

Questions to Ask Your Pediatrician About Autism

P. Gail Williams, M.D.
Associate Professor of Pediatrics
University of Louisville

Overview

- * Questions to ask your pediatrician when you suspect the diagnosis
- * Questions to ask your pediatrician once the diagnosis is made

When You Suspect the Diagnosis

- * **What are the signs of autism?**
- * Communication impairments
- * Social skills deficits
- * Limited range of interests and activities

Communication in Young Children with Autism

- * Frequently ignore language
- * Deficits in nonverbal communication (eye gaze, pointing and gesturing, facial expression, etc.)
- * Echolalia
- * Impairments in receptive and expressive language
- * Language regression in 1/3 of cases

Social Interaction in Young Children with Autism

- * “Off in his own world”
- * Lack of joint attention, shared enjoyment
- * Difficult to engage in interactive play
- * Social deficits often most evident with same age peers

Range of Activities in Young Children with Autism

- * Minimal or atypical toy play
- * Strong preoccupations
- * Perseverative activities or speech
- * Insistence on routine, rituals
- * Abnormal response to sensory input

First Signs



When You Suspect the Diagnosis of Autism

- * **Can we screen for autism?**
- * The American Academy of Pediatrics has recommended specific autism screening at 18 and 24 month well child checks.
- * Many screening tools are available
- * Perhaps the most widely used is M-CHAT
- * Readily available and sensitive

When You Suspect the Diagnosis

- * **What services are available?**
- * First Steps provides services for any child with developmental disabilities below the age of 3
- * Includes speech therapy, occupational therapy, developmental intervention, behavior interventions
- * The public school system provides preschool and therapy services after age 3
- * Don't wait to start services

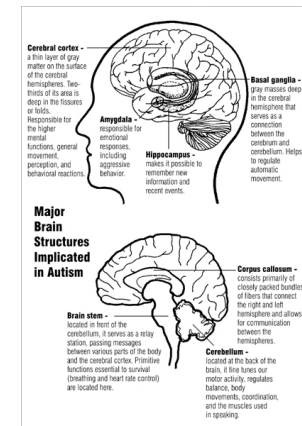
When You Suspect the Diagnosis

- * **How can I get definitive diagnosis?**
- * Facilities throughout the state can provide evaluations; most are in academic centers
- * Evaluation should include thorough history, behavioral observations, developmental measures, autism diagnostic tool
- * Medical evaluation also helpful

Once the Diagnosis is Made



- * **What causes autism?**
- * Etiology still unknown
- * Neurobiologic disorder due to differences in brain development
- * Strong genetic component
- * Possible environmental factors



Once the Diagnosis is Made

- * **How common is autism?**
- * Current research indicates prevalence rate of 1 in 88
- * Dramatic increase in prevalence over last 20 to 30 years
- * In part, due to increased awareness, better diagnostic tools, increased services, etc.

Once the Diagnosis is Made

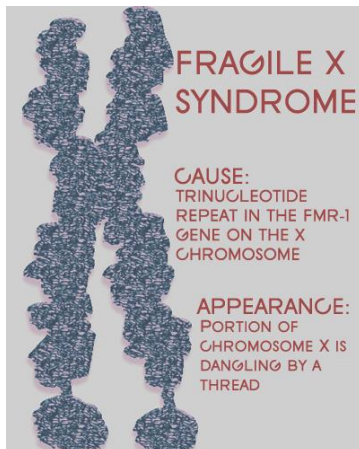
- * **What are the risks for having a second child with autism?**
- * Previously quoted as 3 to 8%
- * Recent study of siblings of children with autism indicated recurrence risk of nearly 19%

Once the Diagnosis is Made



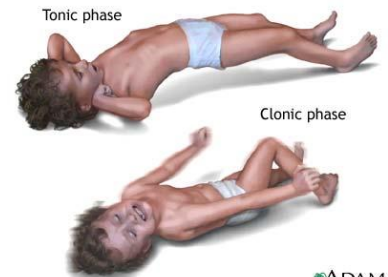
- * **Should any medical tests be done?**
- * Autism is associated with other medical and genetic conditions in 10 to 15% of cases
- * Genetic testing recommended to include Fragile X DNA testing, microarray chromosome analysis
- * Sleep deprived EEG if history of language regression
- * Consider MRI of brain

Medical Tests



Once the Diagnosis is Made

- * **Are there any medical conditions more common in autism?**
- * Intellectual disability is identified in approximately 50% of children with autism
- * Seizures are present in approximately one-third of children with autism



Once the diagnosis is made

- * **What about vaccinations and autism?**

- * First concerns were raised about measles vaccine and autism
- * Initial work discredited; numerous studies showed no relationship between autism and measles vaccine
- * Later concern about thimerosal and autism
- * Studies showed no relationship; no longer used as preservative in vaccines



Once the Diagnosis is Made

- * **What about sleep?**
- * Many children with ASD have sleep problems
- * Disruption in Circadian rhythms
- * Difficulty falling and staying asleep, waking early
- * Behavioral interventions first line
- * Melatonin may be helpful



Once diagnosis is made

- * **What about eating habits?**
- * Often very limited food repertoires
- * Can be based on sensory issues
- * Behavioral approach often very effective
- * Systematic approach to introducing new foods
- * Provide rewards and exposure, not trying to force



Once the Diagnosis is Made

- * **What is the treatment for autism?**
- * Primarily educational and behavioral
- * 24 evidence based practices
- * Speech therapy
- * Occupational therapy
- * Social skills training



Once the diagnosis is made

- * **What about behavioral problems associated with autism?**
- * Behavioral problems common
- * Attention problems and hyperactivity
- * Anxiety and depression
- * Marked irritability with mood lability, aggression, self injurious behavior



Once the diagnosis is made

- * **What role does medication have in the treatment of autism?**
- * Medication does not address core symptoms of autism
- * Adjunctive to help with associated behavior problems that interfere with home, school and community function

Once the diagnosis is made

- * **What medications are used to treat these behavioral problems?**
- * Medications for ADHD: stimulants, nonstimulants
- * Medications for depression/anxiety: SSRI's
- * Medications for severe irritability: atypical antipsychotics

Once the diagnosis is made

- * **What should I ask before starting medication?**
- * What behaviors are being targeted by the medication?
- * What side effects are possible?
- * What monitoring should be done?
- * How will we measure progress on medication?

Once the diagnosis is made

- * **What about alternative biomedical interventions?**
- * Wide variety available, including dietary changes, vitamins, and supplements
- * Others: hyperbaric oxygen, chelation therapy
- * Little research available



Once the diagnosis is made

- * **What should I consider if I want to try biomedical interventions?**
- * Potential benefits
- * Potential side effects
- * Expense
- * Role in overall program
- * Evidence supporting intervention

Once the diagnosis is made

- * **What can I expect in the future?**
- * Progress, but variable in rate
- * Factors in prognosis: intelligence, temperament, language, early intervention
- * Access services and supports to optimize child's potential, but realize that each child's potential is different

Once the Diagnosis is Made

- * **Where do I go from here?**
- * Educate yourself about autism
- * Access appropriate educational and behavioral services
- * Become an advocate for your child
- * Resources: KATC Family Guide, AAP, Autism Speaks, CDC, local family support groups