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ADDITUDE

The Truth About Autism in Adults

Autism is sometimes mistaken for ADHD, OCD, SPD, or anxiety. Learn what ASD really looks and acts like in adults.



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New Hope Media
108 West 39th St, Suite 805
New York, NY 10018

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Ph: 646-366-0830
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ADDitude
New Hope Media
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New York, NY 10018

The Truth About Autism in Adults

Autism is sometimes mistaken for ADHD, OCD, SPD, or anxiety. Learn what ASD really looks and acts like in adults.

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PART 1

What Are the Signs of Autism in Adults?

What Are the Signs of Autism in Adults?

Many people do not recognize the signs of autism until adulthood. And, even then, it's often mistaken for ADHD or another comorbidity. Here, learn the symptoms of ASD and how Applied Behavior Analysis (ABA) can help both children and adults with autism.

BY CHRISTINE O'ROURKE-LANG, PH.D

“If you know one person with autism, you know one person with autism,” says Stephen Shore, Ed.D., president emeritus of the Asperger’s Association of New England, and advisory board member of the Autism Society. Signs of autism present themselves in each person in a different way. In many cases, a person does not recognize these signs as autism until adulthood.

By clinical definition, autism is a lifelong neurological disorder. Chances are, adults who are newly diagnosed had mild or subtle symptoms throughout their lives that have now begun to affect them. Despite the worry that a diagnosis later in life can bring, know that there are many professionals and individualized services available to help you reach your goals.

Signs of Autism in Adults

Difficulty understanding the “non-written” rules of language, resistance to change, and reluctance to engage socially are signs of autism spectrum disorder. Some children and adolescents reach adulthood without facing these struggles. However, when adulthood hits, and the routine and structure of school life are gone, along with parent and teacher support, symptoms become more apparent and impactful.

Thirty to 60 percent of individuals with autism are also affected by ADHD. Symptoms of ADHD and autism often overlap — and the signs of each condition may look different in adulthood than they did in childhood. For example, according to the Centers for Disease Control (CDC), hyperactivity in adults with ADHD may present itself as extreme restlessness or high activity levels that wear out friends and family.

A distinguishing factor between the two conditions is social connectivity. Adults with ADHD often exhibit inattentiveness, social anxieties, and challenges with controlling impulses. Social deficits as a whole are a defining characteristic of an adult autism

WHAT ARE THE SIGNS OF AUTISM IN ADULTS?

diagnosis. When a person with ADHD speaks out of turn, it is probably due to lack of impulse control. With autism, talking over someone is likely due to an unawareness of the expectations of speakers and listeners, and a lack of understanding of social contexts.

Signs of Autism vs. ADHD in Adults

Below are specific behaviors adapted from the diagnostic symptoms of autism and ADHD according to the *DSM-5*.

Signs of Autism in Adults

- Challenges taking turns in a conversation
- Monopolizing conversation with one's own interests or thoughts
- Difficulty making interpersonal connections
- Hyperfocus on a specific topic or interest
- Abnormalities in eye contact and body language
- Not “picking up” on body language and facial cues of others
- Literal interpretation of language
- Inability to “see” the perspective of others
- Misperception of language or social situations
- Challenges with adjusting behaviors to match different social contexts
- Frustration and anxiety over unexpected changes in routines and schedules
- Extreme rigidity
- Socially awkward, not “fitting in” with any social circles
- Difficulties with completing everyday life activities independently
- Challenges with accepting feedback or corrections
- Lack of motivation to engage with others

Take the Autism Symptom Test for Adults

WHAT ARE THE SIGNS OF AUTISM IN ADULTS?

