Management of Psychiatric Symptoms in Children and Adolescents with Autism Spectrum Disorder (ASD): Guidelines for PCPs

PCP Visit:

- Patient with known ASD diagnosis presenting with challenging symptoms or behaviors causing distress and/or impeding developmental progress
- Evaluate functioning at home, at school, and with peers
- Screen for comorbid psychiatric disorders, including ADHD, anxiety, and depression

Focused Assessment including clinical interview (see *Autism Clinical Pearls*)
Evaluate for comorbid psychiatric disorders, including screen for irritability, aggression, and self-harm

1. **Refer for appropriate services:**
   - ABA
   - Social skills groups
   - Social pragmatics
   - Sensory processing/OT
   - Parent guidance
   - Early intervention for younger children
   - Evaluation for IEP in school

2. **If screening indicates the presence of comorbid psychiatric disorders:**
   - Review the pertinent clinical guidelines for each disorder and treat as instructed.
   - With ASD, medication management is always best tolerated if medication dosing is started at the lowest possible dose and titrated slowly.

3. **For patients demonstrating irritability, aggression, self-harm:**
   - Screen for and treat any comorbid psychiatric conditions or symptoms (anxiety, ADHD), as some may cause worsening irritability.
   - **Rule out medical conditions that may contribute, especially if there is a sudden onset of behavioral issues.**
   - If irritability persists, or aggression/self-harm is severe, consider medication management.

Medications used in the treatment of Autism Spectrum Disorders*

- Medications are used to target symptoms causing functional impairment in ASD.
- There are no medications currently available that treat social impairment in ASD.
  - For symptoms of **impulsivity and/or hyperactivity:**
    - Stimulant medications
    - Alpha agonists (clonidine or guanfacine)
    - Use the same dosing as in ADHD (refer to MCPAP ADHD Guidelines if needed).
  - For symptoms of **irritability and aggression**
    - Behavioral interventions are first line
    - Mild to moderate irritability can be treated with alpha agonists (clonidine or guanfacine).
    - Severe irritability can be treated with atypical antipsychotics (see next page).
  - For symptoms of **anxiety and/or repetitive behaviors**
    - There is no clear evidence for specific medications to treat these symptoms.
    - Consider MCPAP consultation for assistance.
  - For **sleep disturbance** not responsive to sleep hygiene
    - Melatonin 1-6mg nightly
    - Clonidine 0.05mg nightly to start; can increase to 0.1mg if needed

**Please note that all of the above medications are supported by published evidence, but not FDA-approved. For any off label prescribing, please consider calling MCPAP for consultation.*

See reverse side for additional medication considerations.

We understand that the assessment and treatment of ASD is complex. Do not hesitate to call MCPAP to discuss specific cases with an on-call child psychiatrist.

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MCPAP Autism Spectrum Disorder (ASD) Guidelines for PCPs

Medications used in the treatment of Autism Spectrum Disorders, Continued*

Medication management for severe irritability, aggression, and self-injurious behaviors in ASD:
FDA-approved medication treatments: **Risperidone (5+) and Aripiprazole (6+)**

Risperidone, Aripiprazole:
Prior to starting medication, get baseline labs: HbA1c, fasting lipid panel, and fasting glucose. Record vitals, height, weight, and BMI. If there is a personal or family history of cardiac abnormalities, obtain an EKG.

- Start a test dose for 1 week (e.g., Risperidone 0.25mg daily, Aripiprazole 2mg daily).
- If the test dose is tolerated, increase the daily dose gradually (every 7 days) to target dose.
  - **Risperidone** target 0.5mg/day for children < 20kg and 1mg/day for children > 20kg
    - Max daily dose: <20kg 1mg/day, >20kg 3 mg/day
    - Higher doses may be appropriate on a case-by-case basis. Call MCPAP for further guidance.
  - **Aripiprazole** target 5mg/day, max daily dose 15mg/day
    - If medication causes sedation, consider a nighttime dosing or split dosing.
- Monitor for worsening agitation or sedation; consult with MCPAP CAP as needed.

Monitoring and Reassessment:

- Obtain height, weight, BMI, and vital signs at regular intervals.
- Labs should be repeated as clinically indicated, or every six months.
- Monitor for movement disorders (tardive dyskinesia) every 6 months using the Abnormal Involuntary Movement Scale (AIMS).
- Follow up with EKG if obtained initially, or if there are any cardiovascular side effects, to evaluate for QTc prolongation.
- If weight gain or abnormal lab values develop, consider switching to a more weight-neutral agent (aripiprazole is more weight-neutral than risperidone) and/or add metformin.

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