
Autism Spectrum Disorder: Management in the Adult Inpatient Unit

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Introduction

Patients with autistic spectrum disorder (ASD) may be admitted to inpatient units for a variety of reasons. Sometimes the reason for admission is due primarily to the ASD syndrome and related irritability and behavioral issues. Other times, the main problem is a comorbid condition, such as depression, bipolar disorder, psychotic disorder, with the ASD being an underlying contributing factor. Either way, ASD patients can be challenging, and this fact sheet will remind you of the basic features of ASD as well as some helpful treatment measures to implement.

DSM-5 Criteria

ASD is a neurodevelopmental disorder that typically begins in childhood and is diagnosed on a spectrum from mild (formerly termed “Asperger’s syndrome) to severe. To meet the diagnostic criteria for ASD, patients must exhibit both social communication deficits and repetitive behaviors or interests. Here are key features of these two criteria.

1. Social Communication and Interaction Deficit:

- Social unawareness, poor socialization skills, or inability to respond appropriately to emotional cues.
- Atypical eye contact, ranging from poor to too intense and unchanging.
- Challenges in understanding social cues, conversational norms like small talk, and jokes.
- Difficulty interpreting others' emotions or viewpoints.

2. Restrictive, Repetitive Behaviors, Interests, and Activities:

- Manifestations like rocking, flapping, or twirling when excited or anxious
- Low tolerance to change or disruption in routine.
- Perseverative thinking.
- Intense, narrow interests.

Initial Assessment

1. **Confirm the ASD diagnosis.** With recent publicity around the increased prevalence of ASD, people tend to throw around vague terms like “he’s on the spectrum”, “she’s a little Aspy”, “he’s neuroatypical” etc.... Confirm the diagnosis of ASD via a combination of interviewing the patient and gathering collateral information, such as family members of staff at group homes.

1. On interview, you may note the following:

1. Eye contact anomalies: avoidance, intense gaze, or gazing at areas other than your eyes.
2. Language abnormalities: unusual volume, pace, or monotonal speech.
3. Intense, specific interests, especially in mechanical or scientific topics.

2. **Assess for comorbid disorders.** Common comorbidities include depression, anxiety, ADHD, insomnia.

Environmental Modifications

1. **Structured Environment:** Adults with ASD often benefit from a predictable and structured environment. Try to establish a routine for the patient, including meal times, activity times, and bedtimes.
2. **Low-stimulus Setting:** Noise, crowding, and other sensory stimuli can exacerbate irritability. If possible, provide a quiet and less-stimulating environment.

Behavioral/Therapeutic Interventions

1. **Positive Reinforcement:** Use positive reinforcement techniques to encourage appropriate behavior.
2. **Crisis Plan:** Develop a crisis intervention plan that includes de-escalation techniques and, if necessary, safe physical restraint methods.
3. **Brief Cognitive Behavioral Therapy (CBT):** For some adults with ASD, irritability can be reduced through CBT techniques targeting emotional regulation and stress management.

Medication

- There are no medications for the core deficits of autism, but various standard psychiatric medications can help with specific symptoms and comorbidities.
 - Irritability/agitation.
 - Antipsychotics. Both risperidone and aripiprazole are FDA approved for irritability in ASD (specifically for children) though other antipsychotics are likely as effective.
- Mood stabilizers, such as gabapentin, oxcarbazepine, valproate, or topiramate.
- Depression/anxiety. SSRIs are helpful for anxiety, depression, OCD and repetitive behaviors. You can also use benzodiazepines.
- ADHD. Either methylphenidate or amphetamine salt stimulants are effective for ADHD symptoms in autism. You can also try guanfacine and clonidine.
- Non-prescription alternatives. Valerian, omega-3 fatty acids, melatonin, and lavender have all been used, with varying success, for various ASD related symptoms.

Aftercare Planning: Before discharge, collaborate with the group home staff and family to prepare an aftercare plan that includes outpatient follow-up and any necessary adjustments to the living environment.