# Important co-occurring problems in autism spectrum disorder: strategies for characterization and treatment

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# Disclosure of potential conflicts of interest

Source	Research funding	Advisor/ consultant	Employee	Speakers' bureau	Books, intellectual property	In-kind services (e.g., travel)
Potential conflict	Whitaker Scholar in Developmental Neuropsychiatry Award  (Marilyn and James Simons Family Giving)  NIMH T32 Fellowship					
	(National Institutes of Health)					

Stock or

equity

Honorarium

or expenses for this

presentation or meeting

#### Discussion of off-label medication use

Not part of this talk

## This presentation is part pre-recorded, part live

- Pre-recorded: individual talks from speakers (~2 hours)
- Live: Q&A with speakers and discussant (~30 minutes)
  - Friday, October 23<sup>rd</sup>: 11:30am to 12pm EST
- If questions come up as you watch this:
   Send a tweet containing the tags #AACAP2020 and #ASDCP
- We'll address them during the Q&A

**ADHD** 

**Psychosis** 

Autism spectrum disorder (ASD): Social communication deficits & restricted/repetitive behavior

Anxiety

Emotional dysregulation

# Understanding psychosis in autism spectrum disorder: conceptual and practical challenges

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American Academy of Child & Adolescent Psychiatry, 2020 Annual Meeting Complex Presentations of ASD: Beyond the Core Features (Clinical Perspectives) October 18, 2019

# Why care about psychosis in autism?





Understanding psychosis in ASD I Amandeep Jutla I 2020.09.24

#### Overview

ASD and SCZ's historical relationship

Areas of theoretical overlap

Empirical findings re: overlap

Clinical implications



"the autistic withdrawal of the [schizophrenic] patient to his fantasies, against which any influence from outside becomes an intolerable disturbance. This seems to be the most important factor. In severe cases it by itself can produce negativism."

Bleuler, 1910 (quoted in Kuhn and Cahn, 2004)

"The combination of extreme autism, obsessiveness, stereotypy, and echolalia brings the total picture into relationship with some of the basic **schizophrenic** phenomena. Some of the children have indeed been diagnosed as of this type at one time or another."

Kanner, 1943



#### CHILDHOOD SCHIZOPHRENIA

SYMPOSIUM, 1955

6. EARLY INFANTILE AUTISM, 1943-55

LEON EISENBERG, M.D., AND LEO KANNER, M.D.

Children's Psychiatric Service, Harriet Lane Home, Johns Hopkins Hospital, Baltimore, Maryland

Takahashi, A. On psychotic symptoms (especially the autistic tendency) of mentally retarded children. *Japanese Journal of Child Psychiatry*, 1960, *I*, 50-57.

recent developments in the study of early childhood psychoses: infantile autism, childhood schizophrenia, and related disorders

Hingtgen and C. Q. Bryson

man 1967), elective mutism, retrolental fi

Kanner's Syndrome or Early-Onset Psychosis: A Taxonomic Analysis of 142 Cases

Margot Prior, Dennis Perry, and Christine Gajzago

Monash University

Clayton, Victoria, Australia

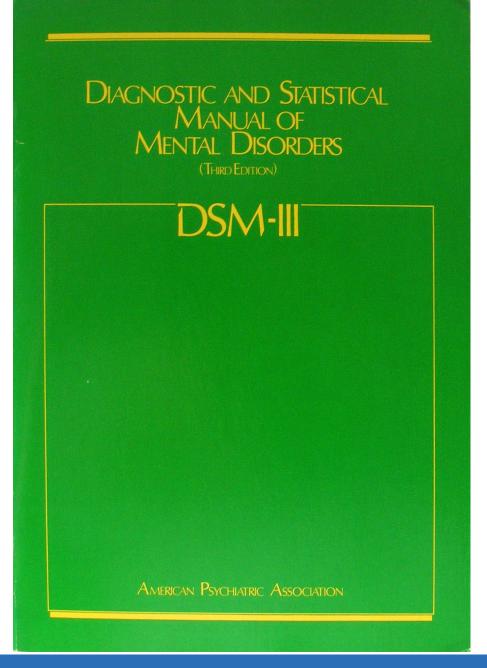
"A host of different syndromes have been included in the general category of 'childhood **schizophrenia**' – infantile autism, the atypical child, symbiotic psychosis, dementia praecocissima, dementia infantilis, schizophrenic syndrome of childhood, pseudopsychopathic schizophrenia, and latent schizophrenia to name but a few ... The diagnostic situation can only be described as chaotic."

Rutter, 1972

#### Editorial: Change of Journal Scope and Title

The title change with this issue of the journal was overdue. In a survey of our editorial board in March 1975, 93% of the board favored a change. Many different suggestions were offered, but a majority wanted to include developmental disorders in the new title. Our publishers thought it right to delay modifications, but as the evidence has become compelling they have now agreed to change the scope and title from the Journal of Autism and Childhood Schizophrenia to the Journal of Autism and Developmental Disorders.

