Psychopharmacology in children with autistic spectrum disorders: When "behavior" is more than just behavior

Day 4/4/2042

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CEC 2013 Convention & Expo San Antonio, April 3-6, 2013

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Disclosures / References

 Dr. Coplan is author of Making Sense of Autistic Spectrum Disorders: Create the brightest future for your child with the best treatment options (Bantam-Dell, 2010), and receives royalties on its sale

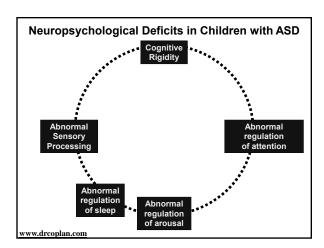


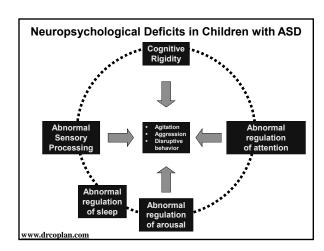
Chapter 12: Behavior management and psychopharmacology

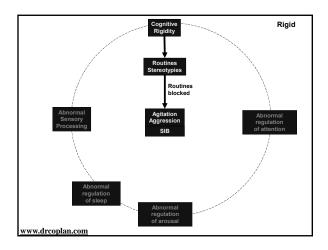
This presentation will include a discussion of off-label drug use
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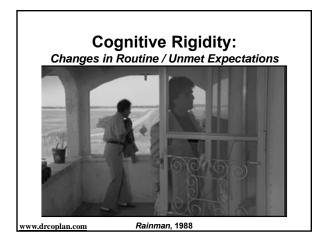
Outline / Basic Premises

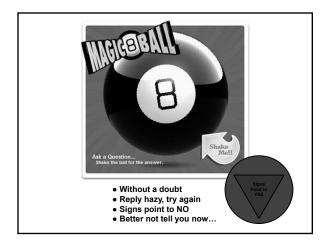
- Biologically driven behaviors
 - Occur irrespective of environmental contingencies
 - Do not serve a social function
- Specific behaviors are tied to specific neurotransmitters / brain systems
 - Internalizing Behaviors
 - Externalizing Behaviors
- · How to recognize
- · What to do

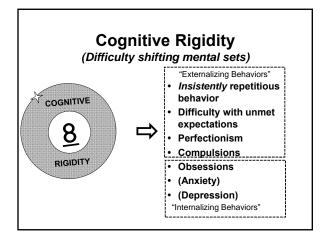




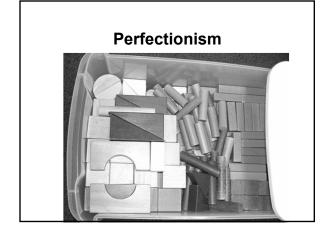




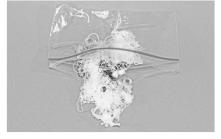




Perfectionism



Compulsions



Joseph F: 15 y.o. boy Asperger Syndrome

MRN: 05-0096

Anxiety

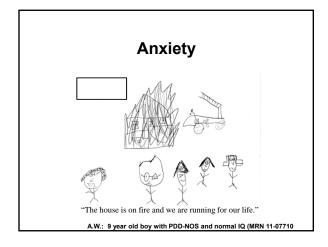


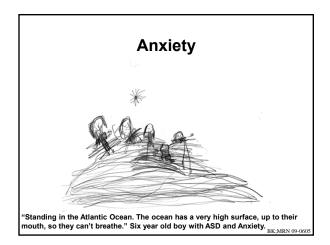
RD. 7 y.o. F, nl IQ, PDD-NOS & Anxiety. Father: GAD

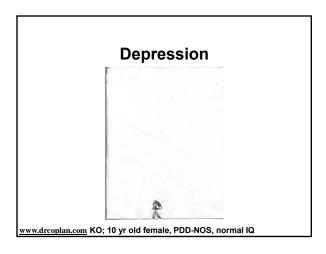
Anxiety

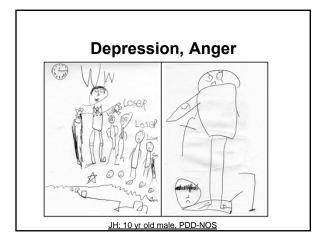


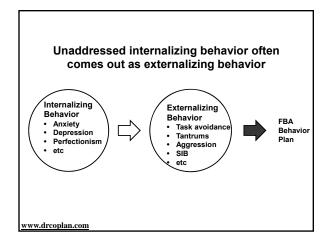
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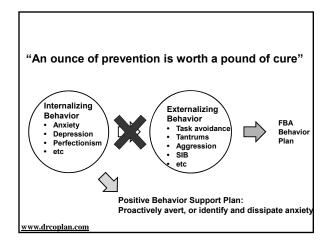




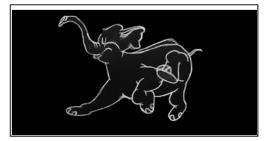








How do you kill a blue elephant?



