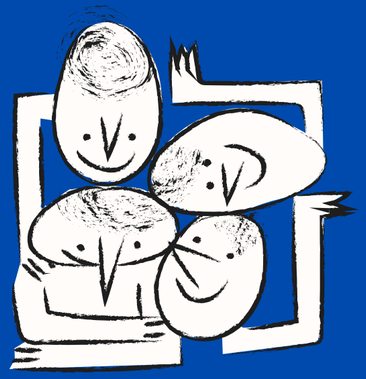


XXI JORNADA DE FUNDACIÓN ADANA

TEA EN LA EDAD ADULTA

TRASTORNO DEL ESPECTRO DEL AUTISMO

ADANA FUNDACIÓ
25è ANIVERSARI

EVALUACIÓN DE TRASTORNOS PSIQUIÁTRICOS EN PERSONAS ADULTAS CON TEA

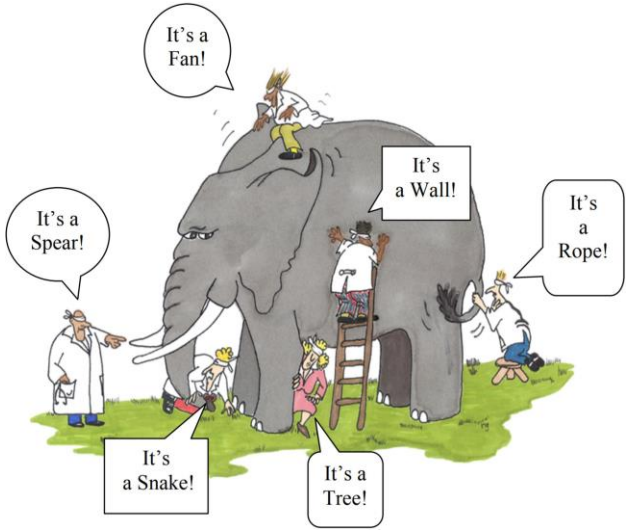
Jorge Lugo Marín PhD Psicología Clínica Servicio de Psiquiatría – Hospital Universitari Vall d'Hebron

PATROCINA: Rubió · CASA BATLLÓ GAUDÍ BARCELONA

COLABORA: Vall d'Hebron Barcelona Campus Hospitalari · SOCIETAT CATALANA DE PSIQUIATRIA I SALUT MENTAL · Consell Català de Formació Continuada Professions Sanitàries

