Pain in Children and Young Adults with Autism (ASD)

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Overview

• Pain assessment in children with ASD

• Common pain problems in children with ASD
  • GI pain/symptoms
  • Dental/facial pain/headaches
  • Menstrual pain and premenstrual syndrome in post-menarchal girls
Pain Assessment: the Questions

• Do children with autism experience pain or are they insensitive to pain?

• Do behaviors in children with autism reflect pain?

• Are self injurious behaviors a manifestation of pain?

• How can we assess pain in children with autism?
Pain Assessment in Children with Autism

- Children with autism experience pain
- Total body behaviors may be muted in response to an acute pain event
- There is a lack of synchrony between pain behaviors and pain/stress biomarkers
Pain Assessment in Children with Autism

• Facial expressions may be more accurate behavioral measures of pain than other behaviors

• Parents and other observers may under-estimate children’s pain

• Children with high functioning autism can rate their own pain
Self-injurious Behaviors (SIB) and Pain

- Pain may be amplified for some children with ASD

- Individual differences in sensory processing
  - In filtering sensory stimuli
  - In muting sensory experiences

- Perseveration on a sensory experience
  - Becomes increasingly bothersome and distressing

- SIB may be behavioral indicators of chronic pain: check site of the SIB for possible causes of pain
Summary

- Pain in children and young adults with autism is often under-recognized and under-treated
- There are pain assessment tools for non-verbal children
Common pain problems in children with ASD

- Gastrointestinal symptoms
  - Abdominal pain
  - Chest pain
  - Constipation
- Dental/facial pain
- Headaches
- Menstrual pain and premenstrual syndrome in post-menarcheal girls
Gastrointestinal (GI) Symptoms

• **Consider pain**: look for medical reasons for pain in children with autism who have changes in behavior (often called a “setting event”)

• **Visceral hyperalgesia**: potential cause of abdominal pain in autism:
  • Sensory sensitivity
  • Difficulty filtering sensory stimuli
  • Perseveration on symptoms
  • Difficulties in self-soothing and seeking social support to help reduce discomfort
Dental and Facial Pain

- Dental caries: most common form of acute orofacial pain in children and adults with ASD
- Orofacial pain: more common in ASD than in controls
- Toothaches often under-recognized in children with autism
- Head banging may be a behavioral clue to dental caries
Conclusion

- Children and young adults with autism have pain.
  - have increased biomarkers even when behavior muted.
- Facial expression may help with diagnosis.
- Change in behavior may be marker of pain.
- Self-injurious behavior may indicate chronic pain.

- Need to consider abdominal pain, dental caries, headaches, and menstrual pain.
Conclusion

• What do behaviors tell us about pain?
  • Thrusting chest: acid reflux
  • Hitting bottom of chin: reflux, toothache
  • Rocking; pain anywhere
  • Head banging: headache, toothache, earache
  • Self-injurious behaviors: site of pain

• Treatment?
  • need to calm/reduce anxiety
  • Determine reasons for pain and treat
  • Provide pain control
Pain Assessment in Autism

