

## Case study: simple meditation technique reduces aggression more effectively than psychotropic drugs

In some cases a simple meditation technique may be more useful than drugs in controlling aggression in high functioning developmentally disabled individuals, according to a recent study.

The subject of the study by Nirbhay N. Singh and colleagues was a 27-year-old man who had been institutionalized in psychiatric hospitals and facilities for the developmentally disabled for many years. He was diagnosed with both mild mental retardation and "psychotic disorder not otherwise specified." The man wanted to live in a group home, but community providers would not accept him because of his physical and verbal aggression, which often required physical restraint.

Because both psychotropic drugs (including Zyprexa, Seroquel, and Risperdal) and behavior modification were ineffective in controlling the man's behavior, Singh and colleagues decided to teach him a meditation technique called "Soles of the Feet." This involved recognizing and role-playing anger triggers, and responding to these triggers by:

- assuming a natural and non-aggressive posture.
- breathing naturally while allowing angry emotions to flow without trying to stop or respond to them.
- shifting attention to the soles of the feet (e.g., moving the toes, feeling the shoes covering the feet or the texture of the socks, and feeling the floor under the feet).
- continuing to focus on the soles of his feet until the anger passed.
- smiling and walking away.

The researchers conducted a five-month baseline analysis, followed by 12 months of treatment and a 12-month follow-up period. They report that "there were major decrements during the treatment phase in the number of incidents, physical and verbal aggression, PRN medication, physical restraints, and staff and resident injuries," and that these changes lasted during the one-year follow-up. In addition, doctors were able to discontinue all of the man's medications. He was able to move to a group home, and to participate in more social and community activities.

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The researchers note that their subject was highly motivated to improve his behavior, which may have been a factor in the success of the intervention. They also note that this is a single-case study, but say that if it can be replicated, "there is reason to be optimistic about the procedure because it is simple, easy to learn by individuals with disabilities, and eminently portable across multiple contexts."

"Soles of the Feet: a mindfulness-based self-control intervention for aggression by an individual with mild mental retardation and mental illness," Nirbhay N. Singh, Robert G. Wahler, Angela D. Adkins, and Rachel E. Myers, *Research in Developmental Disabilities*, Vol. 24, 2003, 158-69. Address: Nirbhay N. Singh, ONE Research Institute, P.O. Box 4657, Midlothian, VA 23112.

### LETTERS (cont. from page 6)

Dr. Treffert replies:

The plea by families for a rapid and unencumbered search for treatment modalities that help with very difficult behaviors in some autistic persons is certainly understandable, as is the frustration they feel when those treatments are not readily available. But proceeding more deliberately should not be confused with callousness, distance or insensitivity to those families, because the readily available, legal use of marijuana and cannabis compounds in autism treatment, given all the conflict and various agendas surrounding marijuana, will occur only when clinical trials have determined appropriateness, effectiveness, a simple and reliable delivery system, and safety of these compounds.

Marinol is a beginning effort in that regard, albeit an imperfect one. The search for more effective compounds should continue. Centers have been established now, such as the University of California Center for Medicinal Cannabis Research, and hopefully from these and other centers will come, quickly, reliable answers as to the safety and efficacy of cannabis and cannabis compounds for the treatment of a number of medical conditions, and information as to how this might apply to autistic disorders.

Meanwhile the search should continue as well for other medications or compounds that are helpful, without some of the side effects and other problems those medications have presented to date. The good news is that some of these more recent compounds do show such promise. That such a search will continue to be helpful is my hope and the direction in which I feel we ought to proceed in a considered, and considerate, manner.

Darold A. Treffert, M.D.

## Risperidone: another adverse effect reported

The drug risperidone (Risperdal) can be very effective in treating severe behavior problems in autism, but the drug has serious side effects including raising the risk of cardiac arrest and type II diabetes (see ARRI 16/4). A new study reports that it can also cause obsessive-compulsive behavior.

Rasim Somer Diler and colleagues recently reported on two young Turkish children who developed obsessive-compulsive behavior within two weeks of beginning risperidone treatment. One of the children was diagnosed with attention deficit disorder and a tic disorder, and the other with mental retardation. When the doctors discontinued the drug, the children's obsessive-compulsive symptoms disappeared. The cases are similar to six reported last year by B. Alevizos and colleagues in Greece, in which risperidone either caused or exacerbated obsessive-compulsive symptoms in patients with schizophrenia or depression. The Greek research team says that "risperidone-induced obsessive-compulsive symptoms appear to be dose-dependent and are probably produced by serotonergic-dopamine imbalance." They suggest that doctors should increase the dosage of the medication gradually and use the lowest dose possible.

"Risperidone-induced obsessive-compulsive symptoms in two children," R. S. Diler, A. Yolga, A. Avci, and L. Scahill, *Journal of Child and Adolescent Psychopharmacology*, Vol. 13, No. 2 (Suppl), July 2003, 89-92. Address: Rasim Somer Diler, Department of Child and Adolescent Psychiatry, Faculty of Medicine, Cukurova University, Balcali, Adana, Turkey 01330.

"Risperidone-induced obsessive-compulsive symptoms: a series of six cases," B. Alevizos, L. Lykouras, I. M. Zervas, and G. N. Christodoulou, *Journal of Clinical Psychopharmacology*, Vol. 22, No. 5, October 2002, 461-7. Address: G. N. Christodoulou, Dept. of Psychiatry, University of Athens, Eginition Hospital, Greece, gncrist@compulink.gr.

### SINGLE-DOSE VACCINES AVAILABLE

Parents and doctors can now obtain monovalent (single-dose) vaccines for measles and mumps that do not contain aborted fetal cell lines. The vaccines can be ordered by physicians from Merck, which is limiting orders to three boxes per physician. Each box contains 10 doses, and there is a minimum order of one box. Doctors can order the vaccines by calling 1-800-422-9675 or 1-800-637-2579, or by calling their Merck sales representative.