Evaluación de Trastornos Psiquiátricos en personas adultas con TEA

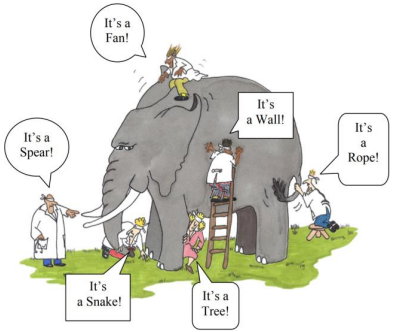
Diagnóstico diferencial



Co-ocurrencia

Evaluación de Trastornos Psiquiátricos en personas adultas con TEA

Diagnóstico diferencial

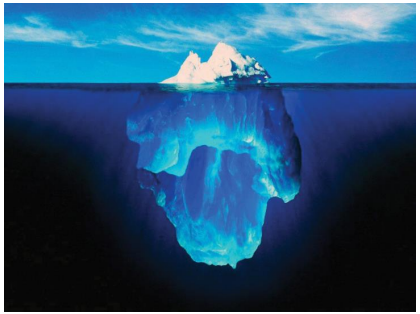


Trastornos del espectro de la esquizofrènia

Trastorno obsesivo-compulsivo

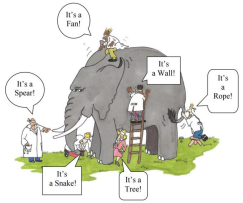
Trastornos de la conducta alimentaria

Co-ocurrencia



Todo

Trastornos del espectro de la esquizofrenia



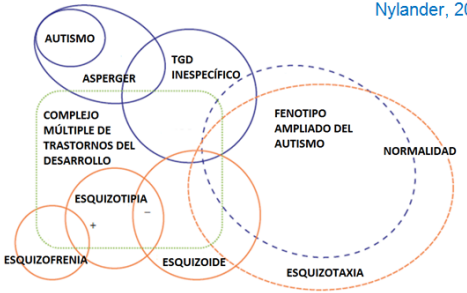
Diagnóstico diferencial

Criterios DSM-5		
Trastornos Espectro Esquizofrenia	Delirios	Delirios vs. Ideas sobrevaloradas/idiosincrásicas/fantasía
	Alucinaciones	Alucinaciones vs. Hiperreactividad sensorial/Distorsiones perceptivas
	Discurso desorganizado	
	Comportamiento muy desorganizado o catatónico	
Trastornos Espectro Autista	Síntomas negativos / Déficit comunicación social	• EMBOTAMIENTO AFECTIVO • RETRAIMIENTO AFECTIVO • CONTACTO POBRE • RETRAIMIENTO SOCIAL • DIFICULTAD EN EL PENSAMIENTO ABSTRACTO • AUSENCIA DE ESPONTANEIDAD Y FLUIDEZ EN LA CONVERSACIÓN • PENSAMIENTO ESTEREOTIPADO
	Comportamientos restringidos y repetitivos	

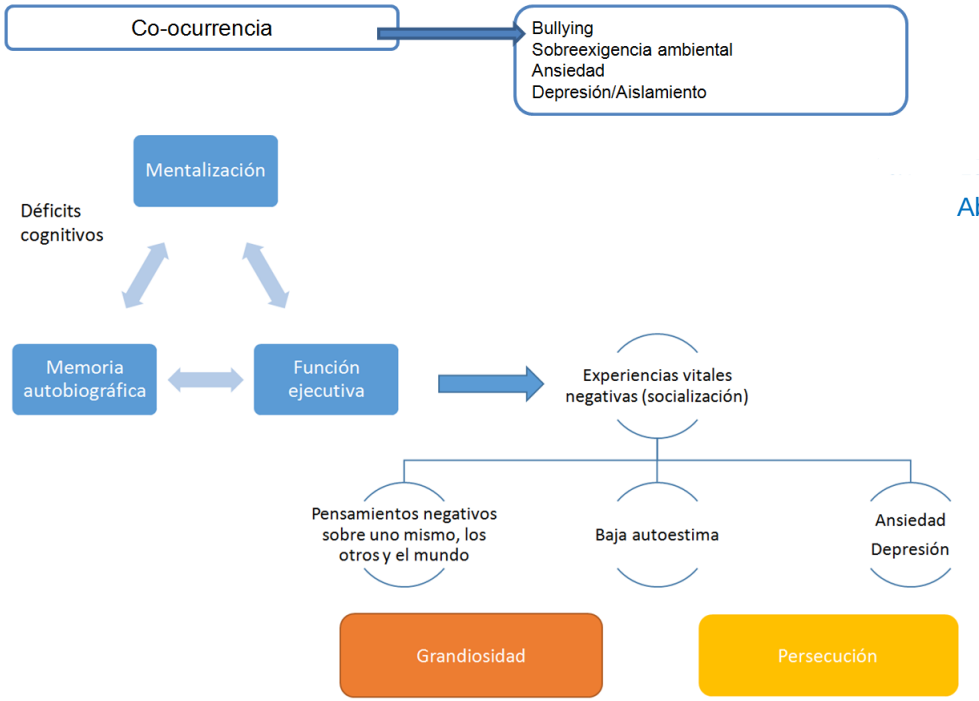
TRASTORNOS FORMALES DEL PENSAMIENTO	CARACTERÍSTICAS COMUNICACIÓN TEA
Alogia / Bloqueo	Alta latencia de respuesta
Circustancialidad	Detalles excesivos e innecesarios
Discurso distraíble	Atención a los detalles
Ecolalia	Ecolalia
Ilogicidad / Incoherencia / Neologismos	Discurso estereotipado o idiosincrásico / Neologismos
Perseveración / Presión del habla / Tangencialidad	Intereses restringidos
Auto-referencialidad	Falta de reciprocidad
Descarrilamiento / Fuga de ideas	Descarrilamiento / Fuga de ideas