Signs of ADHD in Adults

- Often getting sidetracked with duties or projects
- Trouble with planning
- Making careless mistakes at work
- Lack of attention to detail
- Challenges with organization and maintaining schedules/appointments/deadlines
- Frequently misplacing things (keys, wallet, glasses, cell phone)
- Distracted easily by other things occurring in the environment
- Forgetful
- Fidgety/challenges with remaining seated for extended periods of time
- Impatience
- Excessive talking
- Speaking out of turn/interrupting conversations
- Blurting out responses to unfinished questions
- Often restless

Take the ADHD Symptom Test for Adults

Diagnosis of Autism in Adults

If you suspect you have some of the symptoms of autism, schedule an appointment with your primary-care physician or a mental health practitioner familiar with ASD. To date, there are no standardized tests used to diagnose adults with autism. Diagnosis involves four steps:

1. Make an appointment to review concerns with your primary care physician (PCP)
2. Your PCP can refer you to a qualified mental health practitioner
3. An evaluation may be recommended that would include self-reporting of symptoms, behavior checklists, and direct interactions and observations with a clinician. This information is usually combined with observations from significant others or close family members
4. A follow-up appointment to review results and discuss treatment options

WHAT ARE THE SIGNS OF AUTISM IN ADULTS?

Strategies for Adults with Autism

The most effective therapy for autism is Applied Behavior Analysis (ABA). Often thought of as an intervention for children or more impaired individuals with autism, ABA is now used to treat ASD across the lifespan. The goals of ABA involve teaching socially significant repertoires leading to increasing appropriate behaviors, decreasing negative behaviors, and fostering good social relationships. Learning new skills through behavior therapy can overcome symptoms of ASD that are interfering with everyday life.

Here is the typical six-step approach used in ABA:

Step 1. Make a list of desired goals

Begin by identifying a person's challenges and working to meet each one of them. Goals should be concrete and specify the behavior to be targeted. For example: "Wait until another person is finished speaking before beginning to talk" is a concrete goal. "Get better at conversation skills" is too vague. Developing a meaningful goal involves practicing a behavior as a person faces it in real-life situations.

Step 2. Prioritize goals

Challenges that occur most frequently and that have the greatest impact on daily functioning should be addressed first. When you make progress with one goal, move on to the next.

Step 3. Design strategies to address goals for skill development

Therapy may be broken down into small, incremental components to reach long-term goals. These smaller strategies must be thoughtfully planned, sequenced, and delivered in a systematic way. Examples of strategies include positive reinforcement, the use of visual cues and text prompts, direct or explicit instruction, social stories and scripts, role playing, video modeling, behavior checklists, self-monitoring, and task analyses.

Step 4. Practice applying skills in a functional way

In addition to sitting across from a therapist and working on strategies, practicing those skills "in real life" is a big part of the therapy process. Repeating a behavior, combined with opportunities for actively applying the skill in real life, along with immediate feedback, helps adults acquire and maintain a skill. Practicing to meet a goal in real life might involve working on a social script for ordering from a menu at a restaurant. The next step would be going to a restaurant when hungry for dinner and ordering a real meal from the real menu.

WHAT ARE THE SIGNS OF AUTISM IN ADULTS?

Step 5. Always have a Plan B

Most adults with autism like order and predictability. But they need to know how to handle unexpected changes. Behavioral interventions should focus on preparing appropriate responses when things do not go as planned. The most effective way to address disappointment and inflexibility is to systematically incorporate those scenarios into the therapy process. For example, in the restaurant situation above, the social script should involve practicing a greeting, previewing the menu to order independently “on the spot,” but it should also include a response to the waiter who may say, “Sorry, we are out of that tonight.”

Step 6. Monitor, evaluate, and celebrate progress

Any effective therapy should incorporate data collection and analysis to assess progress. The information gathered should tell you when to move on to a new objective as a goal is met, or when an additional strategy has to be employed to facilitate skill development. Positivity in the therapy process means highlighting each accomplishment and building on successes.

Christine Lang, Ph.D., is associate professor and chairman of the special education department at Mercy College, in New York City and Westchester, New York.

PART 2

**What Does Autism
Look Like at Work
Vs. Home?**

What Does Autism Look Like at Work Vs. Home?

