

# Tackling Anxiety in Individuals with Autism Spectrum Disorder

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Center for Autism and Related Disorders  
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*The Q&A segment is **NOT** anonymous.*



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– *Neal Lichter, Program Director,  
Pathfinders for Autism*



# ASHA Disclosure Slide

- Financial:
  - Grant funding: Organization for Autism Research, Autism Speaks, NIMH, NICHD, Kennedy Krieger Goldstein Innovation Award, AACAP
  - Royalties: Humana Publishing for a book on childhood anxiety disorders
- Non-Financial: None



# Learning Objectives

- To describe the features of anxiety in individuals with autism spectrum disorder (ASD)
- To discuss currently available treatments, both therapies and medications, for anxiety in individuals with (ASD)



# Dr. Leo Kanner (1943)



- “Anxiously obsessive desire for the maintenance of sameness ...”
- Fear of mechanical things (e.g., vacuum, elevator)
- Fear of changing things (e.g., wind and large animals)
- Fear of running water, gas burner

Kanner, 1943  
*Nervous Child*



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# Temple Grandin, PhD



<http://www.biography.com/imported/images/Biography/Images/Profiles/G/Temple-Grandin-38062-1-402.jpg>

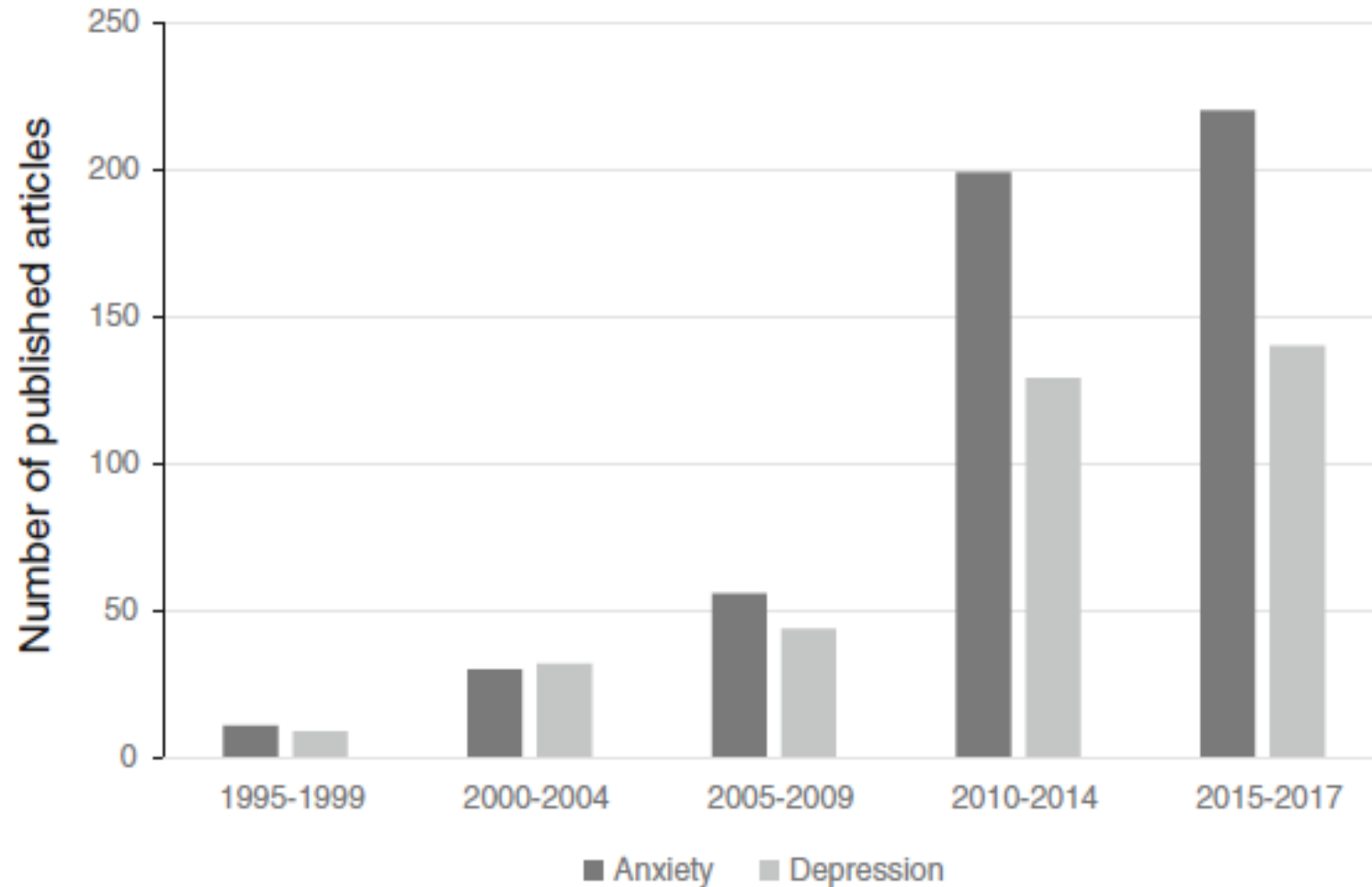
*“I was terrified of new places, people, everything,” she says. “Fear is the overriding emotion in autism. Loud noises, including bells, would trigger awful panic attacks for me.”*

