

Well-being and sleep in Autism Spectrum Disorders across the lifespan

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Background

- Autism Spectrum Disorder (ASD), although a developmental disorder, is a lifelong condition.
- Research has tended to focus on childhood, adolescence and early adulthood
- Few studies have examined ASD in later-life.
- Low mood and poor sleep are commonly reported in both ASD and in ageing.
- Understanding ageing with ASD is necessary to plan and provide support in a growing ageing population.
- This study examines sleep quality and wellbeing across the lifespan, in individuals with and without ASD.

Hypotheses

- Age and ASD diagnosis will have an effect on:
 - Presentation of ASD symptoms
 - Sleep disturbance
 - Wellbeing score

Methods:

- Participants:** 77 participants, aged 19-65.
- 37 individuals diagnosed with ASD as adults, recruited from the Autism Diagnostic Research Centre, Southampton. One individual was removed as an outlier.
- 40 age and gender matched controls were recruited from the community with a maximum of ± 5 years age difference.

Table 1: Group demographics, Mean (standard deviation)

	ASD (n=36)	TDP (n=40)	Group differences
Age	36.08 (10.27)	35.78 (12.03)	F=.014, p=.905
Sex (m,f)	27, 9	28, 12	$\chi^2=.31$, p=.58

Self-report Measures:

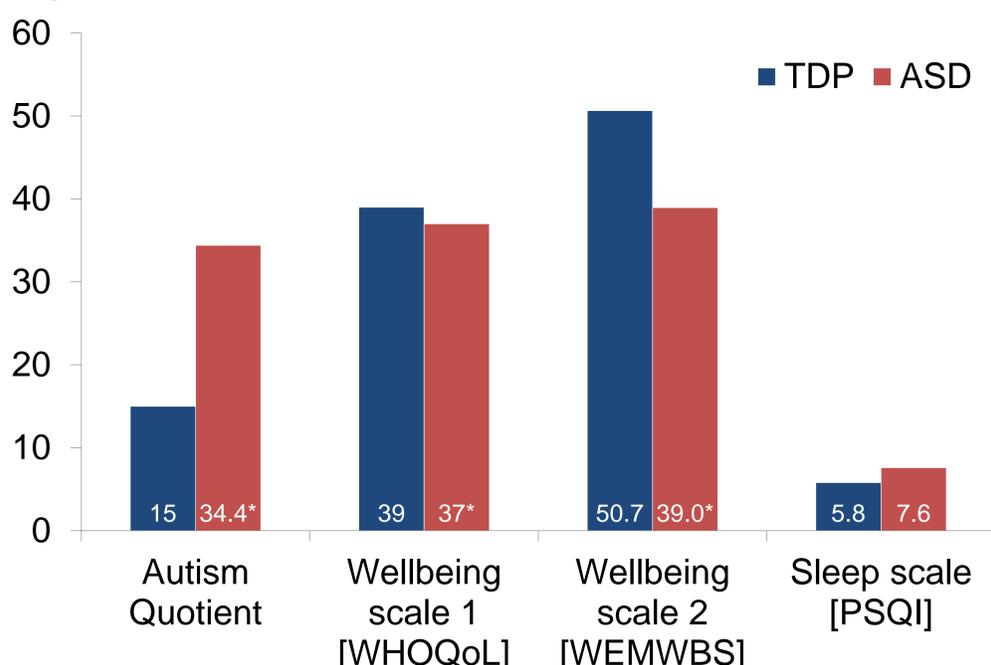
ASD Symptom measure: The Autism Quotient (AQ)
Wellbeing measures: Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) and the World Health Organisation Quality of Life Scale (WHOQoL).

Sleep measure: The Pittsburg Sleep Quality Index (PSQI)

Demographic information was measured to ensure age and gender matching.

