



# Autism Specific Health Issues



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## Autism Specific Health Issues

People with autism are prone to suffering a range of health related complications that can make life difficult and uncomfortable and cause social isolation.

Mental health issues-

- Depression
- Anxiety
- Obsessive Compulsive Disorder
- Low Self esteem

In women with ASD (often undiagnosed) Eating disorders, self-harm and other psychological problems may present.

Physical health issues

- Musculoskeletal problems due to difficulties with gait and posture
- Problems with hypermobile joints – sprains, strains and stiffness
- Increased incidence in gut, bowel and stomach problems, cyclic vomiting, constipation or diarrhoea
- Increased incidence of allergies and intolerances to certain foods or additives
- Weight control problems due to poor diet or medication – either being under weight or overweight
- Increased incidences of ear nose and throat complications such as “Glue Ear,” ear infections or sinusitis. Problems with low hearing
- Headaches and or migraines
- Increased chance of having epilepsy
- Increased incidence of tics/Tourette syndrome

Oral and dental issues

- Overactive gag reflex
- Teeth grinding , refusal to clean teeth , medication causing cavities, cavities from sweet or sticky
- Dental injuries from self-injurious behaviour or eating non-food objects

Other -

- Sleep disturbances
- Injuries from lack of danger awareness- i.e. ingesting items, running in front of cars, falling of skateboards, bikes, roofs, out of trees
- Slips trips and falls due to clumsiness
- Problems with skin irritation and allergies

Carers of people with disabilities including autism have poorer health, suffer more depression, anxiety and social isolation and are often financially disadvantaged.

## Treatment-

- It is important people with autism seek support and treatment for the range of complications they may experience.
- Some problems may require medication, others may respond to natural treatments or changes in diets and lifestyle.
- It is important to thoroughly research any forms of treatment for these conditions, and if a treatment sounds too good to be true, it probably is.
- Treatment from a team of individuals may be required- i.e. a GP, Paediatrician, Occupational Therapist, Psychologist, Dietician, Osteopath or Physiotherapist may be required.



For further information on a range of therapies associated with autism –  
[http://raisingchildren.net.au/parents\\_guide\\_to\\_therapies/parents\\_guide\\_to\\_therapies.html](http://raisingchildren.net.au/parents_guide_to_therapies/parents_guide_to_therapies.html)

### **Tics and Autism**

It is estimated that 20-30% of people with Autism will be affected by vocal or motor tics, Tourette disorder or involuntary movement disorder. These issues can occur in conjunction with Obsessive Compulsive Disorder and Epilepsy.

#### **Tics are;**

Involuntary- the person has no control over them

Rapid

Frequent

Repetitive

Exhausting

Affect social interaction

Can be either highly embarrassing for the person or may not bother them at all

May wax and wane- i.e. be worse at some times and better at others- i.e. be Are very evident when under stress or tired.

Are often annoying for the persons family and friends

Sometimes treatable with medication

Tourette disorder is life long but not degenerative

Some people have some control over their tics but only for short amounts of time, the tic then has to be released and a burst of tic behaviour may follow .

Tics are not often violent or include swearing like in the movies.

Tics are classified as

#### **Simple-**

Motor: Rapid eye blinking, facial grimacing,

Vocal: Throat clearing, Sniffing, Yelping, Shouting, and Grunting

#### **Or Complex**

Motor- Jumping, touching people or things, twirling about, tapping,

Vocal – Uttering words or phrases, uttering obscene words, repeating sounds or words just heard or repeating one's own words.

Tic disorder is characterised by symptomatic episodes lasting no less than 12 months and the sufferer goes no more than 3 months without symptoms.

Tourette disorder is characterised by the occurrence of chronic vocal and motor tics with onset around school age, and sometimes worsening at puberty.

People with Tourette or tic disorder can have tics over a long period of time and they may be mild, moderate or severe. The variety or complexity of tics is vast.

Other family members may have Tourette disorder or tic disorder.

What to do

Discuss with a paediatrician or GP if you suspect tic disorder or Tourette disorder.

Depending on the severity of the tics and the impact on the person's life the doctor may prescribe medication.

Physical activity or creative outlets can help re direct energy and lessen tics

Reduce stress

Get adequate sleep

Speak with a councillor or psychologist regarding the impact on life as tics can often be socially isolating and can cause depression.