Lugo et al., 2018

Nylander, 2014

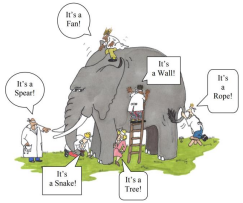


Trastornos del espectro de la esquizofrenia



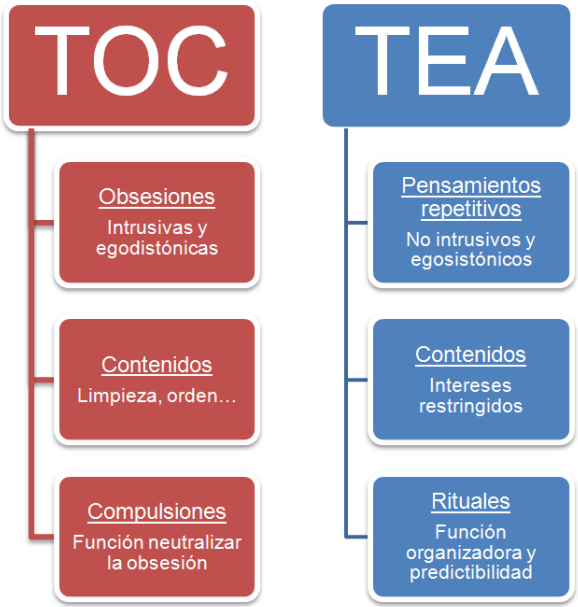
Abell & Hare, 2005

Trastorno Obsesivo-Compulsivo



Diagnóstico diferencial

Ideas obsesivas (intrusivas vs. Intereses)
Compulsiones vs. Rituales



Paula Pérez, 2013

Trastorno Obsesivo-Compulsivo

Co-ocurrencia

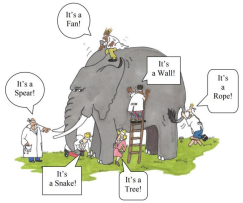
Sobreexigencia ambiental
Ansiedad
Baja Flexibilidad
Rasgos personlidad cluster C

TEA+TOC

- Se experimentan como intrusiones mentales recurrentes e indeseadas
- Se hacen esfuerzos importantes por suprimir, controlar o neutralizar el pensamento
- Se reconoce que el pensamiento es producto de la propia mente
- Existe una alta sensación de responsabilidad personal.
- Conlleva un contenido egodistónico.
- Tiende a estar asociado a esfuerzos neutralizadores.

Paula Pérez, 2013

Trastornos de la Conducta Alimentaria



Diagnóstico diferencial → Restricción/Atracón/Purga
Distorsión imagen corporal
Miedo ganancia ponderal

Original Research

Same behaviours, different reasons: what do patients with co-occurring anorexia and autism want from treatment?

Emma Kinnaird, Caroline Norton, Catherine Stewart & Kate Tchanturia

Pages 308-317 | Received 23 Jul 2018, Accepted 30 Sep 2018, Published online: 01 Mar 2019

Download citation https://doi.org/10.1080/09540261.2018.1531831

Full Article Figures & data References Supplemental Citations Metrics Reprints & Permissions