Awareness of autism spectrum disorder (ASD) in adults has grown dramatically in recent years, which reflects both an increase in diagnoses and in the public's understanding that, even late in life, a diagnosis can offer major benefits and relief. Learn more about the symptoms of autism in adults [here](#).

BY JANICE RODDEN

Autism spectrum disorder (ASD) occurs in all age, racial, ethnic, and socioeconomic groups, according to the Centers for Disease Control (CDC)¹. Autism is generally characterized by social and communication difficulties and by repetitive behaviors. Often, severe forms of ASD are diagnosed in the first two years of a child's life, but high-functioning individuals may not be diagnosed until much later in life.

Symptoms of autism occur in three main areas:

- Social interactions
- Verbal and nonverbal communication
- Repetitive or ritualistic behaviors

Adults with autism who are high functioning may have only mild challenges, which are sometimes mistaken for symptoms of attention deficit hyperactivity disorder (ADHD); others may have more severe symptoms, like impaired spoken language. No two people with ASD will have the same symptoms manifested in the same way. Regardless of manifestation or severity, ASD symptoms commonly interfere with everyday life. And as our understanding of those challenges improves, more people than ever are being diagnosed with ASD.

Symptoms of Autism Spectrum Disorder in Adults

Common symptoms of autism in adults include:

- Difficulty interpreting what others are thinking or feeling

WHAT DOES AUTISM LOOK LIKE AT WORK VS. HOME?

- Trouble interpreting facial expressions, body language, or social cues
- Difficulty regulating emotion
- Trouble keeping up a conversation
- Inflection that does not reflect feelings
- Difficulty maintaining the natural give-and-take of a conversation; prone to monologues on a favorite subject
- Tendency to engage in repetitive or routine behaviors
- Only participates in a restricted range of activities
- Strict consistency to daily routines; outbursts when changes occur
- Deep knowledge of one particular topic, such as a certain branch of science or industry

Adults can also exhibit repetitive behaviors and have specific, extreme interest in a particular topic like a sports teams or area of history. These interests may border on obsessions. ASD is typically a life-long condition, though early diagnosis and treatment can make a tremendous difference.

Autism Symptoms in Adults at Home

Other peoples' feelings baffle you. You have a collection of figurines on your desk that must be in the same order at all times. These, and other common manifestations of ASD, may be apparent in adults at home:

- Your family members lovingly refer to you as the “eccentric professor” of the family, even though you don't work in academia.
- You've always wanted a best friend, but never found one.
- You often invent your own words and expressions to describe things.
- Even when you're in a quiet place, like the library, you find yourself making involuntary noises like clearing your throat over and over.
- You follow the same schedule every day of the week, and don't like unexpected events.

WHAT DOES AUTISM LOOK LIKE AT WORK VS. HOME?

- Expressions like, “Curiosity killed the cat” or “Don’t count your chickens before they hatch” are confusing to you.
- You are always bumping into things and tripping over your own feet.
- In your leisure time, you prefer to play individual games and sports, like golf, where everyone works for themselves instead of working toward a common goal on a team.

Autism Symptoms in Adults at Work

Symptoms of ASD vary greatly from person to person based on the severity of the condition. These or similar manifestations of ASD may be apparent at work:

- When you’re having a conversation with your boss, you prefer to look at the wall, her shoes, or anywhere but directly into her eyes.
- Your co-workers say that you speak like a robot.
- Each item on your desk has a special place, and you don’t like when the cleaning company rearranges it to dust.
- You are really good at math, or software coding, but struggle to succeed in other areas.
- You talk to your co-workers the same way you talk with your family and friends.
- During meetings, you find yourself making involuntary noises, like clearing your throat over and over.
- When talking with your boss, you have difficulty telling if he is happy with your performance or mad at you.

In addition, individuals with ASD may exhibit extraordinary talents in visual skills, music, math, and art. And roughly 40 percent of individuals with ASD have average or above-average intelligence.