Schopler, Rutter & Chess, 1979



APA, 1980

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#### Autism spectrum disorder

Typically diagnosed in **childhood** 

Typically **stable** course

#### Schizophrenia

Typically diagnosed in adolescence or early adulthood

Typically deteriorative course

Autism spectrum disorder

Restricted or repetitive interests or behaviors

Schizophrenia

**Psychosis** 

#### Autism spectrum disorder

#### Schizophrenia

#### Cognitive systems:

- Language

#### Social processes:

- Social communication
- Perception and understanding of self
- Perception and understanding of others

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- Schizophrenia in the general population:
  - -1% prevalence

- Schizophrenia in people with ASD:
  - -3.55x odds (Zheng, Zheng & Zou, 2018)
  - -4% prevalence (Lai et al, 2019)

In a large, naturalistic sample of U.S. youth, we have found an association consistent with this:

- Adolescent Brain Cognitive Development sample of 9,130 youth aged 9—11:
  - Parent-reported ASD predicted child-reported prodromal psychotic symptoms at least as strongly as family history

Jutla et al, 2020a (submitted; preprint available)

• ASD youth with **prodromal**/subthreshold psychotic symptoms **convert** to full-blown psychotic illness at similar rates (18.2%) as youth with prodromal symptoms who do *not* have ASD (16.8%)

 ...Yet some evidence suggests that ASD youth may be under-represented in prodromal clinical settings

Foss-Feig et al, 2019 Jutla et al, 2020b (submitted)

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# Certain groups within ASD may be more likely to develop psychosis



































































Warhol, 1962 (via Murphy, 2019)





