

ARIZONA

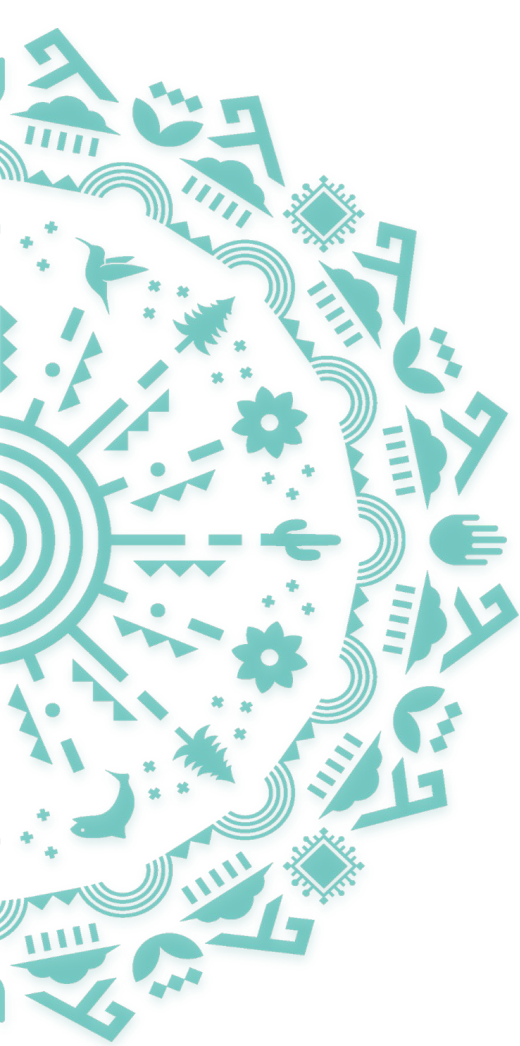


Medical Considerations for Individuals with ASD

DDD Behavioral Health Lunch and Learn

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January 21, 2026





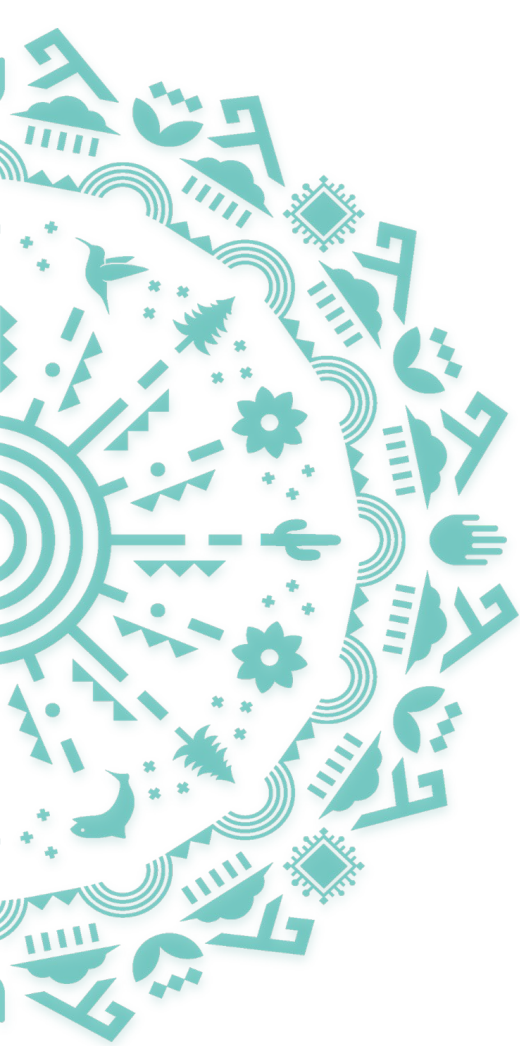
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- The content presented in this session does not involve a conflict of interest or financial gain.
- The content and materials provided are solely intended for educational purposes and do not promote or endorse any individual, product, or non-DDD service.
- The presentation will reflect Person First language as used by DDD and will state “individuals with autism” rather than Identity-First Language “Autistic person.”



