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MODULE 25: Medication

This module covers some of the main medical disorders that may affect children and adults with Autism. This is by no means a definitive list of disorders. The important aspect to consider here is that just like learning difficulties, medical problems have different levels of severity in the way they impact on daily life. Just as with Learning disabilities, some traits may be disguising other problems.

25.1 Anxiety and Depression

25.2 Behavioral Problems

25.3 Seizures

25.4 Inattention and Hyperactivity

25.1 Anxiety and Depression (1 of 2)

Anxiety and Depression may be the most common disorders that are associated with Autism. In general terms people with Autism are very vulnerable to mental health problems especially in late adolescence and early adulthood.

- 38% of adults with autism have depression and anxiety
- In 1998 research (Ghaziuddin et al) found that 65% of their sample patient with Asperger's Syndrome presented with some form of psychiatric disorder.
- One of the main causes of the high rate of mental health problems could be related to their difficulty to communicate feelings, anxiety or distress.
- It is difficult to promote talking therapies such as CBT (Cognitive Behavioural Therapy) to help alleviate symptoms of anxiety and depression as some clinicians have little knowledge or understanding of developmental disorders.
- Some people with Autism are not correctly diagnosed because their impairment in non-verbal communication and expression may give the appearance that they are not depressed.
- The illness may be well established before it is diagnosed. By that point the child or adult with Autism may have completely withdrawn, engaged with increasingly obsessional behaviours that cause them to threaten to or attempt suicide. At this



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point behaviour has possibly regressed to hostility, violence and paranoia. They may also be relying heavily on alcohol, as obsessional difficulties turn to addictions.

From these facts you can see the importance of early diagnosis and interventions. Basically, it is more difficult to diagnose depression and anxiety in Autistic cases, but also there needs to be a greater awareness of the disorder within the medical profession (Lorna Wing, 1996, Tony Atwood, 1998). People with Autism have a higher probability of being clinically depressed or anxious.

25.1 Anxiety and Depression (2 of 2)

There is a probability that approximately 70% of people with Autism suffer with depression and anxiety due to related to sensory issues. This means that their heightened sensitivity is a big factor for their mental health.

The DSM V has a section devoted to the symptoms and traits of Anxiety for people with Autism. To understand the complexity and depth of a diagnosis the section has been adapted and added below.

Patterns of repetitive behaviour, restricted interests that constrain activities should be displayed in at least two of the following areas:

- Repetitive speech, including repeating phrases (echolalia). Repetitive physical movements.
- Excessively observing routines and ritualised behaviours (this especially noticeable when traveling (routes) and during eating). Extreme and undue resistance to change or heightened distress at the smallest amount of change.
- Becoming more fixated, preoccupied and attached to their interests to the point of the intensity of focus is abnormal for the person
- Hyper or Hypo reactions to sensory input especially in the environment. They may display indifference to pain/heat /cold or develop a fascination with objects that spin, lights that flash or impulsively smell or touch objects. (Adapted from DSM IV- DSM V).

This has encapsulated the recommendations of Wing and Atwood.



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25.1.1 Clinical Depression

Major depression is known as clinical depression. This is a major depressive illness. It is termed as Unipolar as opposed to Bipolar.

Some of the symptoms include:

- Depressed mood (sadness)
- Poor Concentration
- Insomnia
- Appetite disturbances
- Excessive Guilt
- Thoughts of self-harm and suicide.

It should be noted at this point that many people with Autism, especially high functioning Autism, may experience problems with sleep. This is because they find it hard to block out thoughts and calm themselves down ready to sleep. In cases like this, they are often prescribed the hormone Melatonin. It is not a sleeping tablet it is a hormone that occurs naturally in the body to send signals to the neurotransmitters that relay messages to the brain that it is time to sleep. There are no side effects to Melatonin. Use of special weighted blankets can also aid falling to sleep, staying asleep and waking refreshed.

