



## Psychiatric Diagnosis Received By Patients Diagnosed With Autism Spectrum Disorder In Childhood In The Adult Period

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### Research Article

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### ABSTRACT

**Objective:** ASD; It is a neurodevelopmental disorder whose symptoms persist throughout life. There are many studies investigating ASD in childhood, but there are few studies examining the adulthood of ASD patients. The aim of this study is to examine the psychiatric diagnoses received in adulthood by patients diagnosed with ASD in childhood.

**Method:** This study included 28 patients who were diagnosed with autism at the child and adolescent mental health outpatient clinic between 2006 and 2023, and who subsequently received psychiatric diagnoses at an adult psychiatry outpatient clinic

**Results:** When the diagnoses received by the patients in adulthood are examined; %35.6 of the patients had mental retardation (MR), %21.4 had childhood autism and MR, %7.2 had atypical autism and MR, %7.1 had atypical autism, %7.1 had MR and psychotic disorder, %7.1 with pervasive developmental disorder, %3.6 with pervasive developmental disorder and mild MR, %3.6 with anxiety disorder, %3.6 with childhood autism and anxiety disorder, %3.6 were diagnosed with conduct disorder, %3.6 with mild MR and attention deficit and hyperactivity disorder (ADHD), and %3.6 with autism, moderate MR and ADHD, it was found that.

**Conclusion:** ASD is a neurodevelopmental disorder characterized by symptoms that persist into adulthood and is frequently associated with comorbid psychiatric conditions. Clinical problems and diagnostic features of patients in adulthood vary. For these reasons, investigating adult symptoms and the clinical course of individuals with ASD may contribute to the development of more effective and appropriate treatment strategies.

**Keywords:** Autism Spectrum Disorder, Adult Autism Spectrum Disorder, Mental Retardation

## Çocukluk Çağında Otizm Spektrum Bozukluğu Tanısı Olan Hastaların Erişkin Döneminde Aldığı Psikiyatrik Tanılar

### Araştırma Makalesi

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### ÖZ

**Amaç:** OSB; belirtileri ömür boyu devam eden nörogelişimsel bir bozukluktur. Çocukluk çağında OSB'yi araştıran çok sayıda araştırma bulunmaktadır ancak OSB hastalarının erişkinlik dönemini inceleyen az sayıda araştırma bulunmaktadır. Bu çalışmanın amacı çocukluk çağında Otizm Spektrum Bozukluğu tanısı olan hastaların erişkin döneminde aldığı psikiyatrik tanıları incelemektir.

**Yöntem:** Bu çalışma, 2006 ile 2023 yılları arasında çocuk ve ergen ruh sağlığı polikliniğinde otizm tanısı konan ve daha sonra erişkin psikiyatri polikliniğinde psikiyatrik tanı alan 28 hastayı kapsamaktadır.

**Bulgular:** Hastaların erişkinlik döneminde aldıkları tanıların incelendiğinde; hastaların %35,6'sının mental retardasyon (MR), %21,4'ünün çocukluk otizmi ve MR, %7,2'sinin atipik otizm ve MR, %7,1'inin atipik otizm, %7,1'inin MR ve psikotik bozukluk, %7,1'inin yaygın gelişimsel bozukluk, %3,6'sının yaygın gelişimsel bozukluk ve hafif MR, %3,6'sının anksiyete bozukluğu, %3,6'sının çocukluk otizmi ve anksiyete bozukluğu, %3,6'sının davranış bozukluğu, %3,6'sının hafif MR ve dikkat eksikliği ve hiperaktivite bozukluğu (DEHB), %3,6'sının otizm, orta MR ve DEHB tanısı aldığı bulunmuştur.

**Sonuç:** ASD, belirtileri yetişkinlik dönemine kadar devam eden ve sıklıkla eşlik eden psikiyatrik bozukluklarla ilişkili olan bir nörogelişimsel bozukluktur. Hastaların erişkin dönemde klinik sorunları ve tanısal özellikleri farklılık göstermektedir. Bu nedenlerle, ASD'li bireylerde yetişkinlik dönemine ait belirtilerin ve klinik seyrin araştırılması, daha etkili ve uygun tedavi stratejilerinin geliştirilmesine katkı sağlayabilir.

