

Risperidone effective against aggression

(continued from page 6)

drug discontinuation, although another three patients at the same institution had stopped taking the drug because of symptoms possibly related to risperidone.

Lott et al.'s data, like findings from other studies, indicate that risperidone—unlike many other psychotropic drugs—does not commonly cause tardive dyskinesia (TD), a neurological disorder that leads to abnormal, uncontrollable, and sometimes crippling

muscle movements. In this study, risperidone treatment did not cause TD in any subjects, did not exacerbate existing cases of TD, and was associated with a reduction of TD symptoms in one patient.

The findings of Lott and colleagues add to a growing number of studies suggesting that risperidone, while occasionally causing severe side effects, is a safer and more efficacious drug than Haldol and similar "older generation" psychotropic drugs. Among recent findings:

—Sandra Fisman and Margaret Steele (see ARRI 11/1) tested risperidone on 14 children and teenagers with autism, Asperger's syndrome, or pervasive developmental disorder, and found that "thirteen of the 14 youths appeared to benefit" from the drug. Reductions in disruptive behaviors, agitation, anxiety, and obsessive behaviors were seen, as well as improvements in social behavior. Low doses (.75 mg to 1.5 mg/day) were effective.

—Christopher McDougle et al. (see ARRI 10/2) tested risperidone on three adults with autism or pervasive developmental disorder, and reported remarkable improvement in all three. Improvements included dramatic drops in aggression, obsessions, and self-injury, and improvements in socialization.

—Mark Rubin recently reported that he and colleagues have found risperidone successful in treating "children as young as three who present with unyielding self-abuse or aggression not responsive to a number of other medication and behavioral approaches." The drug, he says, "has significant calming properties without undue sedation," and appears to enhance rather than dull cognitive processes.

While risperidone is safe in comparison to many other drugs, side effects can include neuroleptic malignant syndrome (a potentially fatal side effect in which the body literally "overheats"), as well as menstrual irregularities, weight gain, breast enlargement in males, heart palpitations, constipation, fatigue, low blood pressure, dizziness, stiffness, and tremors.

A recent report also suggests that withdrawal from the drug may occasionally cause Tourette-like tics. Amy Rowan and Richard Malone report that one child with schizophrenia developed marked tics when risperidone

was discontinued after eight days of treatment.

"The day after discontinuation of risperidone," they say, "motor and vocal tics developed; these persisted for four days and then ceased." The tics included neck move-

ments, belching, and grimacing.

The researchers say that "the emergence of Tourette-like symptoms upon risperidone withdrawal suggests these tics represented an episode of withdrawal dyskinesia. While it is possible that the tics were part of an underlying or pre-existing disorder, the lack of a prior personal or family history of tics and the timing of the [drug cessation and symptoms] suggest that they were related to antipsychotic withdrawal."

"Clinical and economic aspects of risperidone treatment in adults with mental retardation and behavioral disturbance," Rex S. Lott, Jill M. Kerrick, and Seth A. Cohen; *Psychopharmacology Bulletin*, Vol. 32, No. 4, 1996, pp. 721-729. Address: Rex S. Lott, Pharmacy Department, Fircrest, 15230 15th Avenue NE, Seattle, WA 98155.

—and—

"Use of atypical antipsychotics in children with mental retardation, autism, and other developmental disabilities," Mark Rubin, *Psychiatric Annals*, 27, 3, March 1997, pp. 219-221. Address: Mark Rubin, COMCARE, 255 E. Osborn Road, Phoenix, AZ 85012.

—and—

"Tics with risperidone withdrawal" (letter), Amy B. Rowan and Richard P. Malone, *Journal of the American Academy of Child and Adolescent Psychiatry*, Vol. 36, No. 2, Feb. 1997, pp. 162-163. Address: Amy Rowan, Hahnemann School of Medicine, Medical College of Pennsylvania, Philadelphia, PA 19102.

Risperidone, physician Mark Rubin says, "has significant calming properties without undue sedation," and appears to enhance cognitive processes rather than dulling them.

More on pentoxifylline

Our article on pentoxifylline (PTX) in ARRI 11-1 brought a number of inquiries from readers who ask if PTX is being used for autism in the U.S. Not—at least, not yet—to my knowledge. Here is the story:

During the 1970s and 1980s Dr. Shiro Sogame, a Japanese psychiatrist, wrote to me about the good results he had experienced, quite accidentally, in treating an autistic child with PTX, not because the child was autistic, but because he had suffered a head injury. PTX is used to improve blood flow, and a number of his colleagues began experimenting further with the use of this drug in autism. After Dr. Sogame died there seemed to be little interest in the use of PTX in autism. I thought this was unfortunate, because the results had seemed so promising. I asked Dr. Sudhir Gupta for his assistance, and with his excellent help, the paper was published in the November 1996 *Journal of Child Neurology*.

I have recently written to our friends and colleagues in Japan to ask for additional information or experience with PTX in autism. We will keep the readers of the ARRI informed if we learn more about this interesting drug. In the meantime, if you learn of additional trials of PTX in autism, please inform the ARRI of the results.

—BR

Good advice about drugs...

The next time you are in a bookstore, look over the various books called "guides to prescription drugs." We have several in the ARI office, and we consult them often. These are thick paperbacks—about 1,200 pages—and cost \$12.00 to \$14.00.

We have mostly been using the 1995 edition of the *Essential Guide to Prescription Drugs*, by James W. Long and James J. Rybacki. Recently, I supplemented it with the 1997 *Complete Guide to Prescription and Non-Prescription Drugs*, by H. W. Griffith. There are other similar books on the market, most at the same price and size. You will find any one of them invaluable, for every member of the family.

These books, "digest" versions of the large and much more costly *Physician's Desk Reference* (PDR), are chock-full of important information about brand names, generic names, uses, adverse effects, warnings, dosages, interactions with other substances, and so forth. I particularly like the Long and Rybacki volume for its tables on drugs that may adversely affect unborn and newborn infants, cause photosensitivity, adversely affect behavior or vision, interfere with foods or alcohol, or cause dysfunction of the blood cells, heart, lungs, liver, kidneys, or nervous system.

—BR

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