

Psychiatry and Care of Individuals With Auditory Processing Disorder

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Objectives

1. Have an understanding of possible comorbid psychiatric conditions and APD
2. Have an appreciation of the challenges of psychiatric medication management in APD individuals
3. Understand the biopsychosocial approach to care for individuals with psychiatric conditions and APD
4. Understand basic psychiatric treatment approaches in common comorbid conditions

Psychiatry and Care of Individuals With Auditory Processing Disorder

- Why is this important?
 - Many individuals with APD have comorbid psychiatric conditions
 - Psychiatric medications can positively and negatively affect individuals with APD
 - APD can cause misdiagnosis of psychiatric conditions
 - APD can make psychiatric diagnosis and treatment difficult

Many individuals with APD have comorbid psychiatric conditions

- Attention Deficit Disorder/ Hyperactivity Disorder
 - High overlap of symptoms
 - Most common comorbidity:
 - DiMaggio and Geffner, 2003: Research showed that 84% of children with Cid had confirmed or suspected AD/HD.
 - Cooccurrence between AD/HD and CAPD is 41% for children with confirmed diagnosis of AD/HD

Many individuals with APD have comorbid psychiatric conditions

- Obsessive Compulsive Disorder
- Fragile X Syndrome
- Fetal Alcohol Syndrome
- Schizophrenia
- Traumatic Brain Injury
- Autism Spectrum Disorders

APD can make psychiatric diagnosis and treatment difficult

- Sound Discrimination, Language, and Memory Problems:

- Can cloud the diagnostic picture
- Can distort the measurements of efficacy
- Can reduce the effectiveness of psychotherapeutic treatments.

Psychiatric Disorders

- Disorders Common to the General Population
- Disorders Common to the APD Population

Disorders Common to the General Population

- Anxiety
- Depression
- Bipolar Disorder
- Schizophrenia
- Personality Disorders

Disorders Common to the APD Population

- Usually referred to a Psychiatrist due to a problem behavior
- Difficult to assess

Disorders Common to the APD Population

- ADD/HD
- “Hyperactivity”
- “Obsessive-Compulsive symptoms”
- Autism
- “Agitation”

Psychiatric Treatment in Individuals with APD Diagnosing

- Difficulties: Emotional Apraxia, Cognitive/Memory Deficits, Symptomatic overlap
- Psychosocial Masking: limited social experience (oversimplification)

Psychiatric Treatment in Individuals with APD Diagnosing

- Maladaptive Behaviors vs. Psychiatric Illness
 - Learned response vs. Involuntary
 - May be easier to conceptualize on a continuum
 - Important to remember the biopsychosocial model

“Pure” Psychiatric Illness



Mixed Psychiatric Illness and Learned
Behavior



“Pure” Learned Behavior

Psychiatric Treatment : Diagnosing

- Psychiatric Evaluation
 - Onset, Frequency, Pattern, Timing of Behaviors/Symptoms
 - Change in functioning
 - Neurovegetative symptoms
 - Medical, Physical Findings, Medications

Psychiatric Treatment in Individuals with APD: Treatment

- Guidelines:
- Biopsychosocial
- Team Based
 - Ideally, Multidisciplinary Approach
- Non-pharmacologic Treatment is preferred whenever possible

Pharmacologic Guidelines

- Start Low, Go Slow
- Polytherapy is no longer a bad word
- Target disease states first, then symptoms
- Monitor closely with any change in therapy

Antidepressants

- SSRI's : Prozac, Paxil, Celexa, Lexapro, Zoloft, Luvox
- SNRI's: Effexor, Pristiq, Cymbalta
- NE/5-HT: Remeron
- NRI: Strattera
- NE/DA: Wellbutrin
- Tricyclic, MAOI's, Augmentors

Antidepressants: Common Side Effects

- SSRI's : Sexual side effects, sleep and appetite
- SNRI's: above + GI effects, insomnia
- NE/5-HT: Weight gain
- NRI: GI effects
- NE/DA: Wellbutrin: Seizures
- Disinhibitory reactions in all

Anti-Anxiety Agents

- SSRI's
- Benzodiazepines: Valium, Librium, Clonazepam, Xanax, Ativan
- Others: Propranolol, Antipsychotics, Mood Stabilizers
- Side effects of benzodiazepines: Sedation, falls, and paradoxical reactions.

Other Anti-anxiety Agents

- Antihistamines (Benadryl, Vistaril)
- Occasionally used for the treatment of anxiety or agitation.
- Side effects: dry mouth, sedation, confusion, paradoxical reactions

Antipsychotic Agents

- Old: Haldol, Thorazine, Perphenazine
- New: Zyprexa, Geodon, Abilify, Seroquel, Risperdal (Invega), Saphris, Fanapt, Clozapine
- Of note: Risperdal and Abilify are FDA approved for treatment of irritability associated with autism.

