

**PCP Visit:**

- Patient with known ASD diagnosis presenting with challenging symptoms or behaviors causing distress and/or impeding developmental progress
- Evaluate functioning at home, at school, and with peers
- Screen for comorbid psychiatric disorders, including ADHD, anxiety, and depression

**Focused Assessment** including clinical interview (see *Autism Clinical Pearls*):  
Evaluate for comorbid psychiatric disorders, including irritability, aggression, and self-harm

**1) Refer for appropriate services:**

- ABA
- Social skills groups
- Social pragmatics
- Sensory processing/OT
- Parent guidance
- Early intervention for younger children
- Evaluation for IEP in school

**2) If screening indicates the presence of comorbid psychiatric disorders, then:**

- Review the pertinent clinical guidelines for each disorder and treat as instructed.
- With ASD, medication management is always best tolerated if medication dosing is started at the lowest possible dose and titrated slowly.

**3) For patients demonstrating irritability, aggression, self-harm:**

- Screen for and treat any comorbid psychiatric conditions or symptoms (anxiety, ADHD), as some may cause worsening irritability.
- Rule out medical conditions that may contribute, especially if there is a sudden onset of behavioral issues.
- If irritability persists, or aggression/self-harm is severe, consider medication management.

**Medications used in the treatment of Autism Spectrum Disorders (ASD)\***

- Medications are used to target symptoms causing functional impairment in ASD
- There are no medications currently available that treat social impairment in ASD
  - For symptoms of **impulsivity and/or hyperactivity**:
    - Stimulant medications
    - Alpha agonists (clonidine or guanfacine)
    - Use the same dosing as in ADHD (refer to *YAP-P ADHD Guidelines* if needed)
  - For symptoms of **irritability and aggression**:
    - Behavioral interventions are first line
    - Mild to moderate irritability can be treated with alpha agonists (clonidine or guanfacine)
    - Severe irritability can be treated with atypical antipsychotics (see next page)
  - For symptoms of **anxiety and/or repetitive behaviors**:
    - There is no clear evidence for specific medications to treat these symptoms.
    - Consider YAP-P consultation for assistance.
  - For **sleep disturbance** not responsive to sleep hygiene:
    - Melatonin 1-6mg nightly
    - Clonidine 0.05mg nightly to start; can increase to 0.1mg if needed

*\*Please note that all of the above medications are supported by published evidence, but are not FDA-approved. For any off-label prescribing, please consider calling YAP-P for consultation.*

*See reverse side for medication considerations*

***We understand that the assessment and treatment of ASD is complex. Do not hesitate to call YAP-P to discuss specific cases with an on-call child psychiatrist.***

#### **Medications used in the treatment of Autism Spectrum Disorders, Continued\***

**Medication management for severe irritability, aggression, and self-injurious behaviors in ASD:**  
FDA-approved medication treatments: **Risperidone (5+)** and **Aripiprazole (6+)**

##### **Risperidone, Aripiprazole:**

Prior to starting medication, get baseline labs: HbA1c, fasting lipid panel, and fasting glucose. Record vitals, height, weight, and BMI. If there is a personal or family history of cardiac abnormalities, obtain an EKG.

- Start a test dose for 1 week (e.g., Risperidone 0.25mg daily, Aripiprazole 2mg daily).
- If the test dose is tolerated, increase the daily dose gradually (every 7 days) to target dose.
  - **Risperidone** target 0.5mg/day for children < 20kg and 1mg/day for children > 20kg
    - Max daily dose: <20kg 1mg/day, >20kg 3 mg/day
    - Higher doses may be appropriate on a case-by-case basis. Consider a YAP-P consultation for further guidance.
  - **Aripiprazole** target 5mg/day, max daily dose 15mg/day
    - If medication causes sedation, consider a nighttime dosing or split dosing.
- Monitor for worsening agitation or sedation; consult with YAP-P as needed.



##### **Monitoring and Reassessment:**

- Obtain height, weight, BMI, and vital signs at regular intervals.
- Labs should be repeated as clinically indicated, or every six months.
- Monitor for movement disorders (tardive dyskinesia) every 6 months using the Abnormal Involuntary Movement Scale (AIMS).
- Follow up with EKG if obtained initially, or if there are any cardiovascular side effects, to evaluate for QTc prolongation.
- If weight gain or abnormal lab values develop, consider switching to a more weight-neutral agent (aripiprazole is more weight-neutral than risperidone) and/or add metformin.

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