If you experience these or similar symptoms of ASD, consult a doctor or mental-health professional for a formal assessment and learn more about treatment options for autism symptoms in adults.

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PART 3

**The Most Commonly
Misdiagnosed
Symptoms of
Autism in Adults**

The Most Commonly Misdiagnosed Symptoms of Autism in Adults

Autism spectrum disorder persists into adulthood; this is a medical fact, yet few doctors know how to recognize and diagnose ASD in adults. Here are some of the condition's most common warning signs, and the other conditions they are mistakenly attributed to.

BY EILEEN BAILEY

Before receiving a diagnosis of autism spectrum disorders (ASD), many adults are misdiagnosed with a variety of conditions, according to the Asperger/Autism Network. These misdiagnoses stem, in part, from widespread unfamiliarity with the signs and symptoms of autism in adults, particularly those who were never evaluated or diagnosed in childhood.

Though it's true ASD may present alongside other comorbid or coexisting conditions, these ancillary diagnoses are not always relevant or helpful, as many symptoms are better explained by the diagnosis of ASD.

The following are symptoms or characteristics of ASD commonly (and mistakenly) attributed to other conditions:

- Difficulty with social interactions, which is one hallmark symptom of ASD, may be attributed to shyness, **social anxiety disorder**, or avoidant personality disorder.
- Difficulty with self-expression, both verbal and non-verbal, or with quickly processing what other people are saying can be misdiagnosed as a **language-based learning disability**.
- People with autism are five times more likely to be picky eaters with narrow food choices and ritualistic eating behaviors, according to a study completed in 2013. This may sometimes be attributed to an **eating disorder**.
- Adults with ASD might have a hard time connecting and relating to other people or find it difficult to see things from another person's perspective, which may be misconstrued as a **personality disorder**.

THE MOST COMMONLY MISDIAGNOSED SYMPTOMS OF AUTISM IN ADULTS

- Adults with ASD commonly exhibit repetitive or ritualistic behaviors, for example rocking back and forth and eating only certain foods, according to a study published in 2015. These behaviors might be seen as symptoms of **obsessive compulsive disorder**. Sometimes these behaviors, especially when done in public, are seen as eccentric or odd, or the person may be mislabeled as schizophrenic.
- Adults with ASD might continue to struggle to manage their emotions. They may have sudden outbursts of anger or become withdrawn when overwhelmed. These emotional reactions, which are common in those with ASD, might be seen as psychosis, **borderline personality disorder**, or another mental illness. Outside of a medical realm, these behaviors might also be misinterpreted as selfishness or immaturity.
- Some people with ASD prefer solitude. They may find social interactions draining and spend time pursuing solitary activities. Or, they may have difficulties with social interactions and find it easier to be alone. But many people do not understand the preference for solitude, and may see it instead as a **mood disorder**.
- Those with ASD might be hypersensitive, for example, refusing to eat certain foods because of the texture, becoming irritable in high-stimulus situations, or bristling when touched. This behavior may be misdiagnosed as **sensory processing disorder**.
- When adults with ASD become irritable or tense during transitions or if there is a change in routine, they may be diagnosed with **generalized anxiety disorder**.
- ASD and attention deficit hyperactivity disorder (ADHD or ADD) share a number of symptoms, such as problems with executive functioning, impulsiveness, and hyperactivity. Occasionally, individuals with ASD are misdiagnosed with **ADHD**.

ASD is a spectrum disorder, meaning symptoms can range from mild to severe. There is no laboratory test to indicate whether a patient has ASD, therefore, it is diagnosed based on behavior. And each person may experience symptoms differently. Because of this, ASD is often difficult to diagnose in adults. In addition, many doctors are familiar with autistic symptoms in children, but not in adults.

Behaviors should be looked at holistically, that is all of your symptoms and behaviors should be considered rather than diagnosing based on one or two behaviors while overlooking others. If you believe you may have ASD, talk with your doctor or ask for a referral to a specialist in your area.

