

Assessment and Treatment of Common Mental Health Problems in People with ASD

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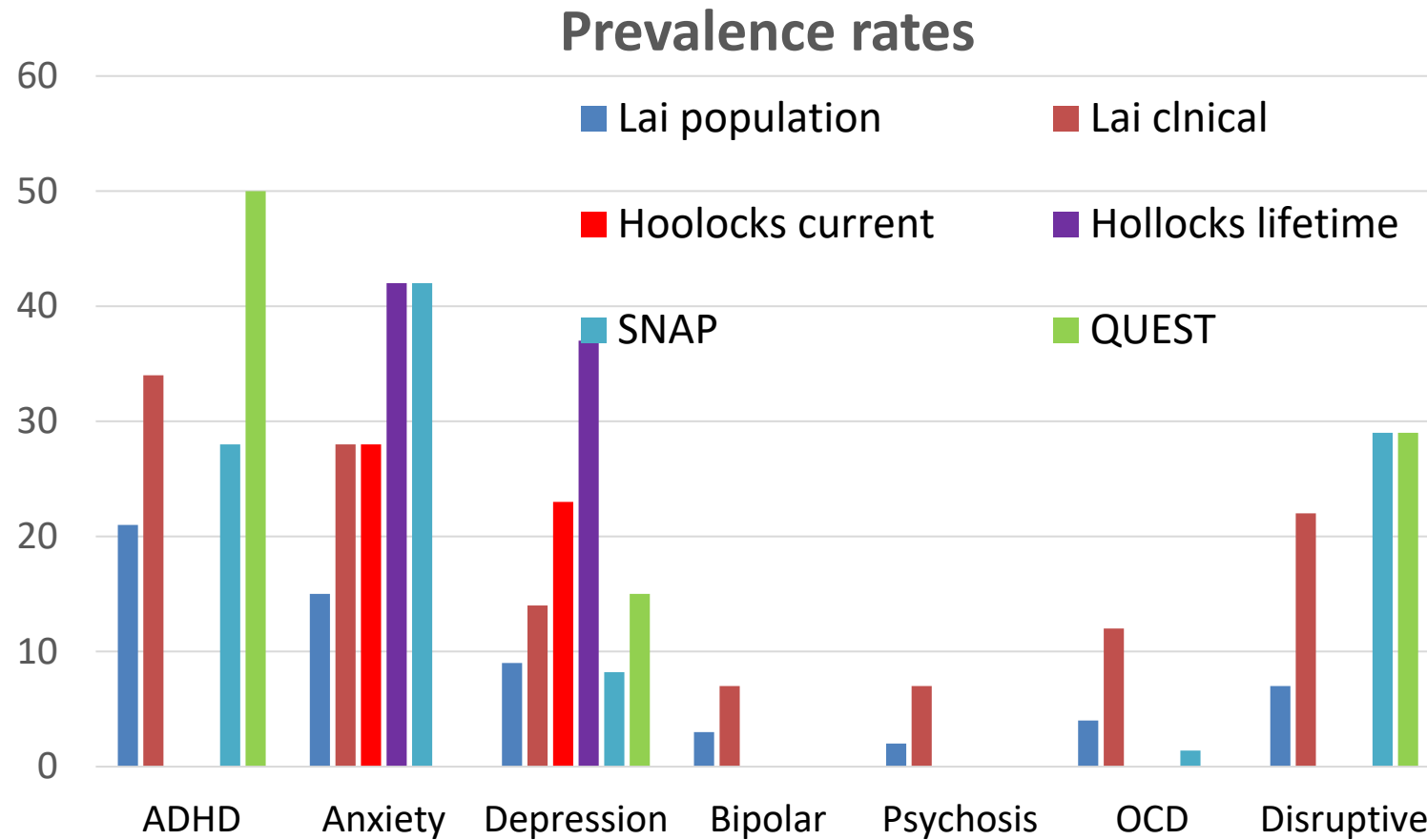
Professor of Child & Adolescent Psychiatry

Learning Objectives

- Most autistic people have a (additional) impairing mental health problems
- Mental health problems often present atypically and may be difficult to identify
 - Difficult to differentiate mental health problems from autism
 - Many autistic adults have not been diagnosed – consider this in atypical presentations
- Limited treatment evidence base but adapted interventions are likely to be helpful

Prevalence of mental health disorders

Meta-analysis, SNAP & QUEST



La et al. (2019). *The Lancet Psychiatry*.

Hollocks et al , R. (2019). *Psychological Medicine*, 49(4), 559-557.

Population samples

SNAP

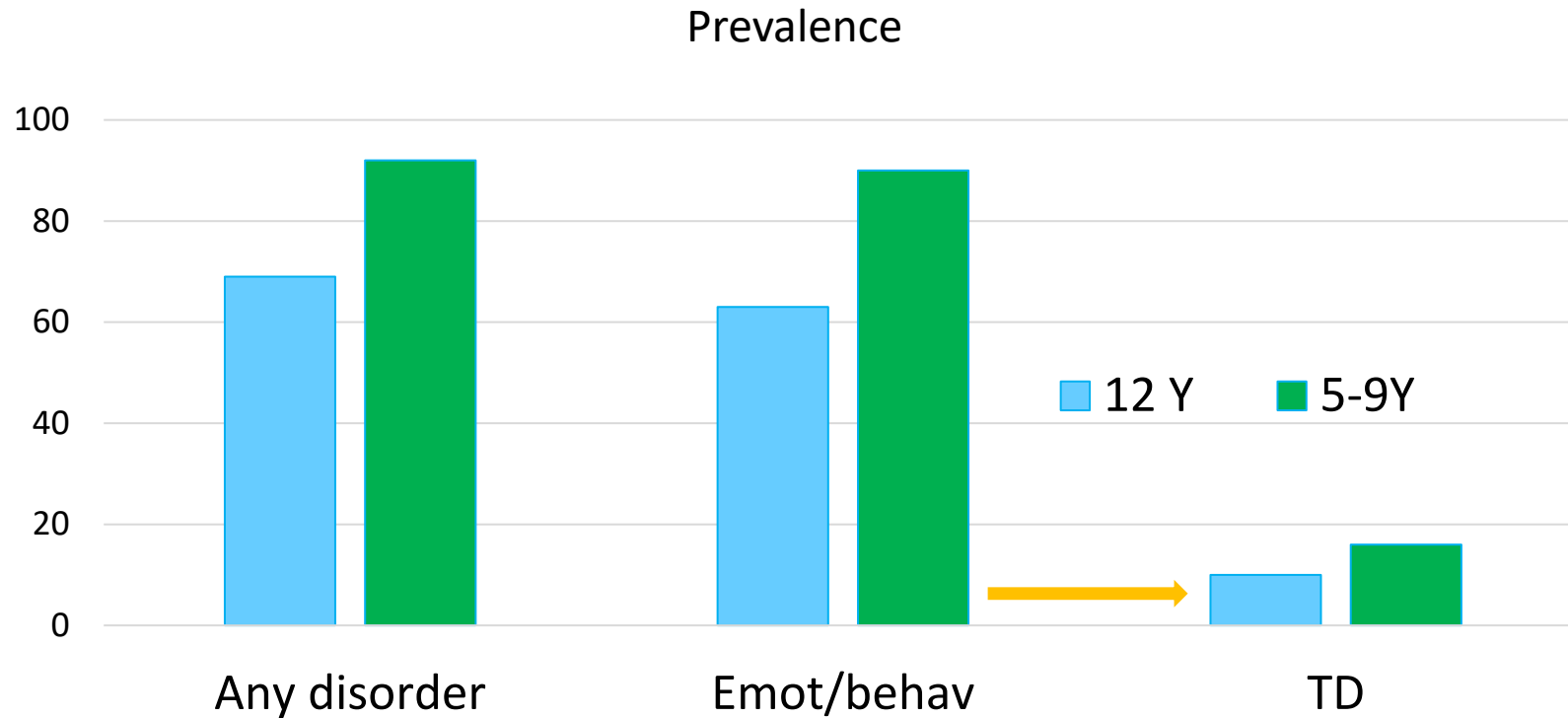
- Ascertained from total population in SE England born 1990-91
- N-255
- Gold standard autism dx on ADOS, ADI, IQ, language
- Psychopathology assessed age 12 years via parental interview: Child & Adolescent Psychiatric Assessment
- Prevalence estimates weighted to reflect entire ASD population of that age

QUEST

- Recruitment of all children diagnosed with ASD by age 4 years in 2 London boroughs – 70% recruitment
- N-277
- Psychopathology assessed with Preschool & Primary School Assessment
- Over-sampling of girls to explore sex differences