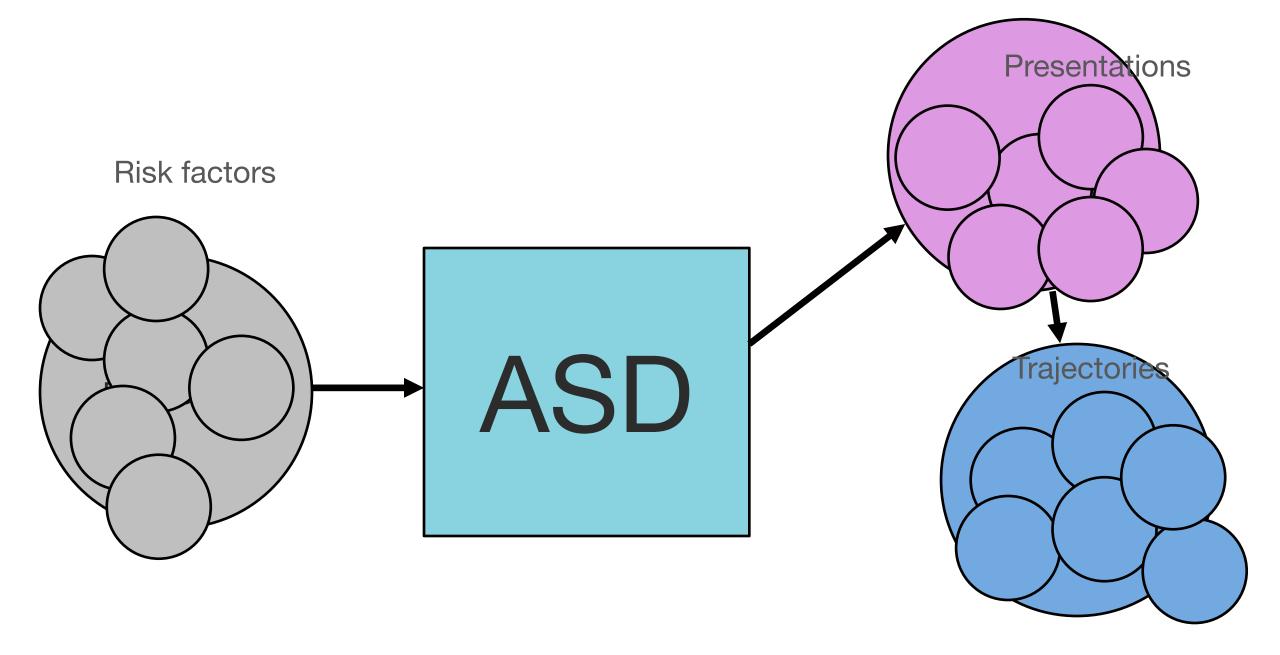


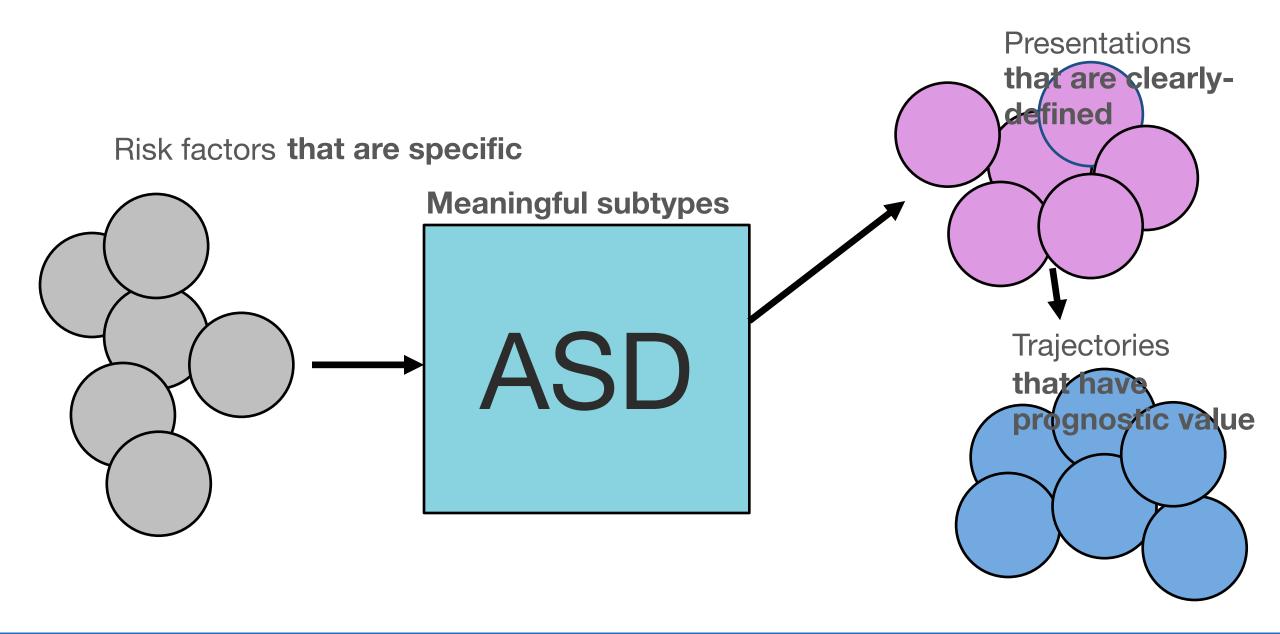


## We have examined genetically-defined groups

- 16p11.2 copy number variation
  - 16p11.2 duplication and 16p11.2 deletion are both associated with autism and schizophrenia
  - The ASD associated with 16p11.2 duplication may be more psychosis-prone than that associated with 16p11.2 deletion (though confirmatory evidence is needed)

Jutla et al, 2019





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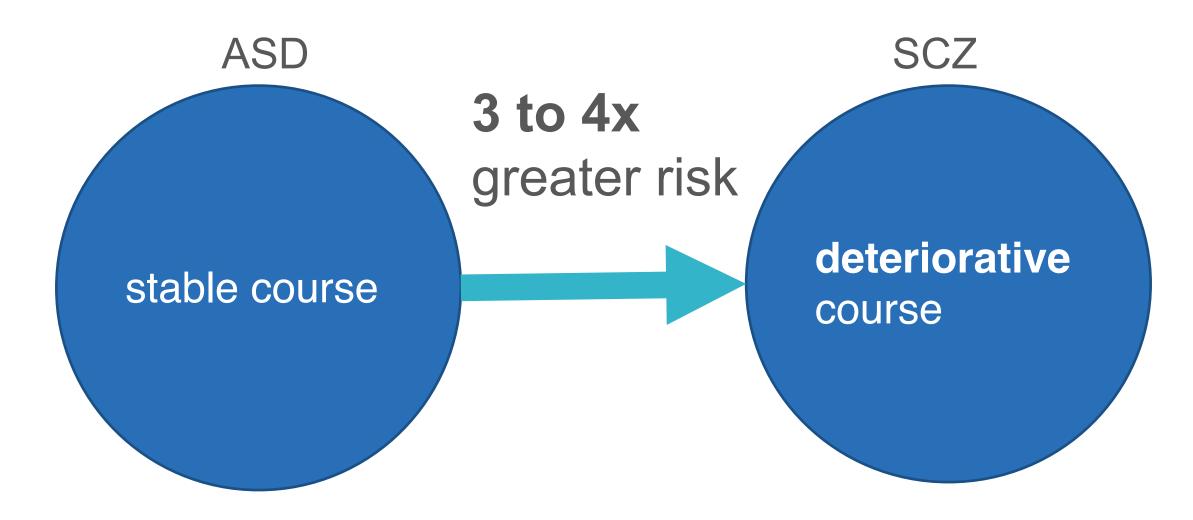
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Take potential psychotic behaviors in ASD youth seriously (i.e., avoid the temptation to assume symptoms are "just" a function of autism)

Most prodromal youth (including those with ASD) do not go on to develop full-blown schizophrenia, but again: there is greater overall risk with ASD.

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Get chromosomal microarray testing in anyone with ASD of unknown etiology (which is effectively most cases of ASD)

Muhle et al, 2017



Probe the boundary between repetitive/perseverative behavior and psychosis

# Look for change over time

#### Mentors and collaborators

- Gary Brucato
- Wendy Chung
- Rose Donohue
- Jennifer Foss-Feig
- Ragy Girgis
- LeeAnne Snyder
- Blake Turner
- Jeremy Veenstra-VanderWeele
- Agnes Whitaker



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