

COMMENTARY

Conditions Associated with Autism

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Received: November 2, 2023

Accepted for publication: November 3, 2023

Published: November 30, 2023

Introduction

Autism spectrum disorder (ASD) is a prevalent neurodevelopmental condition that is found to be relatively misunderstood. In 1911, Eugen Bleuler, a German psychiatrist, initially believed people with autism suffered from schizophrenia and hallucinations; however, during the 1970s, child psychologists believed that rather than suffering from any sort of hallucinations, the children were simply lacking an unconscious symbolic life.¹ With further research and experimentation, psychiatrists redefined “autism”(1). Heterogeneous neurodevelopmental condition is the proper term for what happens neurologically for those with ASD.² The way professionals determine whether or not someone has autism is not through a work of tests, but rather, observation of the person's developmental behaviors.² There are many types of autism, and include “high-functioning autism” such as Asperger's Syndrome, and “low-functioning autism” such as Autism Spectrum Disorder (ASD). Data from the *Centers for Disease Control and Prevention*, show there is an increased risk of autism if bared over a certain age.³ The increased risk of being treated differently, increased risk of aggression amongst others and self, found 1/5 higher mortality rate amongst those on the Autism Spectrum.⁴ There are many psychological and mental conditions associated with ASD. A few conditions include, and not limited to Obsessive-Compulsive Disorder (OCD), anxiety, attention deficit

hyperactivity disorder (ADHD), depression, and eating disorders.⁴

Depression and Anxiety

One of the main factors of having autism is dealing with anxiety and depression; which is the most common mental illness found in children with autism.⁵ The most frequent co-occurring condition in children with autism spectrum disorders is anxiety, however, the possible effects of anxiety on social and educational results of these kids hasn't been carefully investigated. Children with High Functioning Autism (HFA) are a bit more likely to get anxiety, and children who are diagnosed with Low Functioning Autism (LFA) are more prone to depression.⁵ The rate of death by suicide has sky-rocketed by 7 1/2 times in people with autism than those without an autism diagnosis.⁶ The increased suicide rate in autism may be due to a vast increase in symptoms of depression because autistic people have been shown to quadruple in lifetime rates of depression.⁷

Anxiety is mostly measured using subscales from behavioral instruments, which usually do not describe the range of anxiety symptoms in children with autism spectrum. Depression and anxiety symptoms are shown among individuals with autism spectrum disorders (ASDs) of various ages and IQs, and depression/anxiety symptoms are associated with higher IQs and fewer ASD symptoms.⁸

Symptoms of anxiety in children with autism vary from temper tantrums to self-injury, frequent running and climbing, hyperactivity, sleep problems, problems socializing, and attention deficit (8). Common symptoms of depression in children with autism include difficulty communicating, which gives them a higher risk for suicidal self-harm, suicidal thoughts, further suicidal ideas, and more repetitive/compulsive behavior.⁸ Depression symptoms in children partially explain this association.

A non-drug anxiety treatment helping children with autism-linked depression is cognitive behavioral therapy. CBT's goal is to change how children with autism think about themselves which ultimately helps reduce the negative thoughts/responses.⁸ CBT is used to address some of the common characteristics of autism. These changes include using pictures, concrete language, lists, videos, or social stories, and involving the special interests the children with autism may have.⁹

Antidepressants can also be used to treat anxiety and obsessive-compulsive disorders however, children and teens who have autism often report side effects from those drugs including "behavioral activation," such as hyperactivity, impulsiveness, or trouble sleeping.⁹

An analysis of 14 studies involving a total of 511 autistic youth found that individual and group CBT therapy decreased anxiety symptoms moderately.⁹ The studies all involved children and teens who did not have intellectual disabilities. The CBT programs, with child-friendly names like Cool Kids and Facing Fears, typically lasted from 12 to 16 weeks.⁹ In another small study of adapted CBT, almost a third of children with autism who completed group therapy at a hospital were found to be "free of their primary anxiety diagnoses".⁹

OCD and ADHD

According to research, ADHD is known to be the most common coexisting condition in children with ASD.⁹ OCD is also a common disorder seen in children with ASD and they have a high comorbidity.¹² OCD as well as ADHD, are both common in males who are in their childhood but are more common among women in adolescence and adulthood.¹³

One significant factor common to both ADHD and OCD is the mental incapability to perform

certain functioning challenges. Both ADHD and OCD can affect the child's ability to control impulse, decision-making, behavior, movement, and social skills.¹⁰ Identifying which condition a child with ASD has is difficult due to the similarities in both co-occurring disorders.¹¹

If a child is diagnosed with OCD, studies show that around 40% of symptoms start to disappear as they reach adulthood.¹⁴ If a child is diagnosed with ADHD, there is about a 50% chance of the child "outgrowing" their symptoms and behavior with the proper care (14). However, this can differ for each child due to their cognitive function and how severe their ASD may be.¹⁴

