

Growing Up: Moving From Childhood to Adolescence

As your child with an autism spectrum disorder (ASD) reaches adolescence, the symptoms of his ASD may change. Puberty causes many physical and emotional changes. The teenage years may also bring social changes such as a new school, new friends, and new free-time activities. It may also bring more independence, such as a new job, and changes in the quality of family life. With all of these changes, you may face new problems related to your child's ASD.

What are some medical issues that could arise during adolescence?

During adolescence, other medical issues related to ASDs may surface or get worse. And your child's ASD could affect when and how she goes through puberty. Here is a list of some issues to look for.

- **Seizures.** Over the lifetime of a person with an ASD, the risk of seizures is 25% to 30%. The highest risk times are during the early preschool years and after puberty begins. (See "Seizures and Epilepsy" in this toolkit.)
- **Beginning of puberty.** Some children with ASDs start puberty early. Coexisting genetic or neurologic disorders and their related medical problems may affect when puberty begins.
- **Growth abnormalities.** Diet or genetic factors related to your child's ASD may cause problems with growth.
- **Safety.** Your child may have typical issues of puberty, but there may be even more concerns because of learning, social, or communication delays. With your child's rapid growth and hormonal changes, you may need to address other issues. These include peer pressure, sexuality and birth control, behavior issues, potential for sexual abuse, and protection against being a victim or being exposed to infections.

- **General health.** During adolescence, it may be harder to assess your child's general health. Some health problems are common in all adolescents, such as thyroid disease, juvenile diabetes, and gastrointestinal problems. Your teen with an ASD may become more private or unable to communicate well, so she may not report symptoms of these problems to you. Talk to your teen's doctor if she is unusually tired, has changes in appetite or behavior, or shows other general symptoms that worry you.

What are some psychiatric problems that could arise during adolescence?

Psychiatric disorders or symptoms may be more obvious as your child gets older. Behavior and mental health disorders may affect your adolescent differently than when he was younger. Some common mental health problems are

- **Anxiety.** This may be related to changes in routine, social situations (particularly in children who are high-functioning), or a biological problem. Anxiety is one of the most common emotional problems.
- **Depression.** Teens with ASDs may not show depression in the same ways as other adolescents (eg, sleep problems, less show of emotions). It may be especially hard to diagnose depression if the youth has trouble speaking.
- **Obsessive-compulsive disorder (OCD).** People with OCD have repetitive behaviors and rituals. It may be hard to tell OCD from the repetitive behavior common in people with ASDs.
- **Bipolar disorder.** This disorder has been reported in people with ASDs, but it is not known how common it is. It may start during adolescence. Looking for a family history of bipolar disorder may help your child's doctor find out if this disorder is present.

What are some behavior problems that could arise during adolescence?

Behavior may get worse with the hormonal changes of puberty. Behavior problems may occur on their own or as symptoms of a mental health disorder. Some of the behavior issues to look for are

- Sleep problems (See “Sleep Problems” in this toolkit.)
- Ritualistic or compulsive behavior
- Self-injury
- Hyperactivity, short attention span, or easy distractibility
- Obsessions
- Stereotyped behaviors
- Anger or tantrums
- Irritability or withdrawal

For more information, see “Behavioral Challenges” in this toolkit.

What can we do to help our child move up to adolescence?

Start planning early for the transition to adulthood. Good planning helps young people with ASDs to work toward goals. Work with your child’s doctor to develop a plan for the transfer of care from pediatricians to doctors who care for adults. See “Transition to Adulthood: The Ultimate Outcome” in this toolkit.

Talk with your child. Explain the changes that are happening and reassure your child that these things are normal. Keep your talk at the right learning and language level for your child. If you have a daughter with an ASD, you will need to address gynecologic care. This may be difficult if she has low verbal skills or behavioral problems.

Educate your child about sexuality. If your child has learning or language delays, you may need to stick to the “rules” about appropriate sexual behavior (eg, “no” means “no”). Be sure to discuss the rules for *other people’s* behavior toward your child to help protect against sexual abuse.

Talk with your child’s doctor about medical or behavior issues. The doctor can suggest behavioral interventions to help manage problems. The doctor may discuss medication to treat problems like attention-deficit/hyperactivity disorder symptoms and obsessive behaviors. For anxiety, your child may need counseling and in some cases, medication may help.

Get support from the community. Call on the experience of your child’s teachers, counselors, and other parents of teens with ASDs. They can give you the support you need to help your teen through this life stage.

Resources

Schopler E, Mesibov GB. *Autism in Adolescents and Adults*. New York, NY: Plenum Press; 1983

Sicile-Kira C, Grandin T. *Adolescents on the Autism Spectrum: A Parent’s Guide to the Cognitive, Social, Physical, and Transition Needs of Teenagers with Autism Spectrum Disorders*. New York, NY: The Berkley Publishing Group; 2006

Wrobel M. *Taking Care of Myself: A Hygiene, Puberty and Personal Curriculum for Young People with Autism*. Arlington, TX: Future Horizons; 2003

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