

FSL FAQs

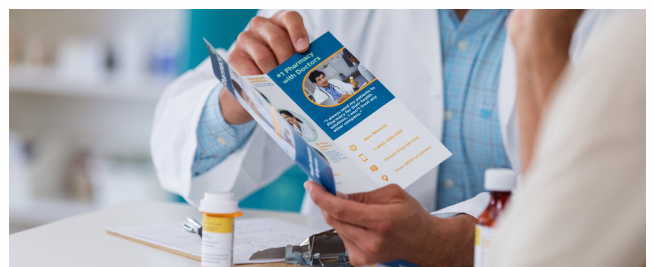
POPARD Family - School Liaison Newsletter



FAQ: WHAT IS THE EMERGING RESEARCH REGARDING MEDICATIONS TO HELP SYMPTOMS OF ASD?

There has been enormous progress in clinical medical interventions, over the past century, which has improved the lives of countless individuals and communities. Among these interventions are medications. Medications are pharmaceutical interventions generally intended to alleviate distressing symptoms of a medical condition. Medications are effective for numerous conditions, are often economical, and are usually convenient. The information below describes emerging research regarding the use of medication to alleviate distressing symptoms that may be associated with autism spectrum disorder, in order to improve health, happiness, and quality of life for the individual.

Autism Spectrum Disorder (ASD) is one of several *neurodevelopmental* conditions that begin in childhood, are evident early in development, often before school-age, and show "... deficits or differences in brain processes that produce impairments of personal, social, academic, or occupational functioning [American Psychiatric Association (APA, 2022), p. 35]."



Medications for Core Symptoms of ASD

Diagnosis of ASD begins with confirmation of two “core” symptoms or criteria. In the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revision* [DSM-5-TR], published by the American Psychiatric Association [APA] in 2022, these essential symptoms are:

Symptom A: impairments in reciprocal social communication and social interactions and

Symptom B: restricted, repetitive patterns of behaviour, interests, or activities (APA, 2022, p. 60).

The National Center on Birth Defects and Developmental Disabilities [Centers for Disease Control (CDC)] reports that there are no medications that treat these core symptoms ([Treatment and Intervention Services for Autism Spectrum Disorder | NCBDDD | CDC](#), 2022, Pharmacological Approaches section, para. 1). The only relief for either of the core symptoms of ASD is compensatory educational and environmental interventions. These interventions are not, however, curative; rather, “. . . it is typical for learning and compensation to continue throughout life (APA, 2022, p. 63).”

Medications for Conditions Co-Occurring with ASD

While core symptoms of ASD are not treatable with medication, up to 70% of individuals with a diagnosis of ASD may also have at least one co-occurring disorder, and 40% may have two or more co-occurring disorders (APA, p. 68). While these conditions are often present with ASD, they are independent of ASD, and some respond to pharmaceutical intervention. There are well-known medications that have been shown to successfully treat some psychiatric disorders, especially anxiety, depression, and ADHD, which are especially common across individuals with ASD:

Some medications treat co-occurring symptoms that can help people with ASD function better. For example, medication might help manage high energy levels, inability to focus, or self-harming behavior, such as head banging or hand biting. Medication can also help manage co-occurring psychological conditions, such as anxiety or depression, in addition to medical conditions such as seizures, sleep problems, or stomach or other gastrointestinal problems ([Treatment and Intervention Services for Autism Spectrum Disorder | NCBDDD | CDC](#), 2022, Pharmacological Approaches section, para. 1, 2).

In addition to attention problems or symptoms of anxiety or depression, some individuals with ASD may exhibit irritability and aggression. And some medications might be helpful in managing these symptoms:

[Risperidone \(Risperdal\)](#) and [Aripiprazole \(Abilify\)](#) are the only drugs approved by the FDA for children with autism spectrum disorder. Risperidone can be prescribed for children between 5 and 16 years old to help with irritability and aggression. Aripiprazole can be prescribed for children between 6 and 17 years old.

Some doctors will prescribe other drugs in certain cases, including selective serotonin reuptake inhibitors (SSRIs), [anti-anxiety medications](#), or stimulants, but these are not FDA-approved for autism spectrum disorder [[Autism Spectrum Disorder \(ASD\) Treatment \(webmd.com\)](#), 2023, Medications section, para.1, 2].