Studies have demonstrated that approximately 1 in 8 children diagnosed with ADHD were also diagnosed with ASD.¹⁵ Another study was done with a total of 41,382 children with ASD, of which 14,109 were diagnosed with ASD and ADHD.¹³ Studies show that about 1 in 5 children are inclined to have both ASD and OCD (16). In addition, boys are more likely to be diagnosed with both ASD and ADHD or ASD and OCD than girls are.¹⁵

Some common symptoms for children who have ASD and OCD consist of compulsive behaviors, repetitive behaviors, and difficulty with change. Examples of these symptoms that children with ASD and OCD have are propensity to wear certain clothes, lining up toys in a certain way, or engaging in specific routines and rituals, intense focus/difficulty focusing, excessive sensory, and impulsivity/hyperactivity, talk excessively and interrupt conversations.^{14,15} A psychiatrist can diagnose and treat the child. Common treatments for a child with autism and ADHD are Ritalin and Concerta. These medications can help reduce hyperactive behavior in some autistic children.¹⁷ The best treatment for OCD that helps a child is exposure response prevention Therapy and Cognitive-Behavioral Therapy. ERP is a type of therapy that slowly exposes people to situations created to provoke a person's obsession with a safe environment.¹⁹ CBT is the most effective treatment for mental health disorders, CBT is a treatment that aims to change thinking patterns.¹⁵

Eating disorders

Children can be known to be picky eaters, more so. In refekids that are diagnosed with ASD. Parents with autistic children are worried and stressed because their children are more limited to the types of food they can eat. The parents worry about the

nutrition of their kids and how they'll be able to get all the nutrients they need. A recent study has shown that parents with children who have ASD tend to be more stressed and worried because their children are very selective with their food and the quality of the child's diet is affected.¹⁹ Feeding difficulties and food selectivity are very common in general but statistically it shows 62% of children that have ASD will have a greater unhealthy eating habits.¹⁹

Children with ASD can exhibit feeding difficulties and abnormal eating behaviors related to their ASD symptom. Children with ASD are also exposed to other conditions such as an avoidant/restrictive food intake in which a child refuses to eat.

Children with ASD also have problems with communication that can result in trouble understanding the feeding needs of the child such as if they are hungry, full, or what their food preferences are.²⁰ There are factors linked with feeding disorders in children with ASD that are considered to be multifactorial like sensory, behavioral, and psychological. Research has shown that if you have a food disorder, it may both be a cause and conceptualization of ASD.²⁰ There are different types of eating disorders and their differences are important to recognize.

Pica is a disorder where a person swallows non-food items without even knowing.²¹ The items that are consumed are non-nutritional and can be toxic to the body. Pica does not only affect people with autism and their mental disorders but children, pregnant women and other types of mental disorders as well. It is a very common condition but is not always detected.

Treatments can differ from person to person but it usually involves a combination of psychological therapy, nutrition education, monitoring and medications.²² Professionals who specialize in eating disorders like a mental health professional can provide psychological therapy and a dietitian can provide education on nutrition. Treatment plans involve setting goals, treating physical conditions, finding affordable plans and discovering resources. Therapy can last either a few months or years and include different types of therapy like cognitive behavioral therapy, family based therapy and group cognitive behavioral therapy, either alone or in combination.²²

Conclusion

It has been scientifically proven that many children with autism ranging from ages two to twelve have experienced or have been associated with some form of mental health disorder. In studies, as their age and IQ increased throughout the years, depression and anxiety were found to have an insignificant increase, and with such a rise in individuals with fewer ASD (Autism Spectrum Disorder) symptoms. The symptoms associated with depression and anxiety they were temper tantrums, self-injuries, hyperactivity, sleep problems, suicidal self-harm, suicidal thoughts, and further repetitive thought disorder. A common treatment used is Cognitive Behavioral Therapy, yet there are still other antidepressant medications available. The second most common mental disorders in autistic children are OCD and ADHD; OCD is very common in children with ASD having a high comorbidity rate, while up to a quarter of children with ADHD accompany low signs of ASD. Symptoms of OCD range from following specific routines, wearing certain clothes, lining up toys, etc., while ADHD is talking excessively, constantly fidgeting, and moving/hyperactivity. Treatments include Ritalin and Concerta. Eating disorders may also affect children with autism as they are associated with suppressing thoughts and emotions.

Acknowledgements

Monica Betancourt-Garcia, MD, Program Director;
Melissa Eddy, MS, Program Manager

Funding

Funded by DHR Health Institute for Research & Development; DHR Health; Region One ESC GEARUP College Ready, Career Set!; Region One ESC GEARUP College Now, Career Connected; Region One ESC PATHS; Region One ESC Upward Bound Math & Science; Benavides ISD; and Jubilee Academy-Brownsville

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