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*If Veterans don't help Veterans, who will?*

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## Majority youths with autism or intellectual disability receive antipsychotics, study finds

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About one in ten youths treated with an antipsychotic are diagnosed with autism spectrum disorder or intellectual disability. Conversely, one in six youths diagnosed with autism spectrum disorder has been prescribed antipsychotics. These findings are reported in the June 2016 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry (JAACAP)*. Furthermore, the results suggest that the proportion of adolescents with autism or intellectual disability has increased among youths treated with antipsychotics and that more youths with autism or intellectual disability have received antipsychotics.

Currently, second-generation antipsychotics are the only FDA-approved medications for youth with autism. However, these are approved only for the symptomatic control of irritability and aggression. They do not have an indication for youth with intellectual disability, and they do not seem to affect the core symptoms of autism spectrum disorders, such as social and communication difficulties, or the core symptoms of intellectual disability, such as problems with understanding and responding appropriately to information from the outside world.

Performing a meta-analysis of 39 studies and over 350,000 youth with mental illness, a group of researchers led by Christoph U. Correll, MD, of Hofstra Northwell School of Medicine, examined the frequency and time trends of antipsychotic prescribing in youth with autism spectrum disorders or intellectual disability, mostly drawing on data from large registry-based studies.

"Although the increased prescribing of antipsychotics in youth with autism spectrum disorders or intellectual disability cannot be judged as appropriate or inappropriate based on database studies, side effects of antipsychotics can be quite problematic, especially in children and adolescents," said Correll. "Therefore, clinicians should perform very careful risk: benefit evaluation before and after starting youth with autism spectrum disorders or intellectual disability on an antipsychotic, always trying to maximize non-pharmacologic interventions as well as pharmacologic or non-pharmacologic treatments for comorbidities, including attention-deficit/hyperactivity disorder, anxiety disorders, obsessive-compulsive disorder, and sleep disorders."

Based on the study results and the known adverse effects of antipsychotics, the authors concluded that clinicians should consider using psychosocial interventions that are proven to be efficient for behavioral dysregulation such as irritability and aggression, before prescribing antipsychotics to adolescents with autism or intellectual disability. The authors further stressed that when prescribing antipsychotics, it is imperative to regularly monitor both their efficacy and tolerability in patients through body weight, fasting lipids and glucose, extrapyramidal side effects, sedation, and sexual/reproductive adverse effects, and to manage abnormalities appropriately.

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