Identifying **Medical Comorbidities** in **Autism Spectrum Disorders**

GUIDE FOR HEALTHCARE PROFESSIONALS

"Care providers should be aware that problem behavior in patients with ASDs may be the primary or sole symptom of the underlying medical condition." *Consensus Report, Pediatrics, Buie et al., 2010*

Recent studies have shown that **many medical conditions are significantly more prevalent in people with autism** compared to the typical population, including: eczema, allergies, asthma, ear and respiratory infections, gastrointestinal problems, severe headaches, migraines, and seizures.

Individuals with autism appear to be at increased risk for developing common chronic diseases including: diabetes, coronary heart disease, cancer, and osteoporosis. **Mortality is significantly increased in autism**, with death rates being more than three times higher than the general population. Premature deaths in autism are mostly the result of co-occurring medical conditions such as epilepsy, respiratory, gastrointestinal and cardiovascular disease. Risk of both epilepsy and premature death increases with the severity of autism.

Autism is increasingly being recognized as a whole body disorder, with the core deficits in communication, social interaction, restrictive and stereotypic behaviours being surface manifestations of a systemic and complex disease process. Immune dysregulation appears to be a key feature.

"Sudden and unexplained behavioral change can be the hallmark of underlying pain or discomfort. Behavioral treatment may be initiated as the possible concurrent medical illness is being investigated, diagnosed (or excluded), and treated, but the behavioral treatment should not substitute for medical investigation."
Consensus Report, Pediatrics, Buie et al., 2010

Accurate diagnosis of co-existing medical conditions is possible by taking account of the following points:

- Problem behavior in patients with autism may be the primary or sole symptom of an underlying medical condition.
- Self-harming, aggression, night-waking, change in appetite, grimacing, strange postures and such are not part of the diagnostic criteria of autism. In conflict to current research and accumulating clinical experience, these and other symptoms and behaviours have been erroneously attributed to either a mental health or behavioural problem or as being inherent to autism or some preconceived facet of that diagnosis. There is a substantial body of evidence that these behaviors may have a physical cause (e.g. reflux) and to **prevent diagnostic overshadowing, organic causes should be sought in the first instance.**
- Parents and carers generally DO give accurate and quality information about symptoms or behavior change.
- Parents and carers may be unaware of the possible implications of the symptomatology, especially if at any point they have been told that behaviours are 'simply autism'.
- Individuals with autism who are experiencing pain or discomfort may not be able to identify the physical location of that pain/discomfort within their body.
- Individuals with autism may not respond in the typical way to common illnesses.

THE TABLE BELOW IS DESIGNED TO HELP IMPROVE RECOGNITION OF SOME OF THE PROBLEMS ENCOUNTERED WHEN AUTISTIC PATIENTS PRESENT WITH COMORBID HEALTH ISSUES.

Behaviours which may indicate an underlying comorbid illness include:

- Sudden change in behaviour
- Loss of previously acquired skills
- Irritability and low mood
- Tantrums and oppositional behaviour
- Frequent night-waking or general sleep disturbance
- Teeth grinding
- Change to appetite or dietary preferences
- Heightened anxiety and/or avoidance behaviours
- Repetitive rocking or other new repetitive movement
- Walking on toes
- Posturing or seeking pressure to specific area
- Sensory hyper-responsitivity: hyperacusis (e.g. covering ears with hands), tactile defensiveness, sensitivity to light
- Behaviour around evacuation
- Aggression: onset of, or increase in, aggressive behaviour
- Self-injurious behaviour: biting, hits/slaps face, head-banging, unexplained increase in self-injury
- Constant eating/drinking/ swallowing ('grazing' behavior)
- Frequent clearing of throat, swallowing
- Mouthing behaviours: chewing on clothes
- Facial grimacing, wincing, tics
- Tapping behaviour: finger tapping on throat
- Sobbing 'for no reason at all'
- Vocal expressions of moaning, groaning, sighing, whining
- Agitation: pacing, jumping up and down
- Blinking, sudden screaming, spinning and fixed look

Common sources of pain and discomfort include:

- Headache
- Earache
- Toothache
- Sore Throat
- Reflux
- Oesophagitis
- Gastritis
- Colitis
- Soft or hard stool constipation (underlying cause will be relevant)
- Small Intestinal Bacterial Overgrowth
- Musculoskeletal injury or disease
- Seizure Disorder (including subclinical crisis)
- Allergy Disorder

Pain can be acute or chronic, progressive or static.

Buie T et al. (2010) *Evaluation, diagnosis, and treatment of gastrointestinal disorders in individuals with ASDs: a consensus report.* Pediatrics, 125: (Supplement 1): S1-S18.; Kohane I et al. (2012) *The Co-Morbidity Burden of Children and Young Adults with Autism Spectrum Disorders.* PloS one, 7: (4): e33224.; Schieve L et al. (2012) *Concurrent medical conditions and health care use and needs among children with learning and behavioral developmental disabilities*, National Health Interview Survey, 2006–2010. Research in developmental disabilities, 33: (2): 467-476.; Tracy JM (2001) *Presentations of physical illness in people with developmental disability: the example of gastro-oesophageal reflux.* Med J Aust. Jul 16;175 (2):109-11

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