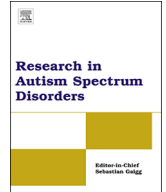


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Brief Report

Treatment utilization by adults with autism and co-occurring anxiety or depression



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ABSTRACT

Background: While a growing body of research suggests that talk therapies can reduce anxiety and depression in adults with autism spectrum disorder (ASD), we know little about what community treatment for these disorders looks like for them. The present study investigated whether treatment utilization differs between adults with and without ASD who have anxiety or depression.

Method: Using Pennsylvania Medicaid claims data, adults aged 18–65 years diagnosed with ASD and depression or anxiety ($n = 268$) were matched 1:4 to adults with depression or anxiety disorder without ASD ($n = 1072$). Chi-square tests and generalized linear models were used to estimate differences in diagnoses and psychiatric treatment between groups.

Results: While the proportion of people prescribed benzodiazepine and antidepressants did not differ between groups, the ASD group had more days per month prescribed for all medications. Adults with ASD also were more likely to be prescribed multiple medications concurrently and to use case management. Adults without ASD were more likely to receive talk therapy for anxiety/depression. Among those receiving talk therapy, adults with ASD averaged more individual visits per month.

Conclusions: Findings suggest that therapists may need more session time for adults with ASD, although it is unclear if this time is dedicated to anxiety or depression treatment. The greater use of psychotropic medications among adults with ASD may suggest unresponsiveness to the talk therapy they receive or greater clinical complexity.

1. Introduction

Anxiety and depression are the two most commonly co-occurring psychiatric disorders in adults with autism spectrum disorder (ASD; [Lever & Geurts, 2016](#)), with much higher rates than those found in adults without ASD ([Croen et al., 2015](#)). While several studies have identified effective treatments for anxiety and depression among adults with ASD ([Spain, Sin, Chalder, Murphy, & Happé, 2015](#)), we know little about community treatment for these disorders in this population. This study investigated whether community treatment differs between adults with and without ASD who have anxiety or depression. Specifically, we estimated differences in the frequency of outpatient talk therapy visits and psychotropic medication use in a Medicaid-enrolled sample.

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A growing body of research suggests that talk therapies like cognitive behavioral therapy (CBT) can reduce anxiety and depression in verbal adults with ASD (Spain et al., 2015). Many adults without ASD prefer talk therapy over medication due to medication side effects (Deacon & Abramowitz, 2005). Relative to medication, CBT is more cost-effective (Roberge, Marchand, Reinharz, Marchand, & Cloutier, 2004) and may show superior long-term effects (Hofmann, Sawyer, Korte, & Smits, 2009). The few studies of the effects of medication treatment for anxiety and depression among adults with ASD have been mixed (Propper & Orlik, 2014; Williams, Wheeler, Silove, & Hazell, 2010). Only two medications (risperidone and aripiprazole) currently have FDA approval for individuals with ASD, both for treating irritability symptoms.

Despite the benefits of talk therapy and potential risks of medication, few clinicians are trained to deliver psychosocial treatments to adults with ASD (Lake, Vogan, Sawyer, Weiss, & Lunsky, 2015). Instead, medications frequently are used to treat co-occurring psychiatric disorders in adults with ASD (Buck et al., 2014). Few studies have examined the frequency of use of medication and talk therapy in the same sample of adults with ASD. A recent online survey collected data from 255 self-reporting adults with ASD and 143 adults with ASD whose information was provided by legal guardians (Gotham et al., 2015). Of the self-reporting sample, the majority reported anxiety (76%) and/or depression (75%) diagnoses; 61% were taking medication for ASD or co-occurring conditions, while 48% received individual psychotherapy. Of the guardian-reporting sample, 50% reported anxiety and 36% reported depression diagnoses; 72% were taking medication for ASD or co-occurring conditions, while 24% received individual psychotherapy.

We know very little about the current practices and patterns of treatment delivery for adults with ASD and co-occurring anxiety or depression in community settings. Identifying whether and how psychiatric treatment use differs between people with and without ASD provides a benchmark against which to measure future efforts to increase access to appropriate care. In this study, we compared the use of talk therapy and psychotropic medication use among people with ASD and co-occurring depression/anxiety and people with depression/anxiety only. We focused on depression and anxiety because 1) they are the two most commonly co-occurring psychiatric disorders in adults with ASD (Lever & Geurts, 2016), and 2) similar treatment methods are often used to address depression and anxiety, despite differences between these two conditions.

2. Methods

2.1. Data source

This study used the Pennsylvania Medicaid Fee-For-Service (FFS) and Managed Care Organization (MCO) claims data between July 2008 and December 2009 to identify the study sample. These administrative data included physical and behavioral health claims and pharmacy claims. Medicaid is a state and federal program that provides health coverage to people with low income or disabilities. The study observation period included January 2009–December 2009, while July 2008–December 2008 was used as a pre-observation or “washout” period (as explained below).

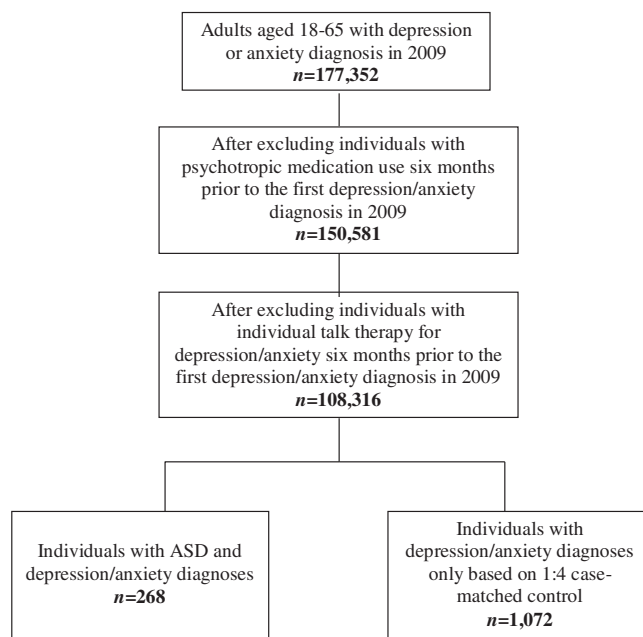


Fig. 1. Study sample selection.

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