



INSIDE THIS

ISSUE:

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Does My Child Have Autism? 1

Autism on the Rise? 2

Autism & Medications 2

What is the Autism Diet? 3

Autism Resources 3

PAL Website 4

DOES MY CHILD HAVE AUTISM?

This is an unwelcome thought when a parent first ponders whether it could be true for their child. Autism Spectrum Disorders have become more prevalent in the media in the past few years...as in the current television drama, *Parenthood*, which brings the viewer into the world of the parents, the family, and the little boy with Asperger Syndrome as they each, in their own way, try to make sense of what is happening to them. This is a poignant period in their lives that is teaching them all to be strong and what they must do to keep moving forward. But they do move forward...as most families with an autistic child do once they access the resources to support their efforts.

The Centers for Disease Control estimate that 1 in 110 children have Autism Spectrum Disorders (ASD) of which there are 3 types:

1. Autistic Disorder —is what people usually think of as Autism. It involves changes in behaviors, repetitive behaviors, social interactive problems, and severe language delays in some children.
2. Asperger Syndrome—think of this as a less serious form of Autistic Disorder. Some social interaction problems exist as well as compulsive behaviors and thought processes. Usually there is not an intellectual disability or language problem. Many have above average intelligence.
3. Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS)—individuals with this disorder will have some of the criteria of the other 2 disorders, but not all of them, symptoms will be milder and include social and communication problems only...usually.

Autistic Spectrum Disorders show up in a child by the age of 3 and will last a lifetime. The problems the child has may get better over time with appropriate interventions. Some children may develop normally to about 2 years old and then seem to stop gaining new skills or lose some of the skills they already had. This is a sign of ASD. There is not a single test to diagnose for ASD. A

physician will get information from the parents and make observations of the child about their development and behavior over time. Ongoing observation and assessment will lead to a more certain diagnosis.

Some symptoms of ASD to look for in a child are:

- Avoidance of eye contact, averting eyes
- Doesn't like to be held or cuddled
- Appears to be disconnected from what is going on around them at times
- Does not respond to other people's emotions
- Isolative, plays alone, sits apart from other children
- May repeat the same sound or words over and over
- Have difficulty adapting to a change in routine
- Loss of skills they had (for example, could feed themselves and now can't; could talk and now doesn't)
- Has unusual reactions to sensory things (how things sound, smell, taste, feel, look)
- Has trouble expressing needs, may get extremely frustrated with inability to do this

Treatment for ASD that is based in research is the current preferred method for improving the behaviors, language, and social symptoms of this disorder. Intensive behavioral intervention to teach needed skills is vital to begin at as early an age as possible. This will improve your child's functioning in the world and help him/her obtain and maintain the skills they have. Other alternative therapies have been seen by some to be good add-on interventions to behavior therapy...such as nutritional support and some medications for more serious behavioral issues.

Information taken from the CDC website on Autism, found at: <http://www.cdc.gov/ncbddd/autism/facts.html>



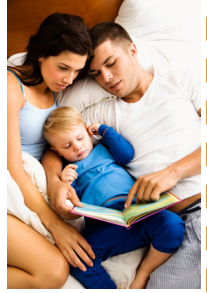
Autism On The Rise ?

The Centers for Disease Control reported in December of 2009 that the prevalence of Autism had risen 57% in just a few years (www.cdc.gov). This means that one in every 100 children are now diagnosed with some form of Autism. The most recent survey completed by the Maternal and Child Health Bureau of the Health Resources and Services Administration compiled information from parents of over 78,000 children. In addition to the increased incidence, in this survey they found that white non-Hispanic children are more likely to be diagnosed with Autism than black non-Hispanic or multiracial children. And boys are 4x as likely to have the diagnosis as girls.

Is this apparent rise in incidence of Autism for real? Or are there other factors playing into the mix. Some authorities state that Autism really is on the rise and that it is due to a variety of factors in our society...environment, vaccinations, effects of chemical toxins, and genetics. The argument is made by others that the actual rise in statistics that are being observed, has to do more with the inclusion

of the spectrum disorders to the classification of Autism. These disorders (Pervasive Developmental Disorder, Asperger Syndrome, even Rett Syndrome) have added many numbers to the pot. Ten years ago, some of these individuals would not have even been diagnosed due to the milder presentation of their symptoms. They were fairly functional in society with some minor language or social problems. Children with ASD are being identified earlier in life and in greater numbers. There is no doubt. Parents are becoming more internet savvy and use the world wide web to gain knowledge about health issues. They address issues with physicians and, unlike our parents and grandparents, already have information that ranges from symptomology to treatment to prognosis.

The stats are rising but the positive twist on this is that...the earlier a child is diagnosed and treatment is started, the better the outcome for his life.



AUTISM & MEDICATIONS: WHAT YOU SHOULD KNOW



The use of medications for a child with Autism should not be a first line intervention. Behavioral therapy, skills training, sensory integration therapy, nutrition and other approaches should be the goal. But, sometimes, it does become necessary to add a medication to the treatment regimen so that the child or adult with Autism can focus to attend school or work, be able to control their own behavior better, and to function more positively in daily life with all of the activities that they do.

It is the responsibility of the parents, when a child is young, to do your research and actively make yourself knowledgeable about all of the therapies, medications, and treatments that are out there for your child. There are resources to help (listed on page 3) but you cannot always count on your physicians

to be on top of it all.

For our consumers living in community residential settings, direct support staff and Nurses must be aware of the diagnosis, how it presents itself in certain individuals in your care, and what you can do to advocate for the best interventions for this consumer based on their individual needs. You need to also be knowledgeable about what Autism is and what treatments are out there to improve outcomes for consumers.

