Adolescence and Transition to Adulthood

Problem

- As the child with an autism spectrum disorder (ASD) develops from child to teenager to adult, the symptoms of autism may change over time (eg, parallel play as a child may be acceptable, but the teenager is expected to have more direct social interaction).

- Normal stages of life (eg, puberty) may impact how the symptoms of autism affect interactions.

- All of these issues affect the tasks ahead of youngsters with ASDs as they experience changes and higher expectations during adolescence, including
  - Leisure time/socialization
  - Employment
  - Friendships and socialization
  - Independence
  - Educational transition
  - Quality of family life

- As the young person with ASD ages, the number, effect, or intensity of behavioral and medical disorders may increase (see Table).

Developmental and Behavioral Issues to Monitor in Adolescents With ASD

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<th>Developmental Disorders</th>
<th>Psychiatric Disorders</th>
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<td>Slow development (mental retardation)</td>
<td>Anxiety</td>
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<tr>
<td>Language disorders</td>
<td>Depression</td>
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<td>Learning disorders</td>
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Associated Medical Conditions

- Gastrointestinal/nutrition/specialized diets (see “Gastrointestinal Problems”) and risk for obesity.

- Seizures (see “Seizures and Epilepsy”). Lifetime risk is 25% to 30% and is increased postpuberty.

- Growth abnormalities—may be related to dietary intake (and selectivity) or genetic factors.

- Puberty
  - Adolescents with ASDs may experience puberty early.
  - Typical issues of puberty must be dealt with as well as concerns about cognitive, social, and/or communicative delays.
    - Rapid growth
    - Behavior
    - Sexuality and birth control
    - Peer pressure/interaction
    - Hormonal changes
    - Potential for sexual abuse

- Genetic disorders and their associated medical problems (eg, 22Q minus syndrome and fragile X syndrome with cardiac disorders).

Psychiatric Disorders

- Psychiatric disorders or symptoms may become more obvious as the child ages.

- Behavior and psychiatric disorders occur in individuals across the whole autism spectrum.

- Commonly reported
  - Anxiety—most commonly reported; may be related to changes in routine, social situations (particularly in high-functioning individuals).
  - Depression—may be hard to diagnose because of language problems.
  - Obsessive-compulsive disorder (OCD)—sometimes difficult to tell OCD from core characteristics of perseveration or repetitive behaviors.
  - Bipolar disorder (BPD)—least common (<10%); onset BPD at or after adolescence.

Developmental Disorders

- Caregivers must consider the young adult’s learning skills (eg, slow learner, learning disability) when planning for independence and employment.
Behavior Difficulties

- May get worse with hormonal changes of puberty.
- Ritualistic/compulsive behavior.
- Sleep difficulties (see “Sleep Disorders”).
- Behavior difficulties are not restricted to individuals with ASDs who have low verbal skills.

Treatment

- This is a time when parents need support from their doctor and community.
  - Planning for transition to adult community living, vocational setting, additional school (e.g., specialized school or college)
  - Continue supportive educational evaluation through 21 years (if eligible)
- Community services needed—mental health services, vocational training, higher education, and others.
- Preparation for transition(s)
  - Start planning early for transition.
  - Discuss issues of guardianship when the young adult has cognitive or functional limitations.
  - Transition of care from pediatricians to internists, adult psychiatrists, or family practitioners.
- Management of behavioral conditions—behavioral strategies should be implemented first.
  - Attention-deficit/hyperactivity disorder (ADHD) symptoms—many of the same medications used in individuals with ADHD may be effective (e.g., stimulants such as Ritalin, clonidine or guanfacine, or other medications).
  - Perseveration/obsessiveness—medications such as selective serotonin reuptake inhibitors (SSRIs) may be helpful (e.g., fluoxetine hydrochloride).
  - Anxiety—counseling by a psychologist or social worker is important; a psychiatrist may need to be involved.
    - Medication such as SSRIs may help.
- Sexuality—including teaching appropriate behavior (related to cognitive or social judgment deficits) and the natural progression in adolescents and young adults.
  - Sexuality education—educational program should be changed according to the individuals’ learning and language age level.
  - Challenges of gynecologic care in young women—particularly if low verbal skills and/or behavioral difficulties.
  - Vulnerable to sexual assault or abuse.

Outcome

- Higher functioning adolescents have the best outcome and show more improvement in social deficits and stereotyped behaviors.
- Adolescents are more likely to attend higher education or work in the community if they have higher cognitive ability and more functional language.

References

Wrobel M. *Taking Care of Myself: A Hygiene, Puberty and Personal Curriculum for Young People with Autism.* Arlington, TX: Future Horizons; 2003

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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