Learning Goals and Objectives

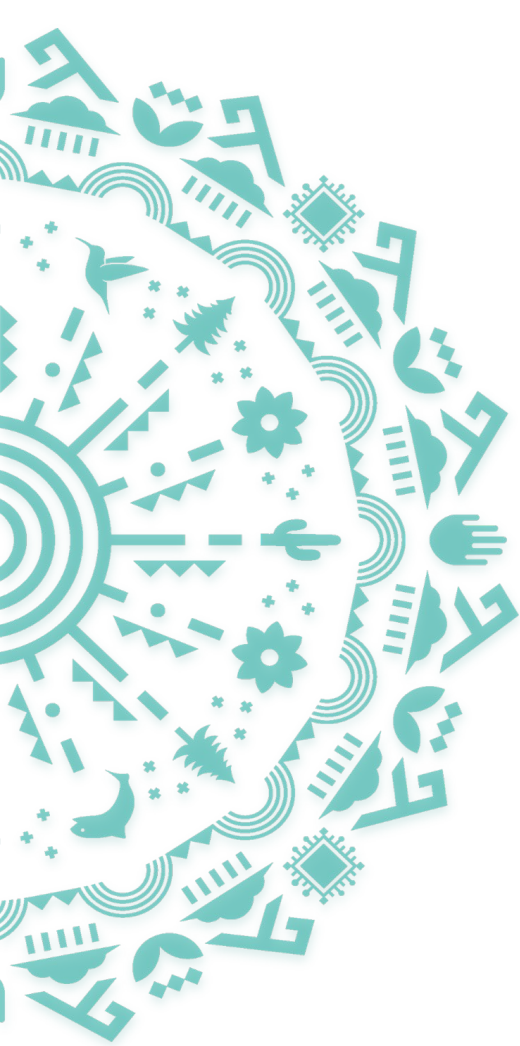
- Recognize specific behavioral changes that can signify an underlying medical condition in order to improve care and prevent poor outcomes.
- Be able to describe the two main symptom categories (Gastrointestinal versus Neurologic)
- Understand treatment modalities for the most common complaints
- Overview of other types of medical conditions more commonly seen in individuals with autism
- How puberty and menopause can impact behaviors and barriers to treatment



Introduction

Medical Considerations for Individuals with Autism Spectrum Disorder (ASD):

- ASD is a lifelong neurodevelopmental condition.
- Individuals with ASD have a significantly higher rates of co-occurring medical and mental health conditions (comorbidities) than the general population.
- These conditions often impact behavior, learning, and quality of life if not recognized and supported
- Early identification and treatment of comorbidities are crucial for improved outcomes.



What areas of Development are Impacted by Autism? How is ASD Diagnosed?

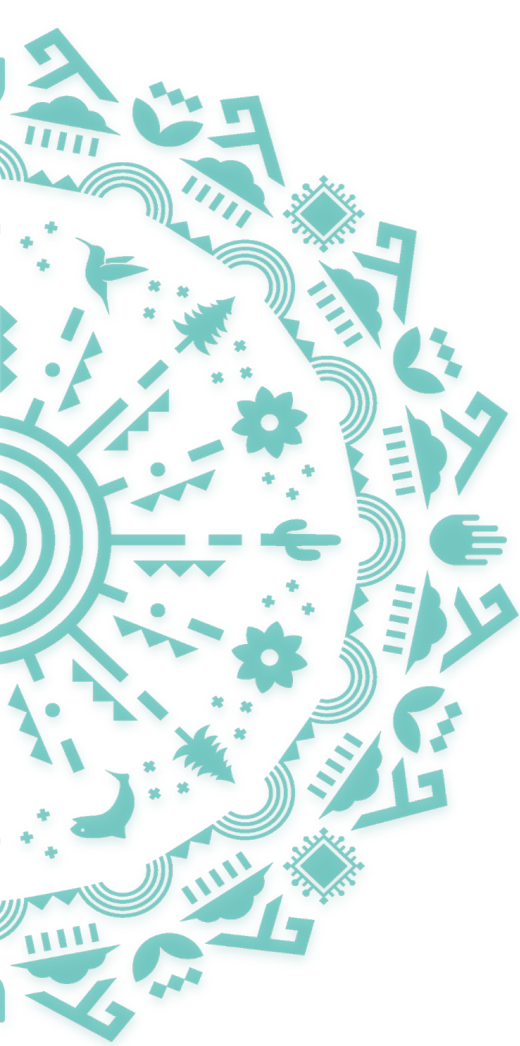
Autism Spectrum Disorder (ASD) diagnoses remain based on the DSM-5-TR (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revision). Diagnosis requires persistent differences in two main categories:

1. Persistent differences in social communication and interactions
2. Restricted and repetitive behaviors or interests.
 - a. The criteria also require symptoms to be present early in development and cause significant impairment that cannot be better explained by another condition like intellectual disability.
 - b. Severity levels are assigned based on the amount of support needed: Level 1 (requiring support), Level 2 (requiring substantial support), and Level 3 (requiring very substantial support).



