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Medication Treatment for Autism Spectrum Disorders

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Our brave new world has seen remarkable advances in neuroscience and psychopharmacology, with more new discoveries of medications over the past 10-15 years than in any time in history. Unfortunately, the appearance of new medications for psychiatric disorders has been so rapid that clinical research has lagged behind clinical practice. In particular, childhood developmental disorders, such as autism, have not been a priority for psychopharmacologic research. Even so, it would be a mistake to conclude that because we do not know everything, we ought to do nothing. Most children with Autistic Spectrum Disorders (ASD) can be helped through the use of appropriate medications. The improvement that these children make can be dramatic, improving the quality of life and their ability to function at school, home and in the community.

There are many questions that need to be answered in the field of psychopharmacologic interventions with the ASD population. Perhaps the most important question is, does any medication cure ASD? The answer is that medication does not "cure" any psychiatric disorder any more than diabetes or hypertension are cured by insulin or antihypertensives. We may have a cure someday but for now, success in psychopharmacology means control of symptoms and this requires ongoing treatment.

Is there a "drug of choice" for ASD? There is no uniform "best" medication or medication regime as no two children with ASD are the same. The range and severity of symptoms, presence of associated disorders ("comorbidities"), such as ADHD, Tourettes or obsessive compulsive disorder and the child's IQ all contribute to the diverse clinical profiles seen in ASD. Optimal medication regimens will differ according to the child's overall profile and the specific symptoms that are to be targeted. Useful classes of medication include the psychostimulants (e.g., Ritalin), SSRIs (e.g., Prozac), atypical neuroleptics (e.g., Risperdal), antihypertensives (e.g., Catapres), mood stabilizers (e.g., Depakote), other antidepressants (e.g., Anafranil), antianxiety medications (e.g., Klonopin), beta blockers (e.g., propranolol) and opiate antagonists (e.g., naltrexone). Again, the symptoms to be targeted determine which medications are tried and in what combination.

This brings us to the question, which symptoms ought to be targeted. Common target symptoms for children with ASD include: short attention span, impulsivity, hyperactivity, repetitive thoughts and behaviors/perseveration, anxiety, depressed mood, mania, aggression, self-injurious behavior, agitation, stereotypes and tics.

Many parents want to know how long their child will need to be on medication. This is one question that has no easy answer. Some symptoms of ASD may dissipate over time, making the need for medication unnecessary. In addition, treatments helpful at one stage of life may not be needed or may no longer be effective at another point. And for some people with ASD, there is a need to remain on medication for life.

Another question asked is can medications be used safely in combination, as oftentimes children are prescribed multiple medications at once. It is often necessary to combine various medications in

order to address all the target symptoms. Most medications of different classes are compatible with one another but there are exceptions. Everything should be made as simple as possible but not simpler. The fewest number of drugs using the lowest doses that get the job done should be given.

What about side effects? Some parents of children with ASD are unwilling to consider medication because they believe drugs are dangerous and the potential for side effects would outweigh any benefits. All medications, potentially, have side effects. Most often, these are minor and reversible (with the rarest exceptions). If it looks like a drug is not working or if side effects are significantly bothersome and persistent, then the medication ought to be discontinued.

A final common question is whether medication competes with psychosocial and school-based therapies. The simple answer to this is that psychopharmacology is not a substitute for psychosocial treatments or an appropriately modified classroom.

Medication therapy for ASD should be viewed as a process that requires reconsideration and adjustment over time. The true "effectiveness" of a drug is the sum of its "efficacy" (how well it does what you want it to) and tolerability. Improving the quality of life at home and in school should be the ultimate goal for the use of medication in children with ASD.

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