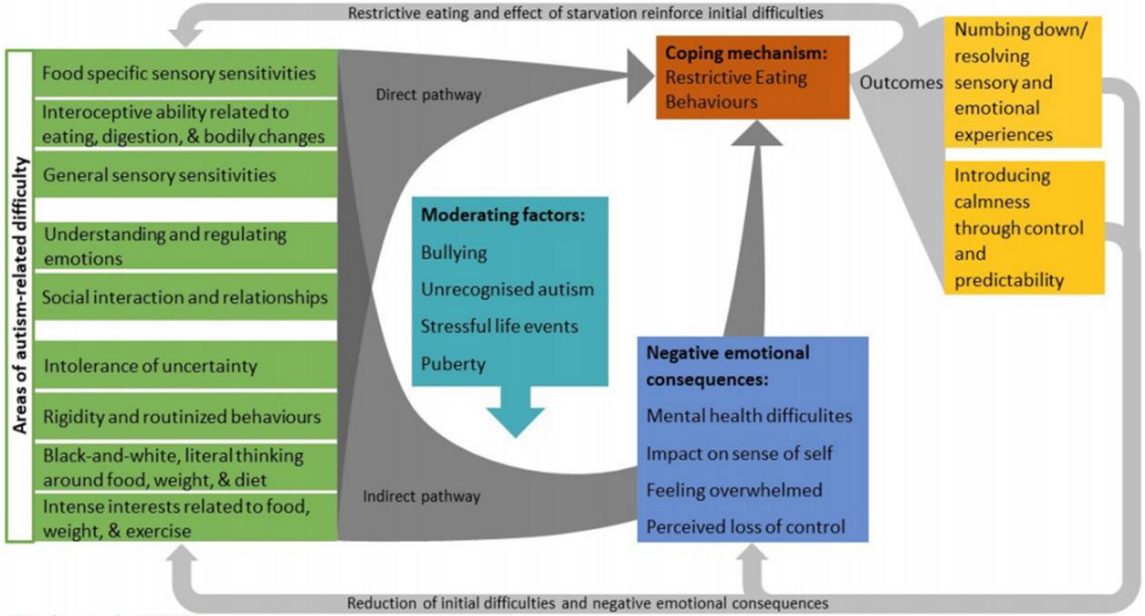
Abstract

Research suggests that up to one in four individuals with anorexia nervosa (AN) may be on the autistic spectrum, and that these autistic traits may not have been recognized or diagnosed prior to eating disorder (ED) treatment. Significantly, these heightened autistic traits are associated with poorer treatment outcomes, suggesting that treatment may need to be adapted for this population. The purpose of this study was to explore with people with AN on the autistic spectrum their experiences of ED treatment, and their views on what needs to be changed. Women with AN (n= 13), either with an autism diagnosis or presenting with clinically significant levels of autistic traits, were interviewed on their experiences of treatment and potential

"Las participantes sentían que las motivaciones comúnmente asumidas en los TCA (como el deseo de perder peso, baja autoestima y problemas de imagen corporal) fueron menos relevante en el desarrollo de su problema alimenticio en comparación a otras motivaciones menos típicas, como la necesidad de control, dificultades sensoriales, confusión social, problemas organizativos relacionados con la cocina y la compra de alimentos, el ejercicio como método de estimulación, y el problema alimentario como un interés especial"

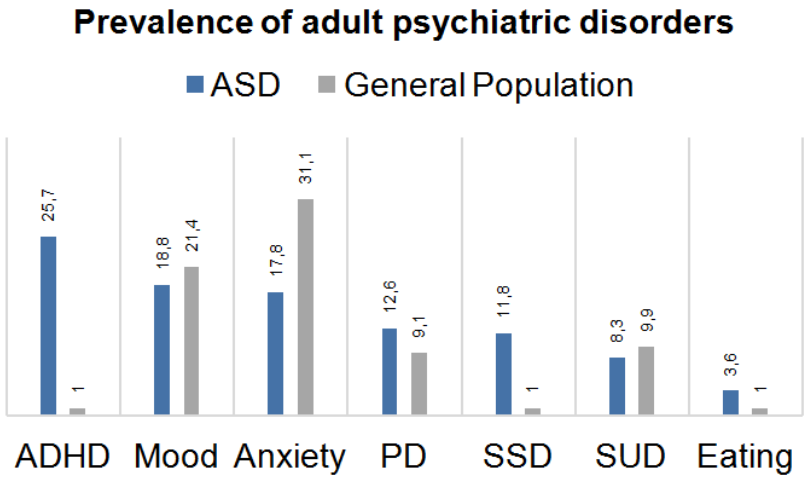
Trastornos de la Conducta Alimentaria

Co-ocurrencia → Selectividad alimentaria
Flexibilidad
Sensorial (sabores, olores, texturas)

