Secretin update: good news about effects, bad news about supply

On the surface, little seems to be happening on the secretin front. However, there are many developments just below the surface that will be emerging into public view in the next few months.

The Autism Research Institute has been receiving a steady flow of our Secretin Outcome Study (SOS) forms completed by parents three weeks after a secretin infusion. When we provided our readers with the results of our preliminary analysis (ARRI 12/4), the findings were based on the first 200 SOS forms (many incomplete) we had received. Now our SOS database contains over a thousand SOS forms, and we are busily analyzing them for presentation at our DAN! conference, and for the next issue of the ARRI.

Secretin continues to look like a very promising—perhaps the most promising—treatment for autism, but serious problems are being experienced as the result of the Ferring Company's having stopped its production of secretin. Several dozen sources of secretin—and questionable secretin—have emerged to fill the void left by Ferring. Since very little secretin is available through the well-established and regulated channels, most buyers must risk accepting off-brand, or even no-brand, products. Some vials are labeled "secretin" with no indication of the source or the quantity (if any) of secretin contained.

The Autism Research Institute receives queries every day asking for sources of secretin. I wish we could help! There is no simple short-term solution.

However, Walter Herlihy, president and CEO of Repligen, and father of two autistic daughters, is working hard to make high-quality synthetic human secretin available, in a convenient-to-administer form, at the earliest possible date. He will give us a progress report on October 2nd, at the DAN! conference. The next issue of the ARRI will include up-to-date information from Walt Herlihy and the other DAN! presentors.

Media coverage. In England, the BBC followed the case of Billy Tommey before and after his secretin infusion. His mother, Polly Tommey, phoned ARI recently to say that there was so much excitement generated by the excellent progress the BBC had documented that she was compelled to set up a website (www.billytommey.co.uk) to respond to the many thousands of inquiries.

The October 1999 edition of *Ladies Home Journal* carries a story on the secretin infusion of Andrew Garrety, an autistic eight-year-old. Andrew did remarkably well after secretin was given, as have almost all of the autistic children who have been followed by the national media before and after a secretin infusion. I am aware of five television shows in the U.S., the U.K., and Australia which have followed an autistic child through a secretin experience. Of these, only the child infused on the U.S. *Dateline* show failed to show a clearly positive response to the secretin. Several of the children showed truly remarkable improvement, as clearly evident and well documented in the broadcasts. (Note: Andrew is one of many children for whom antibiotics seem to block the benefits of secretin.)

> Of five children followed by national TV, all but one showed a clearly positive response.

Mark Rimland. I am frequently asked whether my own autistic son, now 43 years old, has been given secretin. Yes, Mark was given one infusion, in November 1998. Because secretin was, and is, in such desperately short supply, and since Mark is functioning now at a fairly high level (he was severely afflicted as a child) we have been reluctant to have him given secretin, but we decided to go ahead.

The results? Mixed. Mark did change. In simple terms, he became noticeably more *aware*, more interested, more concerned, and less "zoned out." But increased awareness has some drawbacks. Example: My wife, Gloria, had taken Mark to the convention center, where Mark was to be a model for a fund-raiser fashion show. Mark has *always* simply and passively followed Gloria without question. Not this time (a week after the secretin).

Mark and his mother got out of the car. Mark stopped.

Mark: Mother, what if the car doesn't start when we come back?

Mother (surprised): Oh, we'll just call Daddy to come get us.

Mark (after a pause): But Daddy's phone is always busy.

Gloria (surprised again): We'll just get a taxi.

Mark (another pause): What if all the taxis are busy?

Gloria: Mark! We'll be late, let's go!

Antipsychotics: risk for diabetes?

A number of antipsychotic drugs cause weight gain, and one physician warns that these drugs also may contribute to type 2 (non-insulin-dependent) diabetes.

Rohan Ganguli reviewed the charts of 396 schizophrenics, of whom 55 (12 percent) had type 2 diabetes. The patients had taken a wide range of antipsychotic drugs. Ganguli found that type 2 diabetes was most common among patients treated with clozapine (15.5 percent) and olanzapine (11 percent) —drugs also associated with significant weight gain. Among patients taking haloperidol and risperidone, the prevalence of type 2 diabetes was about 6 percent.

Ganguli cautions that his findings are preliminary, and indicate an association but do not prove causation. As to why the drugs may contribute to diabetes, he says, "We don't know if these drugs change a patient's metabolism or their food choices and amount of food consumed."

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"Antipsychotics linked to weight gain, diabetes," Mitchel L. Zoler, *Clinical Psychiatry News*, Vol. 27, No. 2, p. 20, 1999, citing a presentation by Dr. Rohan Ganguli at the University of Pittsburgh.

B6 relieves symptoms of tardive dyskinesia

Numerous studies (see ARRI 12/3, 10/2, 8/3) indicate that vitamin E can ameliorate the symptoms of tardive dyskinesia (TD), a neurological disorder often caused by psychotropic drugs or drug withdrawal. Now Israeli researchers report that another vitamin, B6, significantly reduces the abnormal muscle movements caused by TD.

> Four of the five patients with TD showed marked improvements of more than 30 percent on measures of involuntary movement when given vitamin B6.

Vladimir Lerner and colleagues administered 100 mg per day of vitamin B6 *(Editor's note: a small dose!)* to five schizophrenic patients with classic tardive dyskinesia, tardive akathisia (a syndrome marked by chronic restlessness), or tardive parkinsonism (in which patients exhibited Parkinson's-like symptoms). They report that four of the five patients showed marked improvements of more than 30 percent on measures of involuntary movement, and that three of the five showed clinically significant improvements on the Brief Psychiatric Rating Scale. No patients experienced any side effects during the four-week, open-label trial.

Lerner and colleagues note that B6 "serves as a coenzyme for a wide variety of metabolic transformations," and speculate that the nutrient's antioxidant effects also may help counter TD.

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"Adjunctive vitamin B6 appears to alleviate symptoms of tardive dyskinesia," *Medscape*, August 9, 1999. Original paper appears in August 1999 *Clinical Neuropharmacology*.