Rates of disorder

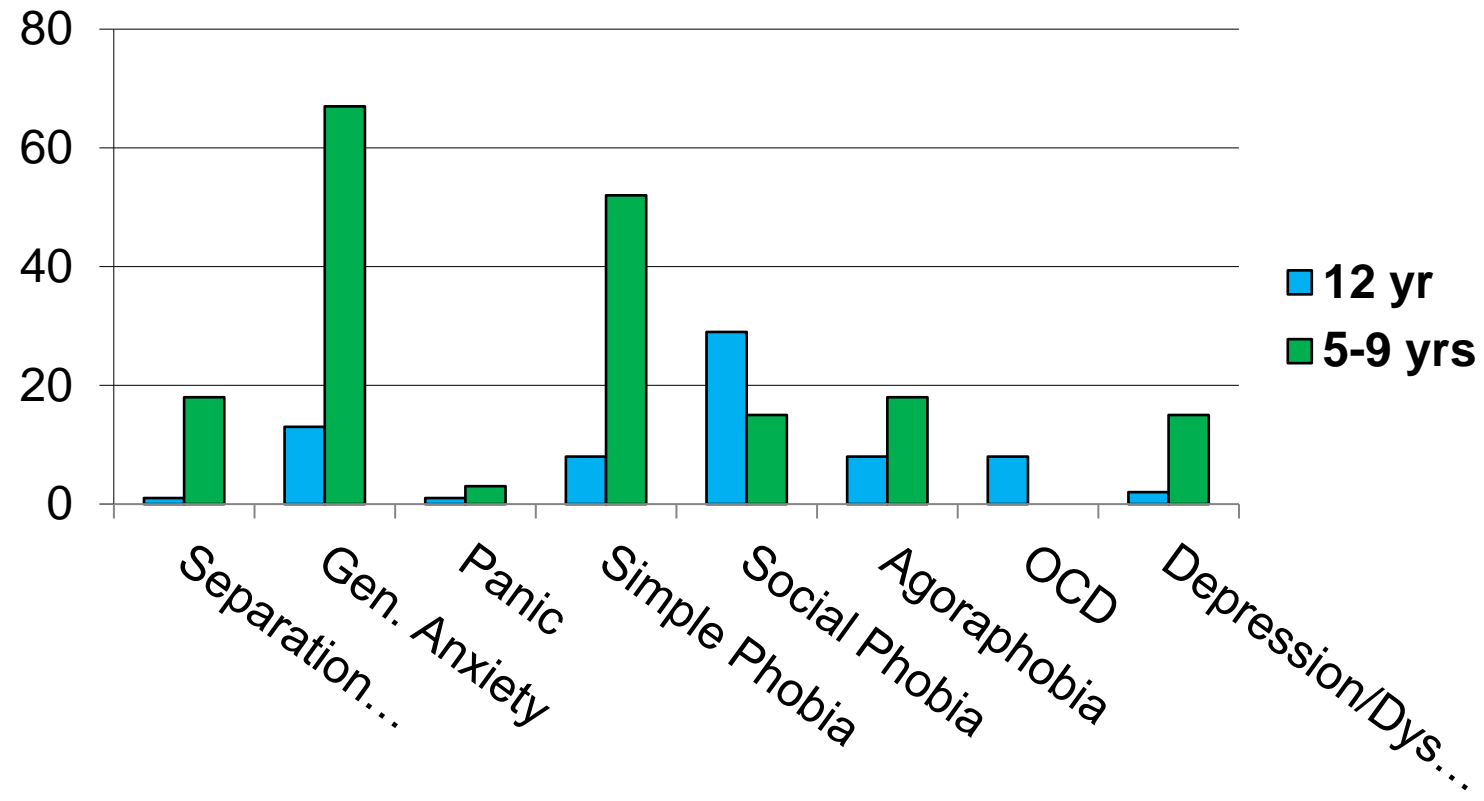
Six-fold increase over general population



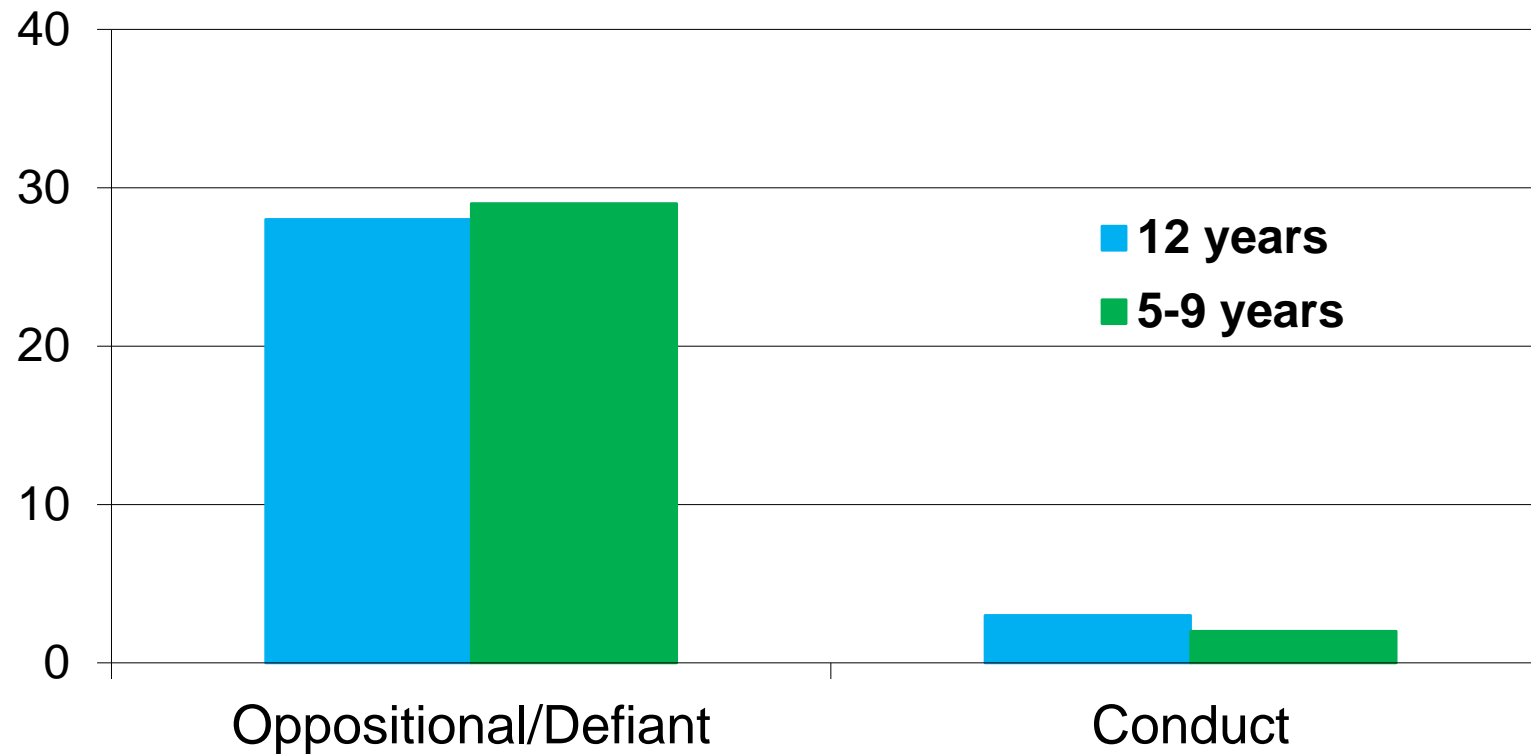
Simonoff, et al (2008). *J Amer Acad Child Adol Psychiat*, 47, 921-929.

Salazar et al (2015). *J Autism & Developmental Disorders*, 45, 2283-2294.

