

Adverse Effect Management During Second-Generation (Atypical) Antipsychotic Treatment in Youths with ASD and ID

Table 2.

Adverse Effect Management During Second-Generation (Atypical) Antipsychotic Treatment in Youths with ASD and ID	
Adverse Effect	Intervention
Weight gain and metabolic abnormalities	<ul style="list-style-type: none"> ◆ Healthy lifestyle counseling ◆ Begin or switch to antipsychotic with low adverse effect risk profile (i.e., lower metabolic risk). ◆ Consider targeted treatment for abnormal weight: <ul style="list-style-type: none"> ◇ Obtain blood pressure values. ◇ Initiate lipid-lowering diet for dyslipidemia. ◇ Refer to specialist (child psychiatrist, pediatric neurologist, or developmental pediatrician). ◇ Consider a trial of metformin.
Neuromotor	<ul style="list-style-type: none"> ◆ Monitor for movement disorders in youth with ASD/ID; can be difficult due to stereotypy and repetitive behaviors. ◆ Comprehensively assess abnormal movements at baseline and follow-up with objective rating scales. ◆ Individualized strategy and family member participation may be necessary to facilitate treatment adherence.
Parkinsonism, dystonia (EPS)	<ul style="list-style-type: none"> ◆ Reduce dose. ◆ Add anticholinergic medication. ◆ Switch to lower-risk agent.
Akathisia	<ul style="list-style-type: none"> ◆ Reduce dose. ◆ Switch to lower-risk agent.
Dyskinesia	<ul style="list-style-type: none"> ◆ Review indication. ◆ Consider stopping. ◆ Switch to lower-risk agent.