THE MOST COMMONLY MISDIAGNOSED SYMPTOMS OF AUTISM IN ADULTS

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PART 4

**Professional
Guidelines for
Diagnosing Autism
Spectrum Disorder**

Professional Guidelines for Diagnosing Autism Spectrum Disorder

Autism spectrum disorder (ASD) is a complex disorder — for patients and for diagnosing clinicians. It’s critical for professionals to understand what constitutes a thorough ASD evaluation, and that a patient must demonstrate at least five of the seven criteria outlined in the DSM-5 in order to merit an autism diagnosis.

BY THERESA REGAN, PH.D.

Q: “Why is an autism diagnosis so complicated?”

A: The diagnostic criteria for autism spectrum disorder (ASD) were not published in the Diagnostic Statistical Manual¹ until the 1980s, and even then the medical community’s understanding of autism was not complete — it was actually still hypothesized 40 years ago that ASD was related to poor parenting. As a culture, we’re still working to understand that the brain impacts behavior and interactions. We are much quicker to think that behavior is a reflection of discipline or a person’s character.

While “autism awareness” is growing — it’s tough to find an individual who doesn’t know the word and doesn’t understand that it’s an impactful public health condition — what we’re really lacking is holistic “autism recognition.” Few medical professionals and mental health care professionals can confidently say: “I know what autism looks like in the classroom, in the medical clinic, in families, and in neighborhoods.”

Since ASD presents with multiple behavioral characteristics, professionals often miss the big picture of autism and, instead, diagnose small pieces of the picture separately — for example, obsessive compulsive disorder (OCD), social anxiety, eating disorder, bipolar disorder, or attention deficit hyperactivity disorder (ADHD or ADD).

PROFESSIONAL GUIDELINES FOR DIAGNOSING AUTISM SPECTRUM DISORDER

What are the criteria for an autism diagnosis?

Professionals should diagnose a patient with autism if the DSM-5 criteria are present. In addition to knowing the criteria, diagnosing clinicians should also be familiar with the supplemental information on ASD diagnosis included in the DSM-5.

All of these three criteria must be present to merit an autism diagnosis:

Social reciprocity: The patient struggles with back-and-forth social communication; she is unable to share thoughts and feelings and then to listen to the other person and be aware of what's important to him or her.

Nonverbal social communication: The patient has difficulty making eye contact, respecting personal space, understanding gestures, and registering facial expression or tone of voice.

Developing, maintaining and understanding relationships are a significant challenge for the patient, especially relationships with peers. It is common for an individual on the autism spectrum to be more comfortable with people much older or much younger, but have trouble connecting with peers.

Two of these four criteria must be present to merit an autism diagnosis:

Repetition: The patient might display repetitive stereotyped movements, or tics, like hand flapping. He might communicate with repetitive verbalizations, such as echoing or quoting directly from movies or books. Repetitive use of objects is also common. Examples include lining things up, patterning objects, or handling objects in his hands.

Rigid behaviors and thinking: The patient will display concrete, black-or-white thinking, as if everything is either good or bad. She might struggle with abstract thinking or change.

Intense fixed interests or attachment to objects: The patient might be so obsessed with a particular topic or hobby that it is all that she talks about. The attachment to objects can have to do with collecting things related to the fixed interest or it could be indicative of hoarding behaviors.

Sensory processing: Over-reactivity to the sensory environment could be an issue. The patient might have trouble with lights being too bright or noises being too loud. Un-

PROFESSIONAL GUIDELINES FOR DIAGNOSING AUTISM SPECTRUM DISORDER

der-reactivity can be a problem as well. If the patient broke her collarbone, for example, she won't realize it's broken because she won't feel much pain. She might also be fixated on sensory aspects of the environment, for instance, watching water flow or a fan turn.

What is included in a thorough autism evaluation?

Professionals who diagnose autism should be prepared to disclose to their patients the number of ASD assessments they have administered to adults and to children. Additionally, they should explain why certain criteria are met or not met.