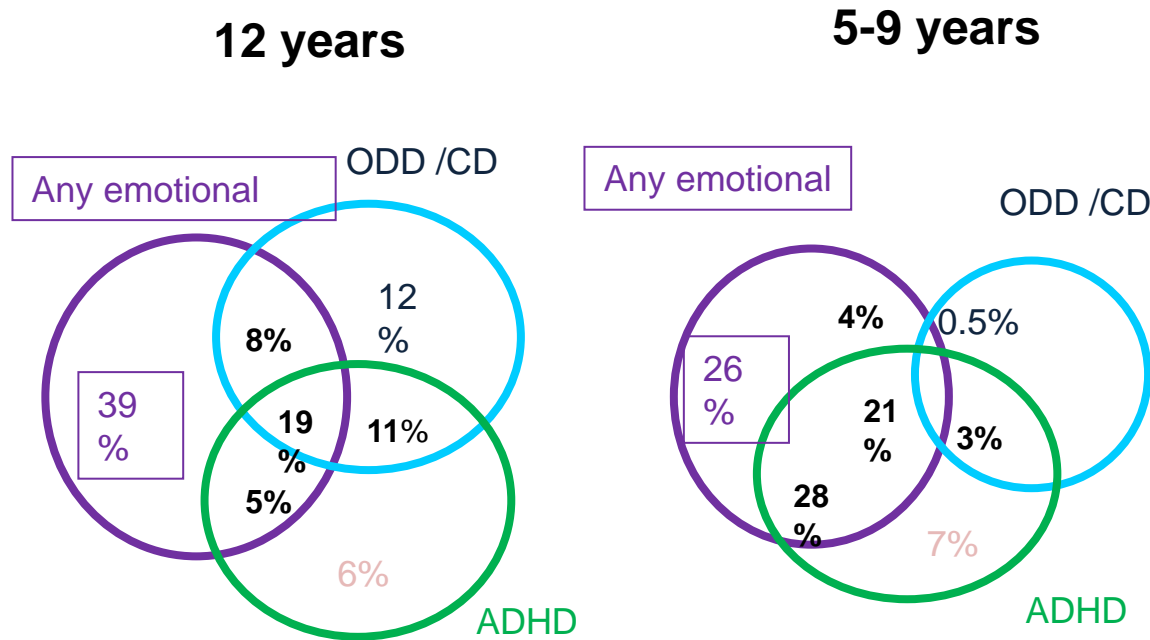
Emotional disorder in autism



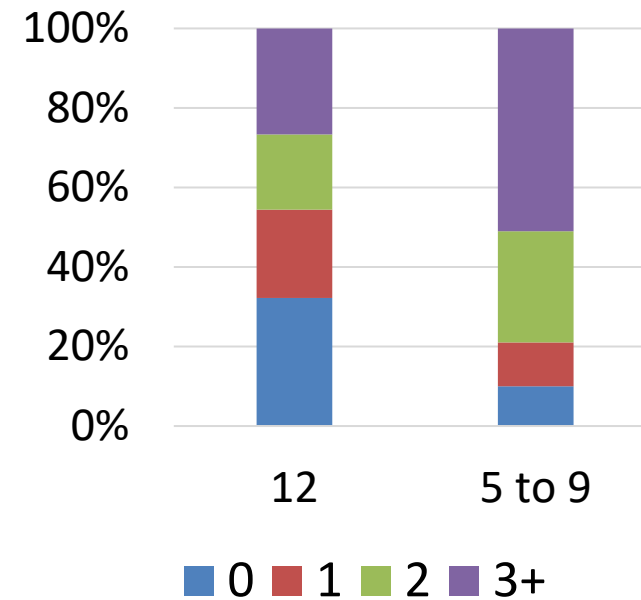
Behavioural disorders in autism



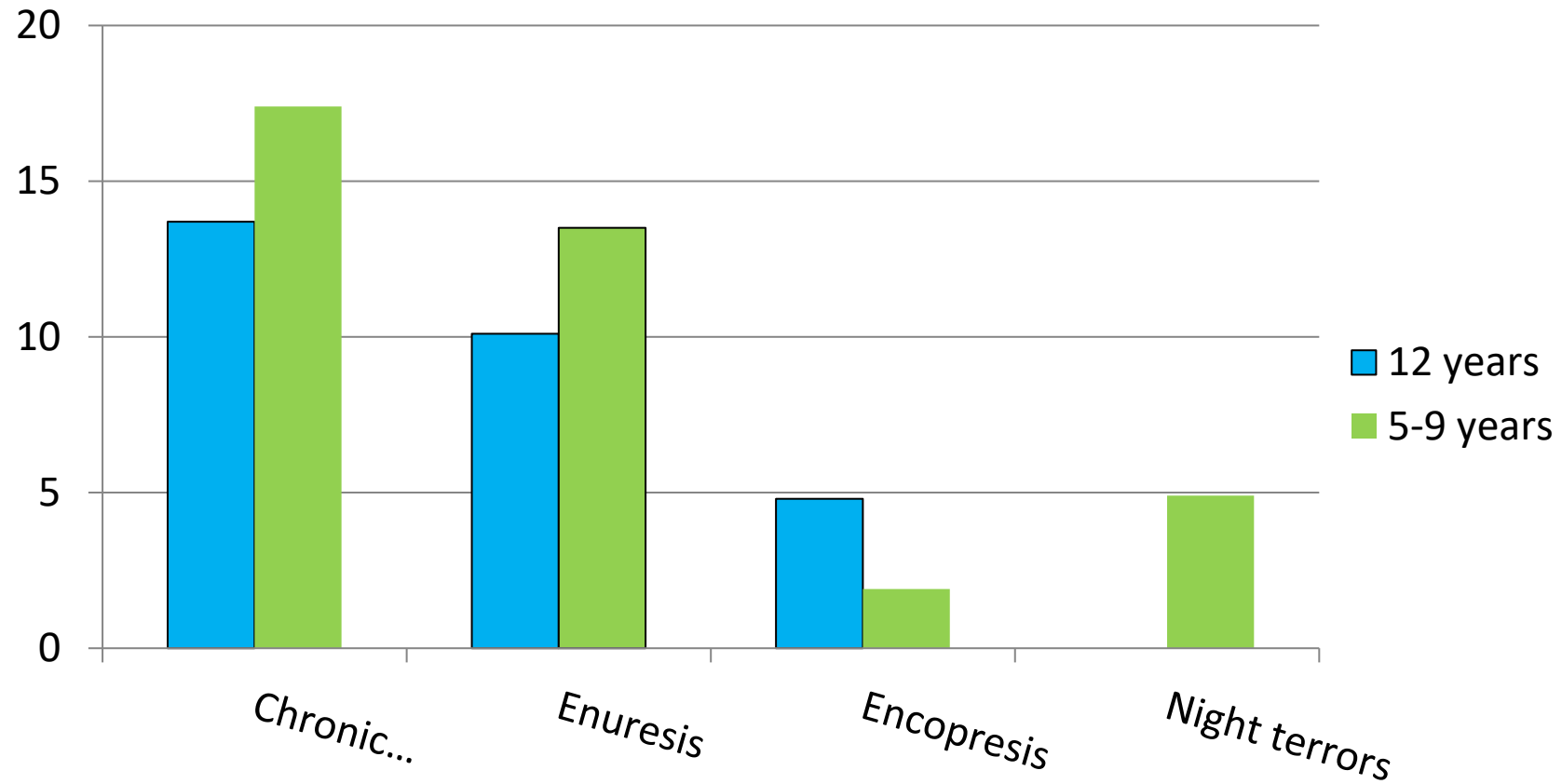
Overlap of common comorbidities



Number of mental Disorders

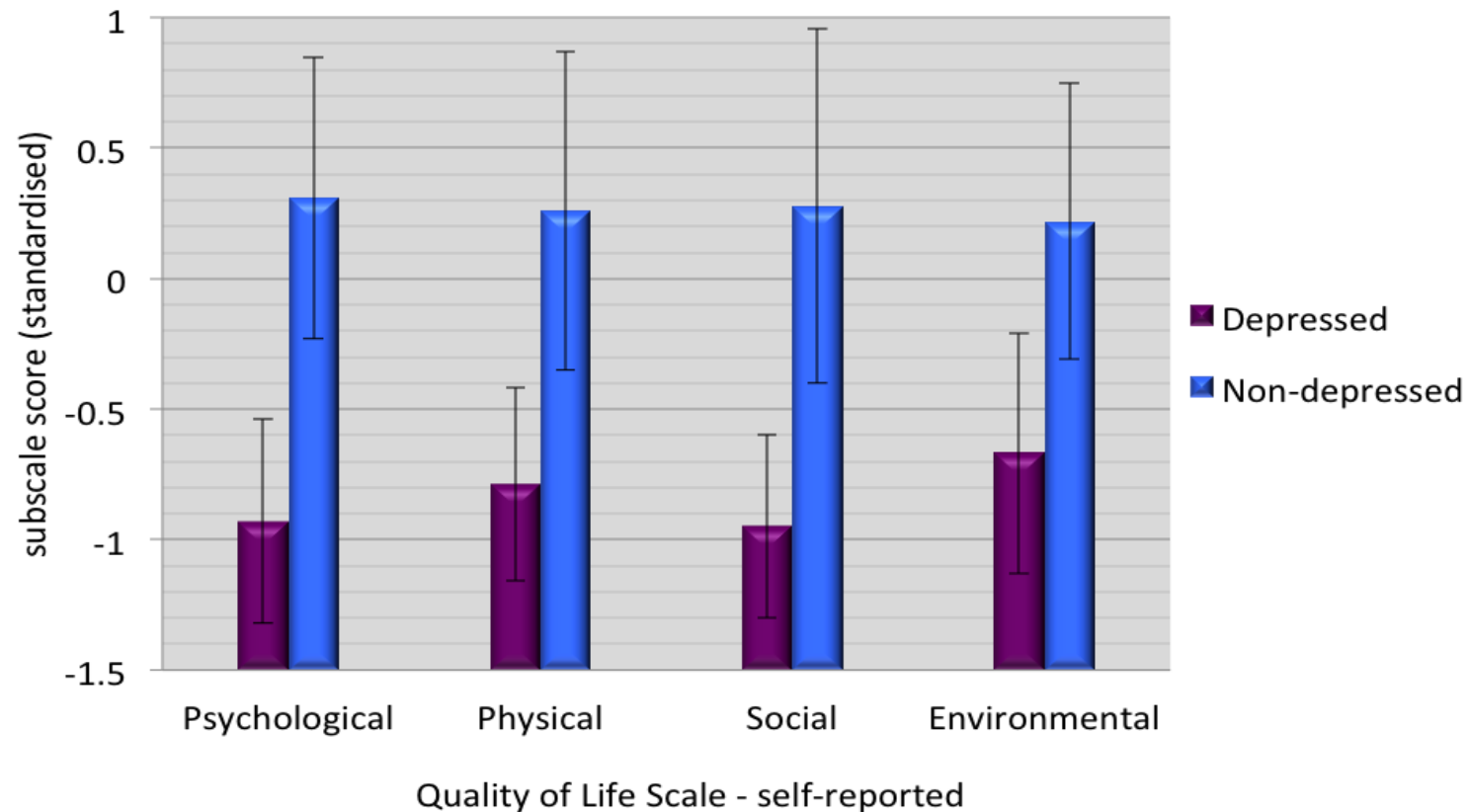


Other disorders in autism

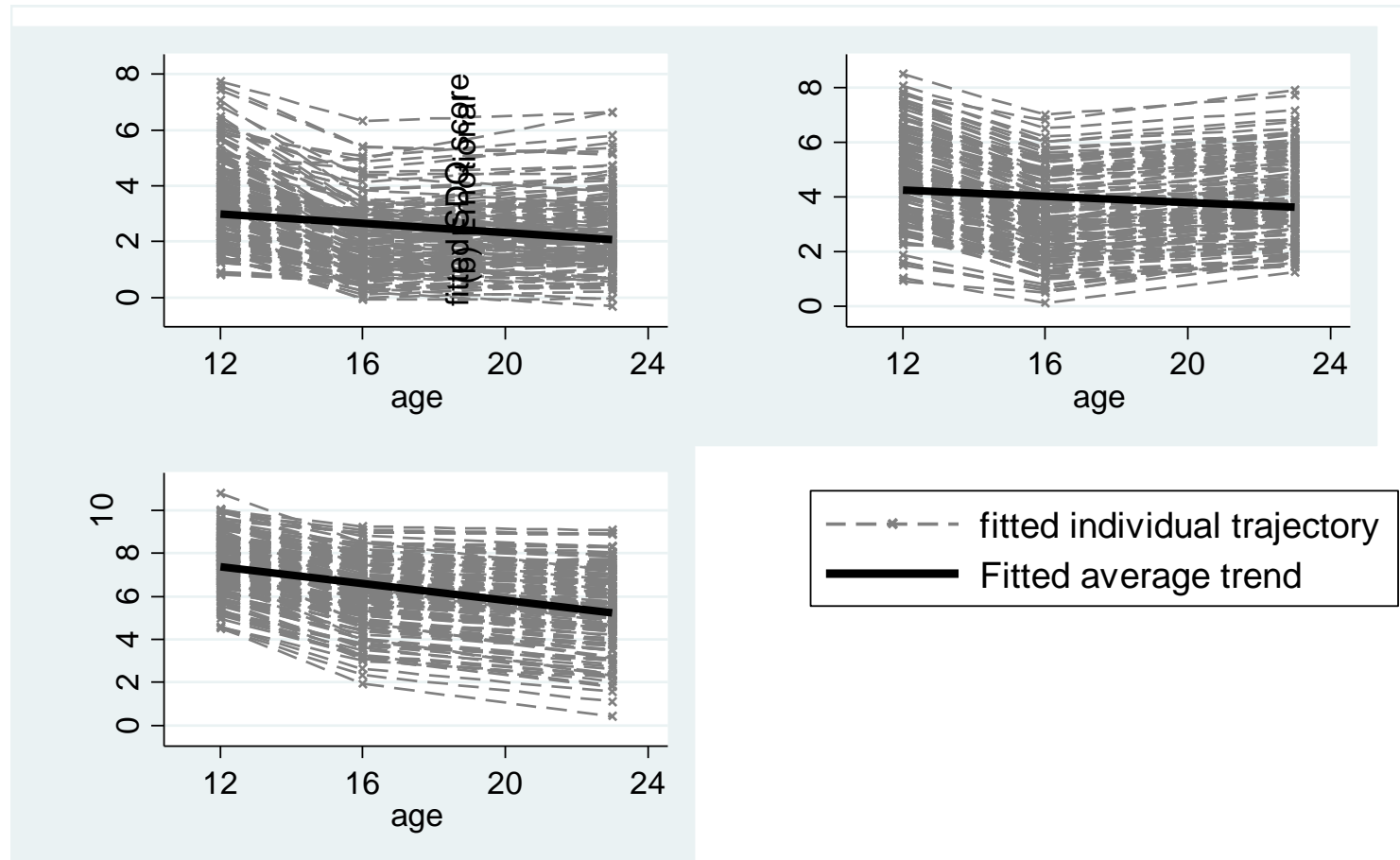


Mental Health and Quality of Life

SNAP 23: Significantly worse self-reported quality of life in those with depression



