Understanding Co-Occurring Conditions in Autism Spectrum Disorder (ASD)

A Guide for Healthcare Providers

People diagnosed with Autism Spectrum Disorder (ASD) are at a significantly higher risk of experiencing co-occurring medical conditions that may not be immediately apparent.

These conditions can complicate the diagnosis, treatment, and overall care of people with autism, ultimately affecting their quality of life.

Early recognition and intervention are critical to ensuring comprehensive and effective care.

Common Co-Occurring Conditions in Autism

Anxiety/Depression

- **Prevalence:** Up to 84% of people with autism experience anxiety, and up to 26% are affected by depression.
- **Clinical Presentation:** Anxiety may manifest as generalized anxiety, social anxiety, obsessive-compulsive behaviors, and specific phobias. Depression symptoms can overlap with core autism traits (e.g., social withdrawal, self-injury, and diminished eye contact).
- **Clinical Considerations:** Depression can often be overlooked due to communication barriers and shared symptoms with autism. Behavioral changes, such as irritability or significant shifts in sleep and appetite, may be indicative.

Epilepsy

- **Prevalence:** Approximately 35% of people with ASD experience epilepsy, compared to just 1% in the general population.
- **Clinical Presentation:** Seizures in people with autism may be subtle and include behaviors such as staring spells, repetitive movements, or difficulty with motor control.
- **Clinical Considerations:** It is essential to collaborate with a neurologist, particularly during adolescence when the onset of seizures is most likely. Monitoring and appropriate diagnostic testing are recommended.

Gastrointestinal (GI) Disorders

- **Prevalence:** Children with autism are four times more likely to experience gastrointestinal issues such as chronic constipation, diarrhea, and gastroesophageal reflux disease (GERD).
- **Clinical Presentation:** GI disorders often present as changes in behavior, including irritability, anxiety, and sleep disturbances.
- **Clinical Considerations:** Clinicians should be vigilant for subtle signs of GI distress and refer patients to a gastroenterologist for further evaluation and management if necessary. Constipation in particular should be a common thought when considering co-occurring conditions.

Sleep Disorders

- **Prevalence:** Up to 80% of children with autism experience sleep-related difficulties, including insomnia, night awakening, and early morning waking.
- **Clinical Presentation:** Sleep disturbances may be associated with underlying medical conditions such as GI distress, sensory differences, or side effects from medications.
- **Clinical Considerations:** Comprehensive evaluation by a sleep specialist is recommended, as identifying and treating the root causes of sleep disorders can substantially improve quality of life.

Dental Concerns

- **Challenges:** People with autism often face difficulties with oral hygiene due to sensory differences, bruxism (teeth grinding), and the potential for increased risk of dental decay and gum disease.
- **Clinical Presentation:** Dental pain in people with autism may not be readily apparent and can manifest as changes in behavior, including self-injurious behaviors, irritability, or complaints of discomfort.
- **Clinical Considerations:** Dental professionals experienced in treating people with autism should be consulted to ensure appropriate and tailored care. Sensory strategies and accommodations may also be helpful in facilitating dental visits.

Attention-Deficit/Hyperactivity Disorder (ADHD)

- **Prevalence:** Studies estimate that between 30–60% of people with ASD also meet criteria for ADHD.
- **Clinical Presentation:** Symptoms may include hyperactivity, impulsivity, difficulty sustaining attention, and challenges with executive functioning. These can overlap with autism-related traits, making differential diagnosis complex.
- **Clinical Considerations:** A multidisciplinary approach is often necessary to distinguish ADHD from autism-related attentional differences. Evidence-based behavioral interventions and, when appropriate, pharmacologic treatments can improve focus and daily functioning.

Migraines and Other Headache Disorders

- **Prevalence:** People with autism may have an increased risk of migraines or recurrent headache disorders. Sensory differences and stress-related triggers may contribute.
- **Clinical Presentation:** Headaches may manifest as behavioral changes such as irritability, avoidance of light or noise, or self-injurious behaviors rather than verbal pain reports.
- **Clinical Considerations:** Clinicians should consider migraines (especially ocular migraines) in cases of unexplained distress or sensory avoidance behaviors. Collaboration with a neurologist and careful assessment of potential triggers, including diet, sleep, and environmental factors, is recommended. In addition, migraines may overlap with seizures/epilepsy.

Importance of Early Identification

Undiagnosed co-occurring conditions can lead to chronic discomfort, unaddressed pain, and potentially worsening symptoms over time. Often, these conditions may be misinterpreted as behavioral challenges or emotional responses, masking their underlying medical nature. Timely identification and treatment of co-occurring conditions can prevent exacerbation, improve overall health outcomes, and enhance the individual's quality of life.

Clinical Recommendations

- **Monitor Behavioral and Physical Changes:** Clinicians should be attentive to any shifts in behavior, mood, or physical discomfort that may signal an underlying health issue.
- **Collaborate with Specialists:** When appropriate, consult with specialists such as neurologists, gastroenterologists, or sleep medicine experts, as well as behavioral health and mental health professionals, to evaluate and treat co-occurring conditions.
- **Advocate for Whole Person Care:** Ensure that the treatment plan for people with autism includes consideration of co-occurring medical conditions, addressing both behavioral, psychological, and medical needs comprehensively.

Resources:

- **Stanford University:** https://med.stanford.edu/content/dam/sm/espa/documents/Co-Occurring%20Conditions%20in%20Autism.pdf
- **Autism Research Institute:** https://autism.org/comorbidities-of-autism/
- **Minnesota Autism Resource Portal:** https://mn.gov/autism/about-autism/co-occuring-condition/
- **Intellectual Disability Psychiatry:** A Primer for PCPs: https://www.ohioafp.org/wfmu-article/intellectual-disability-psychiatry-a-primer-for-pcps/
- **Intellectual Disability Psychiatry: Evaluation and Monitoring:** https://dbh.ohio.gov/know-our-programs-and-services/mental-illness-intellectual-disabilities-coordinating-center-of-excellence/resources/intellectual-disability-psychiatry

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