Questionnaires and online quizzes should be used only as one part of an evaluation, never as a stand-alone method of evaluation. Potential questionnaires include the Social Responsiveness Scale² or the Adult/Adolescent Sensory Profile³ for sensory issues. Professionals should develop their own additional interview questions that personalize or build off of similar questionnaires.

The following suggestions can contribute to a thorough autism evaluation:

- Ask the patient to explain how other people would describe him. See if he has a sense of how he impacts other people and how he's viewed.
- Ask how one person who knows the patient well might describe her differently than another person would. The patient's inability to understand how different people experience her differently is often problematic.
- Practice role-playing with the patient to see how he does with conversation.
- Show the patient pictures of emotional faces and see if she can name the emotion being depicted.
- Describe social scenarios to see if the patient understands what would be rude/polite or appropriate/inappropriate in certain settings.
- Talk with family members or friends of the patient who can corroborate and give their perspectives.

This information came from the ADHD Experts webinar with Theresa Regan, Ph.D., titled [“Could I Be on the Autism Spectrum?” The Adults’ Guide to Pursuing an Accurate ASD Diagnosis.”](#)

PROFESSIONAL GUIDELINES FOR DIAGNOSING AUTISM SPECTRUM DISORDER

Theresa Regan, Ph.D., is a clinical neuropsychologist with a specialization in brain-behavior relationships. She is a certified autism specialist, the mother of a son on the spectrum, and the Director of the OSF HealthCare Adult Diagnostic Autism Clinic in Peoria, Illinois. She is the author of *Understanding Autism in Adults and Aging Adults and Understanding Autistic Behaviors: Improving Health, Independence, and Well-Being*.

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PART 5

**How Autism in
Women Is Different**

How Autism in Women Is Different

Women with autism spectrum disorder (ASD) often display symptoms differently than do autistic men. For example, they may be better able to mimic social standards and their fixations may occur across more socially acceptable topics. But women with ASD are at risk for abusive relationships, and a quarter of women with eating disorders are on the autism spectrum. Learn more about autism in women here.

BY THERESA REGAN, PH.D.

Q: “Do the symptoms of autism in women differ from typical ASD symptoms in men?”

A: Yes. For one, women on the autism spectrum may be able to mimic social standards better than some autistic men — they often describe taking on personas or mimicking other people to fit in. A woman with autism may show a larger range of emotion in her face and voice. She might be able to adopt social standards fairly well but find it exhausting and stressful. The drama of female peer relationships can feel really overwhelming and not enjoyable — she might even gravitate toward male friendships for this reason.

Intense, fixed interests are a main symptom of autism. Women may fixate on more socially relevant hobbies: they might jump into church work or environmental causes. Their autism may be missed because of the mainstream nature of these interests, but the people who know them best are often quick to point out how obsessive their interest actually is.

Autism in women can present with an eating disorder. In fact, research shows that around 23% of females with eating disorders are on the autism spectrum.¹ Studies also suggest that women with autism who are diagnosed with anorexia benefit less from treatment than do non-autistic patients.² The fixation for these women might be nutrition, or they might have really restricted, repetitive eating profiles because of sensory issues or because they crave repetition. Since the eating disorder is the most critical and evident condition, the autism spectrum disorder often gets overlooked.

A significant risk for women with autism is being taken advantage of in relationships. One particular study reported a shockingly high incidence (9 of 14 participants) of sexual

HOW AUTISM IN WOMEN IS DIFFERENT

abuse; half of the accounts occurred in relationships.³

This information came from the ADHD Experts webinar with Theresa Regan, Ph.D., titled [“Could I Be on the Autism Spectrum?” The Adults’ Guide to Pursuing an Accurate ASD Diagnosis.](#)”

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PART 6

**4 Autism Myths —
Dispelled**

4 Autism Myths — Dispelled

Myths about autism spectrum disorder (ASD) abound. Here, clinical neuropsychologist Theresa Regan explains why four of the most pervasive autism myths are pure fiction — and quite hurtful.