Persistence in symptom over time



Stringer, D et al (2020). *Autism*, 1362361320908972.

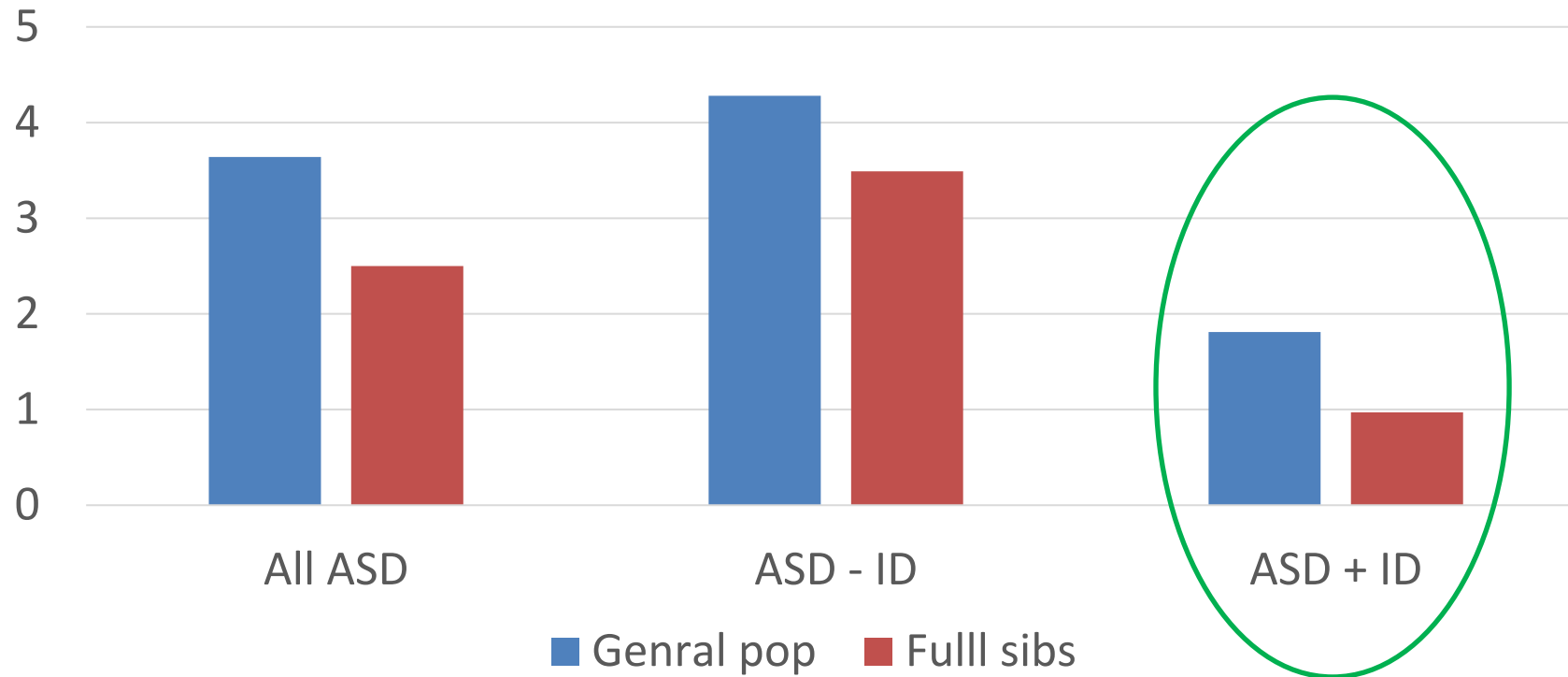
Barriers to diagnosis of affective disorders

- Lack of insight into difference between autism core symptoms and other mental health problems
- Poor emotional literacy
- Impaired interoception
- Communication impairments
- Atypical symptom presentation and triggers
- ***Lack of awareness from clinicians and diagnostic overshadowing***