Lack of sleep can cause stress in the body, which can heighten sensitivities to anxieties.

25.1.2 Bipolar Disorder

This is more noticeable in adults than young children as the symptoms are rarely picked up in babies and toddlers.

Bipolar disorder is where a person has mood swings that can last for several days of extreme highs and extreme lows. We all have a range of feelings that we experience throughout the day but people with Bipolar disorder can go from barely sleeping and being extremely active for several days to being stuck in bed for several days with depression. It can be very debilitating if not treated.

During a manic phase

- A heightened sense of importance
- Exaggerated positive outlook
- Significant decreased need for sleep



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- Poor appetite and weight loss
- Racing speech, impulsiveness
- Ideas that move quickly from one subject to the next
- Poor concentration, easy distractible
- Poor financial choices, rash spending sprees
- Excess irritability, aggressive behaviour

During a depressed phase

- Feeling sad or hopeless
- Loss of interest in pleasurable or usual activities
- Difficulty in sleeping
- Loss of energy/constant lethargy
- A sense of guilt or low self esteem
- Difficulty concentrating
- Negative thoughts about the future
- Weight gain or weight loss
- Talk of suicide or death

25.1.3 General Anxiety Disorder (GAD)

This is excessively worrying about everyday things.

We all worry about things like health, money and family problems. People with GAD are extremely worriers about these things and many other things as well even when there is little or no reason to worry. From the time that they open their eyes in the morning to the time they go to bed they worry. Throughout the day the anxiety may increase to the point where it prevents them from completing everyday tasks.

Symptoms include:

- Restlessness and feeling keyed up and on edge'
- Fatigue
- Difficulty in concentrating
- Irritability
- Muscle tension or muscle aches
- Trembling feeling twitchy or being easily startled
- Trouble sleeping
- Sweating, nausea or diarrhoea



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- Shortness of breath or rapid breathing

The symptoms for children and adolescents:

- Worry about performance at school or sporting events
- Being on time
- Earthquakes, nuclear war or other catastrophic events
- Feel overly anxious to fit in
- Being a perfectionist
- Lack confidence and self-esteem
- Constant strive for approval
- Require a lot of reassurance





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25.2. Behavioral Problems

25.2.1 Obsessive Compulsive Disorder (OCD)

OCD is an anxiety disorder that can cause behavioural problems. At times we all worry whether we have locked the door, turned the hair straighteners off and the list can go on. The reaction to these worries is to turn around go home and check or call a friend to check for you. This is not obsessional behaviour this is the type of behaviour that we all encounter at some time or other.

Often the anxiety through worry is so intense that it has a major impact on the ability to live a normal life. a person may need to perform repetitive actions (e.g. checking or cleaning) and if they are unable to perform these actions they will experience a heightened sense of anxiety.

This is the condition where a person has impulses to do things over and over again. OCD is not just about repetitive actions it can also include thought processes. By repeating particular actions and thought processes it can give some comfort, it also is a way of having some control over life events. E.g. 'If I do..... (a particular routine), then no harm will come to me today"

We have said in previous modules that people with autistic traits find comfort in routine (sameness), OCD is not the same as this Autistic trait. People with Autistic traits find comfort in the knowledge of what will happen next. As long as they are given a caution that there is going to be a change to their routine and are prepared (how, what why and when) they generally do well.



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25.2.2 Examples of OCD

Examples of OCD:



- Repeated thoughts or images about different things, such as bacteria, dirt or intruders.
- Repeated thoughts or images about hurting people they love; acts of violence or sexual acts.
- Thoughts that cause conflicts with their religious beliefs.
- Being overly tidy to the point where they may not use any of the items in their possession.
- Rituals such as hand washing, locking and unlocking doors, counting, keeping unneeded items (hoarding) are repeated continually.
- The inability to control unwanted thoughts. This is not a case of hearing a song or tune and not being able to get it out of our minds, this is the inability to rationalise those thoughts.
- People with OCD get no pleasure from performing these rituals. They may get relief from anxiety for a short period of time.
- One of the criteria for a diagnosis of OCD is that at least one hour in every day is spent on the rituals or thoughts and gets in the way of daily life.



