

Prevalence of Autism and Intellectual Disability Among Inpatients in Paediatric Hospitals

E. O'Connell¹, S. McCormack¹, C. O'Leary², K. Lynam³, I. Marques Reis⁴, A. Mahony¹.

1. Department of Child Development and Neurodisability, Children's Health Ireland at Tallaght, Belgard Square North, Tallaght, Dublin 24, Ireland.
2. Department of Neonatology, Children's Health Ireland at Temple Street, Rotunda, Dublin 1, Ireland.
3. Department of Child Development and Neurodisability, Children's Health Ireland at Temple Street, Rotunda, Dublin 1, Ireland.
4. Department of Paediatrics, Children's Health Ireland at Crumlin, Cooley Rd., Drimnagh, Dublin 12, Ireland.

Dear Editor,

Children and young people (CYP) with autism spectrum disorder (ASD) and intellectual disability (ID) experience higher rates of physical and mental health comorbidity, alongside well-documented barriers to health care access.^{1,2} The management of CYP with ASD/ID in a healthcare setting can be challenging. Communication can be limited; clinical examination and investigations can cause distress to the CYP and their caregivers. Death from all causes is higher for people with ASD/ID, and as many as one in three deaths may be preventable if the right healthcare is in place.^{1,2}

Irish data on the acute hospital utilisation of this population is limited. We conducted a point-prevalence survey to estimate the proportion of inpatients with ASD/ID across Children's Health Ireland, with a view to informing service planning in advance of the transition to the new children's hospital.

Data were collected on eight pre-specified days between April and September 2023 across the three CHI inpatient hospitals. The total number of children with ASD and/or ID was recorded for each inpatient ward. The broad reason for admission was recorded as scheduled care; unscheduled medical admission; unscheduled admission of behavioural/psychiatric origin; or unscheduled admission with acute distress requiring assessment.

Out of a total of 2,325 inpatients, 299 (12.9%) were identified as having ASD and/or ID: 3.1% ASD alone, 1.6% ASD with ID, and 8.2% ID alone. The majority of admissions (82.3%) were unscheduled; 71.6% of these for acute medical presentations, 10% for behavioural or psychiatric crises that were unable to be managed in the community, and just two admissions related to acute distress requiring medical evaluation.

This inpatient prevalence is substantially higher than the estimated community prevalence of ASD (1.5%) and ID (0.5-1%).^{3,4} Our findings reflect both the increased healthcare needs of this population and the vulnerability of families when community supports are insufficient. They also highlight the need for hospital environments designed to accommodate CYP with sensory needs, communication difficulties and altered pain expression. Dedicated spaces, staff training and behavioural support pathways should be prioritised.

As paediatric services in Ireland undergo significant structural transformation, ensuring that models of care are inclusive of children with ASD and ID must be a priority.

Declarations of Conflicts of Interest:

None declared.

Corresponding Author:

Eimear O'Connell,
Department of Child Development and Neurodisability,
Children's Health Ireland at Tallaght,
Belgard Square North,
Tallaght,
Dublin 24,
Ireland.

E-Mail: eimearoconnell1@gmail.com

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