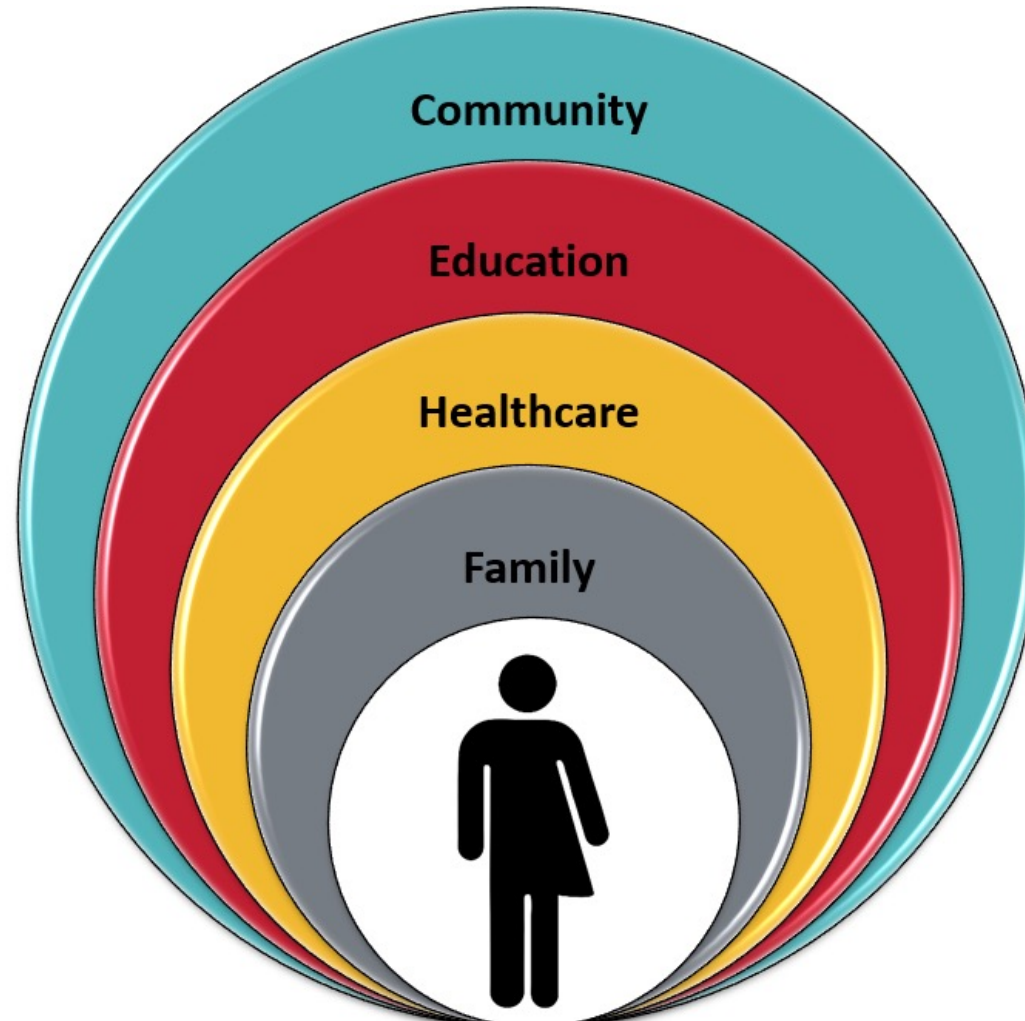


<https://youtu.be/2LhI23QPoi8>

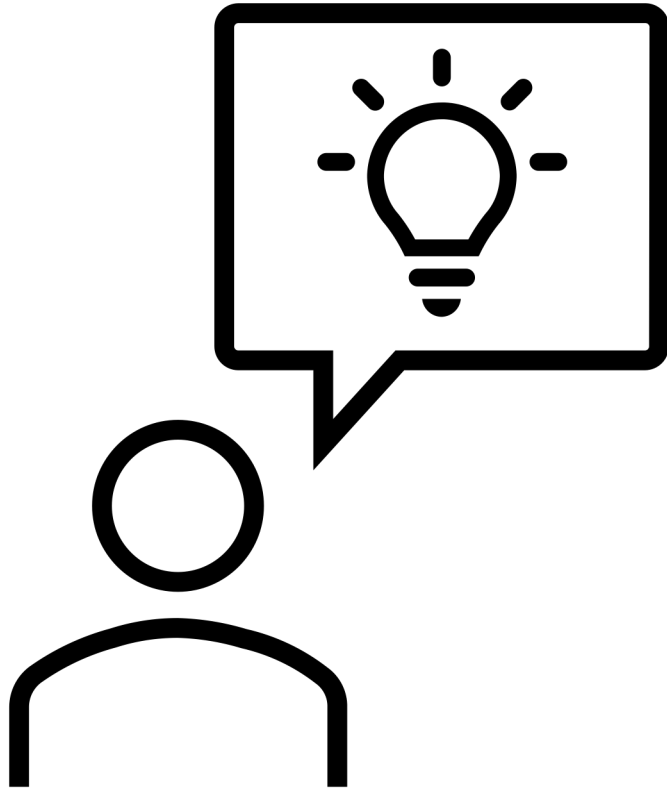
More than Autism