*“When puberty hit, that's when the anxiety attacks and the panic attacks started. I was a type of person with autism where once there was puberty, non-stop panic attacks. I mean, imagine how you felt when you did your first really big, important, you know, interview, how nervous you were. Now, imagine if that's the way you felt all the time, all the time.”*





# Number of Publications on Anxiety and Depression in ASD

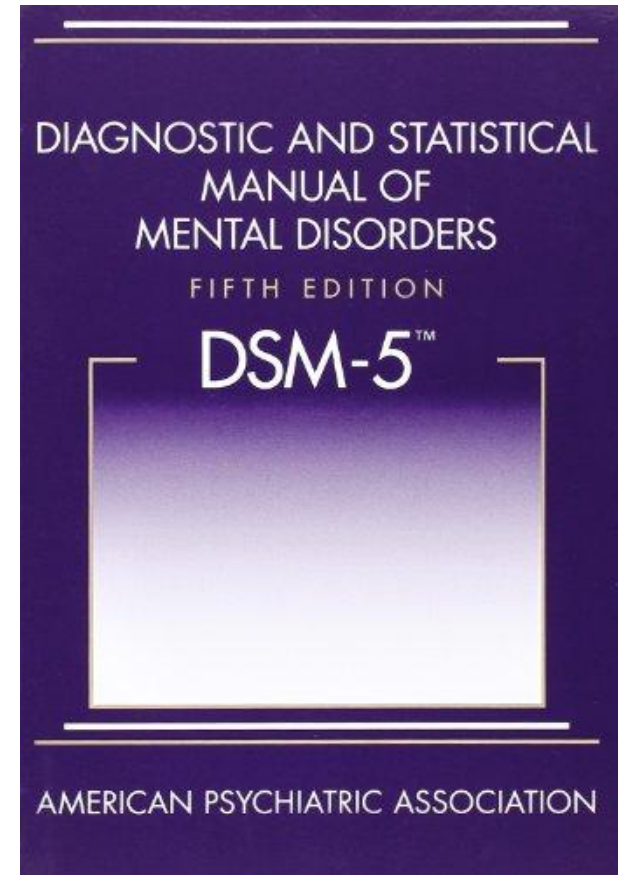


White et al., 2019



# Types of Anxiety Disorders

- Generalized anxiety disorder
- Separation anxiety disorder
- Social anxiety disorder
- Specific phobia
- Panic disorder
- Agoraphobia
- Unspecified anxiety disorder



# Unique Types of Anxiety in ASD

- Anxiety that is linked to core ASD symptoms
- Not described in the *DSM*
- Examples
  - Excessive fear about novelty/change
  - Social fearfulness - without the fear of judgement
  - Worries related to special interests
  - Varied specific phobias - fears of babies, men with beards, certain types of stuffed animals



