

## Burton: criminal charges over vaccine coverup?

(continued from page 1)

though the government did not ask manufacturers to phase out thimerosal until 1999 (while still allowing existing stockpiles to remain on the market). The same memo also notes the FDA's fears that the public will accuse it of being "asleep at the switch for decades, by allowing a dangerous compound to remain in childhood vaccines."

"I don't think it makes any difference whether it's a private company or a government agency," Burton said. "If they know they're harming somebody and they continue to let it happen, then they should be held accountable."

Burton also lambasted the CDC for its reluctance to allow researchers access to the Vaccine Safety Datalink (VSD), a database that includes vaccination data and medical histories for millions of children and adults. "Up until this year," Burton said, "access to data from the VSD has been limited to researchers affiliated with the CDC and a few of their handpicked friends. This 'good old boy's network' practice has predictably led to questions about the objectivity of the research and the fairness of the results."

Burton noted that the House Committee on Government Reform first raised this issue with the CDC two years ago, and was only informed six months ago that the CDC was "developing a plan" to expand access to the VSD. Prior to the June hearing, Burton learned that this plan was now in effect, but that the CDC had made no public announcement to notify researchers. "That doesn't make it appear that the CDC is making a good faith effort to open up this database," Burton said. "It looks to me like the CDC is trying to do the bare minimum that they have to do to get us off their backs."

## Social stories (cont. from p. 6)

tions declined during the social stories intervention, and increased when the stories were stopped. The researchers add, "The use of social stories also appeared to increase the effectiveness of the interventions that had already been tried," such as the use of a clock to help the boy understand how long he needed to wait for rewarding activities.

"The use of social stories as a preventative behavioral intervention in a home setting with a child with autism," Peggy A. Lorimer, Richard L. Simpson, Brenda Smith Myles, and Jennifer B. Ganz, *Journal of Positive Behavior Interventions*, Vol. 4; No. 1, 2002, 53-60. Address: Richard L. Simpson, Dept. of Special Education, University of Kansas Medical Center, 3901 Rainbow Blvd., 4th Floor—HC Miller Bldg., Kansas City, KS 66160.

## LETTERS TO THE EDITOR

### Treating Self-Injury

To the Editor:

Thank you for your recent summary of a wide range of treatment options for severe self-injury in developmentally disabled people (see Editor's Notebook, ARRI 15/4).

Dietary increases in serotonin (e.g., bananas, passion fruit juice, avocados, pineapple, papaya, pecans, walnuts) have also decreased severe self-hitting and self-biting. This was effective using only a serotonin diet (1) or the diet with a serotonin-enhancing medication—trazodone—in an adult with aggressive and self-injurious movements (2). In a placebo-controlled study, the serotonin-enhancing medication buspirone was more effective in reducing aggressive and self-injurious movements when combined with a serotonin diet than when only the medication was used (3). Full details for the serotonin diet are given in the appendix of reference #2 below.

Sincerely, A. Gedye, Ph.D.  
Vancouver, BC, Canada

1. Gedye, A., "Dietary increase in serotonin reduces self-injurious behaviour in a Down's syndrome adult," *Journal of Mental Deficiency Research*, Vol. 34, 1990, 195-203.

2. Gedye, A., "Serotonergic treatment for aggression in a Down's syndrome adult showing signs of Alzheimer's disease," *Journal of Mental Deficiency Research*, Vol. 35, 1991, 247-258.

3. Gedye, A., "Buspirone alone or with serotonergic diet reduced aggression in a developmentally disabled adult," *Biological Psychiatry*, Vol. 30, 1991, 88-91.

*Editor's note: Dr. Gedye's comments, as always, are provocative and helpful. Another dietary approach to self-injurious behavior—self-injury to the patient's own eyes—was reported in ARRI 9/1 (1995). Neurologist Mary Coleman noted that several of her autistic patients had repeatedly hit, poked, or gouged their eyes. Urine studies revealed that these patients had very low calcium levels, and the correction of this deficiency with calcium supplements led to a welcome cessation of the ocular injuries.*

### Marijuana for behavior problems?

To the Editor:

I have a very large autistic son. About a year ago he changed from a sweet, loving individual to a very anxious teenager. His behavior would often escalate into frequent and unpredictable rages, which were usually associated with self-injury, aggression, and property damage. At times I had to lock myself in the bathroom; otherwise, he would attack me. We gave him many medications to stop the anxiety, but nothing worked.

A few months ago a friend of mine gave me a marijuana-containing brownie to give

to him. The brownie was baked for her sickly dog who had recently died. And guess what? Soon after he ate the brownie, my son's anxiety disappeared, and his sweet, loving behavior returned. He shows no signs of being under the influence of a drug. He now receives one marijuana brownie and several doses of Marinol (contains the active ingredient in marijuana) each day. This has clearly saved my child's life and my family's life.

A Florida Parent

*Editor's note: According to a March 2002 double-blind, placebo-controlled study [Muller-Vahl et al., Pharmacopsychiatry] of 12 adults with Tourette syndrome, the use of delta-9-tetrahydrocannabinol (the major psychoactive ingredient of marijuana) led to significant improvement in tics and obsessive-compulsive behavior while causing no severe adverse reactions. The researchers reported "a significant correlation" between tic improvement and maximum plasma concentrations of a metabolite of the drug.*

*To ARI's knowledge, Marinol is currently approved by the FDA only for use in treating anorexia due to AIDS or cancer, but is being tested for other purposes. Our review of its side effects suggests that it is far safer than most of the drugs currently used to treat the behavior problems of autistic individuals.*

### LKS success story

*Editor's Note: Eleven years ago, we ran our first article on Landau-Kleffner syndrome, a seizure disorder whose symptoms strongly resemble autism. At the time, a new surgery called multiple subpial transection was being pioneered as a treatment for LKS. The following letter is from Jane Rudick, the mother of one of the first children to undergo this surgery. Before the procedure, Cameron had lost all receptive and expressive language, and appeared severely autistic. Readers of our original article will enjoy hearing about Cameron's outcome.*

To the Editor:

Cameron is now driving and will graduate from high school in May. He is college-bound. Without the multiple subpial transection for Landau-Kleffner, this would not be possible. He is very social, and I am amazed at his accomplishments.

Jane Rudick  
Montgomery, AL

Letters to the Editor are welcome. We reserve the right to edit letters for length and clarity. Letters should not exceed two pages in length, including references.