



## **Adult ASD Assessment, Treatment & Support Policy v1.2**

Author	Medisonal LTD
Policy Lead	Dawn Thompson
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## Introduction

Medisonal Limited provides a structured and evidence-based approach to prescribing and managing supports for adults diagnosed with Autism Spectrum Disorder (Autism Spectrum Disorder (ASD)).

This policy outlines the processes for initiating, monitoring, and reviewing Autism Spectrum Disorder (ASD) supports, ensuring compliance with NICE CG142 and QS51 guidelines, General Pharmaceutical Council (GPhC) prescribing standards, and Care Quality Commission (CQC) regulatory requirements. It applies to all healthcare professionals involved in prescribing and overseeing Autism Spectrum Disorder (ASD) support within Medisonal Limited.

## Legal & Regulatory Framework

This policy aligns with the following UK laws and regulatory frameworks to ensure safe and compliant prescribing practices:

- NICE CG142 and QS51: Autism Spectrum Disorder (ASD): Diagnosis and Management
- **Medicines Act 1968**
- Misuse of Drugs Regulations 2001 (for controlled supports)
- **General Medical Council (GMC) Guidelines on Prescribing**
- **Care Quality Commission (CQC) Standards for Safe Prescribing**
- **British National Formulary (BNF) for Children**

Prescribing pharmacological support is not first-line for ASD. Any prescribing will address comorbid mental health conditions only, and follow NICE CG142, GMC guidance, and good clinical practice.

## Clinical Indications

Support should be considered as part of a comprehensive treatment plan, alongside behavioural and psychoeducational interventions. The decision to initiate support is based on a thorough assessment of:

- The severity of Autism Spectrum Disorder (ASD) symptoms and their impact on daily functioning.
- Previous attempts at non-pharmacological interventions.
- Comorbid conditions requiring careful management.

## Initiation and Monitoring

### *Pre-Treatment Assessments*

Before prescribing Autism Spectrum Disorder (ASD) support, a full baseline assessment will be completed, including:

- **Medical history** (cardiovascular risk, psychiatric history, family history of sudden cardiac death).
- Physical examination (blood pressure, heart rate, height, weight, and BMI).
- **Mental health screening** (risk of mood instability, suicidal ideation, or co-existing mental health conditions).

### *Ongoing Monitoring*

Regular follow-ups are essential to assess support effectiveness and side effects. The following schedule will apply:

- **Initial follow-up:** Within 4 weeks of starting support.
- **Subsequent reviews:** Every 3 months for the first year, then every 6 months thereafter, unless more frequent monitoring is required.
- **Annual physical health review** for long-term users, including height, weight, cardiovascular health, and mental well-being.

If significant side effects occur or there is a **lack of clinical response**, alternative treatments will be considered.

## Safety, Safeguarding & Risk Management

*Controlled drug regulations are not typically applicable to ASD care. If any medication is prescribed for comorbid conditions, it will be done in line with standard MHRA guidance and applicable legislation.*

**If a medication prescribed falls under controlled drug regulation, prescriptions will comply with MHRA and Home Office guidance, including limits on supply, documentation, and storage.**

### *Safeguarding Considerations*

- Support being sold, shared, or coerced by peers/family members.

- Risk of overdose or misuse in vulnerable individuals.
- Concerns regarding parental support management.

Where safeguarding concerns arise, referrals will be made to the **Medisonal Safeguarding Lead** and, if necessary, external safeguarding teams.

### *Support Stopping and Withdrawal*

Support should be continued for as long as it is providing benefit, with periodic reviews. Discontinuation may be considered when:

- Symptoms have stabilised and the individual no longer meets the diagnostic threshold.
- Side effects outweigh benefits.
- The patient or caregiver wishes to trial a period without support.

### *Support Breaks & Tapering*

- Support breaks (holidays) may be considered on a case-by-case basis, balancing potential benefits and risks.
- **Gradual tapering is recommended** to prevent withdrawal effects, with close monitoring throughout the discontinuation process.

## **Collaboration and Shared Care**

Where long-term support management is needed, Medisonal Limited may enter a Shared Care Agreement (SCA) with the patient's GP. The agreement ensures:

- Safe transfer of prescribing responsibility.
- Clear communication regarding dose adjustments and monitoring requirements.
- Regular specialist reviews alongside primary care management.

GPs may refuse shared care if they lack the capacity or expertise to prescribe Autism Spectrum Disorder (ASD) support. In such cases, prescribing will remain under specialist care.

## **Record-Keeping & Compliance**

All Autism Spectrum Disorder (ASD) support prescribing and monitoring must be documented in the patient's electronic medical record, including:

- Justification for support choice and dose adjustments.
- Side effect monitoring and adherence assessments.
- Communication with primary care or external agencies.

All prescribing practices must comply with **CQC, MHRA, and GMC prescribing standards**.

## Training & Professional Development

Prescribers must:

- Hold appropriate qualifications and prescribing authority for Autism Spectrum Disorder (ASD) supports.
- Complete mandatory training on controlled drug prescribing and Autism Spectrum Disorder (ASD) management.
- Engage in continuous professional development (CPD) in Autism Spectrum Disorder (ASD) care.

Clinical audits will be conducted **annually** to review prescribing practices and ensure compliance with best practice guidelines.

## Review & Monitoring

This policy will be reviewed annually to incorporate updates in **NICE guidance, regulatory changes, and emerging clinical evidence**. Routine audits will assess compliance with prescribing safety standards and patient outcomes.

## References

- NICE CG142 and QS51: Autism Spectrum Disorder: Diagnosis and Management.
- **General Pharmaceutical Council (GPhC) Prescribing Guidance.**
- **Medicines and Healthcare Products Regulatory Agency (MHRA) Safety Alerts.**
- **Care Quality Commission (CQC) Standards for Prescribing.**
- British National Formulary (BNF) Autism Spectrum Disorder (ASD) Support Guidelines.

This policy ensures that Medisonal Limited provides safe, effective, and compliant prescribing of Autism Spectrum Disorder (ASD) support, supporting optimal patient care and regulatory adherence.



# Autism Spectrum Disorder (ASD) Assessment & Diagnosis (Adults)

## Initial Screening

Autism Spectrum Disorder (ASD) assessments are conducted by consultant psychiatrists or other qualified clinicians with experience in Autism Spectrum Disorder (ASD). The assessment process includes:

Standardised Autism Spectrum Disorder (ASD) screening tools such as the DIVA-5, ASRS, or Conners' Adult Autism Spectrum Disorder (ASD) Rating Scale.

A comprehensive clinical interview covering medical, psychiatric, and social history.

Gathering collateral information where appropriate (e.g., reports from family members, employers, or previous clinicians).

Excluding alternative explanations for symptoms, such as anxiety, depression, substance misuse, or neurocognitive disorders.

If Autism Spectrum Disorder (ASD) is diagnosed, a personalised treatment plan is developed.