

Clinical Case Studies

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Case # 1 - 13 year old male DSM-IV-TR diagnostic criteria

- Axis I: Autistic disorder
- Axis II: Severe mental retardation
- Axis III:
 - Breech presentation
 - Jaundice at birth
 - Frequent ear infections
 - RSV and pneumonia at 3 months
 - RSV bronchiolitis at 8 months
 - Urinary tract infection at 3 years
 - Ear tubes
 - Seizure disorder

DSM-IV-TR diagnostic criteria (Cont'd)

- Axis IV: Residential placement away from nuclear family
- Axis V: Current GAF=35. Highest GAF in the past year=35

Current Symptoms

- Aggression towards others
- Patient will hit, kick, bite, pinch and throw things at people, at least twice a week
- Frequently slams himself into the wall, bangs his head on the wall and hits his head with his fist
- Puts holes in walls and throws things
- Sleep is good
- Energy level is extremely high
- Mother believes that his mood is “anxious”

Current Medications

- Oxcarbazepine (600 mg) 1 p.o. b.i.d. for the treatment of seizures
- Oxcarbazepine (150 mg) 1 p.o. 12 noon for the treatment of seizures
- Ritalin LA (30 mg) 1 p.o. q.a.m., it is no longer working as it once did
- Zyprexa (10 mg) 1 p.o. b.i.d., it is not as effective as it was initially

Past Psychoactive Drug Trials

- Fluoxetine made him worse
- Sertraline led to an uncertain effect
- Risperidone reportedly made him more agitated
- Seroquel made him “drunk”
- Adderall made him “mellow”
- Celexa had no effect
- Abilify led to him appearing “weird”
- Clonidine led to sedation
- Naltrexone had no effect

3 Targets of Treatment

- Agitation
- Anxiety
- Help with life skills

Case #1: Which one of the patient's current medications is most likely to be contributing to his irritability?

- 0% 1. Oxcarbazepine
- 0% 2. Methylphenidate Extended Release
- 0% 3. Olanzapine
- 0% 4. None of the Above

Case #1: Which medication would you add next?

- 0% 1. Dextroamphetamine Salts
- 0% 2. Fluvoxamine
- 0% 3. Guanfacine XR
- 0% 4. Paliperidone

Case #1: Which of the following treatments would rank the lowest these options?

- 0% 1. Lithium Carbonate
- 0% 2. ECT
- 0% 3. Mirtazapine
- 0% 4. Clozapine

**Case # 2 - 20 year old male
DSM-IV TR diagnostic criteria**

- Axis I: Obsessive-compulsive disorder, Autistic disorder
- Axis II: Moderate mental retardation
- Axis III: Recent grand mal seizure
- Axis IV: Limited access to social activities, disrupted educational effort due to behavioral symptoms
- Axis V: Current GAF=45, Highest GAF in past year=60

Current Symptoms

- Aggression toward others on a near daily basis
- Consists of grabbing others, such as other students or the bus driver
- Bites his wrist “all of the time”
- There is no significant property destruction or significant mood swings

Current Symptoms (Cont'd)

- Approximately 6 months ago, pt had the onset of an intense need to order and arrange objects, such as chairs around the family kitchen table and dishes in the dishwasher
- Patient has a need to touch things repetitively
- Obsessive-compulsive symptoms are ego-dystonic

Current Symptoms (Cont'd)

- No current evidence for motor or phonic tics
- Significant difficulty falling asleep
- Energy level is described as low
- His mother believes that his mood is “anxious and sad”

Current Medications

- Risperidone 2 mg p.o. in the morning, 1 mg p.o. midday, and 1 mg at hour of sleep
- Risperidone is approximately 50% as effective now as it was initially for aggression

Past Psychoactive Drug Trials

- Numerous SSRI's: Celexa, Lexapro, Fluvoxamine and Sertraline have led to a significant increase in irritability
- Venlafaxine led to increased irritability
- A combination of Risperidone and an SSRI "wasn't the right balance"
- Geodon led to increased irritability

Past Psychoactive Drug Trials (Cont'd)

- Memantine up to 15 mg per day led to increased irritability
- Penicillin for 10 days had no effect
- Abilify up to 6 mg per day had no effect
- Mirtazapine 45 mg per day had no effect
- Lorazepam 2 mg t.i.d. had no effect

3 Targets of Treatments

- OCD symptoms
- Anxiety and sensory issues
- The need for prompt dependence

Case #2: Which of the following comorbid diagnoses may we be missing?

- 0% 1. Major depressive disorder
- 0% 2. Substance abuse disorder
- 0% 3. Separation anxiety disorder
- 0% 4. A psychotic disorder

Case #2: Which medication would you try next?

- 0% 1. Duloxetine
- 0% 2. Bupropion
- 0% 3. Clomipramine
- 0% 4. Buspirone

Case #2: If medications aren't helpful for OCD symptoms, what treatment should we try next?

- 0% 1. Behavior therapy
- 0% 2. rTMS
- 0% 3. ECT
- 0% 4. Neurofeedback

Case # 3 - 15 year old female DSM-IV-TR diagnostic criteria

- Axis I: Autistic disorder, Generalized anxiety disorder
- Axis II: Mild to moderate mental retardation
- Axis III: History of diagnosis of mitochondrial disorder, constipation
- Axis IV: The building of an addition on the family home
- Axis V: Current GAF=45, Highest GAF in past year=45

Current Symptoms

- Aggression toward others
- This includes kicking, hitting and head butting
- Bites her hand repetitively
- Severe repetitive questioning and demands a quick answer or agitation increases
- Only interested in people if they answer her questions
- Difficulty falling asleep
- Energy level is "okay"

Current Medications

- Risperidone 1 mg p.o. q.a.m. Higher dose resulted in abnormal facial movements
- L-carnitine 500 mg p.o. b.i.d.
- Clonazepam 0.5 mg on a p.r.n. basis

Past Psychoactive Drug Trials

- Sertraline and Lexapro made her more irritable
- Seroquel made her more irritable
- Clonidine, Kapvay, Guanfacine and Intuniv led to crying
- Buspirone led to rigidity and dystonia
- Carbamazepine had minimal effect
- Topiramate was ineffective
- Divalproex led to insomnia and was ineffective
- Dextroamphetamine and Ritalin were not effective
- Abilify caused "sleep issues"
- Mirtazapine led to increased agitation

3 Targets of Treatment

- Anxiety
- Aggression
- To expand the patients areas of interest

Case #3: Which comorbid medical condition should we consider?

- 0% 1. Ear infection
- 0% 2. GERD
- 0% 3. Seizure disorder
- 0% 4. Appendicitis

Case #3: What would happen if we have people simply ignore her repetitive questioning?

- 0% 1. She would stop asking questions
- 0% 2. She would be depressed
- 0% 3. She would run away from the family home
- 0% 4. She would increase the intensity of asking questions

Case #3: What medication should we consider next?

- 0% 1. Venlafaxin
- 0% 2. Alprazolam
- 0% 3. Paliperidone
- 0% 4. Amitriptyline

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Questions?

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