Whole Care for the Whole Family



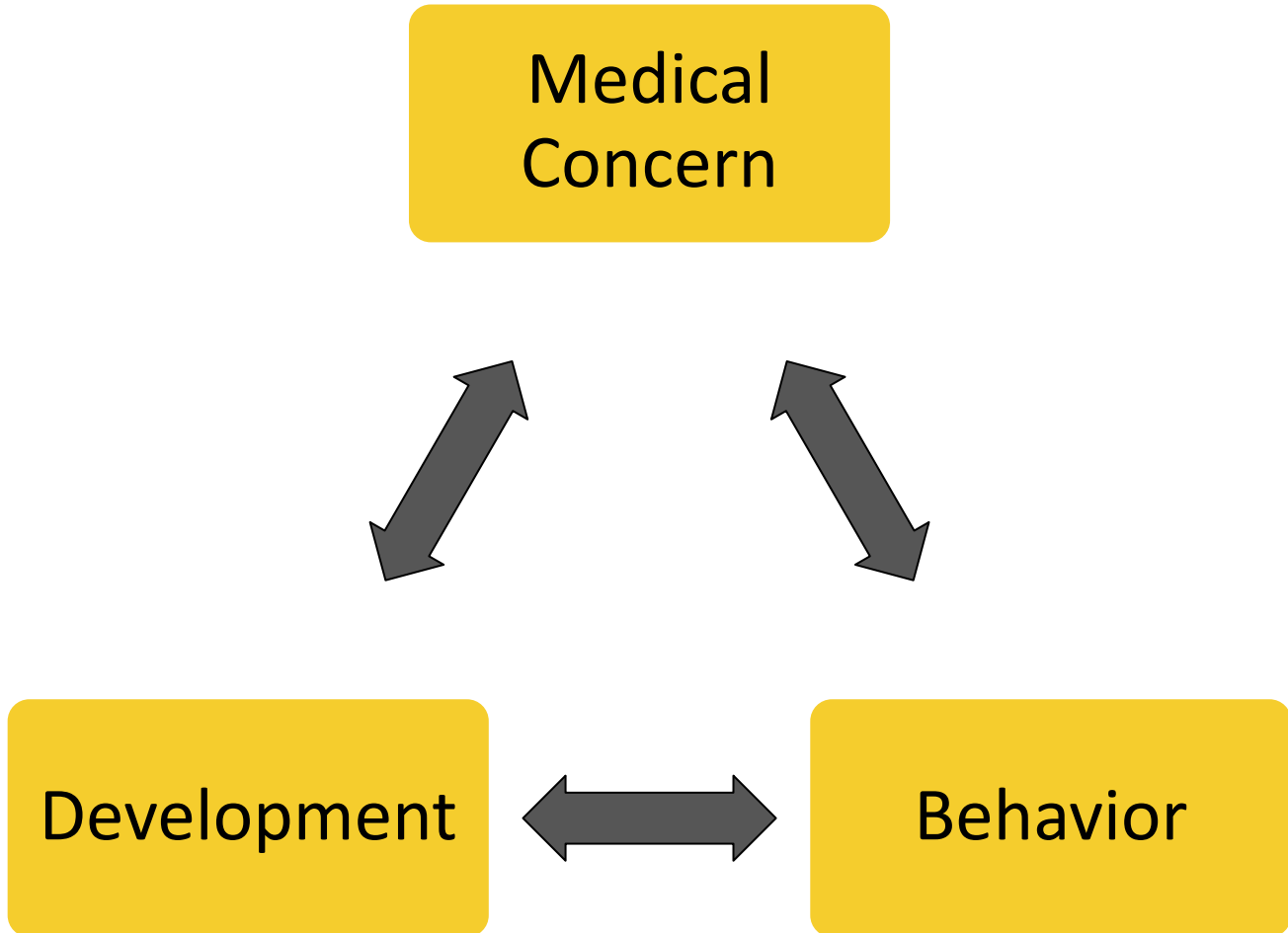
Things to Consider



- Screen for underlying medical issues
 - Sleep (50-80%)
 - Constipation (40-60%)
 - Seizures (10-20%)
 - Hearing
 - Feeding
 - Pica
- Refer for evaluation

