

Bipolar disorder: EPA effective, without side effects of drugs

The omega-3 fatty acid eicosapentaenoic acid (EPA) appears to markedly reduce symptoms of depression in bipolar patients without precipitating mania, according to a recent study.

Yamima Osher and colleagues administered 1.5 to 2 grams of EPA per day for up to six months to 12 patients with bipolar disorder, ten of whom completed the study. (One patient was lost to followup, while another improved during EPA treatment but chose to return to drug treatment.) The researchers report, "Eight of the ten patients who completed at least one month of follow-up achieved a 50 percent or greater reduction in Hamilton Rating Scale for Depression scores within one month."

No patients developed hypomania or symptoms of mania, and no significant side effects were seen with the exception of one patient exhibiting suicidal behavior—a common phenomenon, the researchers note, in patients recovering from significant depression. Osher et al. say the apparent low risk of side effects is of particular importance because "the issue of how to treat bipolar depression is a matter of considerable concern. The addition of any conventional antidepressant is associated with a high risk of inducing mania. In addition to lithium, other treatment strategies, which include the addition of lamotrigine, olanzapine, or a second mood stabilizer, all involve the risk of increased side effect burden and the often resultant lowered compliance."

The researchers conclude, "Although the ultimate utility of omega-3 fatty acids in bipolar depression is still an open question, we believe that these initial results are encouraging and justify the continuing exploration of its use. This study suggests that EPA omega oil may be a safe, efficacious, and well-tolerated compound especially useful in the treatment of mild to moderate bipolar depression." They caution, however, that their study was not blinded, included only a small number of patients, and did not include severely depressed bipolar patients.

Editor's note: There is some evidence that EPA taken alone may be more effective for bipolar disorder or depression than a combination of EPA and DHA (docosahexaenoic acid, another omega-3 fatty acid) or DHA taken alone. ARRI would be interested in hearing from parents who have used either of these substances, alone or in combination, as a treatment for bipolar disorder or depression in autistic children. Please provide information on dosages and types of omega-3 fatty acids given, as well as either positive or negative effects.

"Omega-3 eicosapentaenoic acid in bipolar depression: report of a small open-label study," Y. Osher, Y. Bersudsky, and R. H. Belmaker, *Journal of Clinical Psychiatry*, Vol. 66, No. 6, June 2005, 726-9. Address: Yamima Osher, Beer Sheva Mental Health Center, P.O. Box 4600, Beer Sheva, Israel, yamy@bgumail.bgu.ac.il.

Warning to doctors: rule out ALD in kids with behavior issues

Doctors treating boys with symptoms resembling autism, Asperger syndrome, attention deficit disorder, or hyperactivity need to be careful to rule out adrenoleukodystrophy (ALD) as a possible diagnosis, a recent report cautions.

ALD, the disease portrayed in the movie "Lorenzo's Oil," is a hereditary, progressive neurological disorder that often strikes boys between the ages of 4 and 10. While there is no cure for the disease, which causes cerebral white matter demyelination (destruction of the insulation surrounding neurons) and adrenal insufficiency, a special diet high in fats from olive and rapeseed oil and low in other fats can delay its progression if it is diagnosed in early stages. Early diagnosis also allows physicians to identify other family members who have the disease, including those with a milder, adult-onset form, who often are misdiagnosed as having multiple sclerosis.

Early symptoms of the childhood form of ALD often include poor attention, impaired spatial and visuo-motor coordination, problems with "executive reasoning" (planning and impulse control), depression, anxiety, "act-

ing out" behavior, and learning disabilities. The report notes that alert doctors can often differentiate between ALD and autism or attention deficit disorder by looking for these ALD "red flags:"

—A family history of significant medical conditions including Addison's disease, multiple sclerosis, or neurological or developmental disorders in general.

—Declines in cognition, learning, behavior, or emotional control.

—Visual impairment, often an early symptom of ALD.

—Lack of response to therapy.

—Late onset of symptoms such as learning disabilities that usually are seen in early childhood.

In later stages, gait disturbances, poor handwriting, trouble speaking, hearing loss, difficulty swallowing, and seizures are symptomatic of ALD. Doctors can sometimes detect subtle hints of these symptoms when the disorder is in its early stages.

"Avoiding the misdiagnosis of adrenoleukodystrophy: Distinguishing ALD from ADD/ADHD," *MediView Express Report*, 2005.

LOW-OXALATE DIET GROUP FORMED

DAN! researcher Susan Owens invites parents interested in exploring the possible benefits of a low-oxalate diet to learn about the diet and share information at the Yahoo! discussion group Trying_low_oxalates@yahoogroups.com. Preliminary evidence suggests that some autistic children have elevated oxalate levels and that a diet low in oxalates may reduce these children's behavior problems.

Videos prove validity of regressive autism

Videotapes of young children confirm that many autistic children develop perfectly normally before regressing.

Emily Werner and Geraldine Dawson obtained home videos of the first- and second-birthday parties of 15 children with regressive autism, 21 children with early-onset autism, and 20 nondisabled children, and asked raters blind to the children's diagnoses to evaluate their behavior in the videos.

The researchers say, "Analyses revealed that infants with autism spectrum disorders with regression show similar use of joint attention and more frequent use of words and babble compared with typical infants at 12 months of age. In contrast, infants with autism spectrum disorders with early onset of symptoms and no regression displayed fewer joint attention and communicative behaviors at 12 months of age." By the age of two, both groups of autistic children were impaired in word use, vocalization, the use of declarative pointing, social gaze, and orienting to their names.

The researchers conclude, "While we cannot be certain from these data that children with autistic regression were developing entirely normally before the regression occurred, the results of the present study suggest that at least some children with autism do not display prototypical impairments in joint attention, such as a lack of declarative pointing, nor do they display obvious delays in their use of language at the end of the first year of life." They add, "Future research should focus on examining whether autistic regression in the first two years of life is distinct from later regression seen in cases of childhood disintegrative disorder and determining whether regressive forms of autism represent genetic subtypes and/or distinct etiologies."

"Validation of the phenomenon of autistic regression using home videotapes," Emily Werner and Geraldine Dawson, *Archives of General Psychiatry*, Vol. 62, No. 8, August 2005, 889-95.

—and—

"Home videos suggest regression occurs in some autistic children," news release, JAMA and Archives Journals, August 1, 2005.