LETTERS

Questioning fragile X study data

To the Editor:

I was reading the article on fragile X and early menopause in ARRI 12/3, and got lost with Kenneson's logic. *[Editor's note: the paper by A. Kenneson and colleagues concluded that there is no significant link between fragile X carrier status and early menopause. Two other papers also reviewed in ARRI 12/3, by M. W. Partington et al. and G. S. Conway et al., suggested that fragile X and early menopause* are *linked.]*

Of a million women, 1695 have the fragile X problem (1 in 590), according to the article by Conway et al. According to the Partington study also cited, as many as 28 percent of the 1695 will experience early menopause (I used the larger number from the Partington study). That gives 475 fragile X women also experiencing early menopause—out of a million.

Say that 10 percent of the million women experience early menopause. Then, in that group of 100,000, there are just 475 fragile X women. That's just 1 in 210. So Kenneson comes along and tests 216 women from that group of 100,000, and finds no one with the fragile X problem. If my arithmetic is okay, I get that he had a 35.7 percent chance of not finding any women at all with fragile X. He found none.

If just 5 percent (instead of 10 percent) of all the million women experienced early menopause, then 475/50,000 is 1 in 105, so in a group of 216 women, he'd still have about a 1 in 8 chance of finding no fragile X women in the 216.

It seems to me that just because Kenneson didn't find any fragile X women in his study doesn't mean that fragile X women don't have a greater risk of early menopause.

Oscar Falconi
Saratoga, CA

Editor's Note: My brilliant friend Oscar is the owner of the Wholesale Nutrition Company, and a world authority on vitamin C.

Spironolactone

To the Editor:

[Despite drug treatments], our 14-year-old autistic son continued to exhibit intermittant explosive behavior that began when he was 13. Then a drug called Spironolactone was added to the others, and we're seeing real improvement, at least at this juncture, two months after initiation. I understand this drug to be a blood pressure medicine, also a diuretic, which interferes with the binding of testosterone to brain receptors.

I welcome any other families and medical professionals who are using this drug in the same way as we are, to contact me to share information, side effects, dosage, etc.

Linda G. Sutton
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Editor's Note: ARI would be interested in hearing from any other parents whose children have been given the antiandrogen drug Spironolactone. To our knowledge, the drug's effects on autistic individuals have not been studied. However, in a study conducted 20 years ago (Hendler, 1978), five of six manic depressive patients treated with Spironolactone responded well to the drug. In addition, it is often used to treat premenstrual syndrome. (Its most common uses, however, appear to be in treating hypertension and baldness.) Known side effects include rashes, vomiting, diarrhea, headaches, nausea, drowsiness, breast development in males, and masculinizing effects in females.

Autism and Digestion

To the Editor:

I am the mother of an eight-year-old girl with autism. I have long noticed the correlation between her behavior and her digestion, and I have taken great pains to do everything possible to maximize her gastrointestinal function. She has many food sensitivities, allergies, and yeast problems. About six months ago, I discovered that HCL-pepsin does miracles for her digestion. She went from loose bowels with undigested food to 100 percent normal the next day after beginning this digestive supplement. Now she can tolerate many more foods, and her moods are vastly improved. Pancreatic supplements failed to have any benefit.

The current interest now seems to be secretin. HCL supplementation increases secretin production. Perhaps this is why my daughter has done so well. I give her relatively little, and at this dose it is perfectly safe.

Dr. Jonathan Wright is probably the lead advocate of the importance of HCl supplementation, and he writes of a connection between HCl and increased secretin production (see his web site, www.life-enhancement.com/eaters.html.) HCl supplementation may be of tremendous benefit to any autistic person who can swallow pills, as there is no other way to get it.

Beckie Takacs
Newberry Park, CA

Editor's Note: See our article on Pepcid in autism (ARRI 11/3). Additional input from parents and professionals is welcome.

Teaching theory of mind

(continued from page 6)

the eye works like a camera, and that people have "pictures" in their heads.

The researchers then used a manikin head, facing the manikin toward various objects and then placing photos of these objects in a slot in the manikin's head. The children were asked, "Which photo has Sally got in her head?"

After several additional training steps, "Sally" was removed from the room and then the object represented in her photo was moved to a different location. The researchers demonstrated to the children that when Sally returned, she would look for the object where it had been before, because her picture showed it in the original location. Later, the children were given demonstrations to help them understand that the photo in Sally's head represented what she was thinking, and to help them predict Sally's actions based on the photo in her head.

Swettenham et al. found that their autistic subjects grasped the photo concept, and understood that the contents of the manikin's photo did not change if the manikin didn't see a change occur. "The strategy was not spontaneously used to predict behavior or mental states," they say. "However, when the children were explicitly taught the link between photos and action, all of the children were able to make behavior predictions"—a skill they were able to use in several different scenarios. "In contrast," they say, "none of the children were able to use photos as a basis to infer mental states, despite explicit teaching."

The researchers say their approach cannot replace a true theory of mind, but rather should be considered a "prosthetic device." They say that "on balance, the advantages of having *some* strategy outweigh the potential disadvantages."

Swettenham et al. have also experimented with using cartoon bubbles to demonstrate thought processes to autistic individuals. In one case, they say, their subject was able to pass several theory-of-mind tests after training. They suggest that "both the photo and related methods may be powerful tools for bypassing the theory of mind deficit in autism."

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"Difficulties in the understanding of false belief: specific to autism and other pervasive developmental disorders?" Peter Muris, Pim Steerneman, and Harald Merckelbach; *Psychological Reports*, Vol. 82, 1998, pp. 51-57. Address: Peter Muris, Dept. Psychology, University of Maastricht, P.O. Box 616, 6200 MD Maastricht, The Netherlands.

—and—

"What's inside someone's head? Conceiving of the mind as a camera helps children with autism acquire an alternative to a theory of mind," J. G. Swettenham, S. Baron-Cohen, J-C. Gomez, and S. Walsh; *Cognitive Neuropsychiatry*, Vol. 1, No. 1, 1996, pp. 73-88. Address: J. G. Swettenham, Departments of Experimental Psychology and Psychiatry, University of Cambridge, Downing Street, Cambridge CB2 3EB, UK.