**Anahtar Kelimeler:** Otizm Spektrum Bozukluğu, Erişkin Otizm Spektrum Bozukluğu, Mental Retardasyon

## Introduction

Autism spectrum disorder (ASD) is a neurodevelopmental disorder.<sup>1</sup> ASD is defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), as a neurodevelopmental disorder characterized by persistent deficits in social communication and social interaction, along with restricted, repetitive patterns of behavior, interests, or activities.<sup>2</sup> These symptoms may be severe enough to require lifelong assistance or mild enough to require little lifelong assistance.<sup>3</sup>

Although ASD is a common neuropsychiatric disorder, its cause has not yet been elucidated. Genetic and environmental factors are thought to play a role in its etiology.<sup>4</sup> The prevalence of ASD has increased in recent years.<sup>5</sup> According to research, autism spectrum disorder is thought to be seen in one in every fifty-nine people in the world.<sup>6</sup> This increase can be attributed to heightened awareness of autism among both the general public and clinical professionals, the broadening of diagnostic criteria, and advances in early diagnostic methods.<sup>6</sup>

Research has found that approximately 70% of people with autism have at least one psychiatric disorder.<sup>7</sup> The most common comorbid psychiatric diagnoses in individuals with ASD are attention deficit and hyperactivity disorder, behavioral disorders, anxiety disorder and depressive disorder.<sup>8</sup> It is emphasized that psychiatric symptoms may be masked by autistic features or that autistic features may be incorrectly labeled as a separate psychiatric illness. This situation may lead to inadequate identification and assessment of adults with autism, as well as inadequate recognition and treatment of comorbid mental health problems.<sup>9</sup>

Autism spectrum disorder symptoms usually begin in childhood, and patients are diagnosed with autism during this period. ASD symptoms often persist into adulthood.<sup>10</sup> During the first year of life, lack of eye contact and reduced response to their name are commonly observed. Between 12 and 24 months, in addition to these signs, delays in fine motor development and the emergence of repetitive behaviors are frequently noted. Between the ages of 2 and 5, symptoms such as speech delay, preference for solitary play, difficulties in social interaction, and challenges in forming friendships are commonly observed. During adolescence, behavioral issues including irritability, impulse control problems, depression, and suicide attempts may emerge. The most important criteria that show the course of the disorder in adulthood are the patient's intelligence level and whether he/she has received appropriate education.<sup>11</sup>

In studies on autism, childhood has generally been investigated, and studies investigating adulthood are less common. Therefore, there is no clear understanding of how autism symptoms change in adulthood.<sup>12</sup> The methods used in the treatment of autistic patients are behavioral methods, communication-oriented methods

and pharmacotherapy. Special treatments should be planned for these patients and families.<sup>13</sup> For these reasons, ASD is one of the important public health problems.<sup>14</sup>

Despite the increasing interest in ASD, most studies have focused on childhood and adolescence, leaving a gap in our understanding of adult outcomes. In particular, psychiatric comorbidities in adults with a childhood diagnosis of ASD remain underexplored. In this study, psychiatric diagnoses in adulthood were analyzed in individuals who had been diagnosed with ASD in childhood.

## Materials and Methods

This research is a retrospective study. Due to the retrospective nature of the study, comorbid diagnoses were identified through a review of diagnoses recorded in the hospital system. The study included 28 patients who were diagnosed with autism at the XXX Hospital Child and Adolescent Mental Health and Disorders Polyclinic between 2006 and 2023, and who were subsequently diagnosed at the Adult Mental Health and Disorders Polyclinic after the age of 18." Inclusion criteria for the study were being diagnosed with autism spectrum disorder between the ages of 3-17. Exclusion criteria for the study were the presence of genetic syndrome, being younger than 3 years old and older than 17 years old. The study was approved by the Clinical Research Evaluation Committee of the Faculty of Medicine, Cumhuriyet University on 16 November 2023, under approval number 2023-11/19.

In our study, SPSS (Statistical Package for the Social Sciences, Chicago, IL, USA) version 21.0 was used for the statistical analysis of the data. In descriptive statistics, mean and standard deviation values were used for continuous variables, and number and percentage values were used for categorical variables.

