Medication May Facilitate Autism Interventions

BY JANE SALODOF MacNEIL
Southwest Bureau

SANTA FE, N.M. — Pharmacotherapy does not cure autism, but it can make autistic children accessible to other modes of treatment, Bennett L. Leventhal, M.D., said at a psychiatric symposium sponsored by the University of Arizona.

"There are no pharmacological treatments for the cardinal symptoms of autism. Those things are not responsive to medication," advised Dr. Leventhal, director of child and adolescent psychiatry at the University of Chicago. "But making kids available to other interventions may help them improve," he said.

When children are referred for pharmacotherapy, it should begin with a complete work-up, he said. Though additional measures may be used, he said no child should be diagnosed without evaluation by two standard instruments: an Autism Diagnostic Interview (ADI) and the Autism Diagnostic Observation Schedule (ADOS).

Dr. Leventhal recommended doing a physical examination with neurologic studies even if the child has been referred by a family physician.

Moreover, these children may have other impairments that were missed because of challenges in communicating with them.

For example, he said he has seen deaf children who were classified as autistic because no one recognized hearing loss.

Attention-deficit hyperactivity disorders used to be ruled out in autistic children, he said. While these youngsters can concentrate intensely on what interests them, specialists now recognize that many autistic children have difficulty paying attention.

Dr. Leventhal said he treats them with the same stimulants used for attention deficit in children who are not autistic. "There are no studies of stimulants in children with autism, but there is no reason to think these agents would not apply here," he said.

'In children with autism, side effects are very difficult to treat and very difficult to follow because these kids are not verbal.'

No one stimulant has proved better than another, he added. The biggest problem, he said, is getting autistic children to swallow pills.

Dr. Leventhal recommended serotonin reuptake inhibitors (SSRIs) for control of stereotypic behaviors, such as repetitive behaviors, self-stimulatory behaviors ("stimming"), habits, and tics. He cited studies showing improvements with fluvoxamine (Arch. Gen. Psychiatry 1996; 53:1001-8) and fluoxetine (Neuropsychopharmacology 2005;30:582-9).

An added benefit is SSRIs can reduce aggression, he added, describing aggression and irritability as another serious problem for people with autism.

Dr. Leventhal reported that he no longer uses traditional neuroleptics because of side effects. Atypicals are coming into use, he said, but there is not much evidence in this population, except for risperidone (Risperdal).

Johnson & Johnson, parent company of risperidone maker Janssen Pharmaceutica Inc., announced in May that the Food and Drug Administration had informed the company that risperidone was "not approvable" for autism. Dr. Leventhal expressed bafflement at the decision, as he quoted data from studies that found risperidone to be effective (J. Am. Acad. Child Adolesc. Psychiatry 2002;41:140-7; Arch. Gen. Psychiatry 1998;55:633-41; N. Engl. J. Med. 2002;347:314-21).

"There's more than ample evidence that at least risperidone as an agent leads to better overall function and reduces irritability. The FDA did not think of much of the application. It looks like ample data to me," said Dr. Leventhal, who listed a consulting relationship with Janssen in a disclosure of interests with several pharmaceutical companies.

The risperidone doses are "relatively modest": 1-3 mg per day, he added, reporting better outcomes and fewer side effects with lower doses. Lithium is another option that reduces aggression regardless of diagnosis or cause, according to Dr. Leventhal, who said he has also used propranolol in extreme cases.

Whatever the agent, attention to dosing is critical, Dr. Leventhal said. "In children with autism, side effects are very difficult to treat and very difficult to follow because these kids are not verbal," he said.

He discouraged use of novel anticonvulsants for mood disorders, anxiolytics for anxiety disorders, and chelation to remove heavy metals when treating autistic patients. Secretin, a drug that failed several randomized trials in autism, "may actually be harmful."

The cognitive enhancers approved for Alzheimer's disease are a possibility for autism, he said. "Whether it works or not is an open question. Some of our data suggest this might have some utility." ■

No Link Between Autism and Head Circumference, Study Finds

BY DOUG BRUNK
San Diego Bureau

SAN DIEGO — There appear to be no differences in the mean head circumference between children with and without autism, results from a population-based case-control study show.

The finding differs from other smaller studies that have reported increased rates of macrocephaly in autistic children, Carrie Jones, M.D., said at the annual meeting of the Society for Developmental and Behavioral Pediatrics.

Those studies have proposed that accelerated brain growth in the first years of life is an early biologic marker for a subgroup of children with autism, "but the results are based on very small groups of children, and they may or may not be representative of the general population of kids with autism," said Dr. Jones, of the M.I.N.D. Institute at the University of California, Davis. "Also, they have rarely been correlated with other growth parameters such as weight and height, [and] they rarely have been paired with children from the same population."

For the study, known as Childhood Autism Risks from Genetics and the Environment (CHARGE), Dr. Jones and her associates recruited 175 children with autism aged 2-5 years through six centers that provide developmental disability services to children and adults in Northern and Southern California. Diagnoses were confirmed with the Autism Diagnostic Interview-Revised and the Autism Diagnostic Observational Schedule.

The investigators used birth records to identify 43 control children from the general population who were matched to the case population for age, gender, and geographic location.

All study participants received a medical exam that included measurement of head circumference, weight, and height. All parameters were plotted by age and gender on National Health and Nutrition Examination Survey III growth charts.

Dr. Jones and her associates found that the mean head circumference of both cases and controls was at the 59th percentile. About 12% of both cases and controls were at or above the 95th percentile, which was higher than expected.

"In linear regression models, the strongest predictor of head circumference was weight," she said. "The heavier kids tended to have bigger heads, but autism vs. general population group membership did not predict head circumference."

The next steps in the study are to examine earlier growth parameters from medical records for trajectories over time in both groups.

"We are also going to measure parent head circumference so we can see correlation with child head circumference," she said. ■