

Weymouth, Lindsey E

MRN: 5456646

Office Visit 1/2/2025
MGH Lurie Center

Provider: Wibecan, Leah L, MD (Pediatric Neurology)
Primary diagnosis: Autism spectrum disorder
Reason for Visit: Referred by Unknown, Unknown, MD

Progress Notes

Wibecan, Leah L, MD (Physician) • Pediatric Neurology

MASSACHUSETTS
GENERAL HOSPITALMassGeneral Hospital
for ChildrenHARVARD
MEDICAL SCHOOL

LURIE CENTER FOR AUTISM PEDIATRIC NEUROLOGY

To:
Eric Michael Anderson
20 Wall Street
BURLINGTON MA 01803-4758
781-221-2800

RE:

Patient: Lindsey E Weymouth
MRN: 5456646
Date of Birth: 7/31/2014
Date of Visit: 01/02/25

Dear Dr. Eric Michael Anderson,

I had the pleasure of seeing Lindsey in the Child Neurology Clinic today for follow up regarding autism and anxiety. The patient was accompanied by her mother. While you are familiar with this patient's medical history, please allow me to review it for our records.

HPI:

Lindsey is a 10 year old female with history of autism and anxiety who presents to us today for follow up.

She was attending daycare as an infant/toddler, and the daycare started having concerns about her behavior at 1.5-2 years. She was evaluated for autism at that time. She was diagnosed after evaluation at BCH. She went to a couple of ABA centers over the years. She now goes to the developmental kids classroom through Burlington public schools. She is in a substantially separate classroom. She is receiving private speech therapy on Saturdays. They restarted in-home ABA therapy, as well as an ABA-based after school program (Kindle).

Her mom's main concern had been Lindsey's severe challenge with anxiety on rainy days. She would get extremely upset about the rain. When it was raining, Lindsey would get up early and repeatedly check the windows and doors throughout the day. She would pace and cry. If she was at home she would lie in bed all day. To manage her anxiety in these situations, they use the tablet and review Daniel Tiger calming strategies. If she went to school on a rainy day, often her mom would have to come pick her up when there because she was so upset.

She had been following with a developmental pediatrician. She recently started following with psychiatry (Dr. Gurvinder Arora). She started taking fluoxetine in fall 2022. They are working with the psychiatrist on her rigidity, repetitiveness, and the issue with the rain. Her mom thinks that there has been a subtle improvement in anxiety with fluoxetine, though the anxiety and repetitive behaviors on rainy days is still a significant issue. They started clonidine 1/2 tablet on rainy days as needed. She had been increasing fluoxetine (up to 6mg daily), but then they started to notice increased aggression. So they decreased the

fluoxetine back down to 4mg daily, which helped the aggression. They added nightly clonidine 0.05 mg, with improvement in anxiety and sleep.

She has difficulty with falling asleep, takes melatonin 4mg nightly and sleeps through the night 8pm-5:30am. She uses daily miralax and ex lax for constipation. Potty trained around 6.5 years.

She has never had genetic testing.

Interval History:

Neuropsych evaluation with completed in Sept 2023, which confirmed diagnosis of ASD level 2, with challenges with reciprocal social interactions, atypical responses to social overtures, scripted verbal responses, and restricted and repetitive behaviors. She has also noted to have continued symptoms of anxiety. She was diagnosed with intellectual disability with moderate impairment, with nonverbal reasoning at a 4-year level, and receptive and expressive vocabulary around a 3-year level. She was recommended to continue with an IEP with 1:1 instruction with ABA principals, with BCBA consultation, speech therapy, and OT. She was recommended to continue daily ABA services outside of school. Behavioral consultation was recommended to support anxiety management in the community.

She has continued following with psychiatry (Dr. Arora). The rain issues have still been better. She takes fluoxetine 4 mg daily and clonidine 0.05 mg nightly -- no changes to meds. She's been waking up at night 1-2 times per week in the past month or two, which had previously been much better controlled.

