

# Module 3:

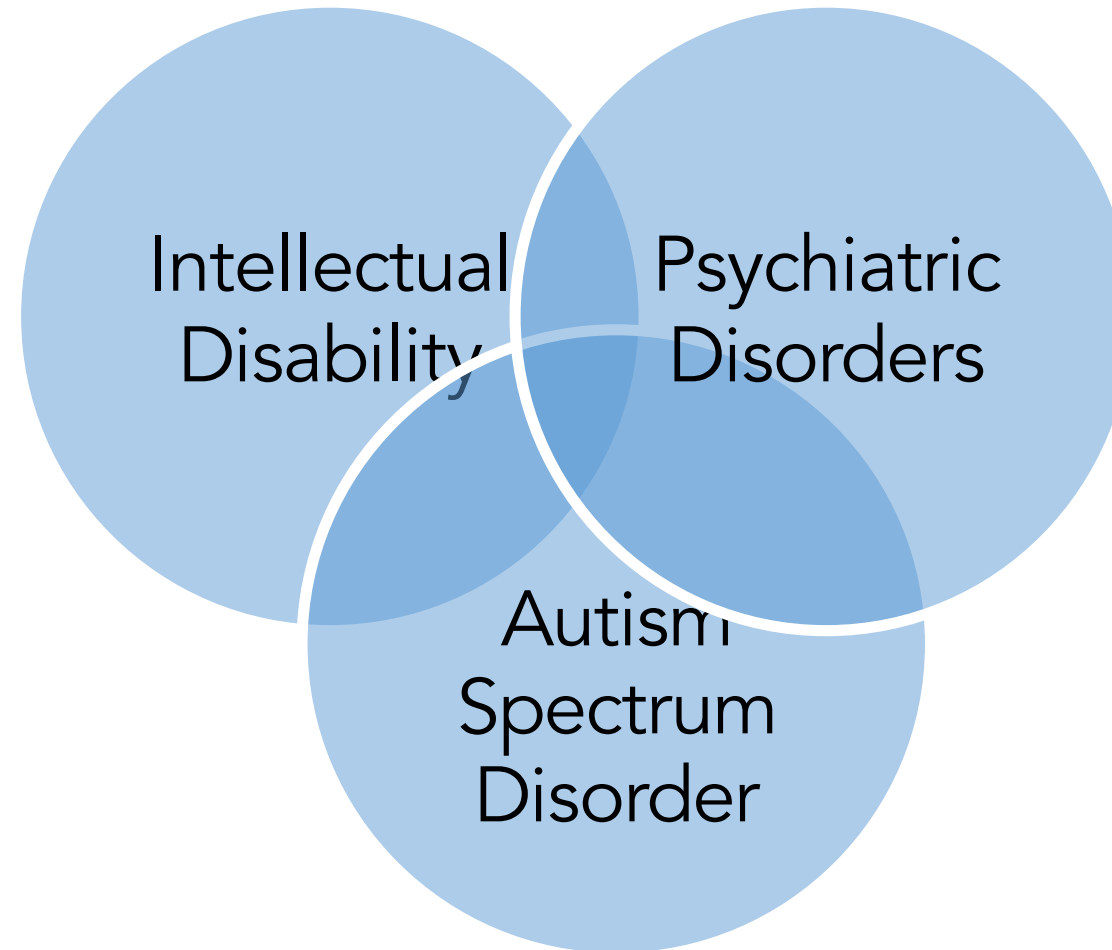
# Psychiatric Comorbidity in Transitional Age Youth with Autism Spectrum Disorder

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# Why consider a psychiatric assessment?

- 16 year old with ASD, mild Intellectual Disability with sudden change in behavior including poor sleep, speaking quickly and an increase in irritability.
- 17 year old with ASD and no Intellectual disability, who has been a good student, is suddenly refusing to go to school.
- 18 year old without a previous diagnosis, presents with poor function and increased anxiety referred by student health at the local university.
- 20 year old with ASD, ID who lives in a group home has increase in SIB and aggression and poor sleep. PCP has found NO medical etiology.

