



**Title:** A DBPNet Study of Autism Spectrum Disorder Follow-up Visits: Is Complexity Related to the Length of the Visit?

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**Background:** Autism spectrum disorders are considered a major health problem because of their early onset, lifelong persistence, and high levels of associated impairment. Specialized care is required to address their health care needs.

**Objective:** To determine whether the complexity of a follow-up visit for a child with an autism spectrum disorder (ASD) as measured by number of co-occurring conditions or medications is related to the time spent on the visit.

**Design/Methods:** All board certified/eligible developmental behavioral (DBP) or neurodevelopmental disabilities (NDD) pediatricians at the sites of DBPNet, a research consortium of 12 DBP training sites, were asked to complete a one page encounter form for follow-up visits of up to 10 consecutive children with ASD. The form included demographic, diagnostic, and management data as well as time spent on visit.

**Results:** Physicians completed forms on 273 patients at 12 sites (range 3-45 per site). Patients had a mean age of 8.0 years (SD 3.8 years) with 85% male and 65.6% white. Most of the visits were for routine care (87.7%) while the other visits were urgent for behavior or medication concerns. The majority (76.6%) had a co-occurring condition including the following: ADHD (29%), intellectual disability (26%), and/or speech/language disorder (23%). More than 1/3 of the children were overweight or obese (38.9%). Stimulants (20.5%) were the most frequent medications prescribed followed by anti-psychotics (14.6%), alpha-agonists (14.3%), SSRIs (10.3%), and melatonin (8.8%). Except for melatonin, all medications were prescribed more frequently for children >6 years of age than for younger children. There was no consistent relationship between the number of co-occurring conditions the child had and the length of the visit. The visits of children on no medications required more total time than those on 1 or more medications (median time for no med =80 minutes, 1 med= 65minutes, > 2 meds =70 minutes;  $p = 0.017$ ). Face-to-face time was also longer for children on no medication than those on > 1 medications ( $p = 0.007$ ).

**Conclusions:** The majority of children with ASDs in DBPNet clinics have co-occurring conditions and almost half are on medications for behavioral management. A follow-up visit of a child not on medication requires more time than for a child on medication. Number of co-occurring conditions is not associated with time spent on the visit.

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