She is still in Pine Glen school. Her teacher left in December, so things have been a bit difficult the last few weeks. They are working with an educational advocate. She is going to Kindle program outside of school. They are working on safety issues like road safety and parking lot safety. They are working on skills for independence, and mom hopes to focus away from academics and more towards skills that will serve her in gaining more independence. They are working towards being able to tolerate getting out of the house more and doing more non-preferred activities. They are going to be starting home therapy with Kindle to work on things like showering, getting snacks/drinks independently.

They did Wings for Autism, and went to Florida last January, and this went well overall. But otherwise they haven't been able to make much progress in getting her out in public more. They have taken her to a restaurant maybe 3-4 times in the past year. If they try to bring her out, then she gets very upset, throws things, tries to bite, flops on the floor. They are going to work on these issues with the community hours from Kindle.

REVIEW OF SYSTEMS: As per HPI. Remainder of ROS negative in detail except as noted above.

PAST MEDICAL HISTORY:

Patient Active Problem List

Diagnosis

- Autism spectrum disorder
- Anxiety
- Chronic constipation
- Mixed receptive-expressive language disorder

BIRTH HISTORY:

Pregnancy was notable for AMA, IVF conception, gestational hypertension. Born at 39 weeks via repeat CS for IUGR. She was in special care briefly for concern for blue skin color, but no issues were found.

DEVELOPMENTAL HISTORY:

Typical early motor milestones. Spoke earlier and more than her older brother, then lost this around 2 years. Minimally verbal.

MEDICATIONS:

Current Outpatient Medications Ordered in Epic

Medication	Sig	Abbreviated Dosage
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• acetaminophen (TYLENOL) 160 mg/5 mL Susp	Take 12 mL (384 mg total) by mouth every 6 (six) hours as needed.	See instructions for application
• cloNIDine HCL (CATAPRES) 0.1 MG tablet	Take 0.05 mg by mouth nightly at bedtime.	See instructions for application
• FLUoxetine (PROZAC) 20 mg/5 mL (4 mg/mL) solution	Take 1 mL by mouth daily.	See instructions for application
• ibuprofen (ADVIL, MOTRIN) 100 mg/5 mL suspension	Take by mouth every 6 (six) hours as needed for mild pain or 1-3 (on a general 0-10 scale).	See instructions for application
• melatonin 1 mg/mL oral liquid	Take 4 mg by mouth nightly at bedtime.	See instructions for application
• polyethylene glycol (MIRALAX) 17 gram/dose powder	Take 17 g by mouth daily.	See instructions for application

ALLERGIES:

No Known Allergies

IMMUNIZATIONS:**Immunization History**

Administered

Date(s) Administered

- Hep B, adolescent/high risk infant

08/03/2014

SOCIAL HISTORY: Lives with parents and older brother.**FAMILY HISTORY:**

No known family history of seizures, epilepsy, autism
Some cousins with learning disabilities (primarily dyslexia)
Mom has OCD
Maternal aunts with anxiety/bipolar

PHYSICAL EXAM

BP 90/70 | Pulse 100 | Ht 144.8 cm (4' 9") | Wt 31.3 kg (69 lb) | BMI 14.93 kg/m²
29 %ile (Z= -0.54) based on CDC (Girls, 2-20 Years) weight-for-age data using data from 1/2/2025.
74 %ile (Z= 0.63) based on CDC (Girls, 2-20 Years) Stature-for-age data based on Stature recorded on 1/2/2025.
No head circumference on file for this encounter.

Gen: NAD, no dysmorphic features

HEENT: NCAT, conjunctiva clear, MMM, no lesions

Neck: Supple

Chest: Breathing comfortably

EXT: WWP. **Bilateral flat feet, feet are thin and elongated.** Left foot with a bony protrusion around the medial metatarsal area.

SKIN: no rashes or petechiae

NEURO EXAM:

MS: Awake and alert. Calm, watching shows on her tablet. Minimal eye contact. Reaches over me to take a toy without making eye contact. Echoes "thank you" when her mom asks her to. Some communicative answers to questions ("yeah"), other answers are echolalia or scripted.

