Autism Spectrum Disorder
Clinical Practice Guideline Summary for Primary Care

DIAGNOSIS AND CLINICAL ASSESSMENT
Autism Spectrum Disorder is a class of disorders characterized by social, communication and interaction deficits and restricted, repetitive patterns of behaviors and interests. Autism Spectrum Disorder has a wide range of syndrome expression and its management presents particular challenges for clinicians. Patients with Autism Spectrum Disorder can present for clinical care at any point in development. The multiple developmental and behavioral problems associated with this condition necessitate multidisciplinary care, coordination of services, and advocacy for patients and their families. Early, sustained interventions and the use of multiple treatment modalities are indicated.

A comprehensive diagnostic evaluation requires careful attention to the patient’s behavioral health and medical history. The American Academy of Child and Adolescent Psychiatry Practice Parameter for the Assessment and Treatment of Children and Adolescents with Autism Spectrum Disorder includes the following evaluation and treatment recommendations:

- Assessment instruments including ABC, ASQ, CARS, CAST, and M-CHAT and DSM-V criteria are useful tools to improve diagnostic efficiency of Autism Spectrum Disorder
- Screening should include inquiries about core symptoms, including social relatedness and repetitive and unusual behaviors
- Psychiatric assessment including mental status exam and history/presence of potential comorbid psychiatric disorders
- Medical history and developmental milestones
- Medical assessment including physical examination, hearing screen, a Wood’s lamp examination for signs of tuberous sclerosis, and genetic testing
- Neurologic consultation, neuroimaging, EEG and additional laboratory tests should be obtained as needed
- Family history; relevant psychosocial issues
- Educational and behavioral interventions
- Psychological assessment including measurements of cognitive ability and adaptive skills
- Communication assessment including measurement of receptive and expressive vocabulary and language use
- Occupational and physical therapy evaluations may be needed to evaluate sensory and/or motor difficulties

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Clinical practice summaries are intended to guide treatment for patients with a specific behavioral health disorder. This summary is not meant to substitute for individualized evaluation and treatment specific to patient needs.
• Sleep is an important variable to assess in patients with Autism Spectrum Disorder

POTENTIAL WARNING SIGNS IN TREATING PATIENTS WITH AUTISM SPECTRUM DISORDER

• Any significant or sudden change in a patient’s mental status, such as a new onset of impulsive, self-destructive or violent behaviors, warrant consultation with a behavioral health specialist and may require urgent or emergent treatment including hospitalization.

• Children, adolescents and/or young adults with Autism Spectrum Disorders may abruptly become oppositional or difficult to manage. Patients may require urgent or emergent treatment to address behavioral issues and maximize the safety of patient, family and caregivers.

EFFECTIVE TREATMENT

Treatment options for Autism Spectrum Disorder are generally determined by the patient’s clinical presentation and severity of symptoms. As previously noted the multiple developmental and behavioral problems associated with this condition necessitate a multidisciplinary approach, care and service coordination, contact with collaterals such as school supports and advocacy for patients and their families.

Comprehensive treatment plans should be developed and reviewed during all phases of treatment and include the following elements:

• Evaluate and monitor the patient’s functional impairments and quality of life in domains such as family and social relationships, school, leisure activities and maintenance of health and hygiene
• Collaboration with the patient/parent to develop a treatment plan and help with decision making; attend to the patient/parent’s preferences and concerns
• Structured educational interventions
• Behavioral interventions such as Applied Behavioral Analysis (ABA)
• Individual educational plan; interface with school supports
• Contact and coordination with speech pathologist if applicable
• Ongoing monitoring of patient’s symptoms and response to treatment
• Coordinate the patient’s care with other treating clinicians and school supports to ensure that relevant information is communicated to guide treatment decisions, and treatments are synchronized
• Assess potential barriers to treatment adherence including absence of care resources, logistical, economic or cultural barriers to treatment
• Provide education to patient/parents regarding illness and the need for treatment compliance
• Promote healthy behaviors such as exercise, good sleep hygiene and nutrition
**Medication**
Patients with Autism Spectrum Disorder may benefit from pharmacotherapy when there is a specific target symptom or co-morbid condition. Pharmacologic interventions may increase the patient’s ability to profit from educational and other interventions and to remain in less restrictive environments through the management of severe and challenging behaviors. Target symptoms for pharmacologic intervention include anxiety, and depression, and other features such as aggression, self-injurious, repetitive or stereotypic behaviors and sleep disturbance. Risperidone and Aripiprazole have been approved by the FDA for the treatment of irritability, physical aggression and severe tantrum behavior associated with Autism.

**Psychosocial Interventions**
Patients with Autism Spectrum Disorder and their families will require varying degrees of help and support over time. The clinician should develop a long-term collaboration with the family and realize that service utilization may be sporadic. Psychosocial interventions may include the following:

- Referral to available resources for parents such as Autism Speaks, Autism Society of America, Yale Child Study Center, etc.
- Early Intervention Program (for very young children)
- Applied Behavioral Analysis/Social Skills Group (for school age children)
- Vocational training (for adolescents/young adults)

**RESOURCES**
For further information, see the American Association of Child and Adolescent Psychiatry’s *Assessment and Treatment of Children and Adolescents with Autism Spectrum Disorders*, available at [www.aacap.org](http://www.aacap.org).

**OPTUM CONTACT INFORMATION**
- Optum Physician Consultation Service (800) 292-2922 to discuss treatment concerns with an Optum psychiatrist.
- Optum Customer Service (888) 777-4742 if you would like to make a referral to a behavioral health professional.
- Optum 24/7 Substance Use Disorder Helpline (855) 780-5955 for education regarding substance use, treatment options and available community support services.