

**Q&A Summary:
*Autism Spectrum Disorder (ASD) Part II: Medical Home Care for
Children With ASD and Other Developmental Disabilities***

Available On-Demand:
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1. What did you call a seizure that lasts 2–3 seconds?
 - a. Absence or petit mal seizures

2. Can you provide any differential assessment guidance on looking for signs of abuse of children with autism spectrum disorder (ASD) without presuming that abuse is occurring?
 - a. Here are some recommendations:
 - i. Multiple bruises: need to consider abuse, but also need to consider self-injurious behaviors and other medical reasons for bruising.
 - ii. Bite marks: need to consider abuse, self-injurious behaviors, or another child in the class or daycare.
 - iii. Child refusing to attend school or daycare: need to consider abuse, but also consider that the child's needs are not being met, there may be another child who is loud or bothering the child in another way, there may be a change in teacher or daycare provider, or it may be boring.
 - iv. Vaginal or anal bruising and tears: need to consider abuse, but you will also need to consider the possibility that the child may be probing him or herself with an object.
 - v. If there is concern for abuse, please talk to the child's pediatric primary care physician (PCP) to discuss and for further evaluation of the signs, symptoms, and your concerns.

3. Can you please give a few examples of communication types that would fall into the "other" category?
 - a. For expressive communication, some children and adults with ASD write to communicate. However, I am not sure what exactly was in the "other" category in the article. The reference is at the end of the PowerPoint for further information.
 - b. For receptive communication, the "other" could be sign language.
 - c. For expression of pain, the "other" could be running away, hiding, laughing, humming.
 - d. For the best way to examine a child, some children do well with steps written down.
 - e. To understand passage of time, some children do well if told to sing a certain song a certain number of times.

4. What happens when these kids become young adults and transition out of pediatrics? Do you recommend family medicine, internal medicine, or some sort of specialized medical homes, or are health homes more appropriate?

- a. Adult PCPs can be family medicine, internal medicine, or dual-trained internal medicine / pediatrics. The type of PCP for the young adult with ASD who transitions from a pediatric to an adult PCP really depends on several factors:
 - i. Who is in your community?
 - ii. What is that person's interest and expertise?
 - iii. Is it a good fit for the person with ASD?
 - b. There are some specialty transition clinics in some medical centers throughout the country, so if there is one in the community in which you live, these can be very helpful.
 - c. I understand that a "health home" is a term that was established under the Affordable Care Act for persons with chronic medical conditions and mental health conditions who have Medicaid. There are stipulations as to who qualifies. In my reading of the information, it appears that it is very similar to the American Academy of Pediatrics definition of a Medical Home:
<https://www.medicaid.gov/medicaid/ltss/health-homes/index.html>
5. How about stem cell therapy?
 - a. This is still being studied:
 - i. <https://www.autismspeaks.org/science/grants/development-stem-cell-therapy-engrailed-2-asd-genetic-susceptibility>
 - ii. <https://clinicaltrials.gov/ct2/results?cond=Autism&term=stem+cell+&cntry=&state=&city=&dist>
6. I recently had a child placed on the medication naltrexone/vivitrol for his ASD diagnosis. In doing a bit of reading, it appears this is a newer medication approach to ASD. Can you speak about this?
 - a. Naltrexone has been around for a long time for treatment of opioid overdose and is being studied for use in children with ASD. It is not approved by the US Food and Drug Administration (FDA) for this use, but some have found it to be a helpful treatment.
 - i. <https://www.autismspeaks.org/what-autism/treatment/medicines-treating-core-symptoms>
 - ii. <https://autismcanada.org/living-with-autism/treatments/biomedical/medication/low-dose-naltrexone/>
7. What if parents are in denial that their child may have ASD?
 - a. When I have had cases like this, I have made the recommendations for treatment based on the symptoms, such as speech / language delay, coordination disorder, sensory processing problems, special education needs, etc. At a certain point, parents will come around. My older sister had an intellectual disability and epilepsy. It took almost 5 years before my father could accept these diagnoses.
8. Is there a relationship to "when" immunizations are given? For example, if a 12-month-old is just getting over an ear infection and the parents take them in for their scheduled immunizations, is there a relationship?
 - a. This is the immunization schedule from the American Academy of Pediatrics (AAP):
 - i. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Pages/Immunization-Schedule.aspx>;
 - ii. <http://pediatrics.aappublications.org/content/141/3/e20180083>

14. I've heard that autistic children often decline foods due to color. How is that remedied?
- Working with a feeding therapist (either speech or occupational therapist [OT]) or a behavior therapist can help to address some of the food selectivity that children with ASD may have.
15. What is the best way to treat a child who throws his favorite toys with no warning?
- When there is a concerning behavior, I always recommend first to do a Functional Behavioral Analysis (FBA). This FBA consists of "ABC" (3 parts):
 - A – Antecedent – what happens before the behavior, and is it the cause of the behavior?
 - B – Behavior – what is the behavior? In this case, it is throwing his favorite toys
 - C – Consequence – what is the consequence of the behavior? Does he get attention every time he throws his toy? Is it a game – is it thrown back to him? Does he get put in his room and this actually allows him to avoid being in a noisy room?
 - Once the FBA is done and the ABCs have been answered, then a behavior plan can be put into place to extinguish this behavior.
16. If a child is exhibiting aggressive, harmful behavior towards a parent, what would you suspect?
- See answer to number 15 above.
17. What is the best response to a boy with ASD who is acting out sexually in a session?
- See answer to number 15 above.
18. Is Asperger syndrome a form of autism that really cannot be explained? How is this diagnosed?
- DSM5* was published in 2013. With this publication, Asperger syndrome is no longer considered a diagnosis in and of itself. People who previously met criteria for Asperger syndrome now would meet the criteria for ASD and would likely be considered high-functioning.
19. Why do children on the gluten-free/casein-free (GF/CF) diet seem to have worse behavior off the diet? Why is this diet so popular in the autism community?
- Autism Speaks is a great resource for these questions and much more.
<https://www.autismspeaks.org/>
 - This article about the GFCF diet is worth reading and can answer some of your questions.
 - <https://www.autismspeaks.org/blog/2014/06/13/autism-and-glutencasein-free-diet-when-can-we-stop>
20. Besides risperidone, what other medications are commonly used for behavior problems?
- Aripiprazole is the other FDA approved medication for children with ASD who are ≥6 years to treat autism-related irritability.
 - Children with ASD may also meet criteria for attention-deficit hyperactivity disorder (ADHD); stimulant and nonstimulant medications can be used to treat these ADHD symptoms.

- c. Children with ASD may also meet criteria for depression, anxiety, mood disorder, bipolar disorder, or schizophrenia; then the medication appropriate for these disorders would be prescribed.

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