ASD Clinical Guidelines for PCPs

These guidelines are intended to help in the management of psychiatric symptoms in children & adolescents with Autism Spectrum Disorder (ASD). We understand that the assessment and treatment of ASD is complex. Do not hesitate to call YAP-P to discuss specific cases with an on-call child psychiatrist.

I. Primary Care Provider Visit

Patient with known ASD diagnosis presenting with challenging symptoms or behaviors causing distress and/or impeding developmental progress:

- Evaluate functioning at home, at school, and with peers
- Screen for comorbid psychiatric disorders, including ADHD, anxiety, and depression

II. Focused Assessment

Including clinical interview (see Autism Clinical Pearls): Evaluate for comorbid psychiatric disorders, including irritability, aggression, and self-harm

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Refer for appropriate services:

- ABA
- Social skills groups
- Social pragmatics
- Sensory processing/OT
- Parent guidance
- Early intervention for younger children
- Evaluation for IEP in school

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If screening indicates the presence of comorbid psychiatric disorders, then:

- Review the pertinent clinical guidelines for each disorder and treat as instructed.
- With ASD, medication management is always best tolerated if medication dosing is started at the lowest possible dose and titrated slowly.

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For patients demonstrating irritability, aggression, self-harm:

- Screen for and treat any comorbid psychiatric conditions or symptoms (anxiety, ADHD), as some may cause worsening irritability.
- Rule out medical conditions that may contribute, especially if there is a sudden onset of behavioral issues.
- If irritability persists, or aggression/self-harm is severe, consider medication management

See next page for medications

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III. Medications used in Treatment of Autism Spectrum Disorder (ASD)*

- Medications are used to target symptoms causing functional impairment in ASD
- There are no medications currently available that treat social impairment in ASD

    - For symptoms of impulsivity and/or hyperactivity:
        - Stimulant medications
        - Alpha agonists (clonidine or guanfacine)
        - Use the same dosing as in ADHD (refer to YAP-P ADHD Guidelines if needed)

    - For symptoms of irritability and aggression:
        - Behavioral interventions are first line
        - Mild to moderate irritability can be treated with alpha agonists (clonidine or guanfacine)
        - Severe irritability can be treated with atypical antipsychotics (see next page)

    - For symptoms of anxiety and/or repetitive behaviors:
        - There is no clear evidence for specific medications to treat these symptoms.
        - Consider YAP-P consultation for assistance.

    - For sleep disturbance not responsive to sleep hygiene:
        - Melatonin 1-6mg nightly
        - Clonidine 0.05mg nightly to start; can increase to 0.1mg if needed

**Please note that all of the above medications are supported by published evidence, but are not FDA approved. For any off-label prescribing, please consider calling YAP-P for consultation.*

See next page for additional medications and monitoring

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III. Medications used in Treatment of Autism Spectrum Disorder (ASD)*

Medication management for severe irritability, aggression, and self-injurious behaviors in ASD: FDA-approved medication treatments: Risperidone (5+) and Aripiprazole (6+)

Risperidone, Aripiprazole:
Prior to starting medication, get baseline labs: HbA1c, fasting lipid panel, and fasting glucose. Record vitals, height, weight, and BMI. If there is a personal or family history of cardiac abnormalities, obtain an EKG.

- Start a test dose for 1 week (e.g., Risperidone 0.25mg daily, Aripiprazole 2mg daily).
- If the test dose is tolerated, increase the daily dose gradually (every 7 days) to target dose.

Risperidone target 0.5mg/day for children < 20kg and 1mg/day for children > 20kg

- Max daily dose: <20kg 1mg/day, >20kg 3 mg/day
- Higher doses may be appropriate on a case-by-case basis. Consider a YAP-P consultation.

Aripiprazole target 5mg/day, max daily dose 15mg/day

- If medication causes sedation, consider a nighttime dosing or split dosing.
- Monitor for worsening agitation or sedation; consult with YAP-P as needed.

III. Monitoring and Reassessment

- Obtain height, weight, BMI, and vital signs at regular intervals.
- Labs should be repeated as clinically indicated, or every six months.
- Monitor for movement disorders (tardive dyskinesia) every 6 months using the Abnormal Involuntary Movement Scale (AIMS).
- Follow up with EKG if obtained initially, or if there are any cardiovascular side effects, to evaluate for QTc prolongation.
- If weight gain or abnormal lab values develop, consider switching to a more weight-neutral agent (aripiprazole is more weight-neutral than risperidone) and/or add metformin.

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