# Prevalence of Unique Types of Anxiety

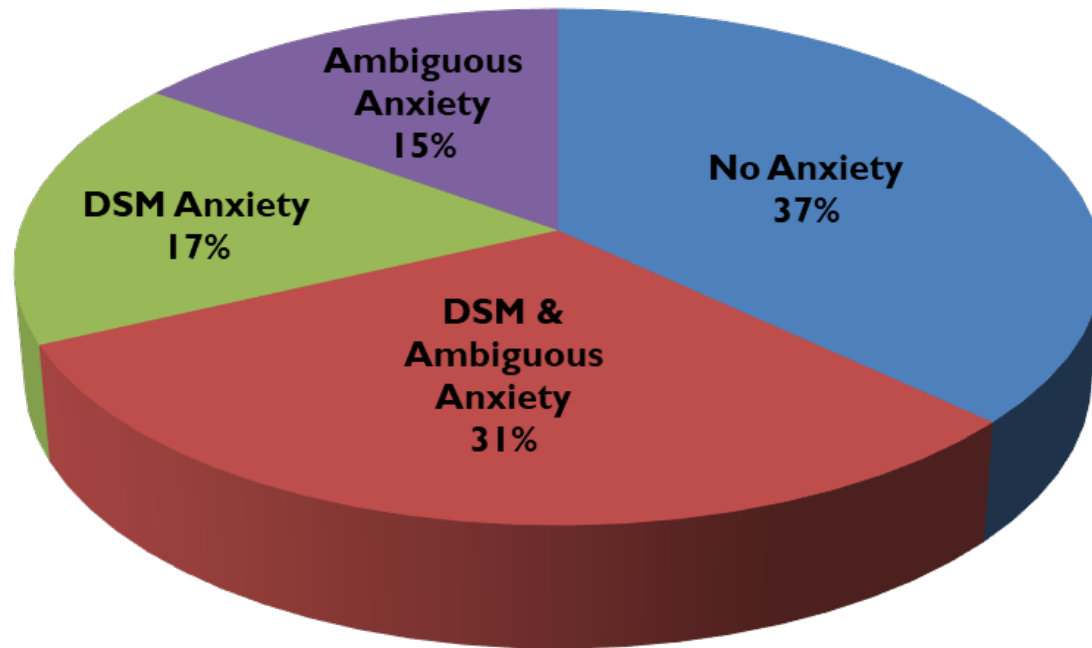
n = 59

7-17 years

IQ > 60

46% - Ambiguous anxiety

48% - *DSM* anxiety



# Anxiety Adversely Impacts Functioning

- Exacerbates ASD symptoms
- Interferes with treatments for ASD
- Irritability, outbursts, self-injury, GI symptoms
- Increases parental stress and anxiety
- Risk for long term psychopathology
- Influences transition planning to adulthood

Sukhodolsky et al., 2008, *J Abnorm Child Psychol*  
Kerns et al., 2015, *Behav Ther*



# Impact of Anxiety in Adults with ASD

- Transition related stress
- Occupational stress
- Relationship stress
- Loneliness/depression
- Problems with access to care



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# Prevalence of Psychiatric Disorders in ASD

**TABLE 1**

Prevalence of *DSM-IV* Disorders

Disorder	3-Mo Point Prevalence/100	95% CI
Any disorder	70.8	58.2–83.4
Any main disorder <sup>a</sup>	62.8	49.8–75.9
Any emotional disorder <sup>b</sup>	44.4	30.2–58.7
Any anxiety or phobic disorders <sup>c</sup>	41.9	26.8–57.0
Generalized anxiety disorder	13.4	0–27.4
Separation anxiety disorder	0.5	0–1.6
Panic disorder	10.1	0–24.8
Agoraphobia	7.9	3.0–12.9
Social anxiety disorder	29.2	13.2–45.1
Simple phobia	8.5	2.8–14.1
Obsessive-compulsive disorder	8.2	3.2–13.1
Any depressive disorder	1.4	0–3.0
Major depressive disorder	0.9	0–2.3
Dysthymic disorder	0.5	0–1.4
Oppositional or conduct disorder	30.0	14.9–45.0
Oppositional defiant disorder	28.1	13.9–42.2
Conduct disorder	3.2	0–7.1
Attention-deficit/hyperactivity disorder	28.2	13.3–43.0