Depression in adult life

Stockholm Youth Cohort

Odds ratios compared to general population and sibling controls



Emotional symptoms: Observability

Observable

- My child complains of being afraid
- My child is scared of sleeping on his own
- My child complains of suddenly becoming dizzy or faint
- My child is afraid of being in crowded places

Not observable

- When my child gets frightened he doesn't feel if things are real
- My child is afraid of having panic attacks
- Is extremely tense or unable to relax
- Cannot get distressing thoughts out of his mind

Non- standard MH measurement

Comparison of hospital & ACI diagnoses

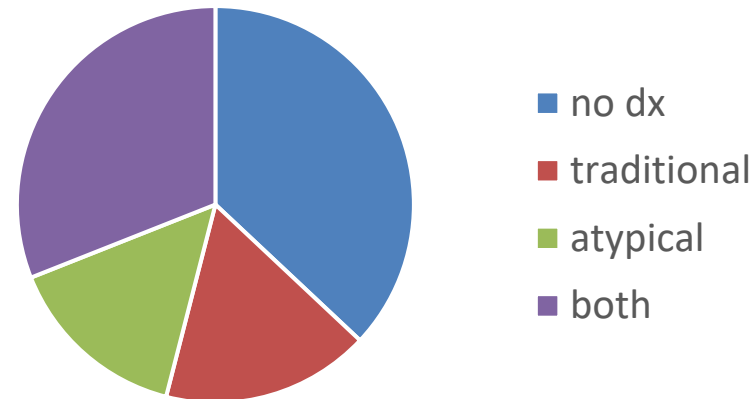
Hospital diagnosis	Dx validated on ACI	kappa
Depression	8/14	.50
Anxiety	8/15	.28
Bipolar	0/4	0
OCD	0/5	.04
ODD	2/10	.14
ADHD	10/21	.40

Mazefsky et al (2012).. J Clin Child & Adol Psychology, 41(4), 516-523.

Atypical anxiety

- (1) anxiety around routines, novelty, restricted interests (in absence of generalized worry)
- (2) unusual phobias (in absence of ASD driver)
- (3) social fear (in those lacking awareness of social judgement)
- (4) compulsions/rituals (in absence of desire to prevent distress or a feared outcome)

Anxiety classification



Kerns et al (2014). JADD, 44(11), 2851-2861.

Assessing emotional symptoms (anxiety & depression)

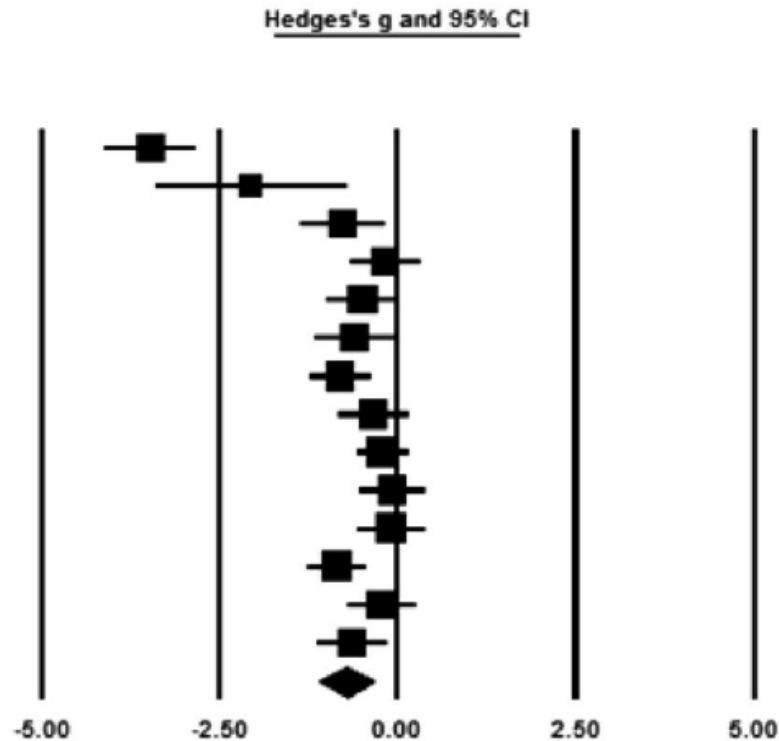
Good practice

- Always ask about anxiety and depression
- Behavioural meltdowns commonly reflect anxiety
- Use examples of situations that commonly elicit emotional symptoms (bereavement, social performance) to link with personal experience and assist emotional literacy

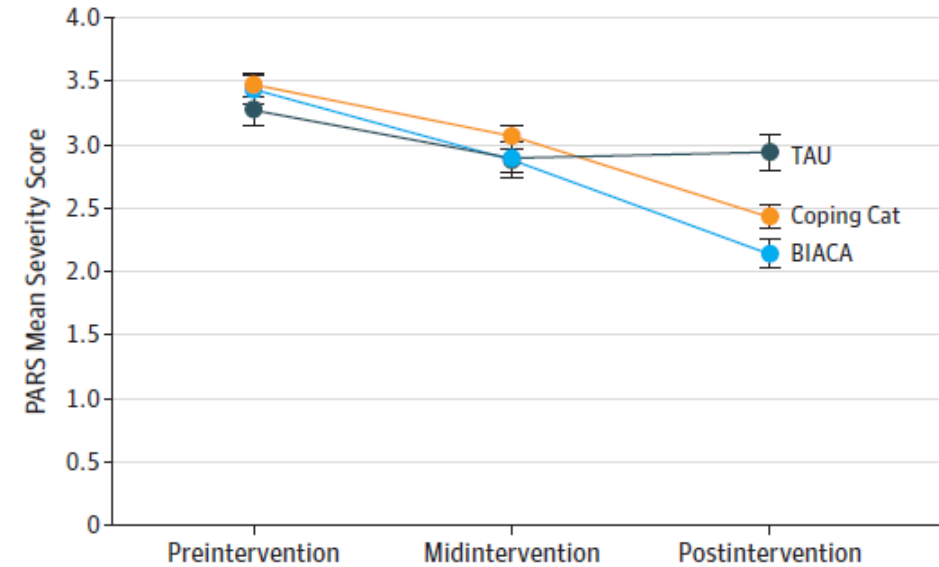
Bad practice

- Don't use questionnaire cut-offs validated in non-autistic samples
- Don't start interview with most difficult symptoms (depressed mood, anxious foreboding)
- Don't assume symptoms reflect autism rather than another disorder s)
- Ask about physiological /vegetative symptoms (sleep, appetite, tachycardia, sweating)

CBT is effective anxiety in autism



Ung et al (2015). *Child Psychiatry & Human Development*, 46(4), 533-547.



Wood et al (2020). *JAMA Psychiatry*, 7(50) 474-483.

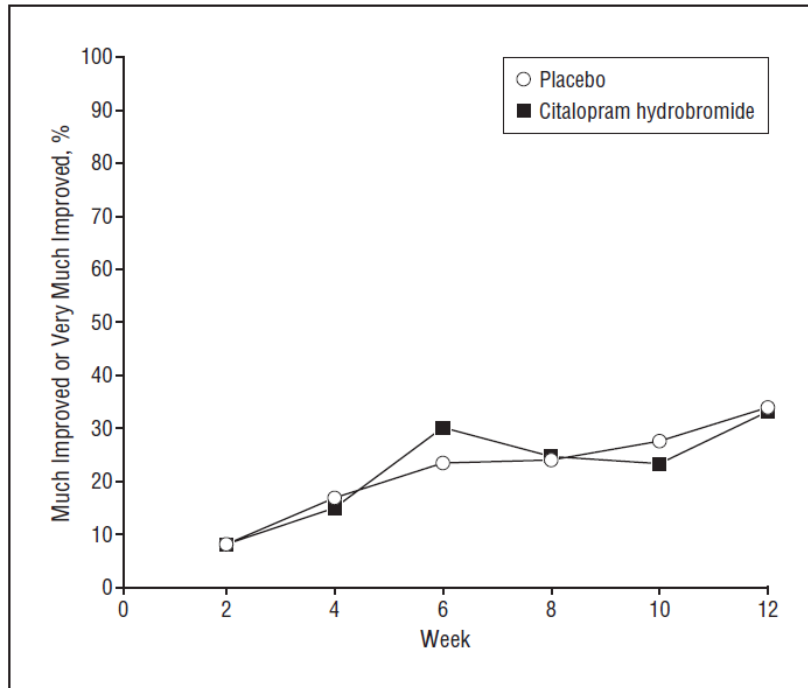
Adaptations include

- More sessions
- Emotional literacy training
- Use of visual materials
- Engagement of parents/carers
- Strategies to generalize

