



**IPA 2**

**MODULE**

**1**

**Basic and  
advanced  
knowledg  
e on**

# INDEX

Social communication

Limited stereotypical interests

Heterogeneity

Co-occurring conditions

Developmental changes

## CO- OCCURRING CONDITIONS

More than 70% of people with autism have at least one co-occurring condition.

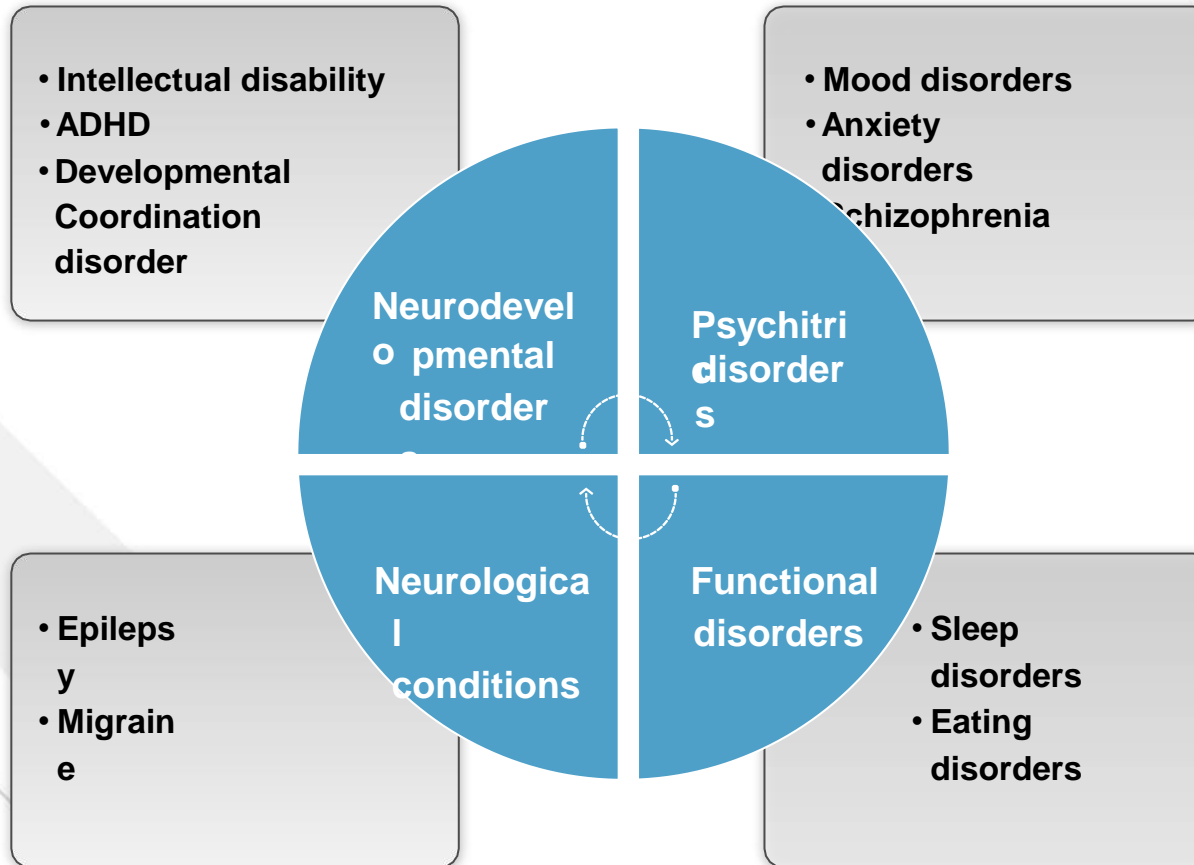
Co-occurring conditions are associated with higher support needs, reduced level of social well-being and less desirable outcome.

Symptoms of co-occurring conditions may be atypical and difficult to recognize.

**ONE  
SHOULD  
THINK OF  
CO-  
OCCURRING  
CONDITIONS  
IF:**

- functional analysis cannot determine the exact reason for maladaptive behavior;
- an individual on the spectrum regressed in relation to the previous level of functioning (especially after the third year of life);
- an individual on the spectrum does not respond well to treatment and support provided;
- there is a history of perinatal complications, frequent visits to the emergency room, taking a variety of medications, including those not available on prescription (Casanova et al., 2020).

# CO- OCCURRING CONDITIONS



## AUTISM AND INTELLECTU L DISABILITY

- Autism can be accompanied by any level of intellectual functioning.
- Diagnosis is made if all diagnostic criteria are met and if deficits in the field of social communication are significantly higher than the level that would be expected in relation to the degree of cognitive functioning.

In the last few decades people with high-functioning autism had been better diagnosed. Hence, the percentage of those with an intellectual disability declined.

## AUTISM AND ADHD

- The prevalence of ADHD in people with autism varies in a wide range from 17% to as much as 78%, depending on the research sample and the research methodology.
- People with autism and associated ADHD typically have more severe symptoms, especially in the social domain, as well as a greater tendency for repetitive activities.

School children with autism and ADHD are at higher risk of bullying.

