Reducing Health Inequalities for those on the Autistic Spectrum: The role of the GP

Patients on the autistic spectrum have a significant number of co-occurring conditions that affect their health. Along with the potential difficulties in accessing health care and in explaining their difficulties to their clinicians, there can be serious impacts on health outcomes. A recent paper from Scandinavia has shown a significantly increased risk of premature mortality associated with a diagnosis of autism (Hirvikoski et al 2015). Although this finding has not been replicated in the UK, similar results have been noted in Denmark and the US.

The GP has an important role to play in improving health outcomes for this vulnerable group of patients with a few simple measures.

**Epilepsy**

*Maintain good seizure control and refer to specialist services if support is needed.*

Epilepsy occurs in 20-30% of the autistic population and is the leading cause of premature death in those with ASD and an associated intellectual disability. Ask about seizure frequency and compliance with medication regularly and get additional support if control is not good.

**Mental Health**

*Up to 80% of patients on the autism spectrum will have additional mental health problem at some time.*

Anxiety is a particularly prevalent and chronic issue from childhood (42% of five to ten year olds have an anxiety disorder). This extends through to adulthood (around 50%) where depression also becomes a common and long-term issue. All other mental health disorders can co-exist with autism and are normally substantially more prevalent than in the general population. The GP needs to be alert to the (sometimes) unusual presentation of mental health problems, and have a high index of suspicion.

Management should follow NICE guidelines although the patient may be unusually sensitive to medication and need a lower initial dose and slow titration until therapeutic improvement has been achieved. Psychological therapies are effective if they are adjusted to cope with the autism. According to the available data suicide and suicidal thoughts are substantially more common in higher functioning autistic people than the general population and risk should be assessed.

**Psychotropic Medication**

Historically there has been over-reliance on psychotropic medication to deal with challenging behavior in those with learning difficulties and/or autism. Although initiated by specialist services, GPs often find themselves supervising long-term prescribing. Regular medication review gives the opportunity to consider the appropriateness of the medication. It allows the prescriber to reduce or stop medication that is no longer offering any benefit. It also provides the opportunity to perform monitoring blood tests and health checks in line with current guidelines.
Any new prescription for psychotropic medication transferred to primary care should come with clear guidance about the intended benefits, planned duration and monitoring requirements (NICE clinical guideline 142. Autism: recognition, referral, diagnosis and management of adults on the autism spectrum)

**Diagnostic overshadowing**
Because autism can be both complex and challenging, there has been a tendency to attribute changes in behaviour or unexplained symptoms to the autism rather than look for additional underlying causes. For example, poor appetite may be a result of reflux oesophagitis or depression but carers may simply feel the person is being difficult. Any new onset symptom, such as incontinence, should be assumed to have a physical cause until proven otherwise.

**Access and screening**
Because autism is a social communication disorder, it is a challenge for those on the spectrum to access NHS services. It is also a challenge for them to explain their symptoms in a way that we can understand. Many will be reluctant to attend for a screening examination like a cervical smear, or may fail to understand our instructions about what to do next. We need to recognize that they are vulnerable patients who may require additional support to gain equitable access to healthcare and reduce the risk of undiagnosed conditions or premature mortality. Detailed resources on how we can support our patients with ASD can be found on the RCGP online autism toolkit 30-50% of those on the autism spectrum also have a learning difficulty. This group of patients should be reminded they are entitled to an annual health check.

**Co-occurring conditions**
There is a strong association of ASD with other neurodevelopmental conditions such as learning difficulties, ADHD, Down’s syndrome, Tourette’s syndrome, cerebral palsy and Fragile-X syndrome. It is not uncommon for an individual to have three or more of these disorders – such as learning difficulties, autism and epilepsy.
There also seems to be an increased incidence of gastrointestinal problems ranging from inflammatory bowel disease, through to coeliac disease, chronic constipation and diarrea of unknown origin.
Physical health problems such as diabetes, cardiovascular disease and asthma have been found to be common in autism, as are difficulties with sleep, eating and dental health.
It is important to consider the impact a co-occurring condition may have on health and well being, and to arrange a referral for diagnosis, or appropriate support and medication when indicated.

For additional materials and support for general practice see the autism toolkit: [www.rcgp.org.uk/asd](http://www.rcgp.org.uk/asd)