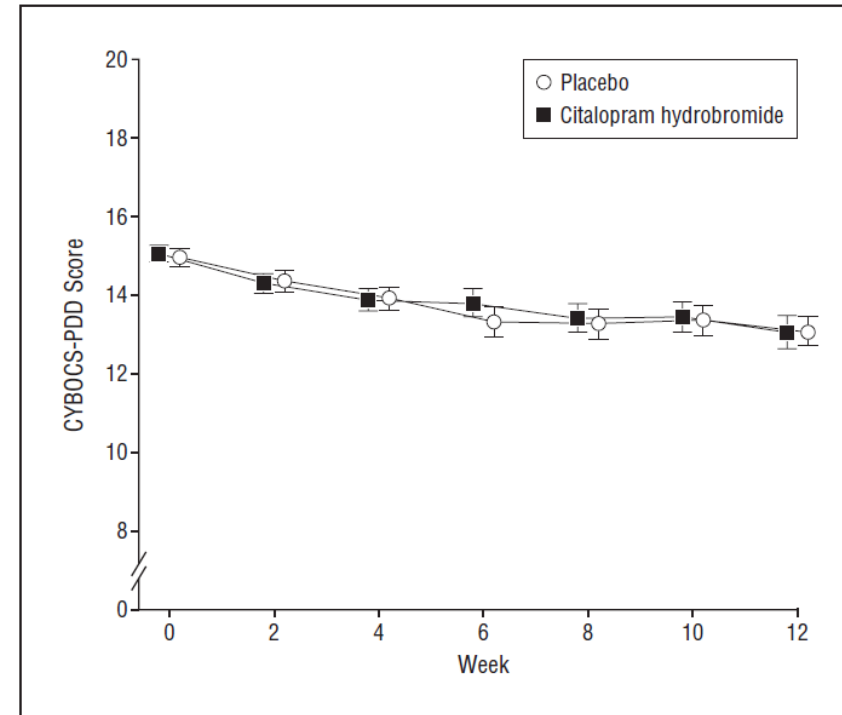
No evidence for anxiety benefits for SSRIs

Findings from Escitalopram for RRBs

Proportion rated much improved or better

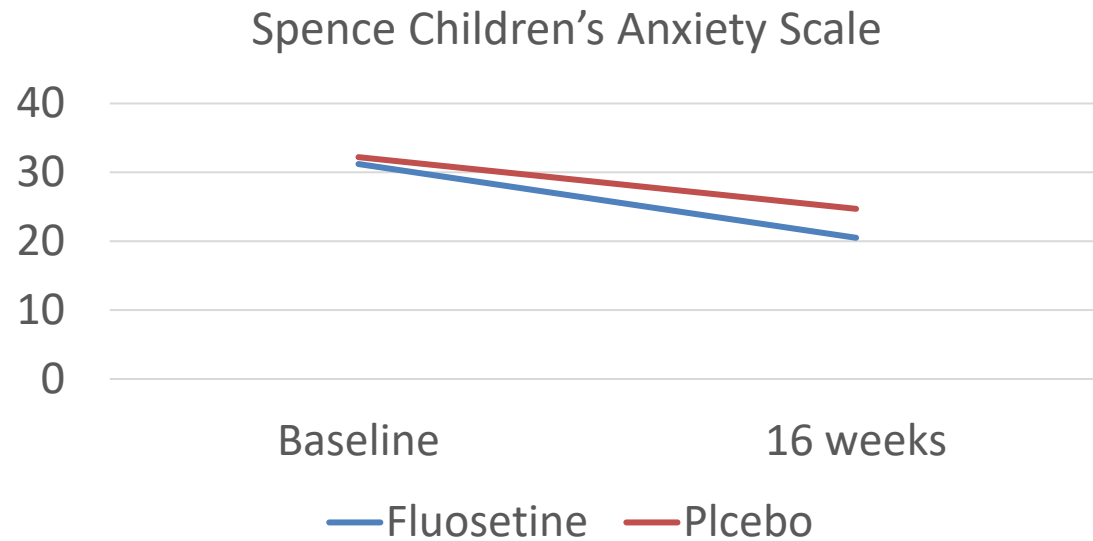


CYBOCS obsessive compulsive score



King, B. et al. (2009). *Archives of General Psychiatry*, 66(6), 583-590.

Non-significant effect of fluoxetine on anxiety symptom

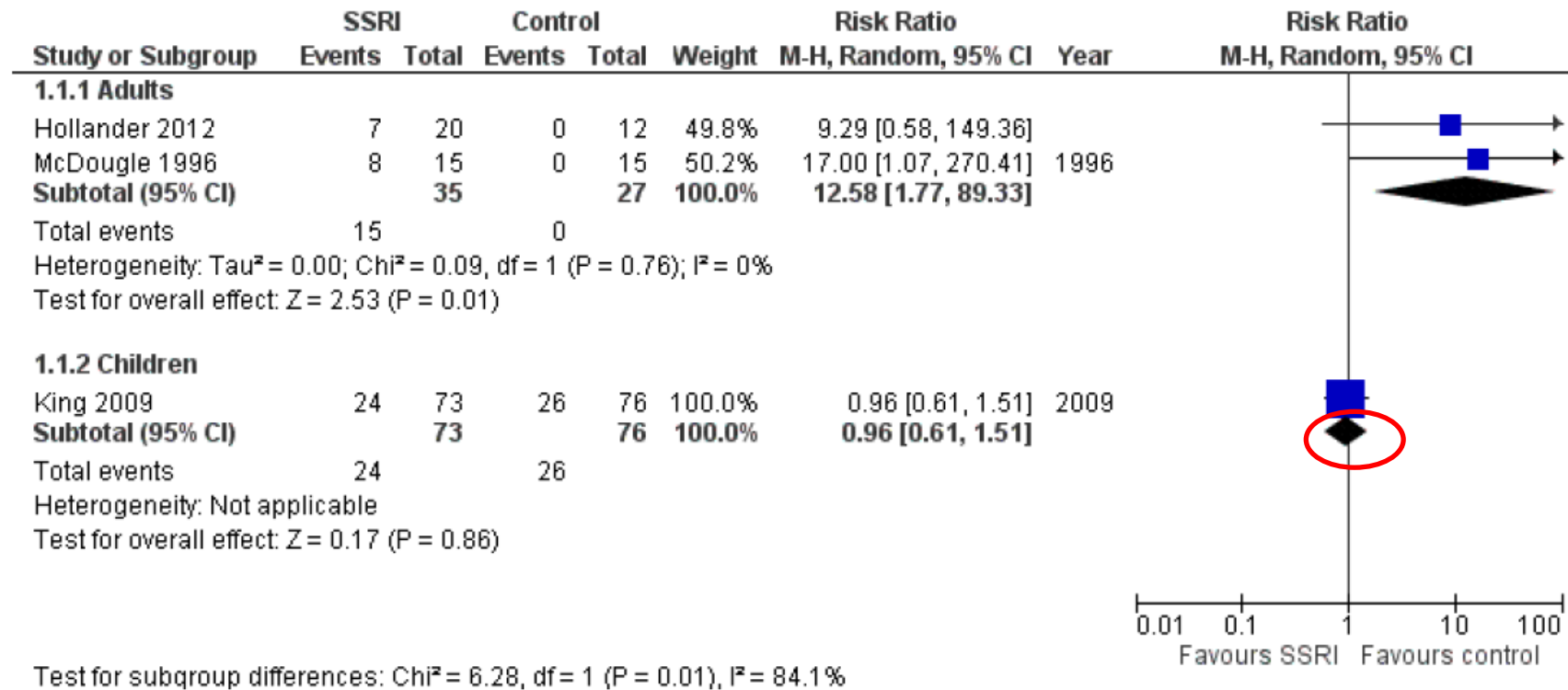


Primary outcome of repetitive behaviours on CYBOC non-significant
Additional analysis of anxiety also non-significant but sample not selected for high anxiety level

Titrated up to 20/30 mgs
Children 5-18 years

Lack of general improvement with SSRIs

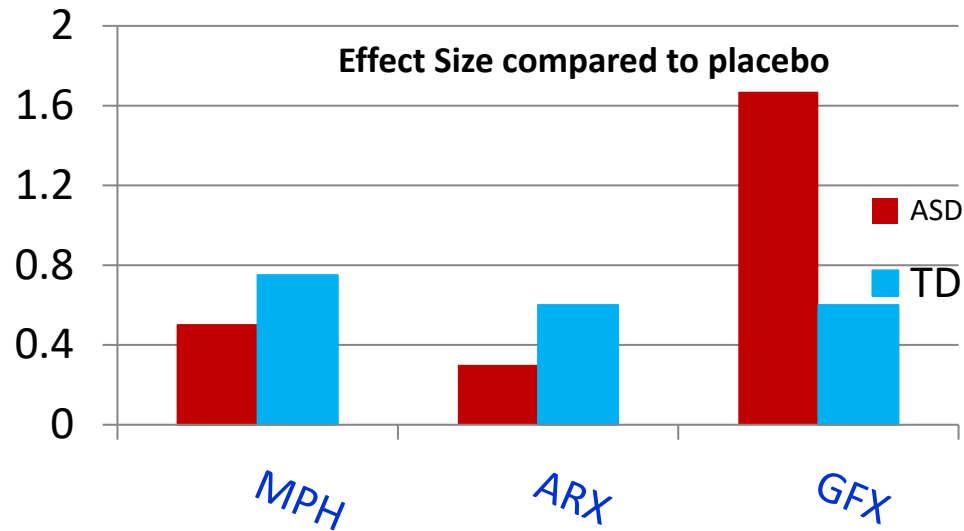
Figure 2. Forest plot of comparison: Proportion improved for Clinical Global Impression Improvement (CGI-I)



