For Those with Autism, Behavioral Crises May Have Warning Signs

Many kids and teens with autism exhibit challenging behaviors, but new research suggests that certain risk factors separate those that end up needing inpatient treatment.

Everything from co-occurring conditions to sleep problems, autism severity and the level of supports an individual has at home appear to impact the likelihood of psychiatric hospitalization, according to findings published recently in the Journal of Autism and Developmental Disorders.

Researchers reviewed data on 218 individuals with autism ages 4 to 20 who had been hospitalized and compared their experiences to those of 255 similarly-aged kids and teens on the spectrum who had not received inpatient psychiatric treatment.

In particular, the study found that having a mood disorder increased the odds of hospitalization sevenfold while those with sleep problems faced over twice the risk.

Meanwhile, having a high score on a standardized measure of autism severity also upped the likelihood of hospitalization while better adaptive functioning skills correlated with a lessened chance, the study found.

What’s more, young people living with married caregivers had lower odds of hospitalization than those with similar circumstances who lived with just one caregiver.

Other factors including the presence of intellectual disability or gastrointestinal issues did not appear to influence the chance of hospitalization, the researchers said.

The findings point to a need to address autism from a broad perspective to prevent behaviors from escalating to crisis levels, the study authors indicated. Identifying and addressing those on the spectrum who are at risk of experiencing a crisis situation is particularly important since resources are scarce.
New Study: Antihypertensives Linked to Mood Disorders?

A new observational study in 144,000 patients has suggested that different antihypertensive drug classes may have different effects on mood.

In an issue of Hypertension, the researchers believe that mental health is under-recognized in hypertension clinical practice, and the possible impact of antihypertensive drugs on mental health is an area that physicians should be aware of and consider if the treatment of high blood pressure is having a negative impact on their patient’s mental health.

Researchers found that patients taking β-blockers and calcium blockers had higher rate of hospitalization for major depression and those on ACE inhibitors or ARBs had lower rates. Patients taking no antihypertensive medication — the control group — were in the middle, so ACE inhibitors and ARBs looked better than no treatment in terms of major depression and β-blockers and calcium blockers looked worse.

Patients receiving ACE inhibitors or ARBs had the lowest risk for mood disorder admissions.

Autism at Center of New Netflix Series “Atypical”

The coming-of-age story of an 18-year-old with autism is headed to Netflix. The streaming service said it will debut the eight-episode series “Atypical” later this summer. The half-hour show is presented from the perspective of Sam, a teen on the spectrum played by Keir Gilchrist, who’s looking to gain independence and find love. To ensure an accurate depiction of autism, Netflix said show creators worked with a professor of special education at California State University Channel Islands. “Atypical” will be available on Netflix beginning Aug. 11.

Next-Step Pharmacotherapy for Nonresponsive Depression

Differential Side Effects Observed

<table>
<thead>
<tr>
<th>Burpripion</th>
<th>Aripiprazole</th>
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<tr>
<td>Dry Mouth</td>
<td>Akathisia</td>
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<td>Decreased Appetite</td>
<td>Extra-pyramidal symptoms</td>
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<td>Anxiety</td>
<td>Weight gain</td>
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<td>Irritability</td>
<td>Muscle spasm</td>
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<tr>
<td>Tremor</td>
<td>Somnolence</td>
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Aripiprazole augmentation improved remission more than switching to or augmenting with bupropion, but at the cost of more adverse effects.

Two of three depressed patients respond suboptimally to an initial antidepressant. Studies have suggested little difference between augmenting the antidepressant and switching to another one, but they have rarely studied augmentation with atypical antipsychotics. Despite FDA approval, clinicians employ this approach sparingly.

In one study, patients were randomized to switching to bupropion, augmentation with bupropion, or augmentation with aripiprazole. At 12 weeks, remission was greater with aripiprazole augmentation (29%) than switching to bupropion (22%); bupropion augmentation did not differ statistically from the other arms (27%). Response was greater with aripiprazole augmentation (74%) than with the others.