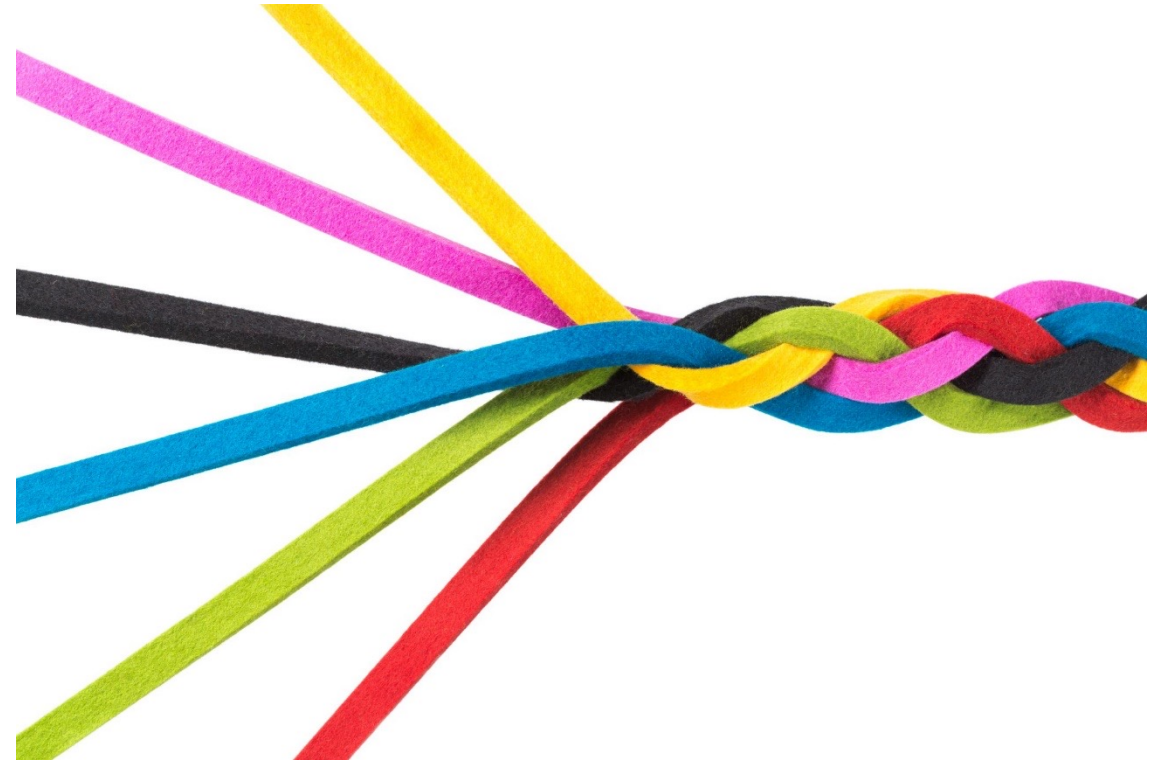
Things to consider

- Dental caries
- Eczema
- Staring spells
- Abuse/neglect
- Trauma



Common Psychiatric Comorbidities

- Anxiety (up to 80%)
- ADHD (40-60%)
 - Inattentive presentation
 - Hyperactive Presentation
 - Combined presentation
- Irritability (~30%)
 - With and without aggression

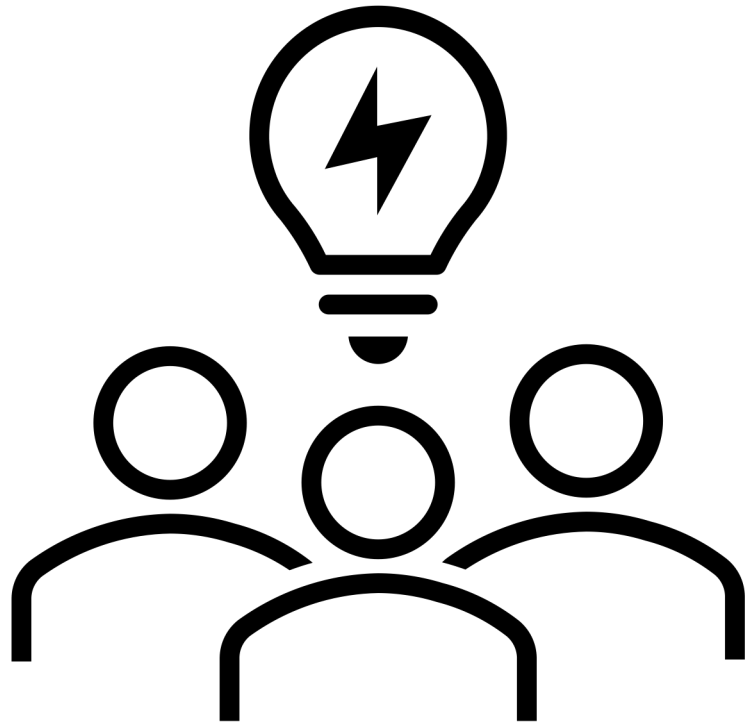


Multidisciplinary Care

- Primary Care
- Longitudinal autism medical monitoring
- Educational team
- Other medical specialists
- Autistic person
- Caregiver/parent



Practice Tips



- Detailed history with collateral from more than one setting
 - Changes
 - Transitions
 - Frequency, duration, intensity
- Ask the autistic person/child
- Ask the parent/caregiver
- Physical exam + observations
- Behavior as communication, Communication as behavior