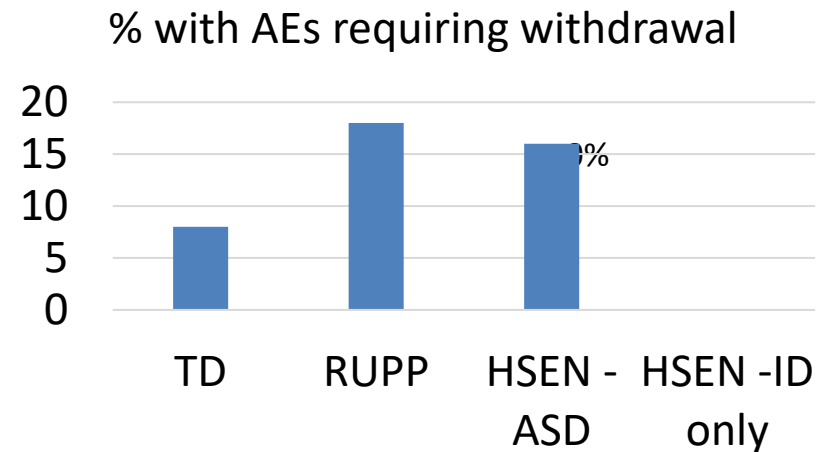
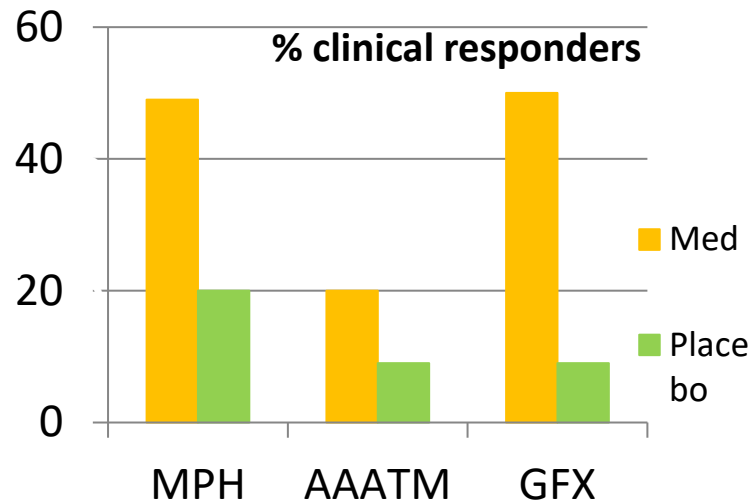
ADHD

- Many autistic people with ADHD can focus on their preferred interest – look for predominance of symptoms across a range of activities
- Differentiate poor attention from poor motivation
- Mannerisms/stereotypies can be mistaken for fidgeting – observation needed
- Differentiate impulsivity from lack of understanding of social norms

ADHD Treatment Effects in ASD



Intolerable Adverse effects of stimulants leading to treatment withdrawal ~2x more common in ASD than TD (RUPP and HSEN trials) but not in ID without ASD



Behaviour that challenges (others)

Culturally abnormal behaviour of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access by ordinary community facilities.

Eric Emerson, Challenging Behaviour 1995

Epidemiology of challenging behaviour

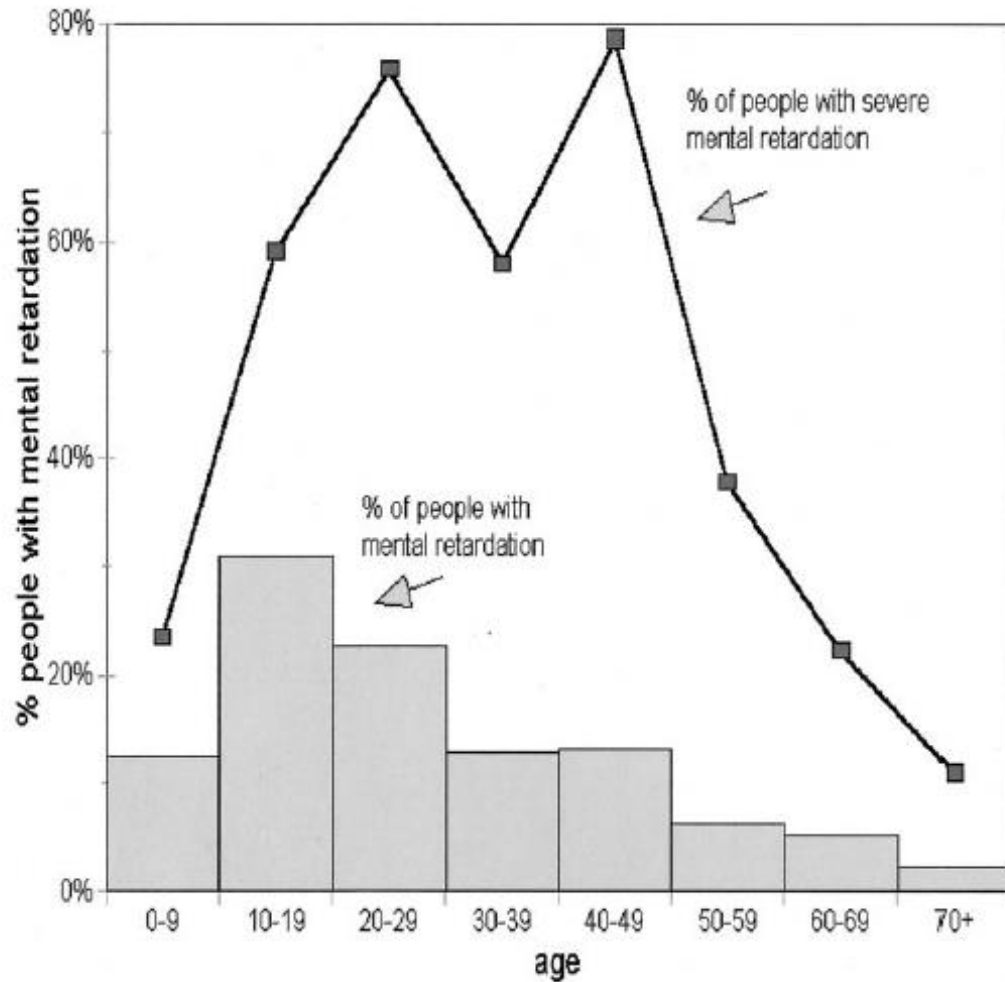
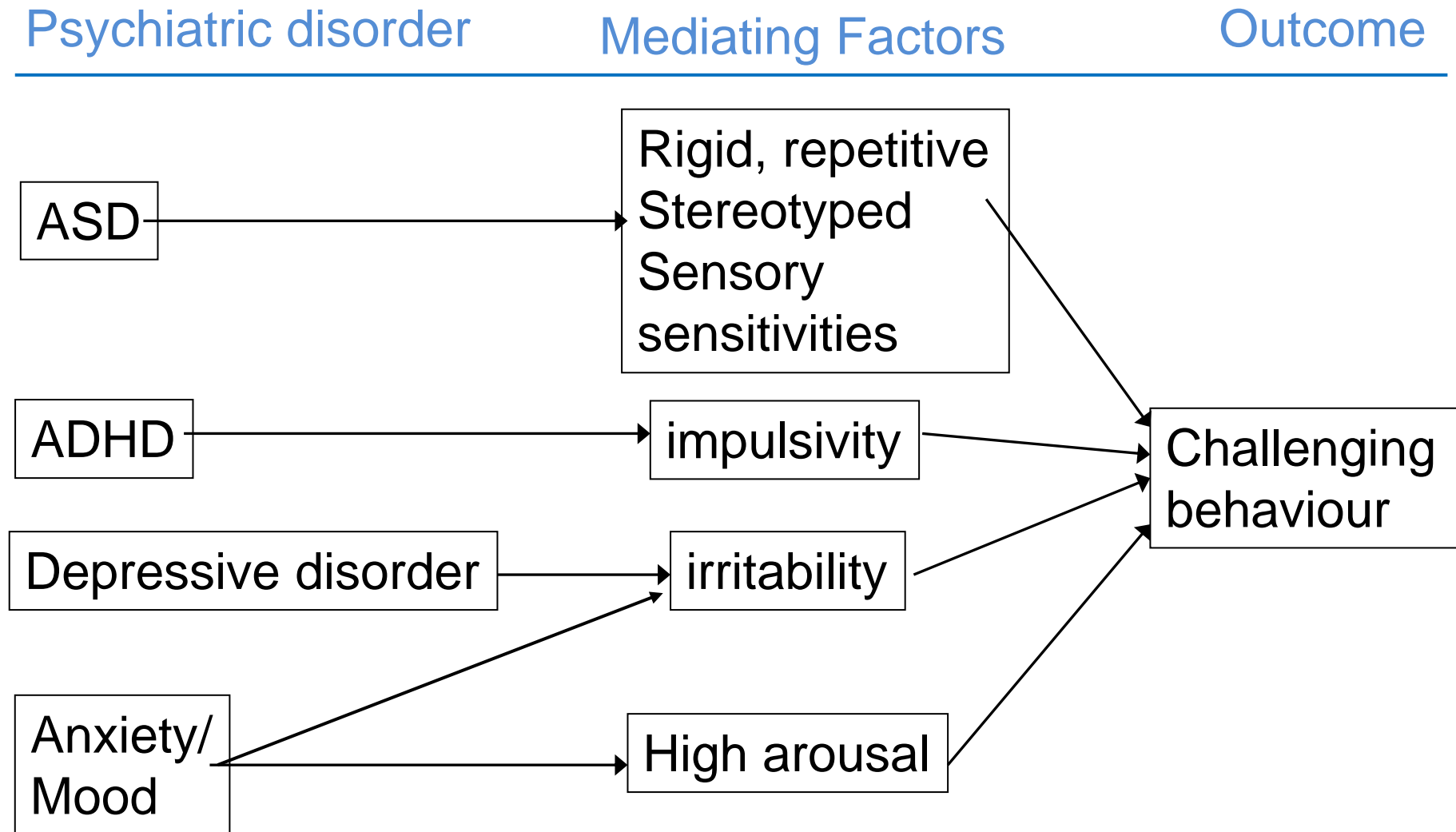