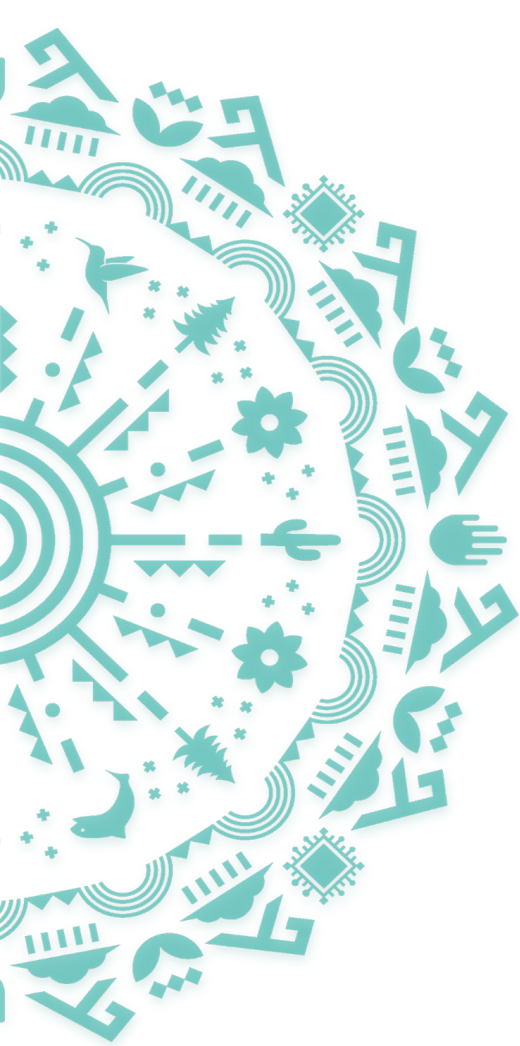
The Diagnostic Challenge for Co-Occurring Medical Conditions

- Communication difficulties can make it hard for individuals with ASD to describe pain or discomfort.
- Symptoms may be atypical (e.g., self-injury or aggression instead of verbalizing pain).
- Behavioral changes are sometimes mistakenly dismissed as "just part of autism" (diagnostic overshadowing).
- Healthcare providers must rely on observation, detailed history from caregivers, and a thorough review of systems.



Case Report #1 - 9-Year-Old with ASD and Worsening Behaviors

Patient Presentation: A 9 yo M with ASD who has a history of limited dietary variety (selective eating/Food Jags) and verbal communication delays is presenting with a two-week history of escalating behavioral disturbances. Mother and other caregivers reported increased "meltdowns," vocal outbursts, and "posturing" such as crouching, rocking, and pressing on his abdomen and leaning forward. When asked about stooling the caregiver reports that the patient has diarrhea and very watery poop that is leaking however some hard balls have also been seen. Sleep has also changed including difficulty falling asleep and frequent night waking. Bathrooms have always been a challenge due to the noise of flushing and he will often avoid bathrooms when at school or away from home and they have been traveling over the last few months to visit family. And his mother thinks he must have picked up a "bug" causing diarrhea. She states, "I'm at my end! Please help!"



Common Medical Comorbidities: Gastrointestinal Issues

- GI disorders affect a high percentage of individuals with ASD (up to 85%).
- Common issues include chronic constipation, diarrhea, abdominal pain, and gastroesophageal reflux (GERD).
- Behavioral indicators of GI pain can include arching the back, pressing the belly, teeth grinding, or unexplained irritability.
- Treatment can significantly improve behavior and well-being. - Stool softeners, scheduled bathroom times, dietary supplements



Change and Stress - Nervous System Dysregulation

Why This Happens (The Cycle):

1. [Altered Stress Response](#): Many with ASD have an intense stress reaction (fight-or-flight), activating the sympathetic nervous system, which diverts blood from the gut and slows intestinal movement, leading to constipation. No Rest and Digest
2. [Nervous System Imbalance](#): Dysregulation in the autonomic nervous system (ANS), particularly low vagal tone, affects gut motility, slowing digestion.
3. [Sensory & Dietary Factors](#): Sensory sensitivities can lead to restrictive eating, poor nutrition, and food intolerances, impacting gut health.