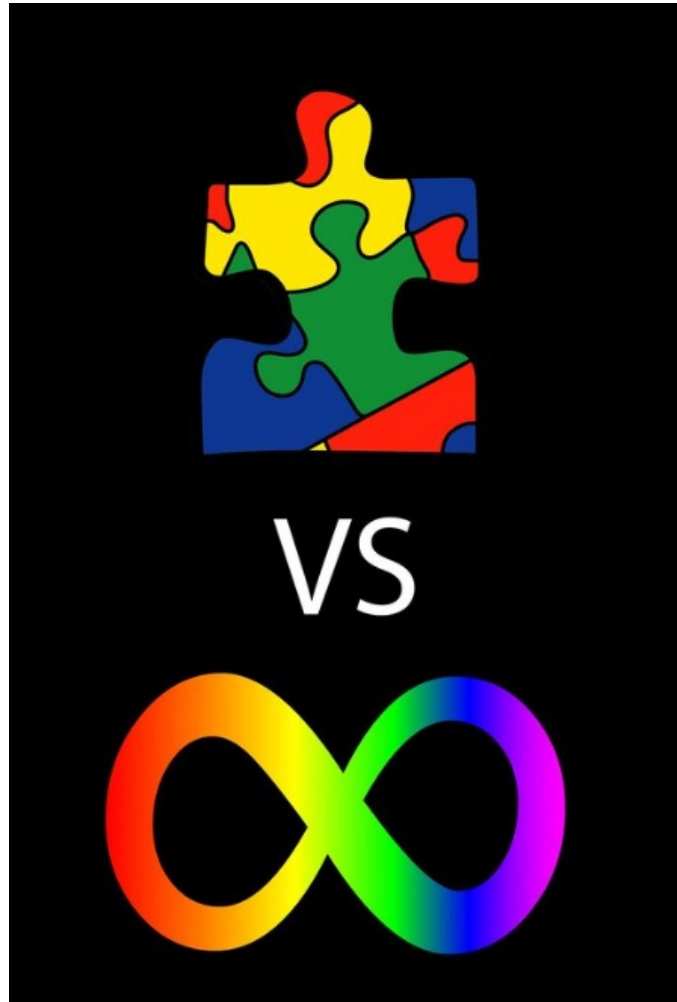
Anticipatory Guidance

- Be proactive and anticipate what may happen next
 - Kindergarten – visit the school, meet the teachers, experience the noises, social story
 - Puberty – mood and body changes
 - Middle school – bullying, signs of anxiety/depression
 - Transition to adulthood – discuss life skills development at every visit starting at age 12, guardianship, living/work opportunities post high school

Every Visit, Every Time

- Sleep concerns – onset, night wakings, snoring, daytime drowsiness
- Constipation – hard, painful or infrequent stools
- Diet – variety
- Seizures – staring spells
- Medication monitoring
 - Atypical antipsychotics – BMI and abnormal movements at every visit. Fasting lipids, fasting glucose at baseline, at 6 months and then annually
 - Stimulants – height and weight velocity, heart rate
 - Alpha-2 Agonists – heart rate, blood pressure

Take Action – Your Role



Take Action – Your Role

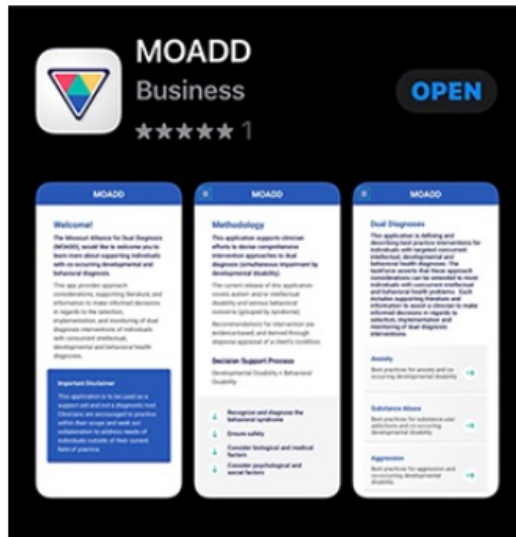


- MOADD ECHO (Dual Diagnosis)
- ECHO Autism: Behavior Solutions in Hospitals
- ECHO Autism: Behavior Solutions in Schools
- ECHO Autism: Primary Care
- ECHO Autism: Mental Health
- ECHO Autism: Advanced Diagnosis
- ECHO Autism: Advocates

Dual Diagnosis (BH/DD) Resources

MOADD Mobile Application

The MOADD mobile application is now available. This app provides clinicians with best practice guidelines and approaches in supporting individuals with co-occurring intellectual, developmental and behavioral health diagnoses. The app can be downloaded from Google Play or iTunes.



Android: Download
Google Play Store 



Apple: Download
iTunes Store 



What Questions Can I Answer?