Fig. 2. Age-specific prevalence of challenging behaviors among people with mental retardation.

Seen in 10-15%
of those with
Intellectual disability

How do psychiatric disorders produce challenging behaviour



NICE: Interventions for behaviour that challenges 2012

- Start with a psychosocial intervention involving parents and other parts of environment to ensure generalization
- Consider antipsychotic medication when psychosocial or other interventions are insufficient or could not be delivered because of severity

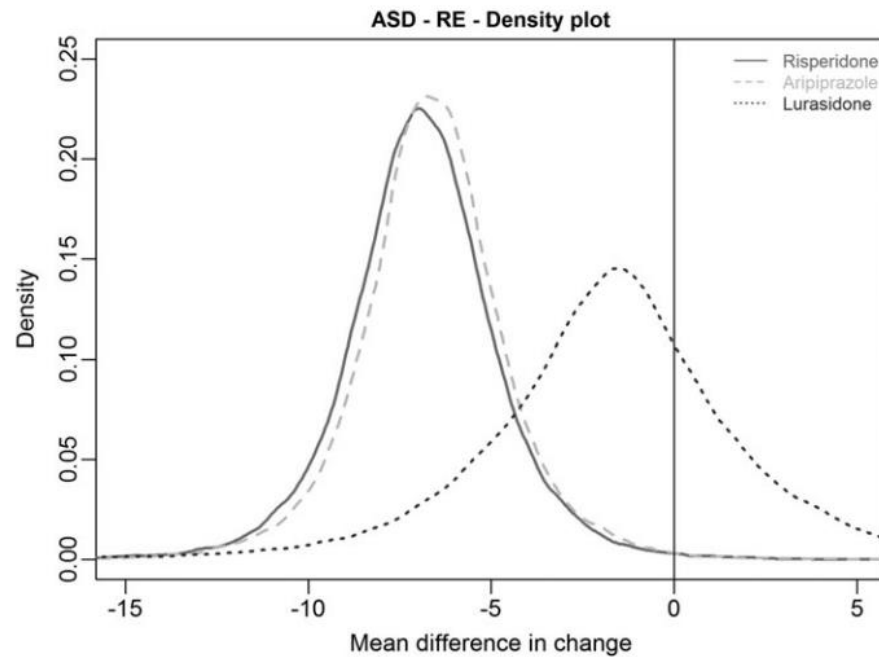
Behaviour that challenges (cont)

- If antipsychotic medication is prescribed:
 - start with a low dose
 - use the minimum effective dose
 - regularly review its benefits and adverse events
- Take into account:
 - side effects
 - acquisition costs
 - preference of child/young person/parents/carers
 - previous response to antipsychotic treatment

Behaviour that challenges (cont)

- Antipsychotic medication should be initially prescribed and monitored by a paediatrician or psychiatrist who should:
 - identify target behaviour
 - monitor effectiveness, including frequency and severity, with appropriate measure, including global impact
 - review effectiveness and side effects after 3–4 weeks
 - stop treatment if there is no indication of a clinically important response at 6 weeks.

Atypical antipsychotics for paediatric irritability



8 trials

Requirement that all used ABC-irritability

Comparison of risperidone, aripiprazole and lurasidone

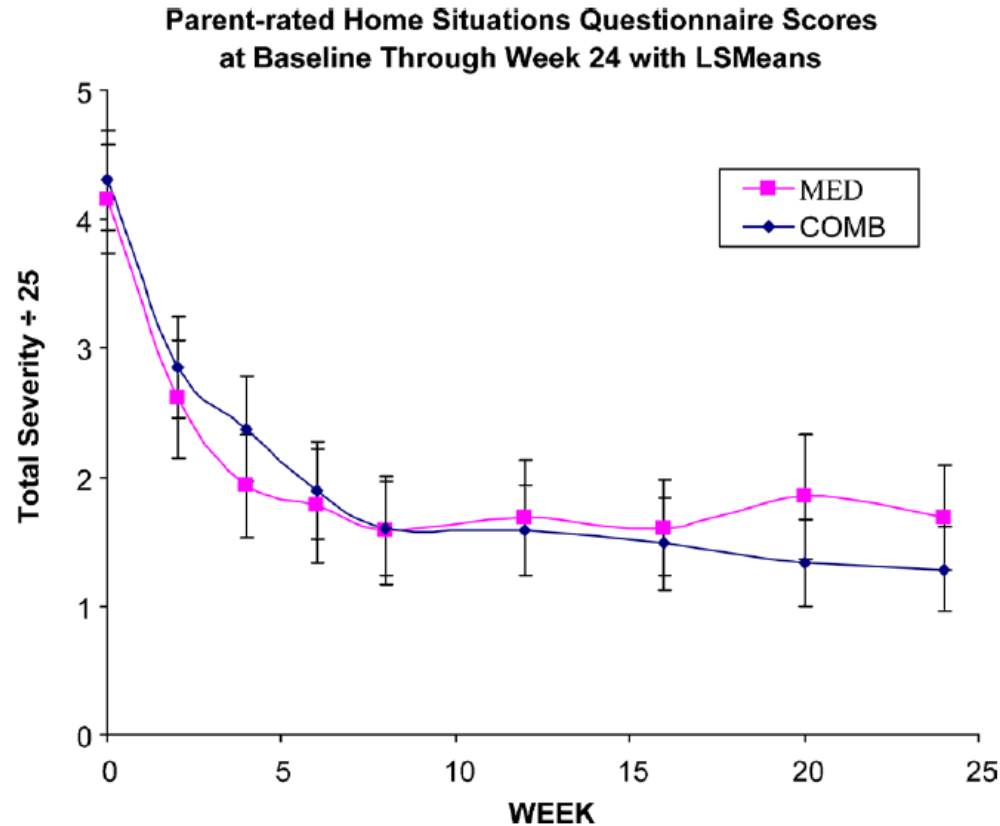
Risperidone and aripiprazole showed significant benefit over placebo

Safety difficult to assess because of different measures

Risperidone and parent training

Effect size

COMB over MED



Home Situations Q 0.34

CGI NSD

ABC Irritability 0.48

ABC Hyper 0.55

ABC Stereotypy 0.23

Final med dose: mg/day

COMB 1.98

MED 2.26

Conclusions

- Multiple mental health conditions is the norm in autism
- Problems start early in life and are persist over time
- Presentations are often atypical and assessment should account for differences related to autism
- There is a limited evidence base for interventions, mainly in children and adolescents and all interventions should be assessed for efficacy and toe tolerability in autism

Can you help with research?

(1) A web-based survey investigating clinicians' views of delivering **mental health interventions** remotely to autistic individuals. (2) A service evaluation of remote **psychological interventions** for autistic individuals (only within SLaM CAMHS: service-users and clinicians).

Please follow the link from your SLaM email account for more information and to submit your responses

<https://forms.office.com/Pages/ResponsePage.aspx?id=SuTPoS5olUqOctA7m1iHqr8S1jGMINtBn7YCqRvnsLNUNIJYVzJBVjVFTUpBS0Y3SEZXNFI4VFc5UC4u>

For any questions, please email lucy.1.adams@kcl.ac.uk.