Shoot it with a blue elephant gun.

How do you kill a pink elephant?



How do you kill a pink elephant?



Hold it by the trunk until it turns blue, then shoot it with a blue elephant gun.

Positive Behavior Support Plan for Cognitive Rigidity

- Staff Awareness
- Visual Schedules
 - What am I supposed to be doing do now?
 - What am I supposed to do next?
- Relaxation Techniques
 - Mental Imagery
 - Isometrics
 - Deep Breathing
 - "Break" cards
- Cognitive Behavioral Therapy (CBT)
- SSRIs

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The Story of Billy's Box - 1

(or, why it's important to ID internalizing behavior)

- 8 y.o. boy with ASD and normal Nonverbal IQ
- Severe tantrums at school
- · Antecedents:
 - TRANSITIONS
- Function?
 - Not attention, escape, access
 - "Biological" (i.e. "just part of his ASD")?

The Story of Billy's Box - 2

(or, why it's important to ID internalizing behavior)

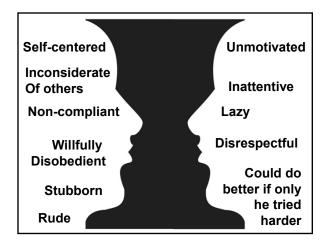
Q: "Billy – You're always getting in trouble at school. What's going on?"

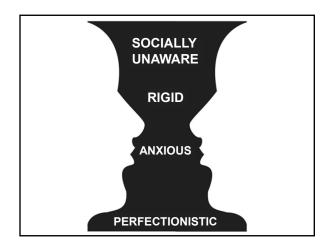
A: "I'm afraid that if I hand in my work, I'll never get a chance to go back and make it perfect."

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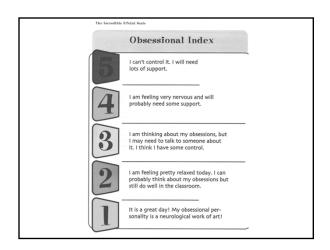
The Story of Billy's Box - 3 (or, why it's important to ID internalizing behavior) "Put your papers in the box, and we promise you will be able to go back later and work on them some more, if you want to."

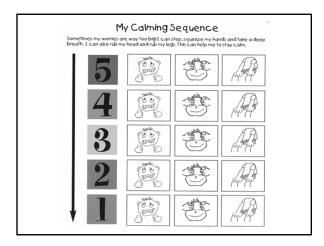
"We caution against the use of the word "stubborn" to characterize Ryan's classroom behavior. Ryan's task avoidance and non-adherence to teacher instruction reflect *cognitive rigidity and anxiety, rather than "stubborn" behavior*. Re-framing his actions will lead to more appropriate intervention, placing the focus on *anxiety management and cognitive flexibility*, rather than "*compliance*."











Selective Serotonin Reuptake Inhibitors • Primary targets

- - Cognitive Rigidity
 - Anxiety
 - Obsessions (thoughts)
 - Compulsions (behavior)
 - Perfectionism
 - Depression
 - Stereotypies: Probably not
- "Downstream" benefit:
 - — Disruptive Behavior
 - ♠ Quality of Life

SSRIs in ASDs

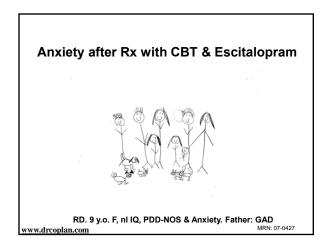
- Side Effects
 - Activation
 - Hyperactivity
 - Irritability
 - Insomnia
 - Agitation
 - Uncommon or irrelevant
 - Gl dysfunciton
 - Sexual dysfunction
 - "Black Box" warning (suicidal mentation)