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All of these examples need to be put into perspective. We all need to wash our hands. We should all tidy up after ourselves. Sometimes when we are under pressure we all experience the inability to relax and put negative thought out of our minds. But in general terms these actions or thoughts do not encompass our behaviour to the point where it is obsessional.

25.2.3 Tourette syndrome

Tourette syndrome is defined as a neurological disorder that is characterised by repetitive, stereotyped involuntary movements and vocalizations called tics. Tourette syndrome occurs in different levels of severity. At its most severe it can cause difficulties in behaviour particularly if causes the person to utter expletives at inappropriate times and also unfortunately during unapt occasions.

Tics are sudden, repetitive movements or sounds that some people make apparently without realising it. Tics are actually more common in teens than you may think. Motor tics that take the form of sudden apparent uncontrollable movements like exaggerated blinking of the eyes, or a vocal tic such as frequent repeated throat clearing are extremely common.

To give Tourette syndrome its full title - Gilles de la Tourette syndrome (TS) is a neurological disorder which is usually displays itself in early childhood or adolescence. One of the first symptoms that usually are observed is an involuntary movement (tic) of the face, arms, limbs or trunk. The most common first symptom is the facial tic (eye blink, nose twitch or a grimace) and over time is replaced by or is added to other tics of the neck, trunk and limbs.

Just like other difficulties diagnosis and treatment depend on the severity and the impact on daily life.





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25.2.4. Stims

Tics should not be confused with 'Stims'. Stims fall into the same categories as echolalia (repetition of words or phrases). Stims are a symptom of Autism.



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- Stimming is defined as a repetitive body movement that is self-stimulatory and can be as simple as a sideways gaze or as obvious as running in circles or jumping and clapping.



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- Stimming can affect any part of the body.
- The difference between stimming and copying an action or behaviour is the amount of times that it is repeated.
- Treatment of Stims will depend on the cause of a Stim.
- Some Stims may involve repetitive throat clearing, hand flapping, repeating the same word or sound because of the tickling sensation that it gives in the mouth.
- Stimming can also involve chewing on clothes or rocking back and forth repeatedly

The major difference between a Stim and Tic is that stimming itself is self-stimulating. It is a behaviour that helps calm the person whereas a tic is an involuntary behaviour that does not calm a sensory issue but does relieve the person with Tourette's of the urge.

25.3 Seizures

There is an estimate that around one-third of people with Autism also have epilepsy which can result in seizures. In a general population, the incidence of Epilepsy is 2 in every 100 people.

It is thought that the brain abnormalities that are associated with Autism are probably the major contribution to Epilepsy.

When you consider the differences that influence changes in the way that information is transferred between neurons across the neural synapse in the Autistic brain, the explanation for the high incidence of seizures in people with Autism sounds logical.

(In module 1 'What is Autism?' made reference to the way that information is passed between the neurons and how signals are sent to the brain and the rest of the body. If these signals are disrupted in any way then the overloads or imbalances can cause seizures.

Seizures can occur at any age but those most at risk are:

- Children with Autism over the age of 13 who have a lower than average IQ (below 70).
- Not all children who have a seizure are diagnosed with Epilepsy. Typically a diagnosis is made after at least two seizures.



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25.3.1 Symptoms of Epilepsy

Because Epilepsy is caused by an abnormal activity between the brain cells, a seizure can affect any part of the body or process that the brain controls.