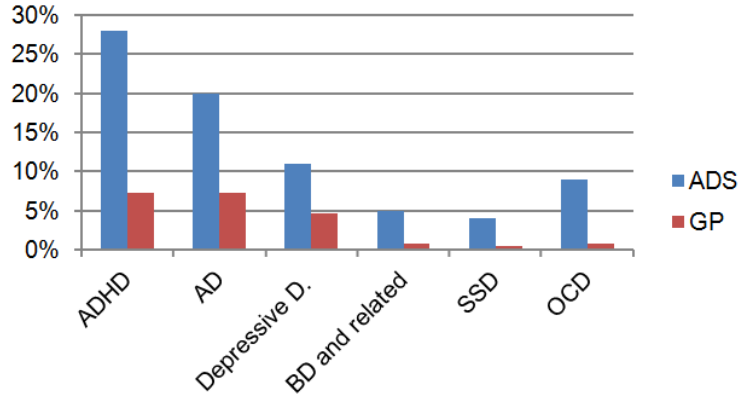


Brede et al., 2020

Prevalencia de Trastornos Psiquiátricos TEA Adulto



Lugo et al., 2019



Lai et al., 2019

PERFIL PSIQUIÁTRICO EN TEA ADULTO SEGÚN EDAD Y SEXO

Associations between co-occurring conditions and age of autism diagnosis: Implications for mental health training and adult autism research

Nikita Jadav | Vanessa H. Bal

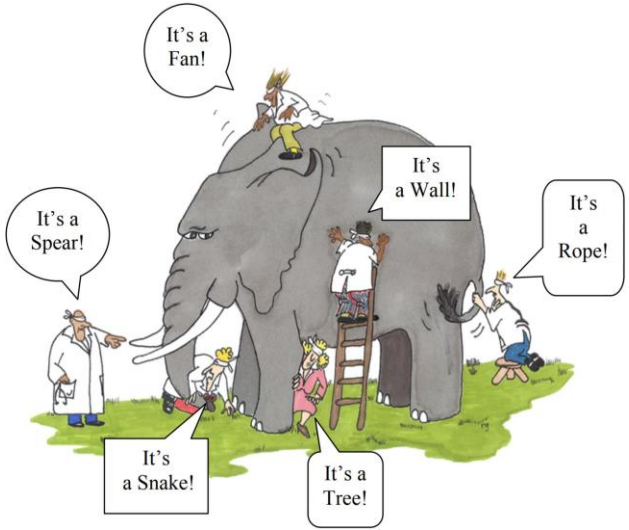
square analyses, *t*-tests, and logistic regressions were used to compare medical and psychiatric conditions between age groups, sex at birth and adults diagnosed in childhood (before age 21) versus adulthood (at or after 21 years). Overall number of conditions endorsed as being diagnosed by a professional was high, with an average of 1.69 (SD = 2.01) medical or developmental and 2.98 (SD = 2.29) psychiatric conditions reported across the sample. Females were more likely to endorse psychiatric conditions (OR = 1.68). Adult-diagnosed adults were more likely to endorse psychiatric conditions (OR = 2.71) and reported more lifetime psychiatric diagnoses (M = 3.15, SD = 2.23) than their childhood-diagnosed counterparts (M = 2.81, SD = 2.33). These findings underscore the need for research to better understand and treat co-occurring psychiatric conditions in autistic adults and report and consider the age of diagnosis in adult autism samples. Moreover, results suggest it is imperative that mental health professionals receive autism training to promote accurate differential diagnosis and equitable access to mental health care for autistic adults with co-occurring psychiatric conditions.

