

Psychiatric Comorbidity in Individuals with ASD



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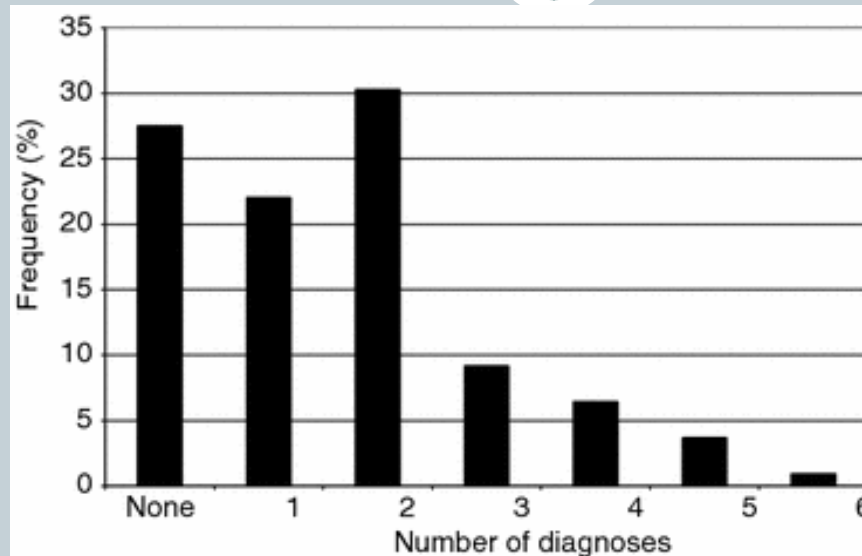


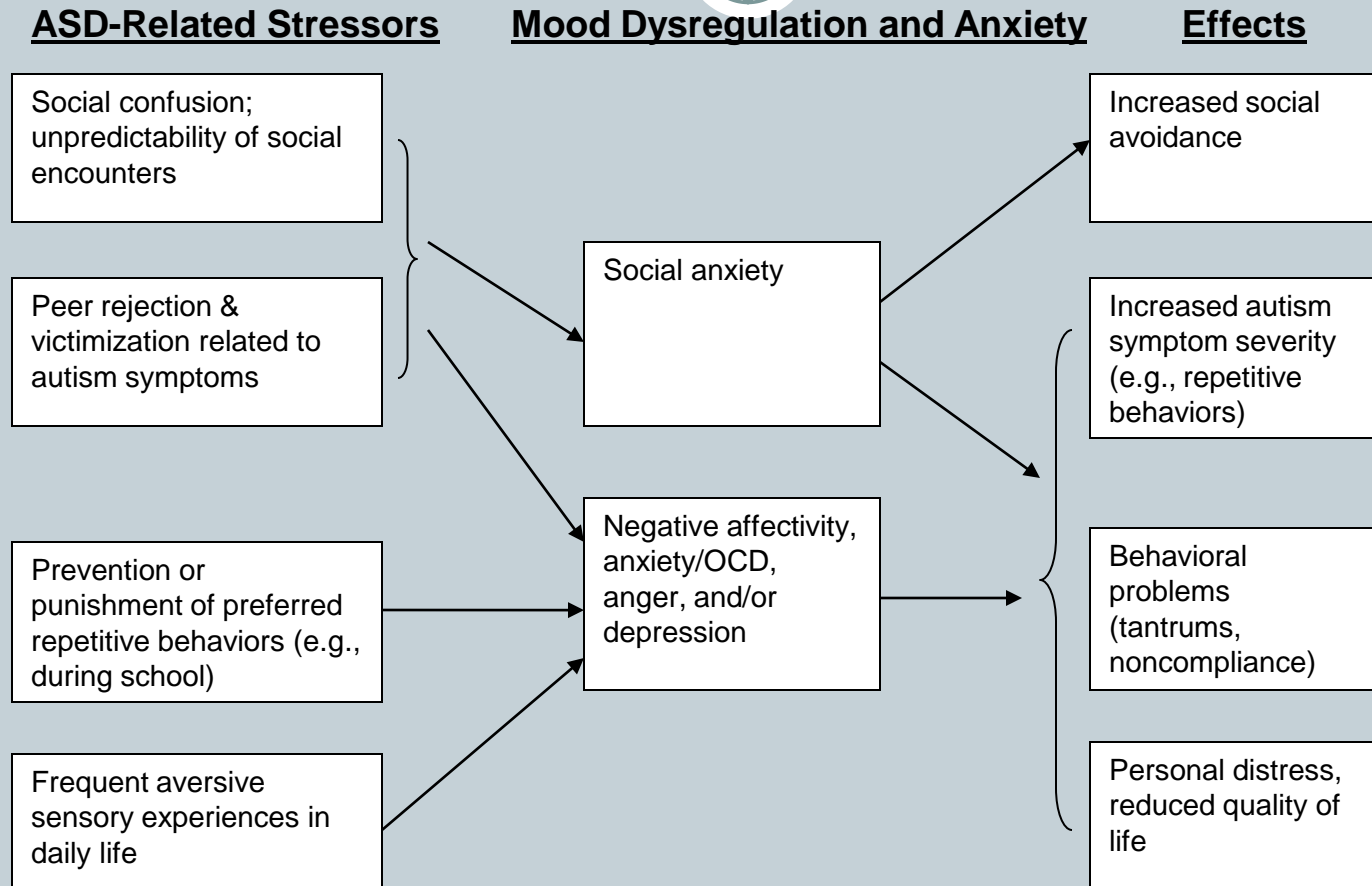
Fig. 1 Frequency of the number of comorbid lifetime psychiatric diagnoses per child with autism. Only DSM-IV diagnoses are included (Leyfer et al. 2006)