10-13.9 years  
Mostly male  
Population derived  
sample

Simonoff et al., 2008  
*J Am Acad Child and Adolesc Psychiatry*



# Prevalence of Anxiety by Age Group

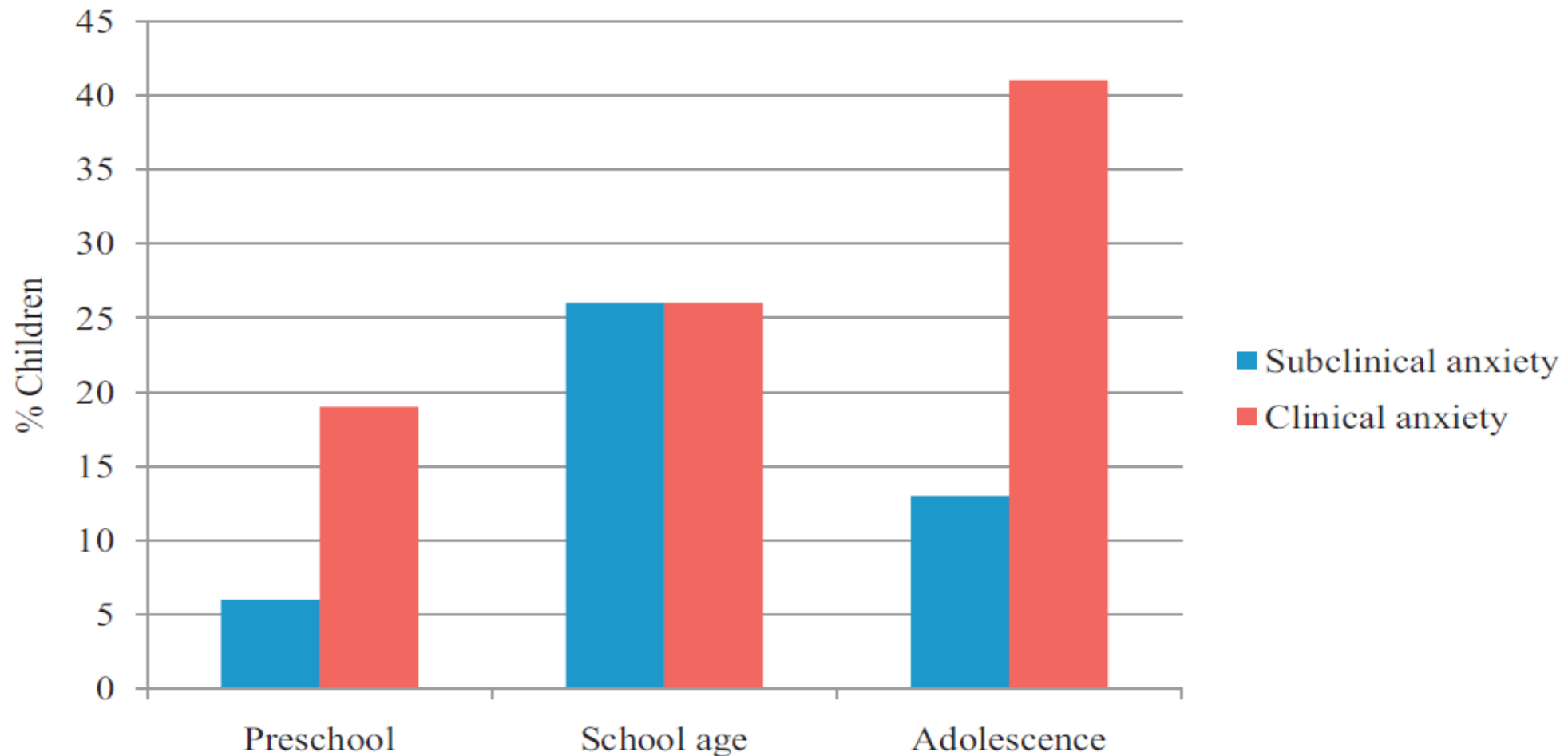


Fig. 1. Clinical anxiety was highest in the adolescent group. Subclinical anxiety was highest in the school age group