Prevalence of psychiatric disorders in adults with autism spectrum disorder: A systematic review and meta-analysis

Research in Autism Spectrum Disorders
Volume 59, March 2019, Pages 22-33

Psychiatric Category	Included studies (n)	Pooled Prevalence (CI 95%)	Subcategories	Heterogeneity
Substance Use Disorders	16	8.3 (4.1 – 16.1)	• Alcohol (7.4%-71%) • Cannabis (3.3%-29%)	I^2 = 96% p < .01
Schizophrenia Spectrum Disorders	17	11.8 (7.7 – 17.6)	• Schizophrenia (0%-61.5%)	I^2 = 95% p < .01
Mood Disorders	14	18.8 (10.6 – 31.1)	• Depression (2.89%-53.6%) • MDD (0.93%-49%)	I^2 = 98% p < .01
Anxiety Disorders	17	17.8 (12.3 – 25.2)	• Social anxiety (4%-50%) • OCD (0%-55%) • Adaptive (2.4%-70%)	I^2 = 96% p < .01
Eating Disorders	8	3.6 (2.1 – 6.1)	• Anorexia (0%-13.2%) • Bulimia (0%-4%)	I^2 = 22% p < .26
Personality Disorders	13	12.6 (4.8 - 29.3)	• Schizoid (7%-36.2%) • Antisocial (0%-33%) • Obsessive-Compulsive (0%-60%)	I^2 = 99% p < .01
ADHD	18	25.7 (18.6 – 34.3)		I^2 = 98% p < .01
≥ 1 psychiatric disorder	18	54.8 (46.6 – 62.7)		I^2 = 93% p < .01

