Common Reasons Someone with Autism Seeks Emergency Care

For Healthcare Professionals

Be Aware of Common Outpatient Therapies for Patients with ASD

- Risperidone– Most evidence-based therapy is used for irritability and disruptive behaviors.
- Methylphenidate– Used for hyperactivity, side effects of decreased appetite, and abdominal discomfort.
- SSRIs– More evidence for benefit in adults (obsessive-compulsive symptoms, aggression, and anxiety), side effects of agitation, and suicidal ideation early in treatment.
- Specialized Diets and Chelation Therapies – No clear evidence for benefit, side effects of nutritional deficiencies, hypocalcemia, and Stevens-Johnson Syndrome.

Common Complaints of ASD Patients in the ED

Individuals on the spectrum may present with conditions specific to ASD and more common conditions seen in the general population, but with atypical symptoms.

Gastro-Intestinal Disorders

Presentation

- Poor oral intake.
- Stereotyped eating habits and subsequent dietary imbalances.
- Increased prevalence of constipation and/or diarrhea.
- Pica is common.

Considerations

- Assess for weight loss, decreased growth, GI bleeding, fever, right-sided abdominal pain, vomiting, and diarrhea.
- If absent, consider functional cause- obtain an abdominal X-ray and consider antacid and/or pro-motility agents (Polyethylene Glycol).

Catatonia

Presentation

- Increase immobility.
- Slow in movements and refusing to speak.
- Unusual posturing.

Considerations

- "Shut Down" syndrome.
- The differential is quite broad – endocrine, neurologic, metabolic, and medication-related.
- The initial diagnostic evaluation is accomplished through the lorazepam challenge test.

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Common Complaints of ASD Patients in the ED *(continued)*

Ophthalmologic Conditions

Presentation

- Behavioral agitation.
- Significant tearing of the eye.

Considerations

- Discuss with the caregiver how the patient expresses pain or discomfort.
- Discuss with the caregiver dietary habits - check for vision loss due to Vitamin A deficiencies.
- Check for metallic foreign bodies (an increased possibility with ASD).

Infectious Disease

Presentation

- Fever.
- Rash.
- Pain, shortness of breath.

Considerations

- Consider diseases, such as measles, in the differential for ASD patients.
- In a non-judgmental way, obtain a vaccination history in some detail on ED patients with ASD.

Psychiatric and Neurological Presentations

- Anxiety/depression.
- Substance abuse.
- Seizures.

Orthopedic Conditions and Self-Injurious Behavior

Presentation

- Presents with fracture of the skull, forearm, or facial bones.
- Individuals with ASD have a lower incidence of fractures, in general.
- Individuals with ASD have an increased incidence of self-injurious behavior.

Considerations

- Take a careful history to determine if due to abuse or not
- Understanding these injury patterns can aid in resolving what can be a difficult disposition situation.

Dental

Presentation

- Increased agitation or decreased oral intake.

Consideration

- Dental pain should be considered in those with agitation or decreased oral intake.
- Bruxism, anticonvulsant medications, restricted diets, and sensory aversion to oral care may lead to gingivitis.
- A good oral exam should be routine in patients with ASD.

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