CN:

II,III: PERRL

III,IV,VI: EOMI w/o nystagmus, no ptosis

VII: face symmetric without weakness

VIII: hearing grossly intact to voice

IX,X: palate elevates symmetrically

XII: tongue midline, no atrophy or fasciculation

Motor: Normal tone, no tremor or bradykinesia. Moving all extremities equally antigravity. Gives high five with both hands.

Coordination: Reaches without dysmetria bilaterally. No truncal ataxia.

Reflexes: No clonus. Toes downgoing bilaterally.

Sensory: Responds to light touch in all extremities.

Gait: Steady stance and gait.

ASSESSMENT:

Lindsey is a 10 y.o. female with history of autism, anxiety, and intellectual disability who presents to us today for follow up.

She has made a lot of progress with her anxiety and resistance to change since starting taking scheduled clonidine every night. However, her family has still felt unable to have Lindsey participate in most types of activities outside of the house, such as going to a restaurant. They will be starting to work with Kindie community therapy on having in-home hours to work with them directly on these challenges. Also reviewed behavioral consultation with Nicole Simon at Lurie Center, which had previously been recommended in her neuropsych eval -- will place referral.

We reviewed that, for her recent difficulty with sleep, they may consider discussing an increase in her clonidine dose with her psychiatrist.

Her mom has a number of questions about how to prepare for puberty for Lindsey, and how to handle the school's approach to health education that did not seem appropriate for Lindsey. Will refer to Family Support Center to discuss.

Lastly, her mom requested an assessment of her bilateral flat feet and a bony protrusion of her left foot. Will refer to orthopedics.

PLAN:

- Genetic testing recommended but was denied by insurance -- will revisit at upcoming visits
- Discuss clonidine dose with psychiatry
- Referral to orthopedics
- Consider behavioral consultation with Nicole Simon at Lurie Center
- Referral to Family Support Center
- Follow up in 6 months, or sooner as needed

Thank you for allowing us to participate in Lindsey's care and do not hesitate to call with any questions.

Sincerely,

Leah Wibecan, MD, MPH
Pediatric Neurology
Mass General Hospital for Children
Lurie Center for Autism
1 Maguire Rd
Lexington, MA 02421
781-860-1700

Instructions

After Visit Summary (Printed 1/2/2025)

Additional Documentation

Vitals: BP 90/70 Pulse 100 Ht 144.8 cm (4' 9") Wt 31.3 kg (69 lb) BMI 14.93 kg/m² BSA 1.14 m²

Communications

- ✉ Letter sent to MGP LURIE CTR LEX FD ✉ Letter sent to MGP LURIE CTR LEX FD
- ✉ Letter sent to MGP LURIE CTR LEX FD ✉ Letter sent to Eric Michael Anderson, MD
- 📄 Chart Routed to Eccles, Kimberly Lynn, MA

Orders Placed

Ambulatory referral to MGB Orthopedics - Employed Practices New Request
MGH Pediatric Specialty Care Follow Up

Medication Changes

As of 1/2/2025 3:04 PM

None

Medication List at End of Visit

As of 1/2/2025 3:04 PM

	Refills	Start Date	End Date
acetaminophen (TYLENOL) 160 mg/5 mL Susp Take 12 mL (384 mg total) by mouth every 6 (six) hours as needed. - Oral	—	9/20/2024	—
clonidine HCL (CATAPRES) 0.1 MG tablet Take 0.05 mg by mouth nightly at bedtime. - Oral Patient-reported medication	—		—
fluoxetine (PROZAC) 20 mg/5 mL (4 mg/mL) solution Take 1 mL by mouth daily. - Oral Patient-reported medication	—		—
ibuprofen (ADVIL, MOTRIN) 100 mg/5 mL suspension Take by mouth every 6 (six) hours as needed for mild pain or 1-3 (on a general 0-10 scale). - Oral Patient-reported medication	—		—
melatonin 1 mg/mL oral liquid Take 4 mg by mouth nightly at bedtime. - Oral Patient-reported medication	—		—
polyethylene glycol (MIRALAX) 17 gram/dose powder Take 17 g by mouth daily. - Oral Patient-reported medication	—		—

Visit Diagnoses

Primary: **Autism spectrum disorder** F84.0
Anxiety F41.9
Flat feet M21.41, M21.42