Aripiprazole augmentation is more likely to result in remission and response, although weight gain is more likely. The greater likelihood of anxiety with bupropion reinforces the impression of most clinicians who use this medication, despite the lack of definitive research findings.
Researchers at the University of Texas developed a new low-cost wearable device that can measure the levels of type 2 diabetes biomarkers through sweat for up to one week, including blood glucose, cortisol and interleukin-6. The device, introduced in the journal Nature Scientific Reports, can send data to a smartphone app via a transceiver.

**Tardive Dyskinesia**

- Occurs in 20-40% of long-term conventional antipsychotic drugs that act to block dopamine
- Symptoms: Increased motor movements that affect the face, especially the mouth and lips, sometimes the trunk and limbs, including:
  - Chorea
  - Tics
  - Akathisia (compulsive, hyperactive, “fidgety” movements of the legs)
  - Dystonia (painful, sustained muscle spasms of the same muscle groups, frequently causing twisting and repetitive movements or abnormal postures)

Patients had stable schizophrenia, schizoaffective disorder, or mood disorder; tardive dyskinesia had lasted at least 3 months conditions were continued. Based on assessment of patients’ videos, valbenazine at 6 weeks produced significant improvement compared with placebo on the Abnormal Involuntary Movement Scale (AIMS) at both the 80-mg and the 40-mg. Psychiatric symptoms remained stable. Treatment-emergent adverse effects, occurring in ≤5% of any group, were primarily somnolence, akathisia, and dry mouth.

**Government Relations**

Special education is set to see a rise in federal funding under a bipartisan agreement to avert a government shutdown.

Grants to states under the Individuals with Disabilities Education Act will go up $90 million to reach $12 billion as part of the deal reached over the weekend, which still must be voted on by Congress.

The increase comes as part of a $1 trillion agreement to fund the federal government through September. Beyond special education, the deal includes additional funds for the National Institutes of Health and vocational rehabilitation.

Spending on respite care, state councils on developmental disabilities, university centers for excellence, protection and advocacy, disability employment policy, independent living centers and programs for young children with disabilities are flat-funded in the plan.
NEW!! New Drug Approvals: FDA Approves Generic Strattera

Officials with the FDA have approved Apotex Inc’s, Teva Pharmaceuticals, Aurobindo Pharma Limited, and Glenmark Pharmaceuticals’ generic versions of Strattera (atomoxetine) to treat attention-deficit/hyperactivity disorder (ADHD) in pediatric and adult patients.

In the clinical trials for atomoxetine in children and adolescents, the most common adverse events were upset stomach, decreased appetite, nausea or vomiting, dizziness, tiredness, and mood swings. In the clinical trials in adults, the most common side effects reported were constipation, dry mouth, nausea, decreased appetite, dizziness, sexual side effects, and problems passing urine.

A statement from the FDA noted that atomoxetine must be dispensed with a patient Medication Guide that describes the drug’s uses and warnings. This medication has a boxed warning for the increased risk of suicidal ideation in children and adolescents. Patients taking this medication should be monitored appropriately and observed closely for clinical worsening, suicidality, and unusual changes in behavior, especially during the initial few months of a course of drug therapy, or at times of dose changes. Other important warnings include the risk of severe liver damage and potential for serious cardiovascular events.

Please come see us at our booth at the following conferences or listen to us speak on a clinical subject if you are attending!

- September 12th-13th: Utah Health Care Association (UHCA) Conference in Sandy, UT
- September 15th: Missouri DDNA in St. Louis, MO
- September 19th-20th: Florida ARF in Clearwater, FL
- September 20th-22nd: LA AAIDD Conference in Alexandria, LA
- September 24th-26th: NY DDNA in Albany, NY

Educational Webinars

Topic: “Medicinal Cannabis” on September 18th, 2017 @ 8:00 AM CST
Topic: “QT Interval Prolongation” on September 18th, 2017 @ 10:00 AM CST
Topic: “Cytochrome P450 Drug Interactions” on September 28th, 2017 @ 1:00 PM CST
Topic: “Newer Antiseizure, Antidepressant & Antipsychotic Medications” on September 28th, 2017 @ 3:00 PM CST

If you are interested in participating in any of the above complimentary webinars, please email Nanette Wrobel at least one week in advance @ nwrobel@palrx.com

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