# Prevalence of Anxiety in Adults

- Range: 27% current, 42% lifetime (Hollacks et al., 2019)
- High rates of social anxiety disorder (Spain et al., 2016)
- Risk of anxiety may decrease in older age (Lever and Guertz, 2016)



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The prevalence of anxiety disorders in individuals with ASD is approximately:

 Start presenting to display the poll results on this slide.

# Common Presenting Concerns

- “On edge all day”
- “Not interested in making friends”
- “Having meltdowns all day”
- “Really scared of getting his haircut”
- “Doesn’t like loud noises. Won’t go anywhere”
- “Won’t take in person classes. Only takes online classes”
- “Irritable at work”



# Assessment

- Differentiate ASD versus anxiety symptoms and other psychiatric disorders
- Assess anxiety (cognitive, behavioral, physiological, affect)
- Assess for other comorbidities
- Has there been a change in baseline?
- What could be causing the anxiety?



# Understand the ASD Symptoms

- How much social motivation does the child have?
- How perseverative is the child?
- Are they overly sensitive to certain types of sensory stimuli?
- Does the child get upset when there is a change in routine?



# Assess Anxiety-Related Impairment

- Different from severity of anxiety
- Rule out impairment secondary to:
  - Core ASD symptoms
  - Adaptive functioning
  - Executive functioning
  - Other psychiatric difficulties (e.g., ADHD)
- Impairment across contexts?



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What is one of the most important parts of the assessment of anxiety in ASD?

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# Medications for Anxiety in ASD

- Limited data on selective serotonin reuptake inhibitors (SSRIs)
- High rates of behavioral activation with SSRIs
- Titrate slowly (liquid preparation)
- Close monitoring of side effects (with a plan for behavioral activation)





# SSRI Dosing in ASD

Medication	Starting Dose	Maximum Dose
Sertraline	12.5-25mg	200mg
Fluoxetine	2.5-5mg	60mg
Citalopram	2.5-5mg	40mg
Escitalopram	1.25-2.5mg	20mg

Vasa, et al., 2015  
*Pediatrics*



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# Medications for Anxiety-Specific Symptoms

Medication	Indication
Insomnia	Melatonin, Clonidine, Trazadone, Hydroxyzine
Physiological arousal	Clonidine, Guanfacine (short and long acting preparations)
Behavioral dysregulation	Clonidine, Guanfacine Atypical Antipsychotics
Situational anxiety	Lorazepam, Propanolol



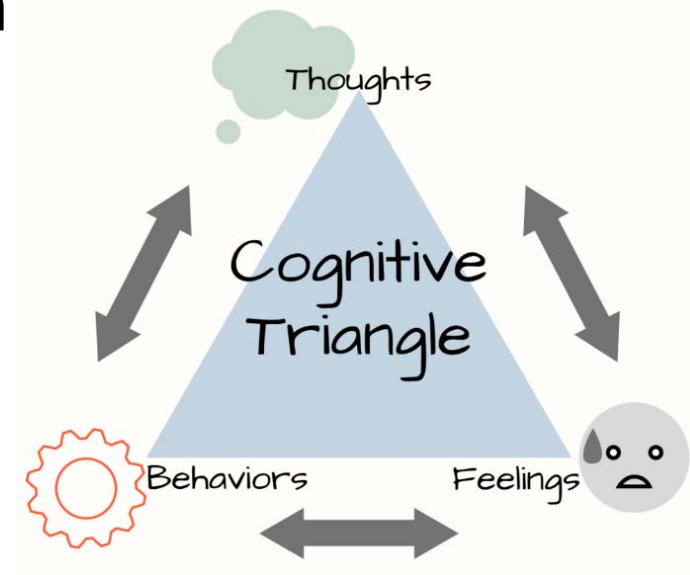
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Medications for anxiety target which neurotransmitter?

