

Inpatient treatment and rehabilitation of children and adolescents with Autism spectrum disorders (ASD) and intellectual disability (ID)

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Background. The development of intellectual abilities can be very different in children with autism spectrum disorders. According to populational studies, as much as 30–45% of people with ASD have some form of comorbid ID. There are currently no effective pharmacological treatments for core symptoms of ASD independent of their intellect level, and the goal of treatment and rehabilitation is to increase functional independence and quality of life through learning and development, improved communication, and social skills.

Aim. The aim of this study was to investigate the patterns of uses of pharmacological treatment and psychosocial rehabilitation in children and adolescents with ASD and comorbid ID in Latvia.

Methods. A retrospective study based on analysis of medical records of patients with a diagnosis of ASD (F84*, ICD-10) who received inpatient psychiatric care in Children's Clinical University Hospital in the period from January 2015 to December 2019.

Results. The study included 316 admissions of which 252 (79.7%) patients were boys. In this study, 181 (57.3%) patients with ASD had comorbid ID. 40 (12.7%) patients had mild ID, 82 (25.9%) moderate ID, 33 (10.4%) severe ID. The mean age of patients was 6.55 (SD=4.03) years, and there was a significant difference between ID and non-ID groups, patients with comorbid ID tended to be older (difference of means 1,22 years, $p=0.01$). The mean duration of hospital stay was 6.76 (SD=4.62) days, and there were no significant differences between patients with and without ID. 71 (39.2%) of patients with ASD and ID received pharmacotherapy, while only 29 (21.5%) of the patients without ID ($p=0.00$). 131 (97.0%) patients without ID have received psychosocial rehabilitation interventions, but only 151 (83.4%) patients with ID ($p=0.00$) have benefitted from this support.

Conclusion. In the inpatient child and adolescent population of patients with ASD, the prevalence of comorbid ID is high, – even higher than could be expected based on the published populational prevalence estimates. The patients with comorbid ID are more likely to be treated with medication, and less likely to receive psychosocial rehabilitation. Efforts should be made to increase the use of evidence-based non-pharmacological interventions in children with ASD and comorbid ID.