

Is subgroup of autism really Tourette syndrome?

(continued from page 1)

with a better prognosis than other autistic children and less likelihood of developing seizure disorders. Sverd theorizes that "the... disturbance that underlies TS may also be responsible for symptoms of PDD" and that "the PDD that results is a less severe variant of autism."

David and Brenda Comings speculate that the genetic defect that causes TS—and

ARRI welcomes Ylle Proos, a neurologist and psychiatrist at the Department of Neurorehabilitation, Tartu Children's Clinic, Tartu, Estonia, to our Professional Advisory Board. Dr. Proos is a founding member of the newly formed Estonian Autism Society.

We are sorry to announce the death of Professor M.S. Vrono of Moscow, who served on the ARRI Professional Advisory Board since the inception of the newsletter.

possibly some cases of autism and PDD—may be a mutation of tryptophan oxygenase. The researchers have found that individuals with TS and their parents have low serotonin and tryptophan levels. While about one-third of autistic individuals have *high* serotonin levels, most of Comings's autistic or PDD cases who developed TS had *lower* than normal serotonin levels. "The presence of complex feedback loops in serotonin circuitry could explain how both too much and too little serotonin could produce a similar clinical picture," they say.

If a subgroup of autism is linked to a defective TS gene, it will be easier to identify families who are at risk for having multiple cases of autism. In addition, it may help differentiate autistic children who benefit from drugs helpful in treating Tourette's from children for whom such drugs are useless.

Sverd says that the co-occurrence of autism and Tourette's may be underestimated, because of the similarities between the two disorders. The stereotyped move-

ments of autistic children, for instance, can be difficult to distinguish from the tics of Tourette's. Other symptoms common to both disorders include attention deficits, echolalia, hyperactivity, obsessive-compulsive behaviors, and resistance to change.

"Clinical and genetic relationships between autism-pervasive developmental disorder and Tourette syndrome: a study of 19 cases," David E. Comings and Brenda G. Comings; *American Journal of Medical Genetics*, 39, 1991, pp. 180-191. Address: David E. Comings, Department of Medical Genetics, City of Hope National Medical Center, Duarte, CA 91010.

—and—

"Tourette syndrome and autistic disorder: a significant relationship," Jeffrey Sverd; *American Journal of Medical Genetics*, 39, 1991, pp. 173-179; and "Tourette syndrome associated with pervasive developmental disorder: is there an etiological relationship?", same author, *Journal of the Multihandicapped Person*, Vol. 1, No. 4, 1998, pp. 281-290. Address: Jeffrey Sverd, Dept. of Psychiatry, North Shore University Hospital, 400 Community Drive, Manhasset, NY 11030.

Update III: Auditory Training

(continued from page 1)

ing — no control group this time) request our information letter—see below.

Berard versus Tomatis approach

The differences between the Berard and Tomatis approaches to AT have been discussed in our previous writings. As more experience accumulates, Dr. Edelson and I have become convinced that parents of autistic children desiring auditory training should seek the Berard approach rather than that of Tomatis — even though some of the Tomatis people have begun a rather aggressive campaign of recruiting autistic children for their form of therapy. Although the Berard type of training is in short supply at the moment in the U.S., we feel it would be best for parents approached by purveyors of the Tomatis therapy to avoid it. We feel it is less likely to be effective, more likely to produce adverse reactions, and more expensive and intrusive. We also find objectionable the heavy emphasis by Tomatis on supposed psychological and emotional factors in autism, and the sudden change in the duration of Tomatis training from its original 6-12 months to its current 12 days—probably in response to the 10 days required by Berard Auditory Training. We object to unsupportable claims by some Tomatis practitioners, such as

"80% of autistic children are helped."

Magnesium and hyperacute hearing

I have continued to explore the possibility that a need for larger than normal amounts of the essential mineral magnesium may be a root cause of hypersensitivity in some autistic individuals. Magnesium is available in many forms at drug stores and health food stores. Try to find magnesium glycinate at local health food stores. It is simply a nutrient and does not require a prescription. Preschoolers can take 100 mg. per day, school children 200 to 300 mg. per day, and adults 400 to 500 mg. per day. If you can't find magnesium glycinate, magnesium chloride (Slow-Mag-SEARLE) is available OTC at pharmacies. Dosage is the same as for magnesium glycinate. A 10-day trial should tell the tale.

If you try magnesium on your hypersensitive autistic children or adults, let me know the outcome, whether or not the magnesium proves helpful. As we learn more, we will publish additional information in the ARRI.

For a copy of our June letter on AT (including addresses of Berard practitioners), and a report describing Berard and Tomatis AT differences, send \$1.00 and an SASE.

SCHOOLS, SERVICES, RESIDENTIAL FACILITIES: The ARI maintains referral lists of schools and other facilities and services for autistic children and adults. If your school or service should be on our list, send a self-addressed, stamped envelope to receive our referral questionnaire. We cannot provide copies of this entire list to other agencies or individuals, but we can provide lists for small areas, or states. For referral information, please send a stamped, self-addressed envelope. A donation to defray our costs would be appreciated. Please send requests by mail only.

European Congress On Autism Set

A Congress on "Autism in Tomorrow's Europe" will be held May 8-10, 1992, at the Congress Centre in the Hague, Holland. Simultaneous interpretation into Dutch, French, English, German and Spanish will be provided. Presentations will cover diagnosis, research, therapies, education, family services, and communities for adults. The Congress will conclude with the presentation of a "Charter on Autism" which will be used as a basis for future actions in Europe.

For information contact the Congress Secretariat, QLT/CONGREX, Keizersgracht 782, 1017 EC Amsterdam, Holland, telephone 31.(0) 20-626 1372, FAX 31.(0) 20-625 9574.

Video available

A new 23-minute videotape, "Autism—Challenges and Hope," is available from the Autism Foundation at Boston City Hospital. The tape covers the history of autism, current research (particularly that being conducted by researchers at Boston City Hospital), and the need for further scientific investigations to solve the puzzle of this disorder.

The tape can be purchased at \$16 per copy from the Autism Foundation, Inc., Medical Ten, Boston City Hospital, 818 Harrison Avenue, Boston, Massachusetts 02118.