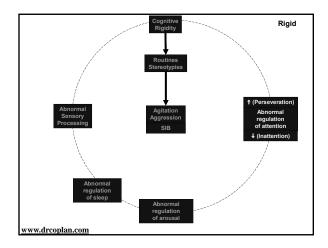
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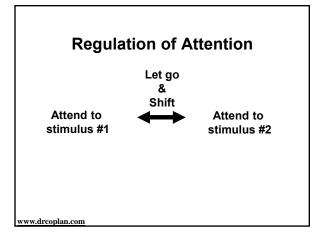
Selective Serotonin Reuptake Inhibitors (SSRIs)

| Generic Name | Brand Name | Comment |
|-----------------|---------------|-------------------------|
| Fluoxetine | Prozac | The first selective SRI |
| Fluvoxamine | Luvox | |
| Sertraline | Zoloft | May be less activating |
| Citalopram | Celexa | Prolonged QT interval |
| Escitalopram | Lexapro | Prolonged QT interval |
| And others | | |

RD. 7 y.o. F, nl IQ, PDD-NOS & Anxiety. Father: GAD www.drcoplan.com

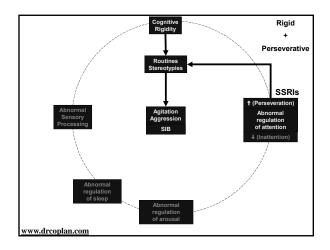


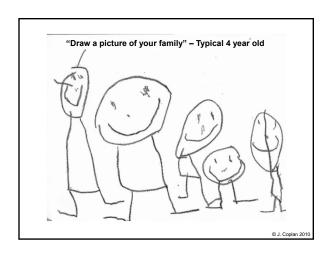


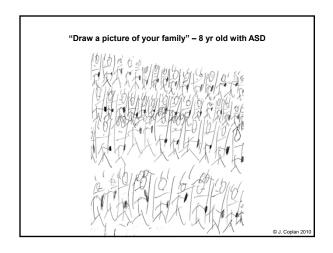


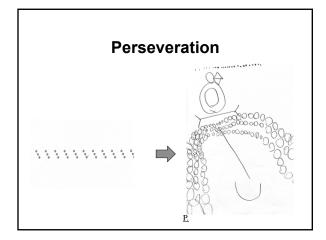
Abnormal Regulation of Attention - 1

- Perseveration
 - Inability to "Let go and shift"
 - Gets "stuck"
 - "Overattention Deficit Disorder"
- Compounds the effects of cognitive rigidity









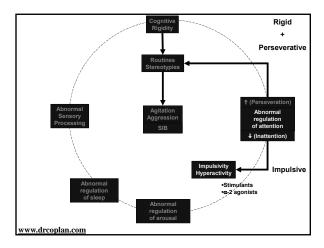
Abnormal Regulation of Attention (Perseveration)

- Interventions
 - Verbal preparation for transitions
 - Visual Schedules
 - SSRIs (OCD: Proven; ASD: likely)

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Abnormal Regulation of Attention - 2

- Inattention
 - Inability to focus
 - Impulsive
 - Distractible



Inattention

Classroom interventions

- Limited stimuli
- Short work periods
- Preferential seating

Medication

- Stimulants & Norepinephrine Reuptake Inhibitors (NRIs)
 - May ♠ anxiety / rigidity / agitation / Tics
- Alpha-2 agonists
 - Sleepiness
 - Occasional weepiness
 - Hypotension: Rare (start low, & go slow)

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| Stin | nulants, | NRI's |
|---------------------------------|-----------------------------------|--------------------------------------------------------------------|
| Generic Name(s) | Brand Name(s) | Comment |
| Amphetamine | | FDA Schedule II |
| Dextroamphetamine | Dexedrine, Dextrostat | FDA Schedule II |
| Dextroamphetamine + amphetamine | Adderall | FDA Schedule II |
| Methylphenidate | Concerta, Ritalin, Metadate | FDA Schedule II |
| Dexmethylphenidate | Focalin | FDA Schedule II |
| Atomoxetine, Attentin | Strattera | Norepinephrine reuptake Inhibitor (NRI), not FDA Schedule II |
| Lisdextroamphetamine | Vyvanse | Pro-drug of D-amphetamine; Not FDA-II |

Alpha-2 Agonists

| Generic Name | Brand Name(s) | Comment |
|--------------|-------------------|-------------------------------|
| Clonidine | Catapres | More sedating than guanfacine |
| Guanfacine | Tenex, Intuniv | |