## **AUTISM AND DEVELOPMENTAL COORDINATION DISORDER (DCD)**

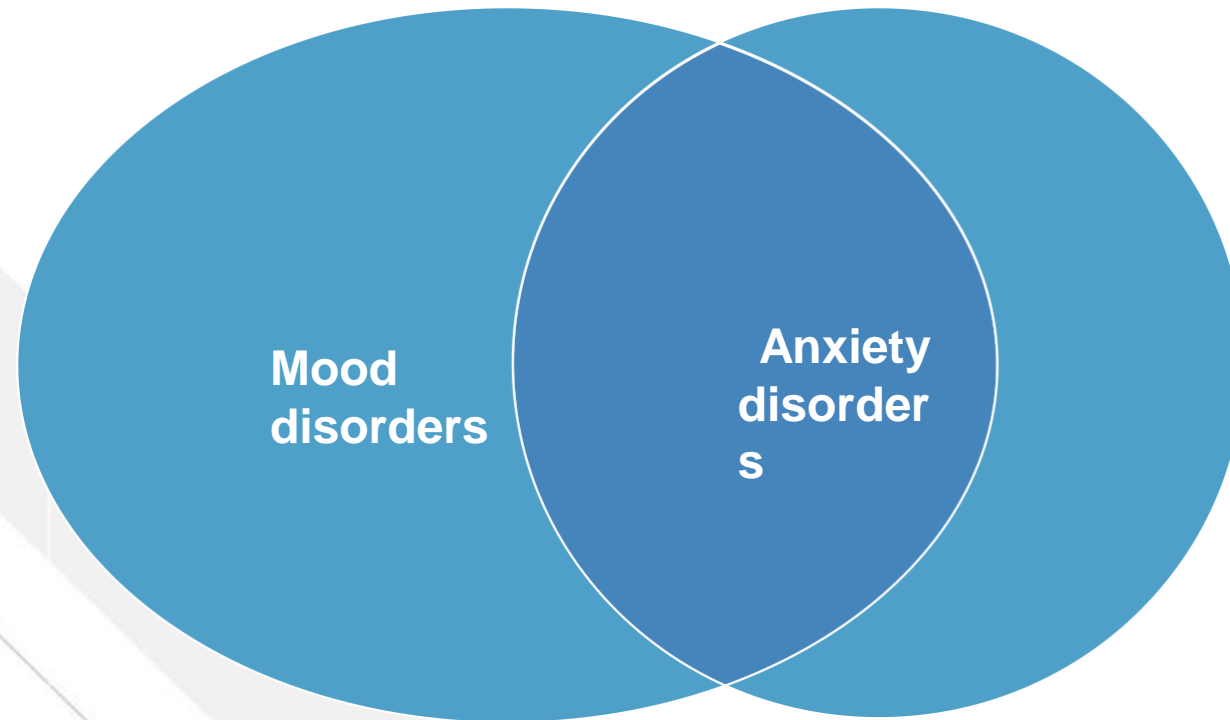
- Diagnosis of DCD is possible if the acquisition and execution of coordinated motor skills is significantly below that expected, given chronological age and opportunities for skill learning and mastering.
- If criteria for both disorders are met, both diagnosis can be given.
- Recent studies suggest that co-occurrence of these disorders is common (e.g. Miller et al., 2021).




## COMMON PSYCHIATRIC DISORDERS IN PEOPLE ON THE SPECTRUM:

- Mood disorders (depression and bipolar disorder).
- Anxiety disorders (social anxiety disorder, adjustment disorder, agoraphobia, panic disorder, generalized anxiety disorder).
- Schizophrenia spectrum disorders (schizophrenia is the most common in this category while other schizophrenia spectrum disorders are extremely rare).