- Temporary unexplained confusion
- Unexplained staring spells
- Stiffening of muscles
- Involuntary uncontrolled jerking of limbs
- Facial twitching
- Loss of consciousness
- Severe headaches

Other less-specific symptoms can include:

- Sleepiness or sleep disturbances
- Marked and unexplained irritability or aggressiveness
- Regression in normal development



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Symptoms vary from person to person and a person. The symptoms that a person experiences before a seizure will depend on the type of seizure. Generally, a person will experience the same symptoms and the same type of seizure each time. This is why the emphasis on one asking a person about their symptoms, because if their symptoms change they may be having a different type of seizure.

25.3.2 The Epilepsy Spectrum

Just like Autism, epilepsy has a spectrum.

There are several different types of seizures, each with slightly altered symptoms.

- Tonic-clonic seizures (Grand Mal). These are the most common types of seizures. These seizures can produce muscle stiffening which is followed by shuddering and shaking. This types of seizure also yields a loss of consciousness



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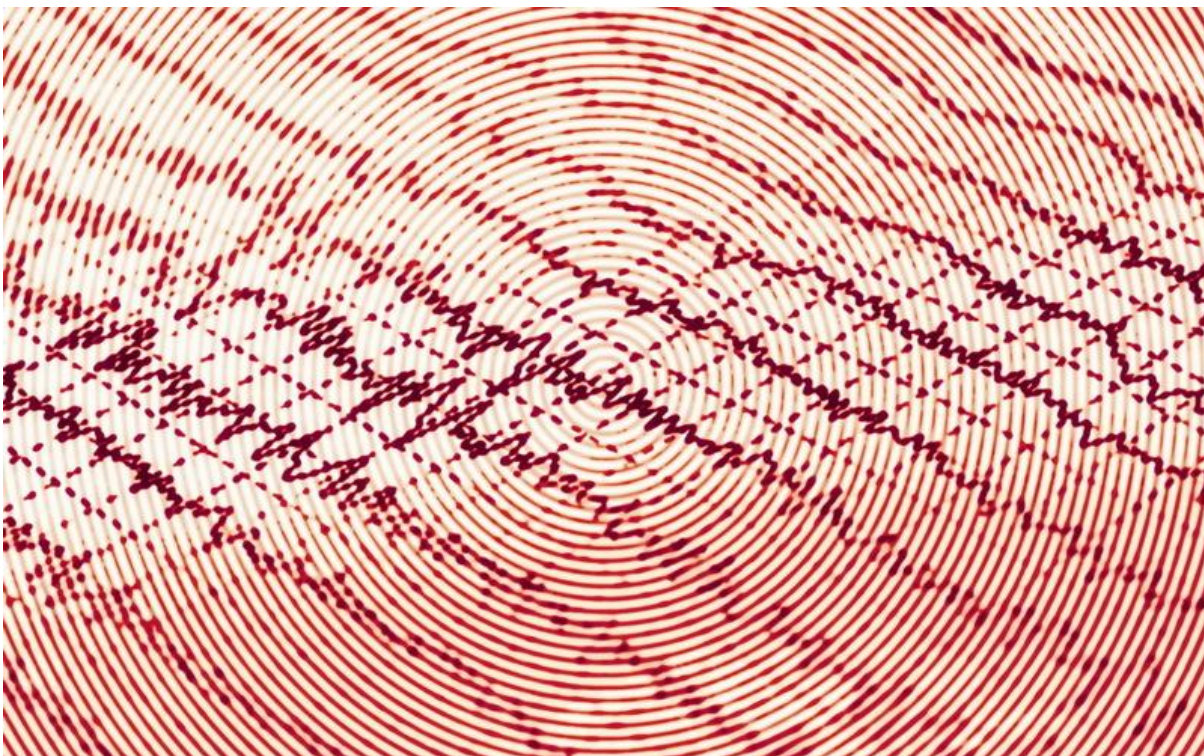
- Absence seizures (Petite Mal). This can be difficult to recognize. The person will usually stare into space and be unimpaired. There is usually no sign of shuddering or shaking.

Other types of Seizures.