## Results

Among the 28 patients included in the study, 21 were male (75%) and 7 were female (25%). All patients were diagnosed with autism in childhood, and the mean age at diagnosis was  $9.9 \pm 4.3$  years. During childhood, 46.5%, 32.1%, and 21.4% of the patients were diagnosed with Childhood Autism, Pervasive Developmental Disorder, and Atypical Autism, respectively. (Table 1)

The mean age of the patients when they applied to the adult psychiatry outpatient clinic was  $21.5 \pm 2.79$ . When adult diagnoses were examined, 35.6% of the patients were diagnosed with mental retardation (MR), 28.6% with both autism and MR, 7.1% with atypical autism, 7.1% with MR and psychotic disorder, 7.1% with pervasive developmental disorder, 3.6% with pervasive developmental disorder and mild MR, 3.6% with anxiety disorder, 3.6% with childhood autism and anxiety disorder, 3.6% with conduct disorder, 3.6% with mild MR and attention deficit hyperactivity

disorder (ADHD), and 3.6% with autism, moderate MR, and ADHD. Diagnoses and their respective sub-classifications are shown in Table 2.

**Table 1: Types of Autism Diagnosis Received by Patients in Childhood and Average Age at Diagnosis**

Age at which patients were diagnosed (ort±ss)		9,9±4,3	
		n	%
Childhood Diagnosis	Childhood autism	13	%46,5
	Pervasive developmental disorder	9	%32,1
	Atypical autism	6	%21,4

**Table 2: Psychiatric Diagnoses Received by Patients in Adulthood**

Current Age of Patients (ort±ss)		21,5±2,79	
		n	%
Adult Diagnosis	Mental retardation (MR)		
	MR(Untyped)	3	%10,7
	Mild MR	1	%3,6
	Moderate MR	2	%7,1
	Severe MR	2	%7,1
	Childhood autism and MR		
	Childhood autism and Borderline MR	1	%3,6
	Childhood autism and Mild MR	1	%3,6
	Childhood autism and Moderate MR	2	%7,1
	Childhood autism and Severe MR	2	%7,1
	Atypical autism and MR		
	Atypical autism and Mild MR	1	%3,6
	Atypical autism and Moderate MR	1	%3,6
	Atypical autism	2	%7,1
	MR and Psychotic Disorder	2	%7,1
	Pervasive developmental disorder	2	%7,1
	Pervasive developmental disorder and Mild MR	1	%3,6
	Anxiety disorder	1	%3,6
	Childhood autism and anxiety disorder	1	%3,6
	Behavioral Disorder	1	%3,6
	Mild MRI and ADHD*	1	%3,6
	Autism, MRI and ADHD*	1	%3,6

\* ADHD: Attention Deficit Hyperactivity Disorder

## Discussion

In this study, we aimed to investigate the psychiatric diagnoses received in adulthood in patients diagnosed with Autism Spectrum Disorder in childhood.

It is generally accepted that around 40% of autistic individuals experience a diagnosable mental health disorder at some stage in their lives. The most commonly reported problems include depression, anxiety disorder, phobia and ADHD.<sup>15</sup> In addition, a significant proportion of individuals with autism are also diagnosed with mental retardation. Studies indicate that approximately 40% have an IQ between 40–50, and up to 70% fall within the 50–70 IQ range.<sup>16</sup>

Our findings showed that 35.6% of individuals diagnosed with ASD in childhood were later diagnosed with mental retardation during adulthood. Individuals with mental retardation are at increased risk for impulse control disorders, emotional dysregulation, and behavioral disturbances, including agitation and aggression. These behavioral symptoms may increase the

likelihood of individuals with mental retardation seeking psychiatric care more frequently. In our study, it was seen that 3.6% of patients diagnosed with ASD were diagnosed with anxiety disorder and 3.6% with ADHD in adulthood. The low total number of patients received may have been effective in the low number of these rates.

## Conclusions

As a result of our study, it was found that these patients received additional psychiatric diagnoses such as anxiety disorder, ADHD, and behavioral disorders, as well as mental retardation in adulthood. Based on our findings, we believe that further studies with larger sample sizes are needed in this area.

Follow-up studies of patients with ASD indicate that the diagnostic features, differential diagnosis, and clinical problems of adult autistics differ significantly from those of children with autism. Follow-up studies on autism are thought to be useful in determining the appropriate and most effective treatment programs for adult autism.<sup>17</sup>

Our study aims to reveal the rates of certain psychiatric diagnoses made in adulthood among patients diagnosed with Autism Spectrum Disorder during childhood, and to contribute to the literature by enhancing the understanding of the clinical presentation of adult ASD.

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