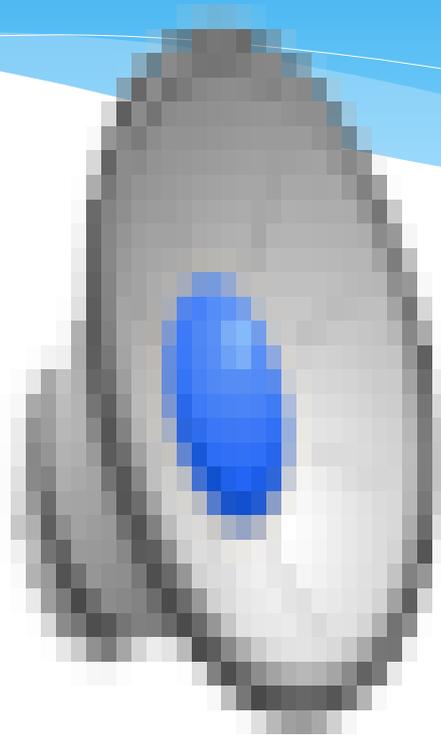


The Role of the GP in Autism Spectrum Conditions (ASC)

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Learning Objectives

- * What is autism
- * The history of autism
- * Recognition of ASC
- * BASS and ID services
- * The impact of ASC on the individual and their family
- * Interventions in ASC
- * Transition
- * Specific roles for primary care
- * The future

Definition

- * Autism is an umbrella term for a class of neurodevelopmental disorders characterized by qualitative differences and impairments in reciprocal social interaction and social communication COMBINED WITH restricted interests and rigid and repetitive behaviors.
- * Currently there are three diagnosis in this group, childhood autism, pervasive developmental disorders NOS, and Asperger's disorder. New American DSM5 is now Autism Spectrum Disorders

1943 – described by Kanner (in USA) as a triad of impairments with variable IQ and language development

1944 – Described by Asperger (in Austria) with the same triad of impairment But with fluid language and normal intelligence

1950' and 60's – generally considered to be due to environmental issues (unemotional parenting) or an early form of schizophrenia.

1970's – this was challenged by Rutter on the basis that the associated Features such as epilepsy indicated an abnormality in brain function

Listed in ICD 9 in 1977 and DSM 3 in 1980 based on social impairment, Communication difficulties and stereotype and repetitive behaviors

DSM -5 Autism Spectrum Disorders based on two core dimensions recognizing that social-Communication difficulties are linked.
ICD11 expected to follow same line.

DSM5 Autism Spectrum Disorder

Persistent deficits in social communication and social interaction – all of

- * social-emotional reciprocity – sharing emotions, interests and affect, reciprocal conversation
- * Poor non-verbal communication – receptive or expressive.
- * Developing and maintaining relationships. Adjusting social behaviour to context.

Restricted, repetitive patterns of behavior, interests - 2 of:

- * Stereotyped or repetitive speech or movement.
- * Excessive adherence routines or resistance to change.
- * Restricted fixated interests
- * Hypo/hyper reactivity to or interest in sensations.



Autism act 2009 – the first disability specific act of parliament

It committed the government to producing an autism strategy

And to develop statutory guidance for local authorities and NHS

NICE produced CG 128 Autism- recognition, referral and diagnosis
Of children and young people on the autistic spectrum in Sept 2011

CG 142 Autism: recognition, referral, diagnosis and management of
Adults on the autism spectrum in June 2012

CG 170 Autism: The management and support of children and young people
On the autism spectrum in August 2013

**There is a statutory duty for all staff working in health and social care to
have had Autism awareness training**

Autism – numbers and issues

- * 1% of population
 - * 1.8% of men 0.3% of women
- * 50% do not have an intellectual disability
- * 90% of these adults are unemployed
- * Average age at diagnosis 3yrs
- * Average age for Asperger's 7y
- * Vaccines are not a cause
- * Seizures occur in 20-35%
- * Sleep disorders common
[?anxiety]
- * Anxiety common
- * Genetic factors give a recurrence risk of 10-20%
- * Sensory issues common – may affect consultations

Factors associated with increased prevalence

- * A sibling with ASC
- * Birth defects associated with CNS malformation e.g. CP
- * Prematurity <35/40
- * Parental schizophrenia/affective disorder
- * Sodium valproate in pregnancy [and others]
- * Intellectual disability
- * Neonatal encephalopathy
- * Chromosomal disorders e.g. Downs syndrome
- * Genetic disorders e.g. fragile X
- * Muscular Dystrophy
- * Tuberosus sclerosis & seizure
- * Congenital deafness/blindness

Recognition

In Adults

- * Social difficulties
 - * Lack emotional fluency
[describe your anxiety]
 - * Poor reciprocal conversation
 - * Poor non-verbal communication
[not talking with the eyes]
- * Rigid behaviours
- * Resistance to change
- * Problems with employment
- * Difficulties in relationships
[What do you look for in a friend?]
- * Current of past contact with MH/LD services
- * Sensory sensitivities
- * History of bullying
- * Poor educational outcomes

In Children

- * Parental concerns
- * Language delay/impairment
- * Impaired response to others
- * Impaired interactions
- * Eye contact and pointing
- * Reduced imagination
- * Restricted and rigid interests
- * Problems with transitions

Assessment and referral

Have a conversation

- * Do you like informal gatherings? Gossip? Do you like to learn about what is going on in other people's lives?
- * Observe non-verbal
- * Do you find it easy to tell how other people are feeling?
- * Friends – what do you expect from them [what is difference friend and acquaintance]
- * How cope with change?
- * Interests or collector?
- * Are you particularly sensitive to things – sounds, clothes on skin, etc.
- * Talk to partner – what issues do they have with P.