Understanding the Linkage



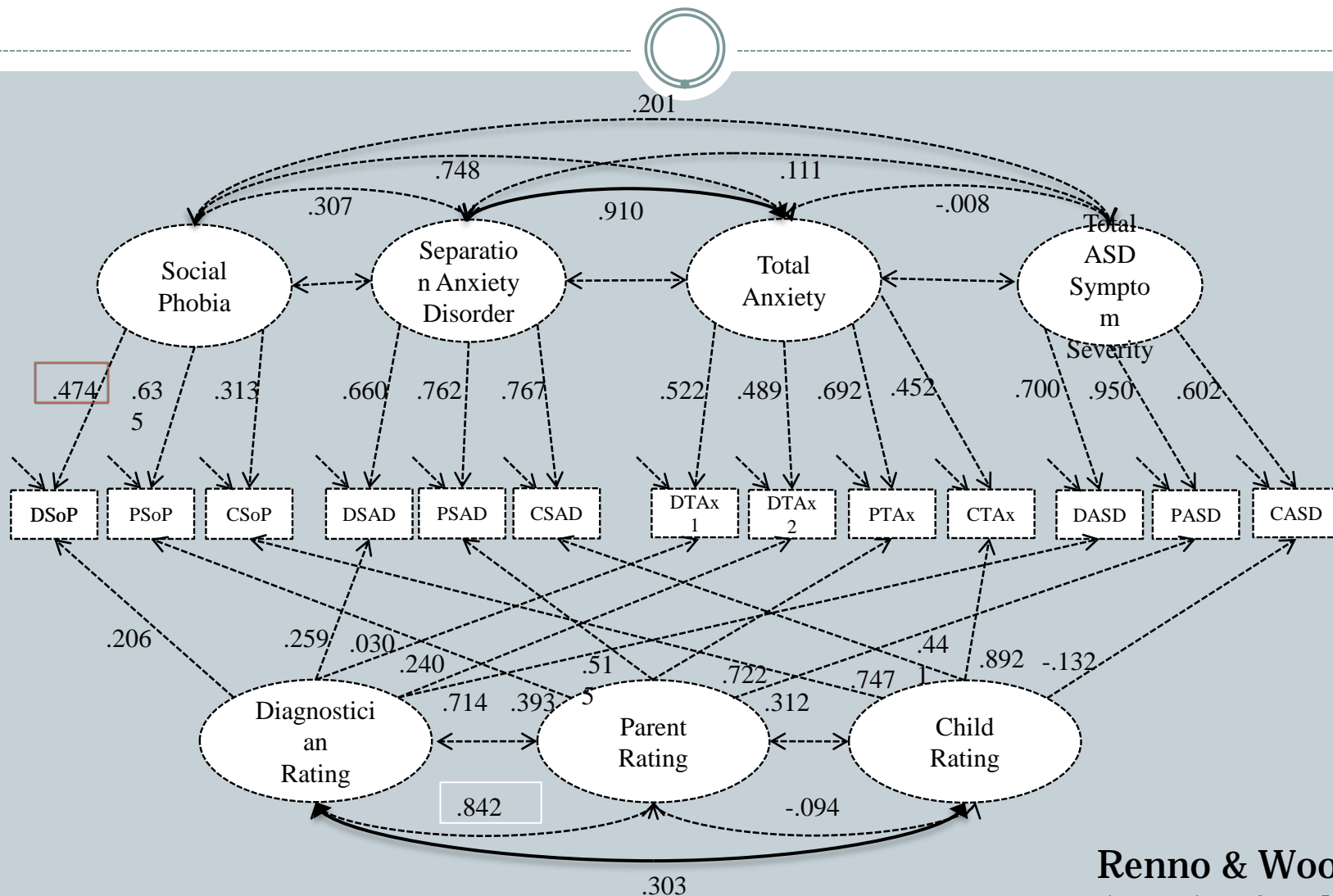
- **Common neurocognitive mechanisms.**
 - ▶ Executive functioning deficits are characteristics of autism and a number of psychiatric disorders (anxiety, ADHD, etc.) (Geurts et al., 2004)
 - ▶ Poor attention shifting and executive dysfunction underlies both prolonged negative emotion (anxiety, anger) and perseverative thought. Link with illogical thought (e.g. Solomon et al., 2008)
- **Other traits and their biological substrates that serve as vulnerabilities for psychiatric disorder may be more common in ASD, too.**
 - For example, genetic factors that are markers of negative affectivity/anxiety in typical youth are also present in children with ASD and anxiety; e.g. dopaminergic gene polymorphisms such as DAT1 intron8; serotonin transporter 5-HTTLPR.
(Cohen et al., 2003; Gadow et al., 2014, 2008, 2009, 2010; Roohi et al., 2009)

Hypothetical Model



(Wood & Gadow, 2010)

Discriminant Validity



Renno & Wood
(2013); cf. White
et al. (2014)

Future Directions



- **Evidence based treatment approaches, possibly modified for individuals with ASD, require further research.**
 - EG: Does CBT and/or SSRIs reduce clinical anxiety, OCD, and depression in individuals with ASD?
- **Investigations of the genetic, neurologic, psychophysiological, neuropsychological, and personality substrates of comorbid psychiatric disorders in ASD.**
 - EG: Functional neuroimaging of people with and without high anxiety in the context of ASD
 - EG: Do executive functioning deficits and stress predict greater psychiatric comorbidity concurrently and over time?