Change and Stress - Nervous System Dysregulation

1. **Communication & Behavior:** Difficulty verbally expressing pain makes GI discomfort manifest as increased irritability, anxiety, aggression, or social withdrawal, which further elevates stress.
2. **Bi-directional Link:** GI symptoms (like constipation) and internalizing symptoms (anxiety, stress) feed into each other, creating a loop.
 - <https://tacanow.org/family-resources/nervous-system-dysregulation-and-autism/#:~:text=When%20the%20nervous%20system%20is,affect%20brain%20function%20and%20behavior.>

Parasympathetic nervous system

“rest and digest”

- Pupil constriction
- Slow heartbeat
- Relaxes airways
- Stimulates bile release for better digestion
- Constricts blood vessels
- Increases urinary output



Sympathetic nervous system

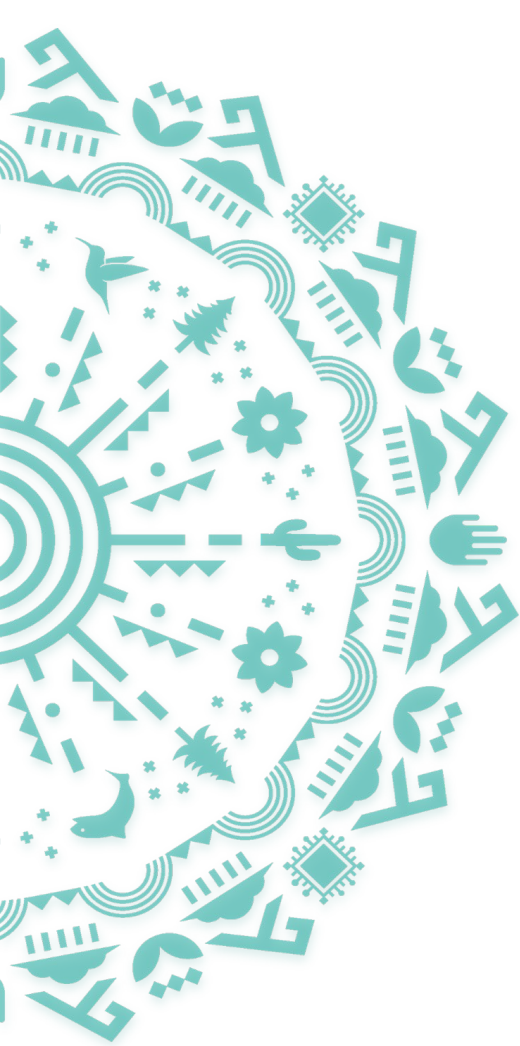
“fight or flight”

- Dilates pupils
- Increases heartbeat
- Opens up lungs to allow more air in
- Produces sweat
- Converts glycogen in liver to glucose for quick energy
- Slows digestion
- Adrenaline production
- Increases muscle tension including pelvic floor which puts pressure on the bladder



GI Management Strategies

- **Dietary Support:** Increase fluids and fiber (fruits, veggies) while reducing processed foods, with guidance from a dietitian.
- **Bowel Routine:** Establish regular, relaxed toilet times (e.g., 5-10 mins after meals) using tools like squatty potties or timers.
- **Stress Reduction:** Incorporate mindfulness, meditation, or activities that calm the nervous system, as stress directly impacts digestion.
- **Medical & Professional Help:** Consult with a pediatric gastroenterologist and dietitian to rule out underlying issues and manage symptoms, potentially using supplements or medications.
- **Behavioral Support:** Address anxiety and other co-occurring conditions, as behavior can be a sign of GI distress
- [How the Nervous System Affects the Immune System](#)



Case Report #2 - 15 yo F with Poor Attention and worsening school performance

Patient Presentation: 15 yo F with ASD and mild cognitive delays is brought in because of loss of focus and worsening school performance. Her parents thought she was simply daydreaming or not paying attention. However, her middle school teachers raised concerns, noting that these spells occur multiple times daily, sometimes interrupting her in the middle of a sentence or during class instruction. There has been a slight decline in her academic performance recently, especially in subjects requiring continuous focus. She denies any preceding aura, headache, or other sensory changes.



Common Medical Comorbidities: Neurological Conditions

- Epilepsy/Seizures: Affects 25-40% of patients with ASD, much higher than the general population. 12
- Seizures can manifest as “staring spells” or Absence Seizures and muscle stiffening, or sudden behavioral changes, which can be hard to differentiate from typical ASD behaviors.
- An EEG (electroencephalogram) may be necessary for evaluation. And estimates of 60% of people with ASD have abnormal EEGs. 12
- Other: Motor coordination difficulties (dyspraxia), headaches/migraines, and hypotonia (low muscle tone) or hypertonia (high muscle tone) are also prevalent. Seeking sensory stimulation with deep pressure or activities that help quiet the brain.
- Absence -Ethosuximide (Zarontin), well tolerated and efficacy rates 70-85% also Depakote and occasionally Lamictal



Common Medical Comorbidities - Sleep Disorders

- Chronic sleep problems affect 50-80% of children with autism.¹³
- Problems include difficulty falling asleep, frequent waking, and early rising. And wandering out of the house at all hours of the night.
- Sleep disruption can worsen daytime behaviors and impact the entire family's quality of life.
- Management strategies include good sleep hygiene (consistent routines, calm environment) and sometimes medication like melatonin, after consulting a specialist, environmental changes to make night wandering harder.