Antipsychotics– Side effects:

- Extrapyramidal Symptoms (EPS): Parkinson's-like symptoms (tremor, masked facies, shuffling gait)
- Akathesia (“ants in the pants”)
- Tardive Dyskinesia
- Metabolic problems and weight gain
- Sedation
- Aplastic Anemia (Clozaril)

Mood Stabilizers

- Anticonvulsant agents: Depakote, Trileptal, Tegretol, Lamictal, Topamax
- Lithium

Mood Stabilizers- Concerns

- Blood levels needed (Lithium, Tegretol, Depakote)
- Blood cell and electrolyte abnormalities
- GI disturbance, Liver toxicity (Depakote)
- Kidney toxicity (Lithium),
- Weight loss (Topamax)
- Rash (Lamictal)

Common Adjuvant Treatments

- Anticholinergic: Cogentin, Artane
 - Anti-EPS medication
- Sleep Agents: Ambien, Sonata, Lunesta
 - Side effects: Sedation, sleep walking/eating/etc

Psychiatric Treatment in Individuals with APD: Treatment

- Other agents more common to the APD individuals:

Beta Blockers

- Beta Blockers: Propranolol- often used to reduce anxiety in individuals with autism.
- Side effects include lethargy, hypotension

Attention Deficit Disorder

- Stimulants:

- Amphetamines: Adderall, Dexedrine, Vyvanse, Evekeo
- Methamphetamine: Desoxyn
- Methylphenidate: Ritalin, Concerta, Focalin
- Often used to reduce “hyperactivity” symptoms
- Side effects include insomnia, anxiety, and irritability.

Attention Deficit Disorder

- Stimulants:

- Often used to reduce “hyperactivity” symptoms
- Side effects include insomnia, anxiety, and irritability.
- High abuse potential

Attention Deficit Disorder

- Non-Stimulants:

- Strattera (Atomoxetine): Increases norepinephrine activity

- No addiction potential

- Side effects: GI, increased anxiety/activation, insomnia

Alpha-adrenergic agents

- Clonidine, Guanfacine: Centrally acting alpha adrenergic agents used to reduce hyperactivity
- Side effects include sleep disturbance and hypotension

Autism Spectrum Disorder

- There are no FDA approved medications for the primary symptoms of ASD
 - Risperdal and Abilify are FDA approved for irritability secondary to Autism
 - Non-pharmacologic interventions should be primary

Autism Spectrum Disorder

- Other Agents

- Naltrexone: An opioid receptor antagonist that is used to reduce self-injurious behavior.
 - Side effect: gastrointestinal distress
- Namenda: Alzheimer's medication that works at the Glutamate receptor.
 - Experimental for usage in Autism

Questions:

Psychiatric Treatment in APD Questions

- True or False: Attention Deficit Disorder occurs at a lower prevalence in the APD population?

Psychiatric Treatment in APD Questions

- False: ADD HD occurs at a **greater** prevalence in the APD population.

Psychiatric Treatment in APD Questions

- Which of the following medication blocks a person's endorphins?
 - Benadryl
 - Naltrexone
 - Namenda
 - Tylenol

Psychiatric Treatment in APD Questions

- Which of the following medication blocks a person's endorphins?
 - Naltrexone

Psychiatric Treatment in APD Questions

- Which of the following medications are likely to cause hypotension?
 - Clonidine
 - Naltrexone
 - Propranolol
 - Ritalin

Psychiatric Treatment in APD Questions

- Which of the following medications is not likely to cause addiction?
 - Methamphetamine
 - Strattera
 - Adderall
 - Ritalin

Psychiatric Treatment in APD Questions

- Which of the following medications is not likely to cause addiction?
 - Strattera: it increases norepinephrine availability and is not a direct stimulant. Thus tolerance, dependence, and addiction is unlikely

Psychiatric Treatment in APD Questions

- Which of the following medications are likely to cause hypotension?
 - Clonidine
 - Propranolol

Psychiatric Treatment in APD Questions

- What is the first choice of treatment for agitation in an individual with Autism?
 - Antipsychotic agent
 - SSRI
 - Benzodiazepine
 - None of the above

Psychiatric Treatment in APD Questions

- What is the first choice of treatment for agitation in an individual with Autism and APD?
 - None of the above: Behavioral and Environmental interventions are the first choice of treatment.

Psychiatric Treatment in APD Questions

- Which of the following medications are not mood stabilizers?
 - Depakote
 - Adderall
 - Lithium
 - Topamax
 - Prozac

Psychiatric Treatment in APD Questions

- Which of the following medications is not a mood stabilizer?
 - Adderall (stimulant)
 - Prozac (SSRI Antidepressant)

Psychiatric Treatment in APD

Questions

- Which of the following medications is FDA approved for the treatment of irritability associated with autism?
 - Valium
 - Naltrexone
 - Lexapro
 - Risperdal

Psychiatric Treatment in APD Questions

- Which of the following medications is FDA approved for the treatment of irritability associated with autism?
 - Risperdal: it and Abilify are the only medications to have this approval.

Psychiatric Treatment in APD Questions

- An individual with APD and a Traumatic Brain Injury has agitation shortly after being given a medication. Which of the following was the most likely medication given?
 - Naltrexone
 - Valium
 - Namenda
 - Clonidine

Psychiatric Treatment in APD Questions

- An individual with APD and a Traumatic Brain Injury has agitation shortly after being given a medication. Which of the following was the most likely medication given?
 - Valium: Benzodiazepines are most likely to have paradoxical reactions.

Psychiatric Treatment in APD Questions

- True or False: A team-based approach is the best method for the evaluation and treatment of individuals with APD and Psychiatric Illness?

Psychiatric Treatment in APD Questions

- True:
- And please don't forget that!!!

Psychiatric Treatment in APD

Thanks