Frontal cortex / Locus Ceruleus: post-synaptic alpha-2 receptors
 Sympathetic outflow (autonomic nervous system): Pre-synaptic autoreceptors ◆♦BP

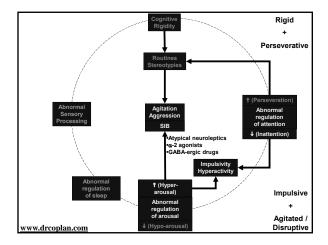
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Clinical Pearl

- Beware of anxiety or perseveration masquerading as inattention
 - Perseveration on inner stimuli: "Inattentive"
 - Perfectionism: "Problems w. task completion"
 - Anxiety: "Rushes through work"

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Regulation of Arousal



"He is so hard to calm down when he gets upset....His emotional thermostat doesn't work... We feel like we're walking on eggshells all the time."

Parent of an 8 year old with ASD and unpredictable bursts of agitation

F. O. MRN 06-0208

Atypical Neuroleptics

| Generic Name | Brand Name | Comment |
|-----------------|---------------|--------------------------------------------------------------------|
| Aripiprazole | Abilify | Relatively less risk of weight gain FDA approved for Rx of ASD |
| Clozapine | Clozaril | Bone marrow suppression |
| Olanzapine | Zyprexa | Greater risk of weight gain |
| Quetiapine | Seroquel | Greater sedation |
| Risperidone | Risperdal | Greater risk of weight gain FDA approved for Rx of ASD |
| Ziprazidone | Geodon | Relatively less risk of weight gain |

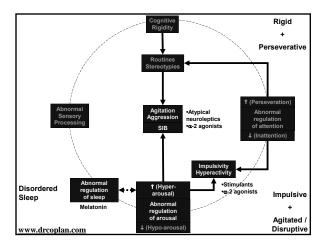
Regulation of Sleep - 1

- Melatonin
 - Brain hormone
 - ★ Metabolic rate (Heart, Temp)
 - "You're sleepy now"
- Suppressed by light
 - 24 hr cycle
 - Seasonal cycle

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Regulation of Sleep - 2

- Abnormal melatonin cycling
 - Primary disorders of sleep
 - Blindness
 - ASD
- Symptoms
 - Delayed onset of sleep
 - Shortened duration / frequent wakening

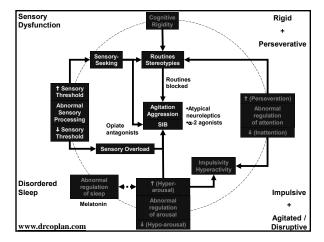


Sensory Processing

- Subjective Properties
 - Familiar / Unfamiliar
 - Pleasant / Unpleasant
 - Strong / Weak
 - Internal / External
- Sensory Input → Self-awareness
- Mirror Neurons → Empathy

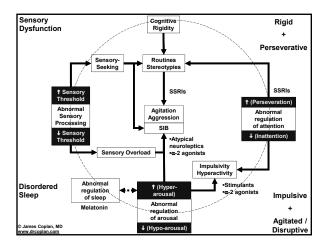
Mostofsky, S. and J. Ewen, Altered Connectivity and Action Model Formation in Autism Is Autism. Neuroscientist, 4/15/2011

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The whole is greater than the sum of its parts

Max Wertheimer



Summary

- · Why this child?
 - What is this child's developmental Level?
 - Is this stage-appropriate behavior?
 - Does the behavior serve a social function?
 - Escape, access, attention
 - Is the classroom placement appropriate?
 - Language level?
 - Does this behavior occur in other settings?
 - · Family factors?
 - Parents consistent at home?
 - Parental psychopathology? (Anxiety, Depression, Alcohol)

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Summary

- · Why this child?
 - Neuropsychological factors?
 - Cognitive Rigidity
 - Internalizing Behavior → Externalizing Behavior
 - · Dysregulation of attention
 - · Dysregulation of arousal
 - Sensory Seeking / Sensory Overload
- Behavioral Intervention Usually
- Academic Intervention sometimes
 - Shift from rote to inferential learning (2nd 3rd grade): challenge
- · Medication Sometimes



Disclosures / References

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Chapter 12: Behavior management and psychopharmacology

 This presentation will include a discussion of off-label drug use www.drcoplan.com



Thank you