

## SPECIALTY

# Pediatric Neurology

## CHIEF COMPLAINT

### Autism Spectrum Disorder

## COMMENTS TO SPECIALIST

A 12-year-old with autism is taking Risperidone 0.25 mg 3x per day with increased aggressive behaviors and elevated prolactin.

Sending him to psychiatry locally, but I will provide care in the interim likely for months.

I note some allergy symptoms, which are being treated treating with loratadine and a nasal spray in case discomfort is causing his increased symptoms. However, increased aggression predated the allergy symptoms.

Attached are my visit notes and the only behavioral health notes in his chart, which were from 3 years ago. Recent labs are attached as well.

## MAIN QUESTION

Is there anything I could do to address this? For family education, what might be the cause?



Response from eConsult Specialist

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## SUMMARY

Treatment options available at the primary care level.

## DETAILS

The prolactin level by itself is not a problem unless he has symptoms. I would recheck his prolactin levels in 3 months to make sure it isn't increasing. If the aggression is related to rigidity/lack of flexibility, I would try Fluoxetine 10 mg daily for 5 days, then increase it to 20 mg daily. Decrease the Risperdal and use Seroquel 25 mg PO QD in the morning and afternoon. Risperdal is more effective at treating oppositional behaviors, but Seroquel is more sedating if that is indicated. Clonidine was tried, but he was noted to have mood swings, which is unusual. I would consider using Guanfacine to dampen arousal. Make only one medication change at a time and wait 4 to 6 weeks before making another change.

As school is almost over, if he is not in summer school or a camp for children with autism, I would encourage the parents to make a daily calendar and write it down on a whiteboard, so he follows approximately the same routine every day. Consistency often decreases behavioral problems. The calendar needs to be detailed hour by hour. Try to add some of the activities he does at school in the same order he does them there. Check to see if he receives speech therapy or could get those services. Does he use pictures to express his wants and needs? If not, ask his parents to make 5-6 cards. Put them on the refrigerator so he can point to the pictures or bring them to a caretaker to get his needs met.

I would recheck renal labs in one month. Encourage parents to connect with Autism Speaks or their state autism council for opportunities for summer camps. They should start to make his eating routine, so make the same thing for breakfast, lunch, dinner, and snacks to decrease weight, lipids, and triglycerides. For example, giving him four crackers or 1/2 cup of popcorn rather than letting him decide how much to eat.

I would proceed with starting the Prozac 10 mg PO QD for 5 days, then increase it to 20 mg PO QD. If this is helpful after 4 to 6 weeks, I would taper the Risperdal to 0.5 mg PO each morning, 0.25 mg PO each afternoon, and 0.5 mg PO at bedtime. After two weeks would decrease the afternoon dose. Just for ease of daily routine, I would try to use medications only twice daily. If possible, I would consider hiring either a nursing student or a university student studying special education or occupational therapy to come 3 days a week from 3:00 to 6:00 pm, for example.

*Martina Betancourt, MD*

Martina Betancourt, MD, Pediatric Neurologist

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