Canianto R, Vivanti G , Tics and Tourette Syndrome in autism spectrum disorders Autism 2007 vol 11 91) 19-28

Further info

Tourette association of Australasia

[www.tourette.org.au](http://www.tourette.org.au)

### **Epilepsy and Autism**

Epilepsy is a common condition which affects functioning in the brain causing an electrical impulse disturbance. These electrical impulse disturbances can scramble thoughts, movements, perception and coordination.

Approximately 30% of people with ASD develop epilepsy. Children with a severe intellectual disability are most likely to have seizures. Seizures most often develop during early childhood, with puberty being the next peak onset time, however onset can occur at any age.

#### **Signs of epilepsy**

Sometimes seizures are noticeable but many types of seizures can occur without obvious physical signs. Possible signs of seizure activity include:

- Behavioural problems, such as aggression or self-injury,
- Losing some behavioural or cognitive milestones,
- Making little or no academic gains, after previously doing well in pre-teen years.
- Disturbed sleep/extreme tiredness – sometimes seizures can be experienced whilst asleep without knowing

More obvious signs

Stiffness then jerky movements, frothing at the mouth , turning blue and unconsciousness

- Moments of staring into space , eye rolling or fluttering eyelids
- Noticing strange smells, a strange taste in the mouth or seeing things that aren't there
- Jerky uncontrolled limb movements

#### **How is epilepsy diagnosed?**

Epilepsy is diagnosed by a variety of tests the most common being the EEG which records the brain's electrical activity or an MRI which takes pictures of the brain. If you suspect a child with autism has epilepsy it is important to speak to their GP or paediatrician for a referral to a neurologist for testing and treatment.

#### **How is epilepsy treated?**

Epilepsy is commonly treated with medication called Antiepileptic's. Medication must be taken every day for it to be effective, some people may need more than one dose

per day. Once medication has been prescribed for epilepsy it is very important that it is well monitored by the person's GP, Paediatrician or Neurologist through regular visits and blood tests.

### **How does epilepsy impact daily living?**

The impact of epilepsy on daily living can vary from one individual to another.

Once epilepsy is diagnosed and treated effectively with medication an individual may not experience seizure activity very often (one or two episodes per year)

If a person has severe epilepsy which is not controlled well they may experience seizure activity on a daily basis which can be very disruptive to their lifestyle.

People with uncontrolled epilepsy should be careful when swimming, bathing or showering and may have restrictions placed on them relating to driving due to safety concerns.

### **Further Information**

<http://www.epinet.org.au/>

### **Sexuality**

How does ASD affect Sexuality?

Many people in the community assume people with autism or disabilities are not interested in sex or are not sexually active.

This is not true; many people with ASD become sexually active, but often do not understand the consequences.

- people with ASD have the same biological functioning as others but lack the maturity and social skills to deal with sexuality like others do.
- people with ASD have the same goals as others of their own age- they may seek a boyfriend/girlfriend/relationship but have more difficulty than the average teen in initiating contact with appropriate peers to build a relationship.
- people with ASD are often misinformed about sexuality – they have fewer friends to discuss issues with and may have had poorer quality or less sex education.
- They do not naturally acquire this knowledge from other sources and what they do know is likely to be fragmented and inaccurate.
- The person with ASD may have many questions about sex and related topics, but not know who to ask.
- They are also more likely to engage in inappropriate sexual behaviour, have less knowledge of privacy and have poor sexual education.
- People with autism have the right to form relationships and have sexual experiences. It is important they receive adequate education and resources to be able to undertake this part of their life safely, legally and in an appropriate manner.
- Young people with ASD need the information to make SAFE AND INFORMED CHOICES.
- Many people with ASD desire long term relationships, intimacy and sexual contact but can be often easily rejected which can affect self-esteem and wellbeing.
- It is important families, schools and service providers treat issues of puberty, sexuality and relationships with the utmost respect and sensitivity as the attitudes passed on the person with ASD can have a profound and lasting effect.
- People with ASD are more vulnerable to abuse due to difficulties in communication and social skills. They may not know what predatory sexual behaviour is,



understand who may target them, how to protect themselves or recognise the signals when their body is telling them something is wrong. People in relationships with a partner with ASD report normal sexual interactions or increased sex drive, some report less sex and intimacy due to issues with communication and sensory or tactile concerns.

### **Same sex attraction**

- It is important that young people with autism learn that it is ok to be attracted to someone of the same sex, or to be gay.
- The young person with autism may be very confused about same sex attractions and what being gay means for themselves or others.
- The young person may be fascinated in the concept and want to ask a lot of questions.
- Young people with ASD may become sexually active with other people at a later age than peers and may take longer to find a boyfriend/girlfriend
- One of the obvious signs of a young person wanting to become sexually active is when they start noticing the bodies of others and begin engaging in masturbation. It can be a challenging and difficult issue for parents to deal with.
- People in long term relationships report having either less sex due to communication and physical difficulties, normal sex lives or over active sex drives.