One way you can do this, is to access the website at the Autism Research Institute (http://www.autism.com/ari/adverse_reactions.html). There is a list of medications commonly used with individuals with Autism and the reported and studied adverse effects related to each. These are linked to outside resources, studies, etc. that support

the information so you can read the actual research. A very interesting and helpful resource at this same website is the list of Parent Ratings of Effects of Medications, Vitamins, and Special Diets in their child with Autism (over 26,000 parents responses included) <http://www.autism.com/treatable/form34qr.htm#drugs>. This will give you a good mix of actual research and what parents of autistic children have actually observed, up close and personal...with their own child.

Remember that all therapies do not work for all people. That's why there are so many of them. Also, medications are not going to be THE answer. They may be helpful to get a child partway there, but it will take a combination of medication and other therapies to create the most optimal life for a child or adult with Autism.

WHAT IS THE AUTISM DIET?

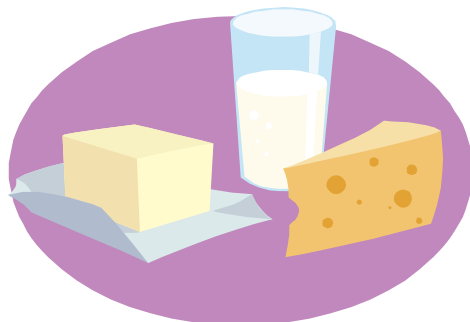
This gluten-free, casein-free diet claiming to improve symptoms of autism has been a widespread topic in the media lately. Recently popularized by actress Jenny McCarthy, among others, this diet was first developed by Dr. Cade for the treatment of schizophrenic behaviors and later autism.

Autism is one of the fastest growing and most prevalent childhood conditions in America. An estimated 1 in 110 children are diagnosed with autism today – that’s more than juvenile diabetes, childhood cancer, and pediatric AIDs combined.¹ In light of the recent media attention, it is likely that patients’ families have heard of this diet and may ask for your professional opinion on it.

Although known for its wide range of presentations, autism is defined by 3 hallmark symptoms known as Kanner’s triad²:

Impaired social interaction

Delayed language development

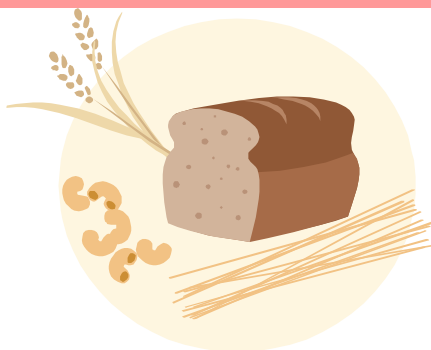


Restrictive, repetitive behaviors

Almost all patients with autism suffer from some form of impaired social interaction. Patients have difficulty forming social relationships because they often avoid eye contact and have difficulty understanding non-verbal cues, engaging in conversation, and interpreting how others are thinking and feeling.

Autistic patients may also engage in repetitive behaviors that range from mild mannerisms such as rocking of the head and torso or hair twirling to self-abusive behaviors like biting and head-banging. The etiology of autism is not yet known but it has been hypothesized that these behaviors could be the result of gastro-intestinal abnormalities.

Gluten (a protein found in wheat, rye, and barley)



and casein (a protein found in dairy products) are normally digested in the intestine of healthy individuals. However, it is thought that when these proteins are not completely broken down they form opiate peptides. The peptides are able to leak into the blood stream of an autistic patient because of an abnormally increased intestinal permeability. The peptides are then thought to cross the blood-brain-barrier causing excessive stimulation of the central nervous system (CNS) which presents as repetitive behaviors.³

This hypothesis, known as the “Opioid Theory”, is the basis for the gluten-free, casein-free diet, which attempts to improve symptoms of autism by removing these proteins from the diet to decrease CNS stimulation.

It is important to note that while the proposed mechanism of this diet is plausible, it has not been scientifically proven. Several studies have attempted to test this theory but have so far failed to yield statistically significant, scientific evidence supporting its claims because of flaws in the study designs (absence of control groups, small sample sizes, and lack of blinding).

However, because there is currently no cure for autism, many families are willing to try the diet despite the lack of scientific evidence to support it. In fact, it is estimated that almost one third of autistic children receive a complementary treatment like diet therapy.

If a caregiver asks you about the gluten-free, casein-free diet, you should inform them:

The diet is only meant to be used in addition to developmental and behavioral therapies.

The diet is not scientifically proven to improve symptoms of autism.

Patients should be monitored for signs of malnutrition and may require vitamin supplements while on the diet.

The caregiver should carefully weigh the risks and benefits with the patient’s doctor before implementing diet therapy.

Keep in mind that autism research is a growing field so it is important to check scientific literature frequently for new developments.

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AUTISM RESOURCES

Autism Information Center

www.cdc.gov/ncbddd/dd/aic/resources

Autism journal—to get your FREE sample issue online NOW, go to:

<http://aut.sagepub.com/>

Autism Research Institute at

Autism Society of America at

www.autism-society.org

Autism Speaks at www.autismspeaks.org

Autism Teaching Materials at

www.autisminspiration.com

National Autism Association at

www.nationalautismassociation.org

National Institute of Neurological Disorders at www.ninds.nih.gov

Temple Grandin’s Autism website

<http://www.templegrandin.com/>



THE POST SCRIPT

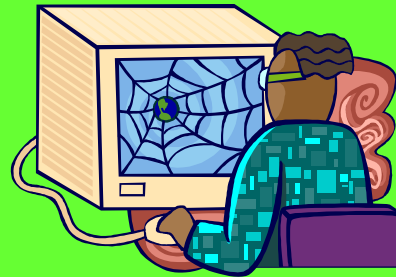
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