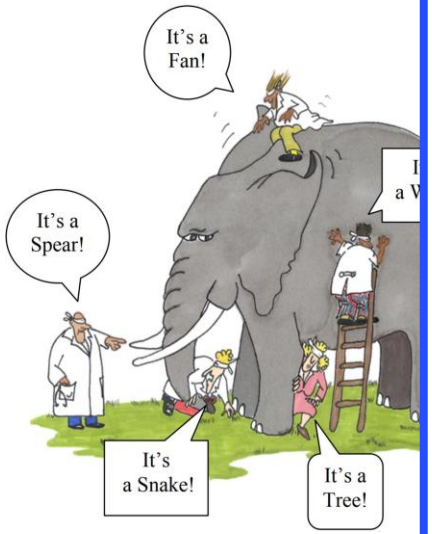
Diagnóstico diferencial

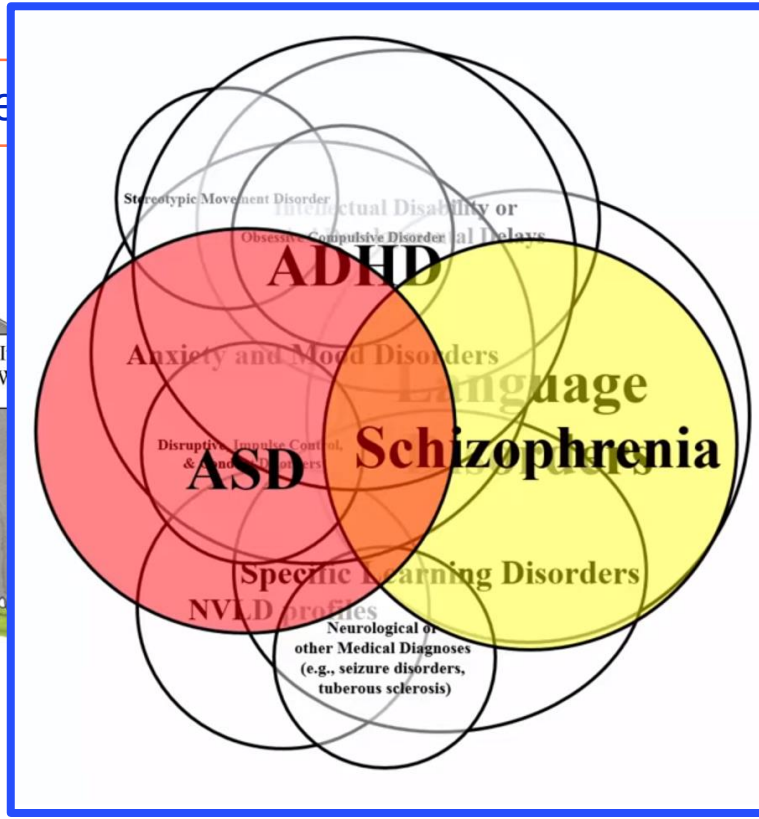


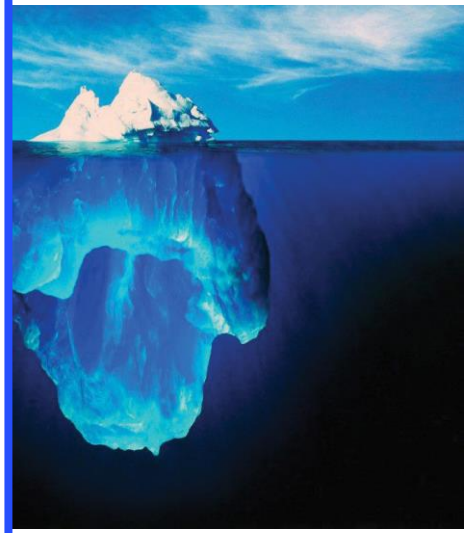
Co-ocurrencia

Diagnóstico dife

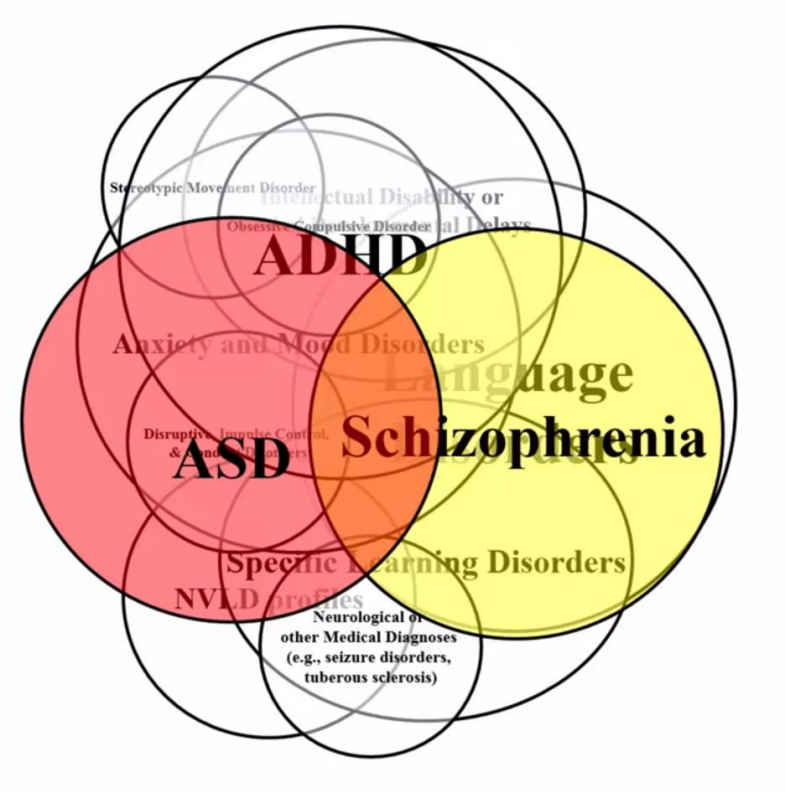
o-ocurrencia



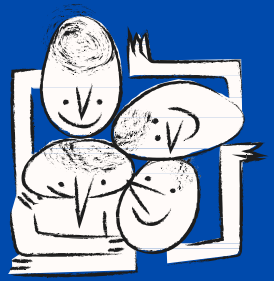




¿Qué diagnóstico debe guiar la intervención?



MUCHAS GRACIAS



ADANA FUNDACIÓ
25è ANIVERSARI

Rubió
CASA BATLLÓ GAUDÍ BARCELONA
Vall d'Hebron Barcelona Campus Hospitalari
SOCIETAT CATALANA DE PSIQUIATRIA I SALUT MENTAL
Consell Català de Formació Continuada Professions Sanitàries