

ASD & ADHD in 2021

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Disclosures

- I have no relevant financial relationships to disclose.
- I will not discuss off label use or investigational use in my presentation

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Outline

- Quick overview of “language matters”
- Autism Spectrum Disorder (ASD)
 - Current Criteria
 - Prevalence and change over time
 - Myths and facts
- Attention Deficit Hyperactivity Disorder (ADHD)
 - Current Criteria
 - Three-part treatment plan
- Psychopharmacology
- Why the long wait to be seen by DBP?

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“Language Matters” that Do Matter

- “Handicapped” = “H-word” (**don't use it**)
- **PERSON first (mostly)**
 - Child with intellectual disability vs. retarded child
 - Student who uses a wheelchair vs. wheelchair-bound student
 - *Person with autism vs. autistic person is somewhat controversial*
- **Impairment vs. Disability**
 - **Impairment** is “objective” and measurable: the loss of a body part or function of an organ: it is “what clinicians can define” (example: hearing impairment)
 - **Disability** is the “subjective” result of an impairment that results in limits to life goals: it is “what the person decides” (example: Virginia Hall)

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“Autism Spectrum Disorder” (ASD)

Autism Spectrum Disorder Criteria

- Atypical language development (usually delayed, but not always)
- Atypical socialization (usually not totally absent social skills)
- Atypical behaviors (a very wide group: sensory issues, unusual movements, intense interests, anxiety & OCD)

ASD is not fully understood and there are **many different subgroups** or “ways to have” autism. The formal definition has changed over time, and likely will change in the future.

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Significant Rise in the Prevalence of ASD

Autism Prevalence

United States 1970s-2020



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CDC Data

- About 1 in 54 children has been identified with autism spectrum disorder (ASD) according to estimates from CDC’s Autism and Developmental Disabilities Monitoring (ADDM) Network.
- ASD is reported to occur in all racial, ethnic, and socioeconomic groups.
- ASD is more than 4 times more common among boys than among girls.
- About 1 in 6 (17%) of all children aged 3–17 years were diagnosed with a developmental disability, as reported by parents, during a study period of 2009-2017. These included autism, attention-deficit/hyperactivity disorder, blindness, and cerebral palsy, among others.

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CDC’s FREE Milestone Tracker App

Because milestones matter!

- Milestone checklists for 2 months to 5 years
- Summary of your child’s milestones
- Activities to help your child’s development
- Tips for what to do if you have concerns
- Appointment reminders



GET IT ON Google Play Available on the App Store

Learn more at cdc.gov/MilestoneTracker

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“Myths of Autism”

- No eye contact at all
- Always “easy to spot” (spinning, flapping)
- Never talk
- Never drive
- Never date (or marry)
- Never independent (“live in their parents’ basement”)
- Never happy
- Never learn

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Most with Autism

- Will finish school
- Will have passions and skills
- Will be employed (and pay taxes)
- Will be your neighbors and friends

Some

- Will be successful movie producers in Hollywood (my patient)
- Will solve important problems and become famous (Temple Grandin)

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ADHD: Attention Deficit Hyperactivity Disorder

- Presence of (Assessment Scales used to document):
 - **Inattention** (present in all students with this disorder), and *usually*
 - Impulsivity (there are forms without impulsivity/hyperactivity)
- In at least **two settings**
 - Home
 - School
 - Doctor’s office (formal measures)
 - Other
- Causing **impairment**

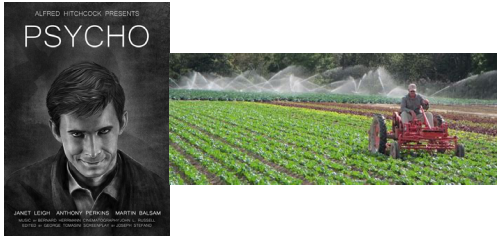
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Three-part Treatment Plan

1. Academic accommodations and supports
 - IEP or 504 usually created
 - Seating, testing accommodations, movement breaks, etc.
2. Behavioral Modification strategies
 - School behavioral plans
 - Executive function training (home and school)
3. Medications (psychopharmacology)

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What is Psychopharmacology? AKA "Psycho-Farm"



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Classes of Medications for ADHD

• Methylxanthines ("stimulants")

- Methylphenidate
- Dextroamphetamine
- Goals:
 - Decrease impulsivity
 - Improve focus
- SE: Decreased appetite
(possible HA or SA)

• Alpha-agonists

- Guanfacine
- Clonidine
- Goals are the same:
 - Decrease impulsivity
 - Improve focus
- SE: Sedation (usually
this wanes)

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Prescribing Medication for ADHD

1. Establishing that the student meets ADHD criteria
 - History and exam
 - Usually, assessment scales (parents, teachers, others) help with this process
2. Outlining the three-part treatment plan with family
 - Helping with IEP/504 processes
 - Offering resources for behavioral management
 - Therapists/"Coaches"
 - Books: *Smart But Scattered* & *Taking Charge of ADHD*
3. Starting a trial of a medication, and "titrating" to right dose
 - Follow-up with repeat assessment scales & qualitative reports

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Why long waiting time for DBP appointment?

- Developmental-Behavioral Pediatrics (DBP) is a subspecialty within Pediatrics: Specialists have 3 years of extra training after general pediatrics residency
- Survey* of the current subspecialists:
 - There are not enough: Waitlist for new patients to see DBP are months long (longest in all of medicine)
 - It will soon get worse: 33% (159) will retire within 3-5 years and there are only 31 fellowship graduates yearly
 - DBP doctors are overwhelmed and burning out

*Bridgeman C, Bauer NS, Nielsen BA, et al. A Workforce Survey on Developmental-Behavioral Pediatrics. *Pediatrics*. 2018;141(3):e20172164

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