BY THERESA REGAN, PH.D.

The medical community understands more about autism spectrum disorder (ASD) every year. As scientific research and findings mushroom, however, some long-held and just-plain-wrong beliefs about autism continue to spread. Here, clinical neuropsychologist Theresa Regan sets the record straight on four common autism myths.

Myth #1: Autism is a Childhood Condition

Autism spectrum disorder is a neurologic condition; the behavioral patterns in autism reflect how the brain is wired. Though the characteristics of autism are often first recognized in the developmental periods of childhood, ASD is a lifespan condition: it impacts most adults for their whole lives.

Myth #2: Individuals with Autism Don't Have or Want Relationships

Adults on the autism spectrum often have fewer relationships that are reciprocal and maintained across time and context. The desire for connection is often there, but people with ASD typically struggle to successfully start, maintain, and understand romantic relationships and friendships.

Myth #3: Autism is a Condition Seen in Boys

Autism is more commonly diagnosed in males, which seems to reflect genetic factors. However, it is generally agreed that women also slip through the cracks because autism's behavioral characteristics can present somewhat differently in women vs. men. Today, approximately 4.5 boys are diagnosed with autism for every girl diagnosed with ASD. Some researchers feel that if girls were appropriately identified, the ratio would be about 3:1 (boys to girls).¹

4 AUTISM MYTHS — DISPELLED

Myth #4: Autism Is Related to Intelligence and Cognitive Skills

Autism is a condition related to behavior and social connection; none of ASD's diagnosable criteria have anything to do with intellect. Autism may co-occur with intellectual disability, but they are two separate conditions. That CDC reports that about half of individuals with autism have no intellectual disability. Many suspect a higher percentage but suspect that individuals with high intellectual abilities may go undiagnosed.²

This information came from the ADHD Experts webinar with Theresa Regan, Ph.D., titled [“Could I Be on the Autism Spectrum?” The Adults’ Guide to Pursuing an Accurate ASD Diagnosis.](#)”

Sources

- 1 Nicholette Zeliadt. Autism's sex ratio, explained. Spectrum. (Jun. 2018) <https://www.spectrumnews.org/news/autisms-sex-ratio-explained/>
- 2 Baio J, Wiggins L, Christensen DL, et al. Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years. Autism and Developmental Disabilities Monitoring Network. (2014) <https://www.cdc.gov/mmwr/volumes/67/ss/ss6706a1.htm#suggestedcitation>

PART 7

The Medications Used to Treat Symptoms of Autism Spectrum Disorder

The Medications Used to Treat Symptoms of Autism Spectrum Disorder

When used to address symptoms of autism spectrum disorder, medication is often one small piece of a larger, more complex intervention and support plan. Symptom relief is generally the goal for medications prescribed to assist in four main areas: sleep disturbance, attention deficit, anxiety/depression, and outbursts/severe irritability. Learn more about these interventions here.

BY THERESA REGAN, PH.D.

Attention and Executive Dysfunction

Patients with autism often have attention deficit hyperactivity disorder (ADHD or ADD) or demonstrate common symptoms of ADHD, such as executive dysfunction. Research has found that stimulant medication is less effective for patients on the autism spectrum than it is for those with pure ADHD (about 50% effectiveness vs. 80% effectiveness).

Patients with autism report more adverse reactions to stimulant medications than do individuals with pure ADHD; reported side effects include insomnia, appetite loss, irritability, social withdrawal, tics, anxiety, behavioral problems, GI complaints/stomach aches, sedation, and headache. The rates of side effects vary by study, individual characteristics of patients, and other factors, but they seem to range between 18% and 66%.

Some studies suggest that non-stimulant ADHD medication may be somewhat more helpful than stimulant medication in controlling attention and with fewer side effects for the patient with autism, though it's worth noting that studies are few and results are mixed. Within my patient population of adults with autism, roughly 20% of those who have tried medication for attention report the perception of benefit, while the other 80% report lack of benefit and/or uncomfortable side effects. Some studies conclude that the use of medication for attention may be quite helpful for some ASD patients, but medication responses should be monitored closely to watch for both benefits and side effects.

