

Medical/Behavioral Considerations in the IDD Population

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Disclosures

- I have no financial relationships relevant to this presentation to disclose.
- All planners have no relevant financial relationships to disclose.

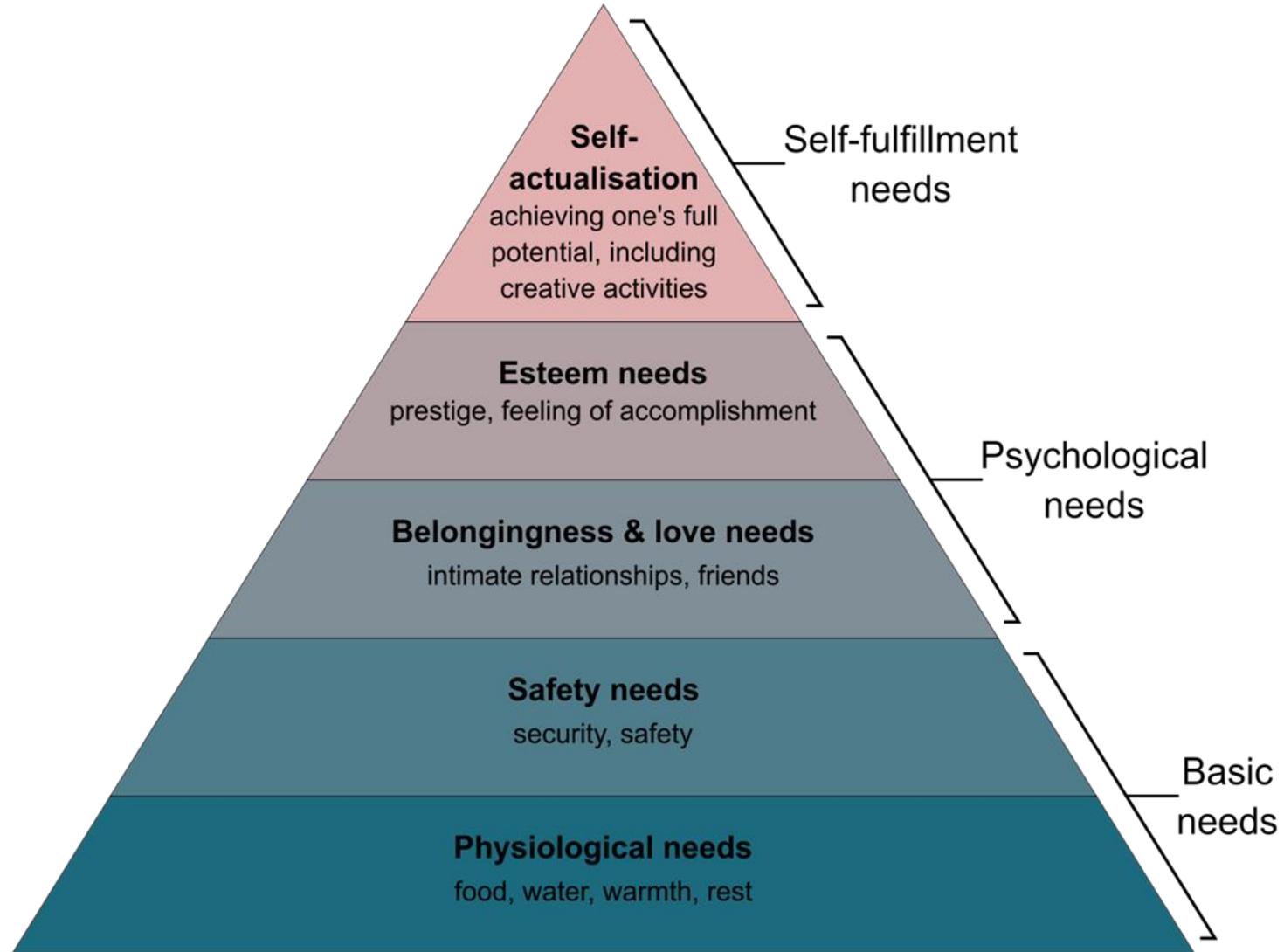
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Objectives

1. Gain an understanding that disruptive behaviors may be an indication of an underlying medical issue.
2. Discuss common biologic issues associated with disruptive behaviors such as constipation, encopresis, diarrhea, and disrupted sleep.
3. Review treatment interventions such as diets, supplements, routine dental care and physical activity.