Division of Developmental Disabilities - Medallion Program

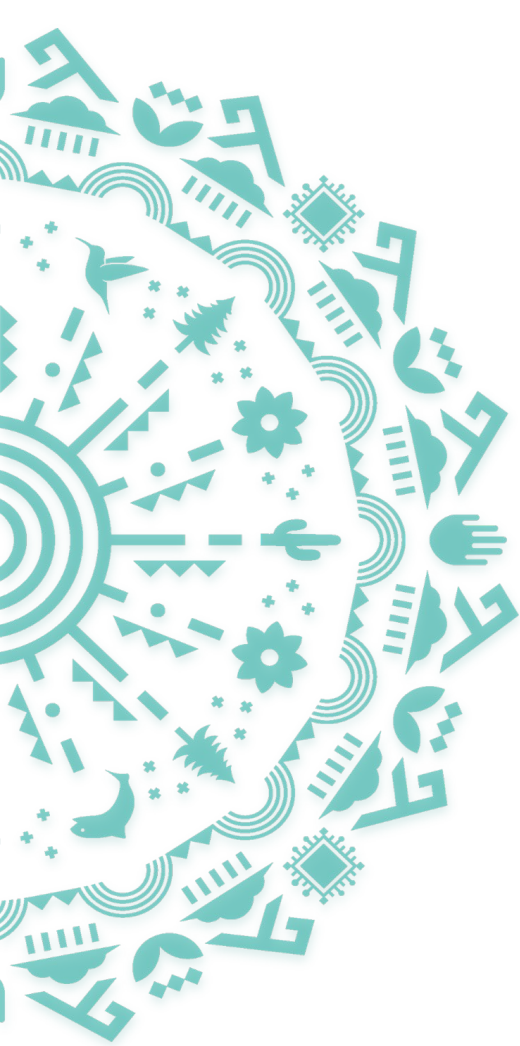
The Division of Developmental Disabilities (DDD) offers a Medallion (wrist band or shoe tag) for adults and children enrolled with DDD.

These are available regardless of eligibility type, at no cost.

This identification is intended to help First Responders assist members in the event of an emergency or if a member becomes lost in the community. These are used for quick identification by emergency response teams (police, fire, EMS, etc.)

Each identification tag includes members' ASSISTS ID number and DDD's 24-hour phone line that First Responders can call.





Mental Health Issues

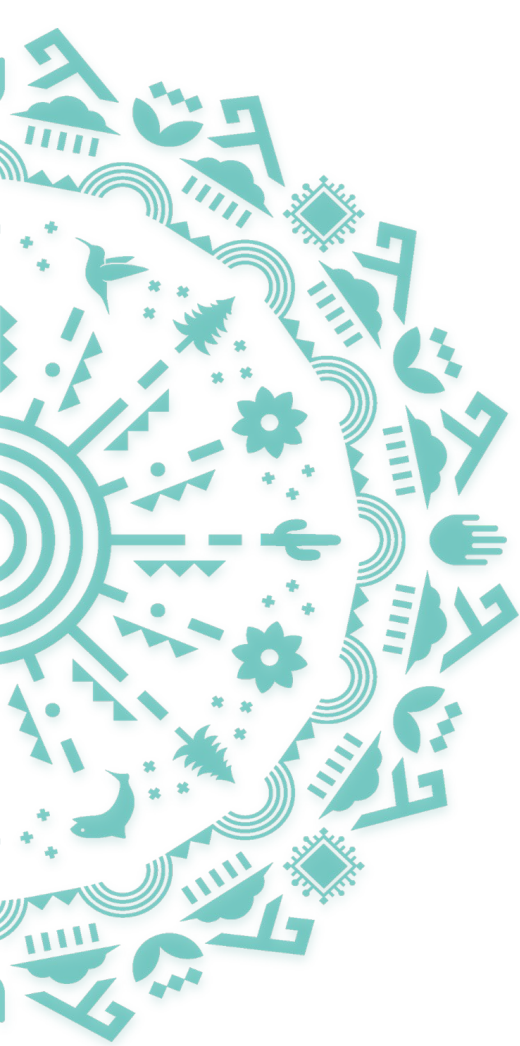
- High rates of co-occurring psychiatric diagnoses (up to 85% of children).
- Common conditions include ADHD, anxiety disorders (especially social anxiety), and depression.
- Symptoms of mental health issues may overlap with ASD traits (e.g., social withdrawal could be depression or autism-related).
- Evaluation by a mental health professional experienced with autism is recommended.