THE MEDICATIONS USED TO TREAT SYMPTOMS OF AUTISM SPECTRUM DISORDER

Q: “What medications are prescribed to treat autism spectrum disorder (ASD)?”

A: Risperidone and aripiprazole are the only medications approved by the FDA for patients with autism spectrum disorder. These medications typically target the autism symptoms of severe irritability, outbursts, or aggressiveness. Below, we explain how medications address those symptoms — plus attention, executive function, and sleep — for ASD patients.

Sleep and Autism

Sleep problems are common for individuals with autism. In my clinic, I notice that many of my patients specifically have issues falling asleep and many are night owls, sometimes with a reversed sleep cycle that keeps them up all night. As a result, sleep supplements like melatonin and/or prescribed medicines such as Clonidine or Trazodone may help when monitored by a physician.

Mood, Anxiety, and Autism

Anxiety and depression commonly occur within the autism spectrum. In my experience, anxiety seems to be a core component of autism, while depression is more reactive — it results from the life stressors and difficulty navigating daily activities associated with autism. Many patients with ASD benefit from a supportive layer of anxiety/depression medication such as an SSRI, although research also suggests that these medications show less benefit for individuals with autism than they do for patients with pure anxiety or depression.

Outbursts, Severe Irritability, and Aggression

Risperidone and aripiprazole are the only medications approved by the FDA for use in treating autism-related irritability and outbursts. Multiple other antipsychotics and mood stabilizers may be tried with a goal toward better emotional regulation for the patient.

One key takeaway regarding all of the medications used for autism is that, though medication may be a helpful layer of support, it alone will not likely remove the symptoms of concern. Other interventions are typically needed and may include skills training, environmental changes, behavioral techniques, and the use of sensory inputs.

This information came from the ADHD Experts webinar with Theresa Regan, Ph.D., ti-

THE MEDICATIONS USED TO TREAT SYMPTOMS OF AUTISM SPECTRUM DISORDER

itled [“Could I Be on the Autism Spectrum?” The Adults’ Guide to Pursuing an Accurate ASD Diagnosis.](#)

Sources

Cara M. Fosdick, etal. Pharmacologic treatment options for children and adolescents with autism spectrum disorder. Clinical Pharmacist (Oct. 2017)

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A late-in-life ADHD diagnosis doesn't mean it's all over! In honor of ADHD Awareness Month, Michele Novotni, Ph.D., shares strategies for becoming a self-advocate, so you can live your best life with ADHD.

The Secret to Making Friends with Adult ADHD

>> <http://additu.de/webinar-friends>

When you reach out, do you often say or do the wrong thing — or forget to follow up or stay in touch with friends you make? Is it easier to withdraw and stay home than put yourself out there and risk making social blunders? Understanding the ADHD brain and how it affects social skills can decrease the shame and increase the opportunities for meaningful connection.

7 Fixes for Self-Defeating ADHD Behaviors

>> <http://additu.de/brown>

Are your bad habits setting you up for failure? Find out what behaviors to watch for, and seven simple changes that can help you reach your full potential and put you on the path to success. Entrepreneur and ADHD coach Alan Brown teaches “fix-it” strategies that he used to cope with his own ADHD.

Coping Strategies for Adults on the Autism Spectrum

>> <http://additu.de/asd-adults>

Learn strength-based tactics for keeping in touch with others, improving self-regulation, planning alternate ways to meet needs and achieve goals, and suggestions for self-care.

“Could I Be on the Autism Spectrum?”

>> <http://additu.de/autistic>

Learn the facts (and myths) about autism in adults, why it's never too late for a diagnosis, factors contributing to misdiagnosis, and effective supports and accommodations.

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Treating ADHD

Treatment options including medications, food, supplements, brain training, mindfulness and other alternative therapies