- Tonic seizures. These involve muscle stiffening.
- Clonic seizures. These involve shuddering, shaking and jerking movements on both sides of the body.
- Myoclonic seizures. These involve shuddering, shaking and jerking movements of the upper body only.
- Atonic seizures. These involve sudden limpness and/or loss of muscle tone.

(adapted from Autism Speaks <https://www.autismspeaks.org/family-services/epilepsy>)

One of the most important aspects to realise here is that some of these symptoms such as the symptoms for Petite Mal, can be confused with other symptoms of Autism (such as Stimming).





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25.4. Inattention and Hyperactivity

25.4.1 ADHD (Attention Deficit Hyperactivity Disorder) and ADD(Attention Deficit Disorder) (1 of 2)

ADHD is one of the most widespread difficulties that may start at an early age and continue on through childhood, adolescence and adulthood.

Main Symptoms

- Inattention.
- Hyperactivity.
- Impulsivity.

The signs and symptoms of a child with either ADHD or ADD will depend on the features that they present.

- Inattentive, but not hyperactive or impulsive.
- Hyperactive and impulsive, but able to pay attention.
- Inattentive, hyperactive, and impulsive

The most common form of ADHD is inattentive, hyperactive and impulsive.



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25.4.1 ADHD (Attention Deficit Hyperactivity Disorder) and ADD (Attention Deficit Disorder) (2 of 2)

In the classroom children who have only the inattentive signs of ADHD or ADD, will get overlooked. This is because they are usually not causing any disruption in the class.

But because they are inattentive they will often get into trouble in the classroom and at home because they don't follow instructions. Children who are inattentive tend to get into trouble when playing with friends as they don't play by the rules that have been decided on.

For the child with Autism it is difficult to assess where the symptoms of Autism and ADHD/ADD begin and end. There may be aspects of Autism that lend itself to ADHD/ADD and vice versa.

Signs of inattentiveness

- Lack of attention to detail
- Frequent mistakes
- Easily distracted



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- Appears not to listen when spoken to
- Has difficulty remembering things and following instructions
- Has trouble staying organized, planning ahead, and finishing projects
- Gets uninterested with a task before it's completed and gives up
- Often misplaces homework, books, toys, or other items

Some of these signs are also signs of Dyslexia or even brain trauma.



25.4.2 Hyperactivity

Most children are very active but children with symptoms of hyperactivity are always on the move. They find it very difficult to sit still; they can be found constantly fiddling with objects and moving from project to project without actually completing anything

Symptoms of Hyperactivity will include:

- Constantly fiddles and fidgets
- Frequently moves around when the rest of the class are sitting quietly.
- Is often found climbing on things that they shouldn't.
- Talks continually. Sometimes asks questions that are inappropriate or personal.



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- Finds it difficult to relax
- May be impatient of people who are not as active as themselves



Some of these symptoms could apply to Autism, especially regarding the asking of inappropriate questions as people with Autism sometimes are unable to understand appropriate boundaries and relationships.

25.4.3. Impulsivity

Children that are impulsive have difficulty in controlling their behavior; generally they seem to have little or no regard for other people's personal space. They tend to ask what appears to be irrelevant questions and make tactless observations.

Symptoms of Impulsivity

- Acts without thinking. Interrupts others.
- Blurts out answers in class without waiting to be called on or hear the whole question
- Finds it very difficult to wait for their turn in games or conversations.
- They find it difficult to control powerful emotions and this will usually end in angry outbursts or temper tantrums
- Rather than take the time to solve a problem with make wild guesses.

All children by nature are inquisitive and need to try out new experiences and learn by their experiences. But for the child who is impulsive the problem is when they cannot see the dangers of their actions such as running out into a busy road.



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Aspects of behavior are only a real concern when they are not age or ability appropriate. Again the importance here is the realization that everyone has some of these behaviors to an extent, but it becomes a real problem when it affects daily living.

[EXAM LINK](#)