**IT IS NOT  
UNCOMMON FOR  
THE PERSON WITH  
AUTISM TO HAVE  
BOTH,  
DEPRESSION AND  
ANXIETY**





**EXCEPTIONAL  
SUPPORT  
NEEDS  
RELATED TO  
ASSOCIATED  
PSYCHIATRIC  
CONDITIONS**

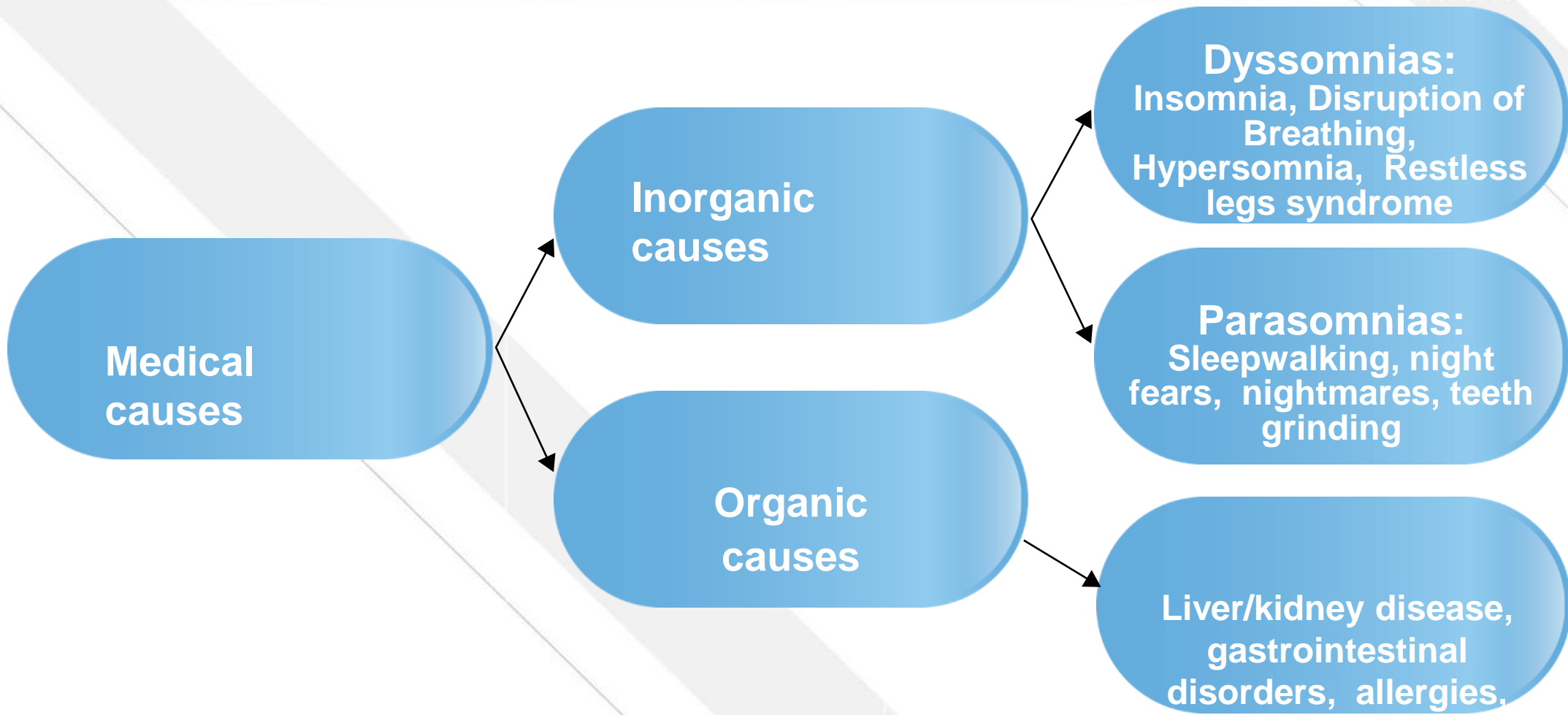
Co-occurrence of autism and psychiatric conditions requires close cooperation between the psychiatric service, parents and teachers, because the intervention is not limited to taking medication, but also to monitoring the condition, providing individualized support and removing social barriers and stigma that is often associated with psychiatric illness.

## ASSOCIATED NEUROLOGICAL CONDITIONS

- Children with autism have a higher prevalence of epilepsy compared with general population.
- Risk factors for the development of seizures in early childhood are: low adaptive skills, elevated level of hyperactivity and lower physical quality of life (Capal et al., 2020).
- Epilepsy is especially common in people with autism and associated intellectual disability.
- Headaches and migrains are more common in people with autism than in general population.

**EXCEPTIONAL  
SUPPORT  
NEEDS  
RELATED TO  
ASSOCIATED  
NEUROLOGICAL  
CONDITIONS**

- The associated neurological disorder can have a significant impact on the further developmental course, both directly and through the adverse effects of the drugs used.
- Therefore, “neurological check-ups are indicated in autism to ensure adequate physical health care and support” (Pan et al., 2020).



**SLEEP DISORDERS  
–  
INTERVENTION:**

**Assessment**

**Individual  
intervention  
plan**

**Evidence-  
based  
intervention**

**Evaluation**

**SLEEP DISORDER  
-  
INTERVENTION  
STRATEGIES:**

Sleep hygiene – going to bed at the same time; avoiding caffeine, meals and beverages before going to bed; avoiding screen activities before bedtime; following routines, etc.

Behavioral interventions

Chronotherapy

Melatonin..



**EATING  
DISORDER-  
POSSIBLE  
CAUSES**

**Health  
issues**

- Gastrointestinal problems
- Allergies
- Dental problems ...

**Transitio  
n**

- Adherence to food of
- Specific texture, smell, colour
  - Avoiding touching the food
  - Nausea or disgust

**Communicatio  
n  
difficulties**

- An individual could not indicate what does he/she like or dislike

**EATING DISORDER  
-  
INTERVENTION  
STRATEGIES**

Eating in a quite and comfortable environment

Establish an eating routine

Serving food as fun and attractive

Include person with autism in food preparation

Introduce new food

In case of food aversion gradually apply desensitization...

**OTHER  
FREQUENT  
CO-  
OCCURRING  
CONDITIONS:**

Gastrointestinal diseases

Dyslipidemia

Dental problems

Allergic diseases

Vitamin deficiency.

## LINK SAN RESOURCES

:

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**POLIBIENESTAR**  
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FPDA - Federação Portuguesa de Autismo



**Autismo Burgos**  
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