"ACTs"---Care pathway for adult patients with Autism Spectrum Disorder (ASD)
by Li Ka Shing psychiatric outpatient department under the Multidisciplinary
Assessment and Psychosocial intervention program (MAP)

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Introduction
Care pathway is lacking locally for the special needs of undiagnosed Autism
Spectrum Disorder (ASD) in adult outpatients receiving treatment for common mental
health disorders.

Objectives
The "ACTs" care pathway is a pilot one based on the recommendations by the "NICE
Clinical guideline for ASD in adults: diagnosis and management".

Methodology
Multi-disciplinary team: psychiatrist; nurse clinic; clinical psychologist; occupational
therapist; medical social worker

“A”---Assessment by clinician:
1. Symptoms: Autism Spectrum Quotient, AQ-10 (>6/10) for screening in patients with
suspected ASD characteristics; Autism Diagnostic Observation Schedule, ADOS-G
based interview in social context for confirmation
2. Behavior/interests: stereotyped; challenging; diet; physical activities
3. Functional: social; family; occupational; adaptive
4. Co-existing disorders: mental; physical
5. Sensory factors: hypo-/ hyper-sensitivity
6. Risk assessment: crisis/changes to routine; risk to self or others
7. Sexuality: gender identity disorder

“C”---Care:
Nurse clinic:
1. provide information about Diagnosis and nature of intervention/service
2. assist in co-ordinating, accessing and maintaining contact with housing,
educational and employment services
3. foster patients' active participation in decisions about care and self-management
4. engage and support carers with patients' consents
Psychiatrist:
1. treatment of co-existing mental disorder
2. challenging behavior: behavioral treatment (rather than cognitive change) by operant conditioning +/- antipsychotic
3. design and monitoring of management plan which is time-limited with clear treatment goals
4. avoid use of drugs for core symptoms of ASD

Occupational therapist:
1. visual supports; incorporate interest into therapy by using computer for presentation
2. education of personal space
3. colors of walls/furnishing; lighting; noise levels
4. supported employment: assessment and referral

“T”---Training: by clinical psychologist
1. social learning counseling (group/individual): modelling; peer feedback; discussion and decision making; explicit rules; problem solving
2. life skills & structured leisure activity counseling (group/individual): according to their interest and abilities
3. anger management intervention: behavioral analysis/rehearsal; coping skills; relaxation training
4. anti-victimisation interventions

“s”---Support:
1. medical social worker: social / housing / educational supports
2. provide information to families, partners and carers concerning their roles, and emotional support where appropriate
3. provide information of care pathways and facilitate contact with support groups

**Result**
Prevalence: 10.7%, 17 out of 158 patients newly admitted to triage clinic received the diagnosis of ASD
Modalities of treatment received:
Psychotropic drug treatment: 88.2%
Psychosocial intervention: 70.6%
Referral to other specialists for untreated medical problems: 17.6%