Autism and Preoperative Medications: A Retrospective Review

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**Results:**
In the autism group, 84% received a pre-med, compared to 92% of non-autistic kids. However, the autistic group was more likely to have received a “non-standard” pre-med (40% vs. 6%). This was defined as anything besides oral midazolam, including intranasal midazolam, and oral or intramuscular ketamine. Ketamine use was much more common in the autistic group, with 27% of pre-meds, compared to 1% in the non-autistic group. Total PACU time, time to discharge, and postop analgesic requirements were similar between the groups.

**Conclusion:**
- The pre-medication profile was significantly different between the groups. Most notably, the autism group was more likely to receive no pre-medication or non-standard medication or route.
- However, a significant number of autistic children do well with our standard premed of oral midazolam.
- There does not appear to be a difference in the postoperative course between autistic and nonautistic children, at least for dental rehabilitation.
- With such little available literature on autism and perioperative management, it is important that we continue to learn more about this population. This study served as an initial effort in this area and was a stepping stone for a prospective study currently underway at our institution aimed at better understanding the challenges faced by both patients with autism and their parents in the perioperative period.

**Intro:**
There is a noted lack of anesthesia literature regarding the perioperative care of autistic children. Most of what is in the literature consists of case reports. Despite this, pediatric patients with autism frequently require general anesthesia. The primary goal of this retrospective study was to compare the preoperative course in children with and without autism undergoing full mouth dental rehabilitation, with the secondary goal of comparing their postoperative course.

**Background:**
Autism spectrum disorder (ASD) is a neurodevelopmental disorder currently categorized into autism, pervasive developmental disorder—not otherwise specified (PDD-NOS), and Asberger syndrome. ASD is characterized by impaired social communication and interaction, as well as restrictive and repetitive behaviors. The specific diagnostic criteria will change with the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, expected to be published in May 2013. The DSM V proposal redefines autism as a single category, ASD, and includes a severity scale of mild to severe.

**Methods:**
Data for this study was taken from larger database of all patients undergoing GA for dental rehabilitation over a five-year period. All patients in the database with the diagnosis of autism were included in the "autism group." The "control" or nonautistic group was defined as any patient ASA 2 or below who did not have a diagnosis of autism documented.