AQ10/50

- * Autism quotient tools.
- * Recommended in adult guidelines (not in children)
- * Developed by autism research centre in Cambridge
- * Available on line (free)
- * Depends on insight – ask partner too.

[I am not too convinced of usefulness – nor RAADS-14 for general screens]

Referral - Specialist Autism Service

- * Avon – BASS [AWP] – Petherton Road Resource centre – awp.bass@nhs.net
- * For adults not eligible for ID services
 - * Includes specialist social workers to advise others, and staff who can advise carers and health workers.
- * Will:
 - * See and provide diagnosis if merited
 - * Give post diagnosis education
 - * Given partners/ relative education/ support group
 - * Signpost to services
 - * Provide weekly advice service. Eg employment.
 - * Happy to support doctors with telephone/ email advice

Impact

- * Intellectual ability and language skills best predictors of outcome
- * Impact varies over time
- * High levels of family stress
- * Negative and judgmental societal views
- * Impaired relationships
- * Poor acquisition of skills
- * Poor outcome in employment
 - * Social elements
- * Poor outcomes in independent living
- * Poor community participation
- * Economic impact (£32b)

Looking after Pw Autism

Assessment

- * Don't rely on non-verbals – check how feeling.
- * Use plain English
- * Give processing time
- * May use visual aids e.g. diagrams to reinforce. Or guide to further reading.

Interventions

- * Main input is structured support - SW
- * IAPT - CBT and Counselling work but need to structure more and be more practical.
- * Treat co-morbidity
 - * Be aware may be sensitive to side effects.

Interventions

In adults

- * Social learning programs
- * Structured leisure activities
- * Anger management programs
- * Anti-victimisation intervention
- * Individualised supported employment programs

In children

- * Social and communication interventions
- * Parent/carer and teacher training
- * Age appropriate
- * Use modeling and feedback
- * Expand communication, interactive play and social routines

Interventions NOT recommended [NICE]

- * Exclusion diets
 - * Vitamin, mineral and dietary supplements
 - * Chelation therapy
 - * Anticonvulsants (except with co-existing epilepsy)
 - * Hyperbaric oxygen
 - * Oxytocin
 - * Secretin
 - * Cholinesterase inhibitors
 - * Antipsychotics or antidepressants for core autism
- * See Research Autism website for review of treatments and evidence for them.

Interventions for co-existing conditions including behavior that challenges

- * Anxiety and depression is more common in ASC and treatment should follow NICE guidelines
- * Epilepsy is more common and treatment should aim for seizure free existence
- * Behavior that challenges should have a comprehensive assessment and antipsychotics (principally Risperidone) should only be used after behavioral interventions have failed or could not happen because of the severity of the distress

Transition

- * Transition is particularly difficult for those with ASC
- * Autistic features may become more obvious at a transition if greater social pressures are felt
- * Young people whose needs have primarily been met by community paediatrics, CAMHS teams or education may well find no service exists for them in adult services
- * Any move must be anticipated, planned meticulously and should start in plenty of time

Adult crises

- * Loss of school and weekly routine
- * College – chaotic and maybe new living conditions
- * Failure to get a job – retreat to room.
- * Loss of work
 - * Retirement
- * Divorce
- * Isolation of old age
- * Dementia and old age loss of flexibility

The Role of Primary Care

- * Recognise ASC and refer appropriately
- * Ensure key staff have autism awareness training
- * Identify family and carers and provide support
- * Make reasonable adjustments to ensure those with ASC have equitable access to services
- * Offer assessment of co-existing physical conditions and monitor medication

Role of GP

- * Some may not want diagnosis [see it as long term, hopeless] – but having suspicion may change the way you work with them.

Adaptations to care:

- * HOSPITAL [Health] PASSPORT – from NAS website – structure to discuss what adaptations needed.
 - * Sounds/ sensory issues
 - * Reduce changes
 - * Need to be asked about pain etc.

MAIN treatment is appropriate support

The Role of the CCG

- * Develop the local multiagency group
- * Develop local autism awareness training
- * Define and describe local pathways of care for those with suspected ASC and those with a confirmed diagnosis
- * Specialist autism services should be accessible and available

The Future

?how achievable?

- * Research on biomarkers and environmental factors to define many causes for autism
- * Identify and provide individual educational techniques to maximise potential in each child
- * Identify drug interventions for core features of autism
- * Educate everyone about autism to eliminate prejudice and stigma
- * Ensure equitable access to health, social care, education and employment for all.

RTÉ ONE



Resources

- * RCGP website [search 'autism'] <http://www.rcgp.org.uk/clinical-and-research/a-to-z-clinical-resources/autistic-spectrum-disorder.aspx>
- * The National Autistic Society website www.nas.org.uk
- * Research Autism [for review of treatments] www.researchautism.net
- * Bristol Autism Specialist Service 01275 796200
<http://www.awp.nhs.uk/services/specialist/autism-spectrum/>