Hormonal Considerations

Autism-Informed Reproductive Healthcare

- Intensified Symptoms: Women with ASD report higher overall menopausal complaints, including psychological distress and sensory issues manifesting as irritation and aggression.
- Developmentally appropriate education, teaching, and understanding of what is happening to their bodies!
- Heightened Traits: Menopause can worsen masking, social communication, and existing environmental triggers worsen with “hot flashes” and “dysregulation becomes a norm”.
- Barriers to Support: General practitioners often lack skills for autism-aware care, leaving autistic individuals with unmet needs during these reproductive transitions.
- History of experimentation and stigma - Misunderstood hypersexualized behaviors

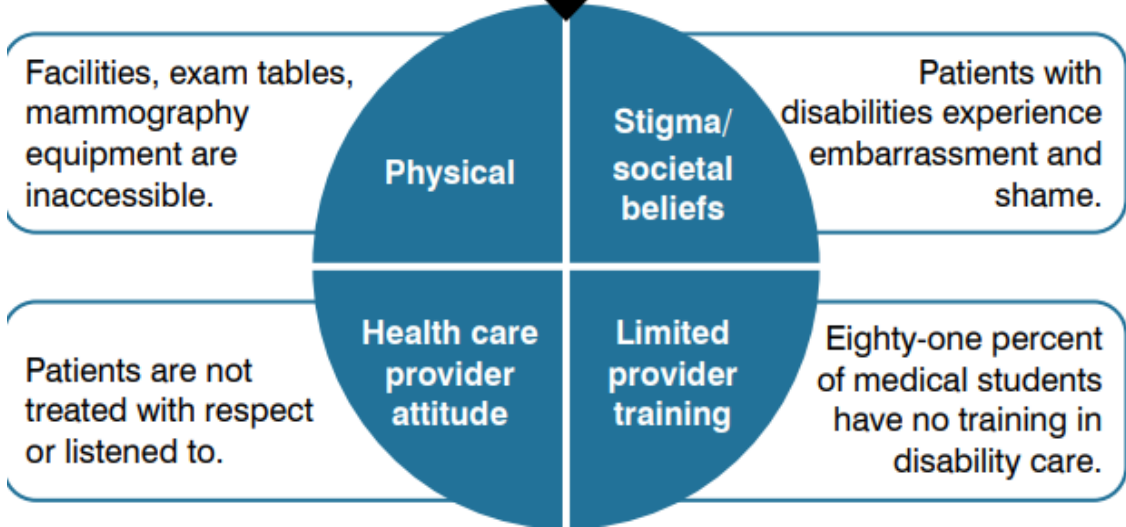
More to follow on this Topic in a Future Lunch and Learn



Reproductive Health and Barriers to Care

Ernst, Susan, MD; Woll Rosen, Monica, MD; and Stukenberg, Zoe, BA _ Reproductive health care for adolescents with disabilities requires special consideration. Contemporary OB/GYN. 2022 September.