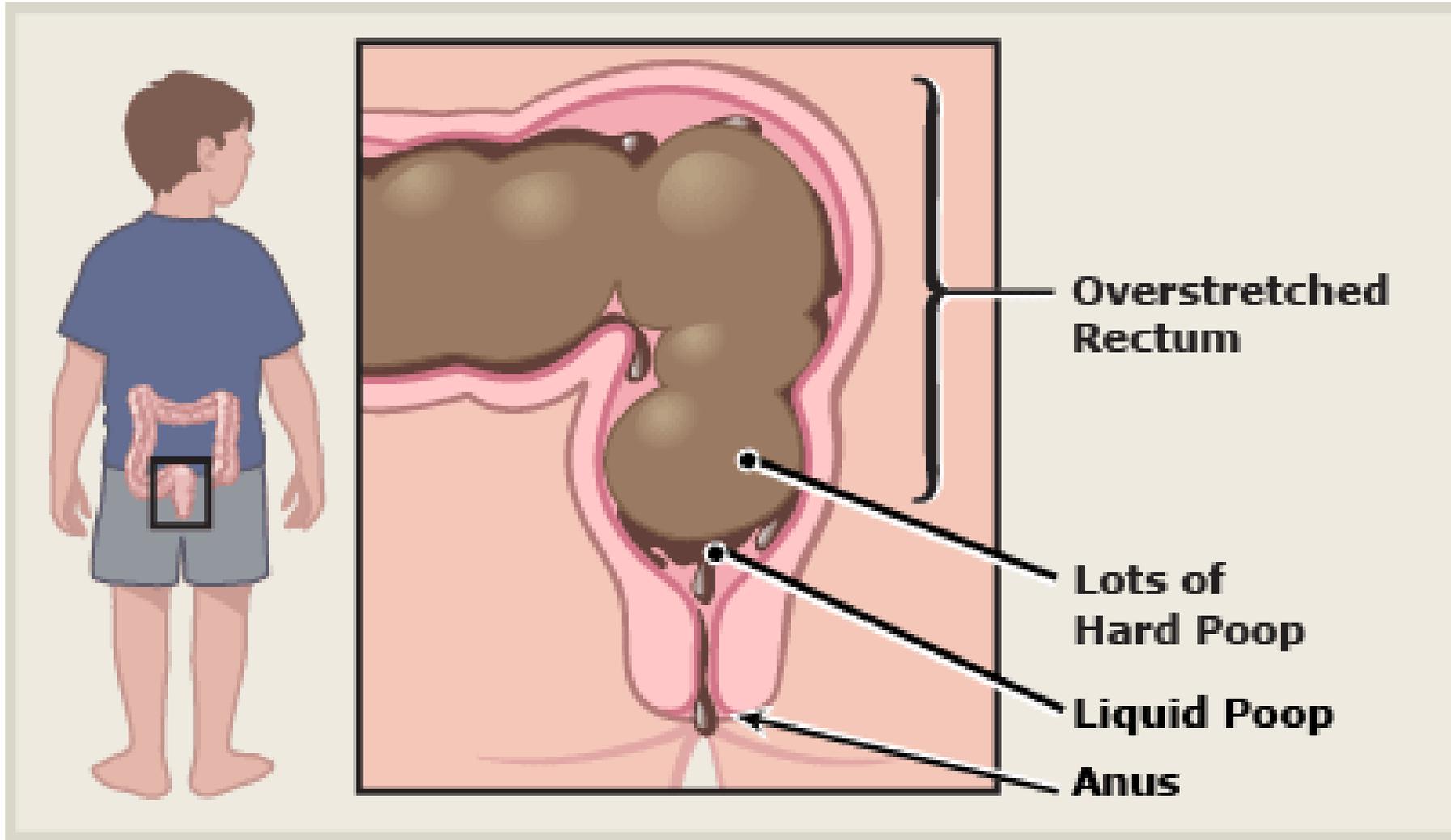
Maslow's Hierarchy of Needs



Constipation

- Most common GI issue is constipation.
 - ASD most common reason for ED visit
 - More likely to be admitted for inpatient treatment
- Constipation can be a side effect of other medications (iron)
- Treating constipation improves diet, sleep and behaviors.
- Standard medication approaches work, but
 - need to be adjusted due to sensory issues (i.e. Senna)
 - Takes time 6-12 months of regular treatment (i.e. MiraLax)
- Educating family about constipation important for treatment.