# Autism Comorbidity



# Autism Terminology and Literature Reviews

- Current DSM5 terminology, Autism spectrum disorder with qualifiers for intellectual function and need for support
- In general, those with intellectual disability and behavioral problems considered separately from those with average to above average IQ.
- In past, higher functioning patients may have been diagnosed with:
  - Asperger's disorder
  - Pervasive developmental disorder NOS

# Autism and Intellectual Disability

- 38% of children with ASD had Intellectual Disability.
  - 24% of children with ASD were considered in the borderline range in terms of intellectual ability – an IQ of 71–85
  - 38% had IQ scores over 85, considered average or above average. A higher proportion of females with ASD had Intellectual Disability compared with males:
  - 46% of females with ASD had intellectual disability, compared with 37% of males.
    - ASD is almost five times more prevalent in males than females.
  - Since the CDC has been measuring prevalence rates of ASD and co-occurring Intellectual Disability, the rate of individuals with ASD who do not have co-occurring Intellectual Disability has been rising faster than the rate of individuals with ASD and Intellectual Disability.

# Cognitive function and Autism Spectrum Disorder

- Lower IQ, less potential for improvement in function over time
- Most common behavioral concerns include
  - Aggressive behavior
    - Self injurious behaviors
    - Aggression toward others
  - Sleep disorders
  - Impulsivity and Inattention (ADHD)

# Autism without intellectual disability

- Psychiatric and behavioral issues may change over time
- Higher risk of psychiatric for teens and adults than typically developing population
  - Anxiety
  - Depression
  - ADHD
  - Psychosis

# Population Comorbidities and ASD and Children

- Doshi-Velez (2014) used medical records to statistically group comorbidities in ages 0-15 with autism
  - Found groups sorted by seizure disorder, medical multisystem disorder, psychiatric disorders
  - 33% with psychiatric comorbidities
    - Lowest rate of Intellectual disability
    - Highest rate of Asperger's diagnosis
    - Anxiety most common disorder
    - More likely to be diagnosed with bipolar than typically developing cohort
      - May be most common with genetic predisposition e.g. Chromosomal anomaly 22q11



# Adolescent Rates of Comorbidity

- Joshi et al. (2010), compared ASD teens to control group of referred teens using DSM-IV-TR criterion
  - Most were diagnosed with PDD NOS
  - Teens with ASD represented 10% of clinic referred population
  - 95% had 3 comorbid diagnosis
  - Most common comorbidities:
    - Anxiety disorders
    - Language disorders
    - Elimination disorders

# Why the increase in psychiatric comorbidity over time?

- Typical population also has increase in psychiatric comorbidities during his time
- Increase in social demands in context of poor social and communication skills.
- For those with higher function, increase realization of being different than others
- More likely to be teased and bullied, adding to social isolation.

# Module 2 Outline

- Autism, intellectual disability and interfering behaviors: SIB, aggression and ADHD
- Anxiety, Depression and traumatic experiences for teens with ASD
- Odd thinking, behaviors and psychosis in Autism Spectrum disorder
- Non medication Interventions for Anxiety and Depression: Cognitive Behavioral therapy and Autism

# References

Doshi-Velez, F., Ge, Y., and Kohane, I. (2014). Comorbid Clusters in Autism Spectrum Disorders: An Electronic Health Record Time-Series Analysis. *Pediatrics*; 133.

Joshi, G., Petty, C., Wozniak, J., Henin, A., Fried, R., Galdo, M., ... & Biederman, J. (2010). The heavy burden of psychiatric comorbidity in youth with autism spectrum disorders: A large comparative study of a psychiatrically referred population. *Journal of Autism and Developmental Disorders*, 40(11), 1361-1370.