Results: Group differences

Figure 1: Group differences on Self-report Measures



Results: Correlation Analyses

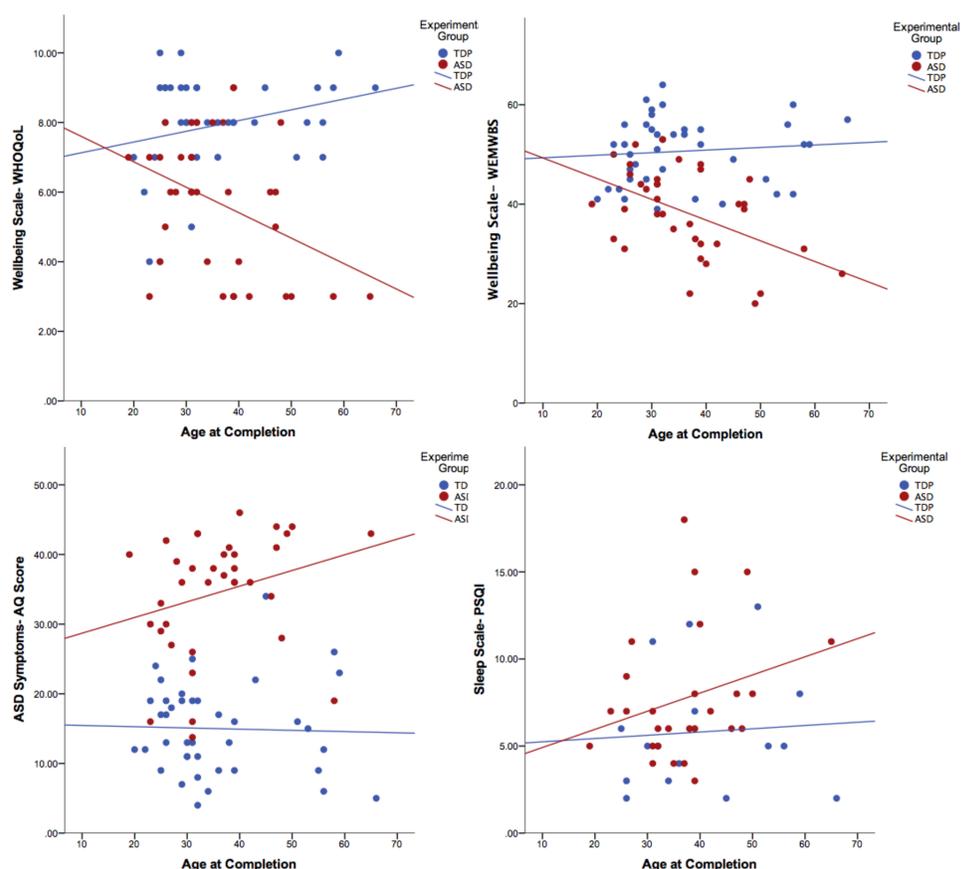
Table 2: Correlations with Age by Experimental Group

		ASD	TDP
ASD symptoms	AQ	r=.266, p=.116	r=-.032, p=.844
Wellbeing	WHOQoL	r=-.378, p=.028*	r=.261, p=.103
	WEMWBS	r=-.490, p=.002**	r=.093, p=.568
Sleep	PSQI	r=-.274, p=.167	r=-.069, p=.801

* $p < .05$; ** $p < .01$

- Both wellbeing scales correlated significantly with age in the ASD group, but not in the TDP group.
- The correlations between the two groups were significantly different for WHOQOL (Fisher's r to z transformation $z=-2.79$, $p=-.005$) and WEMWBS (Fisher's r to z transformation $z=-2.65$, $p=-.008$).
- This indicates a different pattern of age-related associations with well-being in ASD compared to TDP.
- No other significant correlations with age were observed

Figure 2: Correlations with Age by Experimental Group



Conclusion

- The ASD group reported significantly lower wellbeing than the TDP group.
- No significant group differences in sleep quality were observed.
- The ASD group demonstrated a significant decline in wellbeing with age.
- In contrast, the TDP group increased in well-being with age but this correlation did not reach significance.
- No significant correlations were observed between age and sleep in either group.
- Individuals with ASD continue to be at risk for low well-being across the lifespan.
- It may be important to monitoring well-being in ASD across the lifespan, to allow provision for interventions and support.