FIGURE 2. Barriers to Accessing Health Care for Adolescents With Disabilities





Healthcare Management & Best Practices

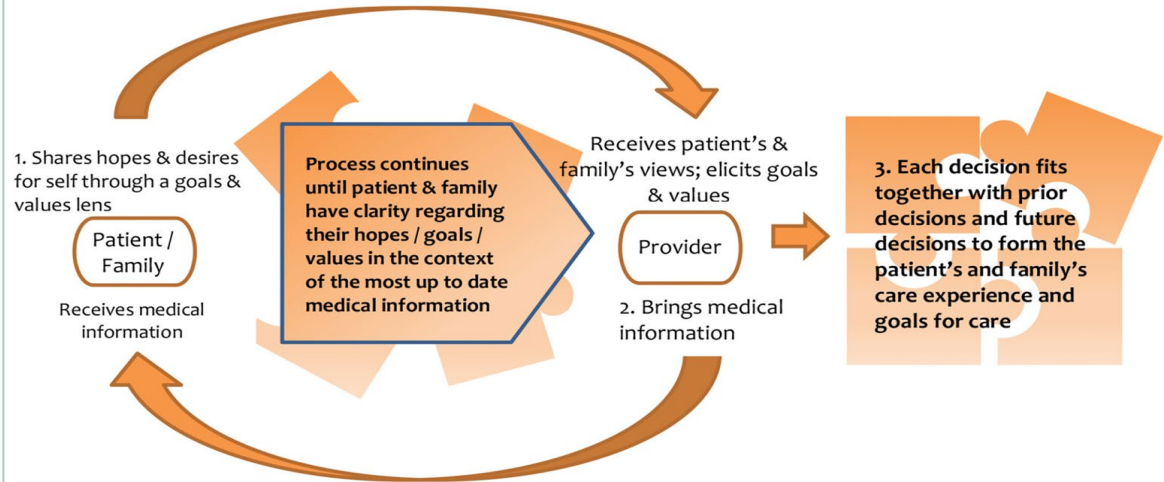
- **Personalized Care Plans/Adaptive Care Plans:** Work with healthcare providers to develop an individualized plan that details triggers, communication preferences, and coping strategies.
- **Multidisciplinary Approach:** Collaboration among physicians, behavior analysts, nutritionists, and therapists ensures holistic care.
- **Environmental Adaptations:** Healthcare settings can be overwhelming due to sensory input. Requesting quieter waiting areas, dim lights, and bringing calming objects can help.
- **Caregiver as Expert:** Parents and caregivers are the best source of information on the patient's needs and communication style.
- **Accommodation Plans (504) & IEPs** - That can be used in school and also in other areas to reduce barriers, inform care, comprehensive and consistent

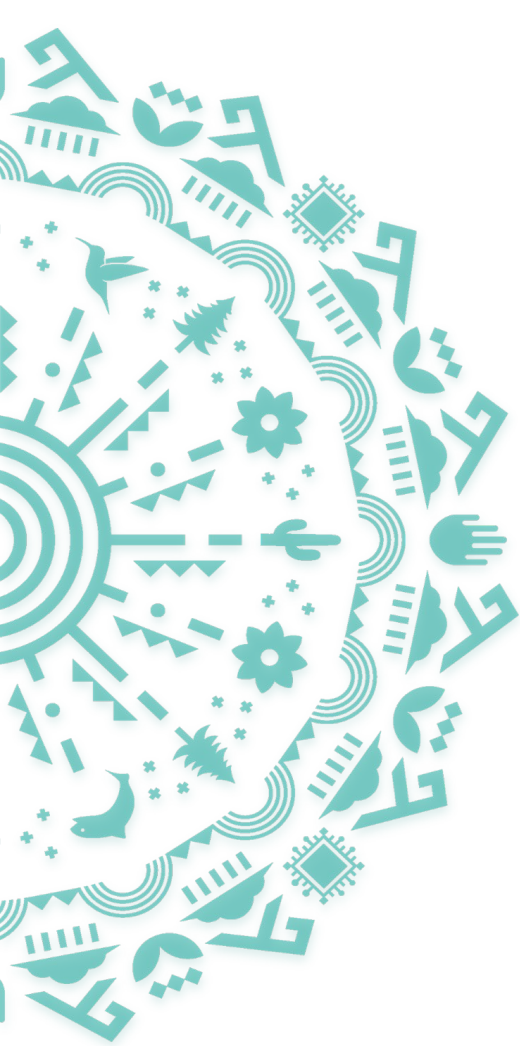
USE WHAT YOU HAVE - LOOK, READ, BE CURIOUS



Adaptive Care Plan Example

Moody SY, Bell CL, Lindenberger EC, Reid MC. Adaptive Care Planning: A paradigm shift. *J Am Geriatr Soc.* 2024; 72(2): 337-345. doi:10.1111/jgs.18731