Irritability and aggression are not core symptoms of ASD. But when they are present, they make treatment of other associated symptoms or disorders challenging. When medication might assist:

It is important to work with a doctor who has experience in treating people with ASD when considering the use of medication.

This applies to both prescription medication and over-the-counter medication. Individuals, families, and doctors must work together to monitor progress and reactions to be sure that negative side effects of the medication do not outweigh the benefits (CDC, 2022, Pharmacological Approaches section, para. 2).

Non-Pharmacological Interventions

Other neurodevelopmental disorders associated with ASD, especially intellectual developmental disorder, specific learning disorder, language disorder, and developmental coordination disorder, are not treatable by medication. Compensatory and remedial interventions for these co-occurring conditions are essentially educational in nature; interventions are provided by psychologists, speech/language pathologists, teachers, counsellors, occupational therapists and others.

In individual instances of co-occurring disorders that are treatable with medication, non-pharmacological interventions can either replace medication or augment the positive effects of medication.

For example, cognitive-behaviour therapy (CBT) can be an effective treatment for some individuals who are diagnosed with an anxiety disorder and can enhance the effects of medication that might have been provided.

Importance of Protective Influences

In 2020, the American Academy of Paediatrics summarized some current research in evaluation and treatment of children with ASD:

Approximately 9% of children who are diagnosed with ASD in early childhood may not meet diagnostic criteria for ASD by young adulthood. Youth who no longer meet criteria for ASD are more likely to have a history of higher cognitive skills at 2 years of age, to have participated in earlier intervention services, and to have demonstrated a decrease in their repetitive behaviors over time. [researchers]. . . reported quality of life in high-functioning adults with ASD was associated more with the presence of family and community supports than [with] their symptoms related to ASD [[Identification, Evaluation, and Management of Children With Autism Spectrum Disorder | Pediatrics | American Academy of Pediatrics \(aap.org\)](#), 2020, Section 2: Clinical Symptoms: Prognosis, para. 2].

The Academy of Paediatrics also noted that changes in diagnosis do occur and that the severity of core symptoms is diminished by the presence of better-developed intellectual and verbal abilities and the absence of executive function difficulties:

A change in clinical diagnosis (e.g., to ADHD or obsessive-compulsive disorder [OCD]) is more likely in children who were diagnosed with ASD before 30 months of age or had a diagnosis of PDD-NOS [Pervasive Developmental Disorder, Not otherwise Specified] per the DSM-IV. Severity scores are most likely to improve in youth who have had the greatest increase in tested verbal IQ. Executive function difficulties are associated with poorer adaptive outcomes, independent of IQ. Measured intelligence (e.g., IQ) and language ability in childhood tend to predict outcome in adulthood (Loc. cit.).

Changes in diagnosis or changes in the impact of ASD may occur because of error in the original diagnosis, substantial changes in an individual's behaviours over time, the presence of intrinsic protective factors, such as better-developed cognitive and language abilities, and the power of external protective factors, such as family and community support.

So What to Do About Medication?

- Core symptoms of ASD are not treatable with medication
- Symptoms of some co-occurring disorders may be responsive to medication
- Many individuals who manifest the core symptoms of ASD manage better because of non-pharmacological interventions;
- Many non-pharmacological interventions may be enhanced by the provision of medications to treat some co-occurring conditions, such as anxiety, which are so common among individuals with ASD.
- Consult with your child's physician to help you to determine if medication might assist your child in achieving their potential.

References

American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, 5th Ed., Text Revision. Washington, DC, American Psychiatric Association, 2022.

Centers for Disease Control and Prevention. (2022.08). Treatment and Intervention Services for Autism Spectrum Disorder. Retrieved from Treatment and Intervention Services for Autism Spectrum Disorder | NCBDDD | CDC.

Hyman, S. L., Levy, S. D. & Myers, S. M. (2020). Identification, Evaluation, and Management of Children With Autism Spectrum Disorder. Pediatrics, 145 (1). Retrieved from Identification, Evaluation, and Management of Children With Autism Spectrum Disorder | Pediatrics | American Academy of Pediatrics aap.org).

WebMD Editorial Contributors. (2023.01). What Are the Treatments for Autism? Retrieved from Autism Spectrum Disorder (ASD) Treatment (webmd.com).