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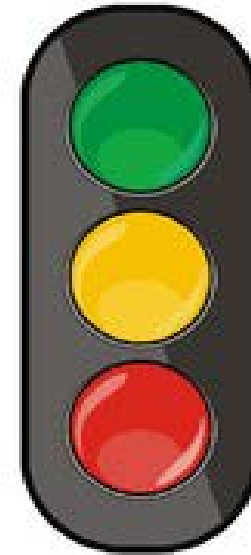
# Modified Cognitive-Behavioral Therapy (CBT)

- IQ >70
- Generalized anxiety disorder, Separation anxiety disorder, Social anxiety disorder
- Children: 50-80% response rate
- Generalization can be hard



# CBT Modifications in ASD

- Heavy emphasis on emotion recognition
- Visual supports
- Concrete language
- Incorporation of special interests
- Address social skills
- Behavioral management strategies



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# Behavior Therapy for Individuals with Intellectual Disability

- Graduated exposures and reinforcement
- Relaxation strategies
- Communication strategies
- Modeling



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What is the main component of therapy for anxiety?

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# Other Aspects of Treatment

- Assess level of supports - home and school
- Improve communication and adaptive skills
- Improve family functioning (e.g., structure, routines, dynamics, health)





# Summary

- Important to routinely screen for different types of anxiety
- Refer for mental health treatment early
- Modified cognitive/behavioral therapies can be effective
- Consider medications and prescribe carefully
- Consider other multidisciplinary supports



# Thank You



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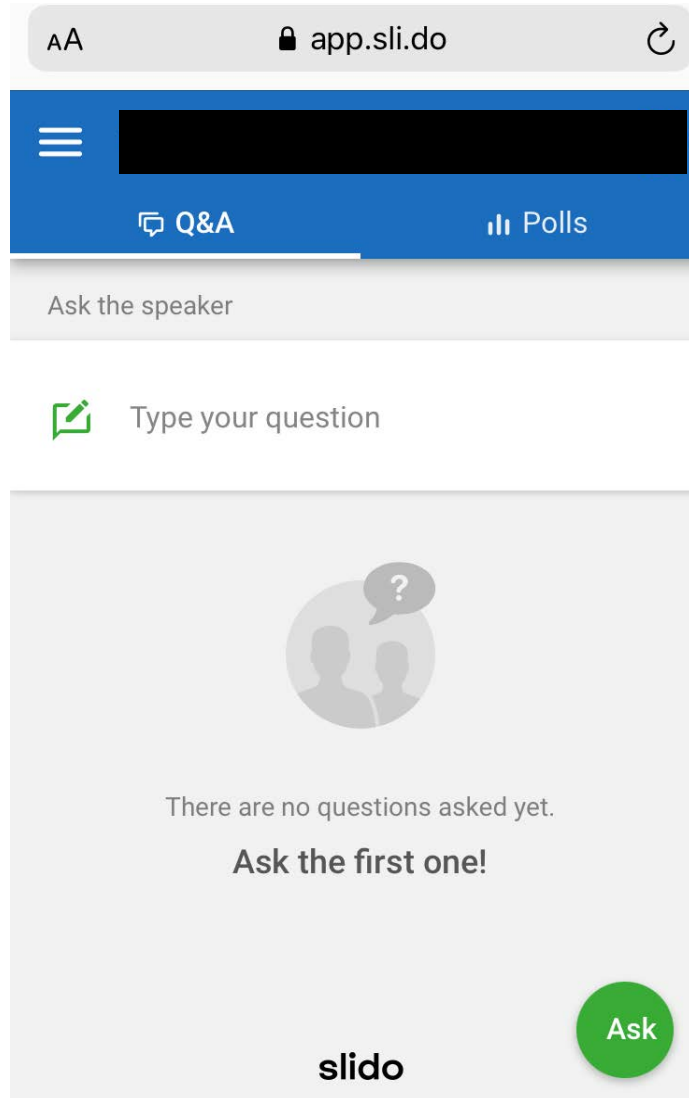
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Ask the first one!

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