### **Further reading**

Asperger's Syndrome and Sexuality: From Adolescence Through to Adulthood - tony Attwood  
Living Safer Sexual Lives by Patsie Frawlie-  
Sex, sexuality and Aspergers syndrome by Wendy Lawson  
Aspergers in love by Maxine Ashton  
Aspergers in long term relationships by Ashley Stanford

### **Mental Health Issues**

People with ASD may experience a range of mental health issues relating to their ASD symptoms or from the social isolation generated by their ASD. Many people with ASD have previously been misdiagnosed with other conditions such as bipolar disorder or schizophrenia. Women with ASD often suffer mental health issues prior to getting their ASD diagnosis.

People with ASD may experience higher rates of

- Low self esteem
- Depression
- Anxiety
- Obsessive Compulsive Disorders
- Attention Deficit Hyperactivity Disorder
- Self-Harm- People with autism will often engage in self-harming behaviours as a response to stress, anxiety or depression
- Dual Diagnosis - when an intellectual disability is present with a mental health condition such as schizophrenia

It is very important people with ASD seek appropriate supports when suffering depression, anxiety or other mental health issues.

It can be very difficult to distinguish mental health problems in those with severe autism and poor verbal skills as mental health diagnosis often is dependant on the ability of the person to describe their symptoms or on a skilled clinician to be able to observe symptoms and distinguish them from autism related behaviour.

What to do –

If families or caregivers suspect there is a problem they can

- Talk to the person about what they are experiencing
- See a GP and ask for a referral to a mental health professional (costs can be claimed through Medicare as part of the mental health care plan scheme)
- Document any new behaviours or symptoms,
- Keep mood diaries or behaviour charts to show changes in behaviour to doctors or other mental health professionals
- Support the person to attend appointments and take any prescribed medication
- Support the person to eat a balanced diet , exercise and get adequate sleep
- Support the person to work through what is causing them stress or anxiety and modify the environment accordingly

More help with mental health issues

Beyond blue – national mental health initiative

<http://www.beyondblue.org.au/index.aspx?>

Headspace – help for young people and their carers

<http://www.headspace.org.au/>

Lifeline 13 11 14

<http://www.lifeline.org.au/>

Disability specific-

Victorian Dual Disability Service

<http://www.svhm.org.au/services/VictorianDualDisabilityService/Pages/VictorianDualDisabilityService.aspx>

The centre for disability and health at Monash

<http://cddh.monash.org/>

## **Dental Issues**

Children with autism are often prone to dental problems, poor dental hygiene and have poor dental health.

Children with autism may have a high tolerance for pain and not indicate if they are experiencing toothache or some other dental problem. A change in behaviour may be the only indication of a problem or severe pain.



Causes of dental problems for children with autism;

- Normal mouth and tooth development
- Eating objects /mouthing objects
- Self injurious behaviour
- Eating soft sticky foods /sweet drinks
- Epilepsy/trauma injury
- Medication
- Poor oral hygiene

### **Oral hygiene**

Teeth cleaning can be very difficult for children with autism. Oral sensitivity or strong gag reflex may make teeth cleaning unpleasant. The child may not tolerate someone in very close proximity touching them to support cleaning their teeth, and they may not understand why cleaning their teeth is important.

- Children with autism often do not have the physical dexterity or capability required to brush their teeth properly,
- May not understand why they need to brush their teeth,
- May not understand how to brush their teeth and for how long.
- Children with autism may find the taste of toothpaste overwhelming and have an overactive gag reflex.
- They may be very uncomfortable with the close physical proximity of having someone else brushing their teeth.
- They may need to be shown hand over hand, use an activity sequence, visual reminders or use an egg timer to undertake the task correctly and for the right amount of time.
- Plain water or children's toothpaste can be used if the taste of toothpaste is too much.

- A social script, story or activity sequence will be very important to support why cleaning teeth is important and how to do it.
- The child may not tolerate toothpaste as mint flavors can be overpowering. Try different flavour's of toothpaste, or just use plain water.
- An electric toothbrush may be tolerated more successfully than a regular toothbrush
- A kitchen timer may be useful to let the child know how long to brush their teeth.
- The child may need a photo prompt sequence or other visual reminder to clean their teeth.

