

Robin Friedlander, MD, FRCPC, Aaron Ooi, MBChB, DipPaed, PGDipClinEd, FRACP

Autism today



Dr Robin Friedlander



Dr Aaron Ooi

Dr Friedlander is a child and adolescent psychiatrist in the Neuropsychiatry Clinic at BC Children's Hospital. He is also head of the Neurodevelopmental Disorders program and a clinical professor in the Department of Psychiatry at the University of British Columbia. Dr Ooi was a postgraduate fellow in the Neuropsychiatry Clinic at BC Children's Hospital and is a general pediatrician in the Department of Paediatrics at Rotorua Hospital, Rotorua, New Zealand.

This editorial has been peer reviewed.

Autism is an important neurodevelopmental condition that is usually evident in early childhood and is typically associated with significant impairment. Awareness of autism has grown exponentially over the past 20 years, with increased recognition of the condition, along with generous public funding for early intervention. Approximately 3% of children and youth in BC carry an autism diagnosis. Media interest in autism has focused primarily on children and adults with so-called high-functioning autism. Some of these individuals identify as neurodivergent and consider autism a difference to be embraced rather than a disease to be cured. However, a significant minority of children with autism are nonverbal or minimally verbal and have complex behavioral challenges. This theme issue focuses on this subgroup but also contains some information on funding for adults with autism.

The first article in this theme issue is an update and review of some of the current practices and controversies related to autism. The authors discuss the reasons for the increased diagnosis of autism over the past 30 years and review some common coexisting conditions. This is followed by a summary of the benefits and limitations of early intervention and treatment for aggressive behavior. The article concludes with information about accessing public funding and highlights the unmet needs of those children and youth who are most impaired. This article should be of interest to any physician in BC.

The second article presents an algorithm for assessing and managing irritability and aggression in children and youth with autism. The algorithm guides the clinician to rule out or treat medical, sleep, and psychiatric conditions; consider developmental, environmental, and psychosocial factors;

and implement behavioral interventions before considering a prescription for atypical antipsychotics such as risperidone and aripiprazole. This article will be of particular interest to pediatricians and psychiatrists, who are the physicians most likely to manage such children and youth.

The third article discusses the challenges inherent in the routine medical evaluation of children and youth with autism and related neurodevelopmental disorders due to behavioral complexity. Such evaluations frequently necessitate examinations under anesthesia; however, difficulties in coordinating care result in fragmented and traumatic service provision. This article presents the preliminary findings of a multipronged study in which the clinical records of a cohort of children who had an elective procedure under anesthesia at BC Children's Hospital were reviewed: 1 in 6 children were identified as having behavioral complexity, and missed opportunities were noted for child-/family-centred, trauma-informed, equitable access to care. Recommendations are provided for improving coordination of care when a child undergoes sedation to reduce trauma from repeated sedations and for improving equitable access. This article will be of interest to physicians such as pediatricians and anesthesiologists who are involved in the care of complex populations. ■