Encopresis



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Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

Types 1–2 indicate constipation, with 3 and 4 being the ideal stools (especially the latter), as they are easy to defecate while not containing any excess liquid, and 5, 6 and 7 tending towards diarrhoea.

Diarrhea

- Not as common as constipation
- Rule out encopresis!
- Consider other GI issues
 - lactose intolerance,
 - Celiac,
 - IBS,
 - etc.

Toileting

- If over age 3 and have bowel or bladder incontinence- can write a prescription for diapers.
 - especially if they have Medicaid, does not work with all insurances
- Peristalsis- Greatest urge 30 minutes after meals.

Fecal Smearing

- Rule out pinworms!
 - Over the counter treatment- 2 doses 2 weeks apart
- Function of the behavior drives the approach
 - Aggressive act?
 - Sensory

Rumination Syndrome

- Rumination syndrome is a functional gastrointestinal disorder characterized by effortless postprandial regurgitation.
 - diagnosed clinically by ROME-IV or DSM-5
 - high-resolution esophageal manometry and 24-h pH impedance
- Treatment includes
 - behavioral approach (diaphragmatic breathing)
 - medications such as trial of baclofen and consider reflux treatment
 - surgery is rarely indicated

Specialized Diets

- Ketogenic diet (low carb, high fat)-
 - put body in a state of acidosis and is a treatment of seizure disorders
- Gluten free, Casein Free (GF/CF) diet-
 - strict elimination diet, all foods containing **gluten** (found in wheat, barley and rye) and **casein** (found in milk and dairy products) are removed from the child's daily food intake
 - Hyman SL, et al. (2016) The Gluten-Free/Casein-Free Diet: A Double-Blind Challenge Trial in Children with Autism. J Autism Dev Disord. <https://pubmed.ncbi.nlm.nih.gov/28612113/>
 - González-Domenech PJ, et al. (2020) Influence of a Combined Gluten-Free and Casein-Free Diet on Behavior Disorders in Children and Adolescents Diagnosed with Autism Spectrum Disorder: A 12-Month Follow-Up Clinical Trial. J Autism Dev Disord. <https://pubmed.ncbi.nlm.nih.gov/31813108/>
- Feingold diet-
 - associated with ADHD
 - elimination of foods containing certain harmful additives such as dyes and aspirin-like chemical called salicylate.
- Elimination diet-
 - Concern is vitamin deficiency!

Diet

- Goal of balanced diet, minimize processed foods
- Ask PCP about multivitamin, may need nutrition consult.
 - Super Nu Thera- comes in many forms
- High Calorie Drinks- Smoothies
 - [PE233 High-Calorie Drinks \(seattlechildrens.org\)](http://seattlechildrens.org)
- Consider high protein before sleep (deli meat or peanut butter)

Sleep – Medical Considerations

- Are they getting enough (CDC, sleep recommendations)
 - 3-5 yo - 10-13 hours (including naps)
 - 6-12 yo - 9-12 hour
 - 12-18 yo - 8-10 hours
 - 18-60 yo - 7 or more
- Concerning signs:
 - Loud snoring, especially with pauses or gasps
 - Restlessness- sign of low Ferritin (Iron)
 - Daytime fatigue
- Herbs
 - Melatonin- Dose 0.5 to 10 mg- 30 min to 1 hour before (long/short acting varieties, quality matters- USP)
 - <https://drcraigcanapari.com/should-my-child-take-melatonin-a-guide-for-parents/>
- Medications
 - Clonidine or Guanfacine- help them fall asleep
 - Trazodone

Physical Activity

- Physical Activity reduces anxiety, depression, aggressive and repetitive behaviors.
- Get them out of the house moving for 60 minutes a day.
- Fit 5- Special Olympics- [Fit 5 \(specialolympics.org\)](http://specialolympics.org)
 - Available in English, Spanish, French, Arabic, Chinese and Russian
- If they have autism, consider the Ben's fund (\$1,000 grant) to pay for a stationary bike/treadmill.

Safety

- Elopement Risk
 - Disabled Parking Permit
 - Big Red Safety Box- nationalautismassociation.org
 - Smart 911
- Firearm safety- lock box
- Water Safety- consider swim classes, YMCA
- Local law enforcement
 - Police - 10 facts for law enforcement to know: [NC CJDTipSheet_LE-FINAL.pdf \(thearc.org\)](#)
 - GPS tracker

Dentist

- Encourage families to get regular dental check ups every 6 months.
- Center for Pediatric Dentistry, partners with Seattle Children's if the child needs sedation.

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Questions

THANK YOU!

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