A script for teeth cleaning may read;

I need to clean my teeth each day so they keep clean and healthy

I should clean my teeth in the morning after breakfast and before I go to bed at night.

When I clean my teeth I need

My toothbrush

Tooth paste

A cup

A towel or washer

Some water

I brush my teeth in the bathroom in the sink

I only use my toothbrush to clean my teeth my toothbrush is ..... (red, blue etc.)

I pick up my toothbrush. I put some toothpaste on it. I only need a little bit of toothpaste.

I put some water on my toothbrush and put it in my mouth.

The toothpaste tastes like ..... Mint, bubblegum etc. I do not eat the or swallow the toothpaste. Toothpaste is not food.

I take care to brush all my teeth up and down and in the front and back.

I can spit the toothpaste into the sink and get more water on my brush when I need to.

When I am finished brushing my teeth I spit the toothpaste out into the sink.

I can have a drink of water or wash my mouth out when I am finished.

I can wipe my mouth on a towel or washer when I am finished.

I have done a great job of cleaning my teeth. My teeth will be healthy and strong.

A booklet on dental care, for care givers can be downloaded from

[Link to dental care giver guide.pdf](#)

### Visiting the Dentist

A visit to the dentist can be a very challenging ordeal. With some preparation and an understanding dentist you and your child can get through it.

If the child has to go to the dentist it can be a very difficult outing. The child may not fear the dentist in the same way most people do, but find certain aspects of the dentist's visit frightening or overwhelming to the senses- i.e. smells, sounds, tastes, sensations such as suction.

The child with autism may have difficulty with the dentist for the following reasons-  
Problems with

- Smell of the waiting room or dentist room
- Waiting with other people
- Sounds of the drill, chair, suction and other tools
- Sitting in the chair
- Keeping mouth open and breathing through nose
- Having someone poking around in their mouth
- Being in close proximity to the dentist

#### Overcoming issues at the dentist:

- Use a social story and or photo book talking about the dentist visit
- Seek out a sympathetic dentist used to working with people with disabilities or people with difficulties visiting the dentist.
- Discuss your child's needs with the receptionist and or dentist.
- When making appointments try to get a time when the surgery is likely to be less busy
- Use music/earmuffs/sunglasses to lessen the noise and impact of bright light
- Take a favoured toy or object for the child to hold whilst in the chair.
- Explain what is happening at each step
- Practice and reward good sitting

- Work with an occupational therapist to overcome issues with taste and gaging.
- Take someone familiar to the child as a support for you and the child as it can be distressing.
- If all else fails the child may need to have dental work completed whilst under anaesthetic, however this situation should be avoided if possible.

The costs of dental visits can be offset as part of the Helping Children with Autism Package under the Enhanced Primary Care Plan if the child has dental issues that can be attributed to their autism- i.e. teeth grinding, refusing to brush, eating non-food items or engaging in behaviour that damages their teeth. A referral is required from either a GP or Paediatrician.

### **Medication**

There is no medication that can treat or cure autism, but some medications can be used to successfully treat the associated conditions that are often part of autism such as anxiety, obsessive or aggressive behaviour, sleeping problems, ticks or epilepsy.

Medication should not be the first line of treatment for all conditions associated with autism, but used in conjunction with positive behaviour supports, changes to the environment, training and support for families, teachers and professionals supporting the person with ASD

### **Side effects**

All medications have side effects, and some are short term and easily dealt with, some are long term and can be serious.

Side effects from medications can include weight gain, nausea, sleepiness, increased aggression, headaches and long term liver or kidney problems. Side effects will vary depending on the type and dosage of the medication, the person's physical make up and the condition being treated.

The side effects of the medication need to be weighed up against any benefit gained from the medication.

#### **Monitoring**

When taking medication it is important that the person is closely monitored by their GP or paediatrician and that they have regular medication reviews to ensure they are taking the right type of medication and the right dosage.

As children grow and change in size or their bodies become tolerant of medication dosages may need to increase. In some types of epilepsy drugs resistance can develop and the person may need to change the type of medication they are taking. Families of people with ASD or individuals with ASD should always do some research into the benefits and side effects of medications prescribed for conditions associated with autism prior to commencing treatment and should seek a second opinion if in doubt to the effectiveness of the medication.

Medication has a place in treating some conditions associated with autism, and it can be very effective in helping people with ASD cope and function, each family and



individual should seek to make an informed choice about its use and place as part of their treatment regime.