Conclusion

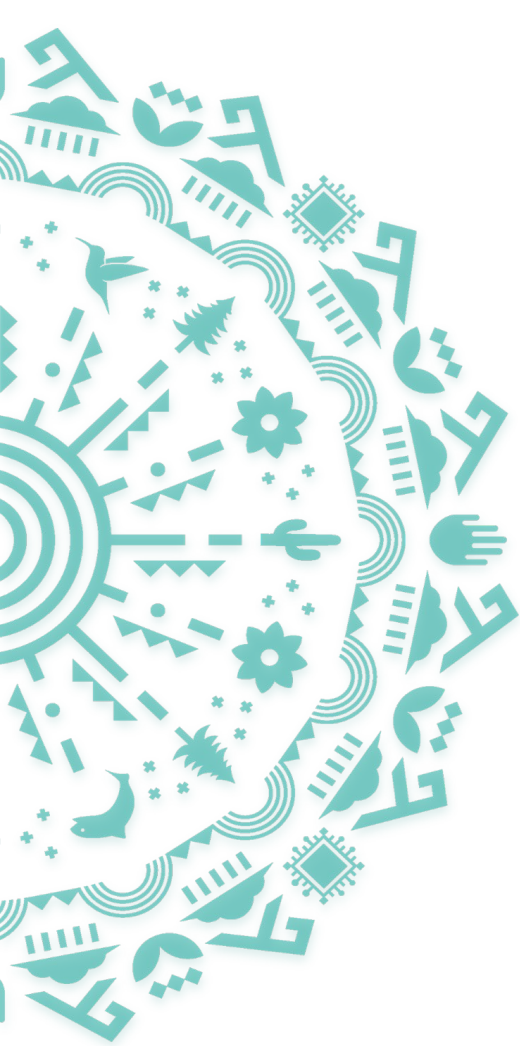
- Treating co-occurring medical conditions especially GI and Neurologic conditions is an essential part of care for someone with ASD leading to substantial improvements in quality of life for the person and their caregivers.
- Behavioral changes in an individual with limited communication skills should prompt an investigation into underlying medical causes.
- Awareness and proactive care are key to addressing the diverse needs of individuals with ASD.
- Don't forget pubertal changes and menopause can worsen "behaviors" and advocate for Endocrine and reproductive support from the Provider community

Curiosity of causality is a must!!!



Resources:

- Autism Speaks for health reports and toolkits.
- Autism Research Institute for information on comorbidities.
- Centers for Disease Control and Prevention (CDC) for general information and living guidelines for Autism Spectrum Disorder.
- de Visser RO, Mosely R, Gamble-Turner J, Hull L, Sedgewick F, Featherstone C, Quint Obe C, Freeman E, Karavidas M. Unmet need for autism-aware care for gynaecological, menstrual and sexual wellbeing. *Autism*. 2025 Apr;29(4):934-944. doi: 10.1177/13623613241290628. Epub 2024 Oct 15. PMID: 39404255; PMCID: PMC11967085.
- Młynarska E, Barszcz E, Budny E, Gajewska A, Kopeć K, Wasiak J, Rysz J, Franczyk B. The Gut–Brain–Microbiota Connection and Its Role in Autism Spectrum Disorders. *Nutrients*. 2025; 17(7):1135.
<https://doi.org/10.3390/nu17071135>



Resources (Cont.):

- Ernst, Susan, MD; Woll Rosen, Monica, MD; and Stukenberg, Zoe, BA _ Reproductive health care for adolescents with disabilities requires special consideration. Contemporary OB/GYN. 2022 September https://cdn.sanity.io/files/0vv8moc6/contobgyn/8f3f8f866076993118fbeb7036a9da5ac932f4e1.pdf/OBGYNXXXX_core_Gynecology.pdf
- <https://taconow.org/family-resources/nervous-system-dysregulation-and-autism/#:~:text=When%20the%20nervous%20system%20is,affect%20brain%20function%20and%20behavior.>
- Moody SY, Bell CL, Lindenberger EC, Reid MC. Adaptive Care Planning: A paradigm shift. J Am Geriatr Soc. 2024 Feb;72(2):337-345. doi: 10.1111/jgs.18731. Epub 2024 Jan 9. PMID: 38193787; PMCID: PMC11215758.



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- Umashankar MS, Kumar AB. Clinical Case Presentation on Absence Seizures Diagnosis and Treatment Care Services and Outcomes in an Adult Patient. *J Neurosci Rural Pract.* 2019 Jan-Mar;10(1):154-157. doi: 10.4103/jnrp.jnrp_191_18. PMID: 30765995; PMCID: PMC6337990.
- Spence SJ, Schneider MT. The role of epilepsy and epileptiform EEGs in autism spectrum disorders. *Pediatr Res.* 2009 Jun;65(6):599-606. doi: 10.1203/PDR.0b013e31819e7168. PMID: 19454962; PMCID: PMC2692092.
- Schwichtenberg AJ, Janis A, Lindsay A, Desai H, Sahu A, Kellerman A, Chong PLH, Abel EA, Yaticilla JK. Sleep in Children with Autism Spectrum Disorder: A Narrative Review and Systematic Update. *Curr Sleep Med Rep.* 2022;8(4):51-61. doi: 10.1007/s40675-022-00234-5. Epub 2022 Nov 3. PMID: 36345553; PMCID: PMC9630805.