LETTERS TO THE EDITOR

Piracetam: a report from Ukraine

To the Editor:

I am writing to tell you about trying piracetam on autistic children. Piracetam is widely used in the treatment of children with autism in Ukraine.

I have studied the effects of Piracetam on 11 children with autism. All of these children have been diagnosed as autistic according to the results of the E-2 Form at the ARI. After the course of medication a positive effect was visible on eight of the children, but there was no effect at all on the [other] three.

The positive effects were an increase in the attention span and in the mental capabilities of the children. However, it should be mentioned that any positive results in the majority of cases, especially with nonverbal children, are achieved at the cost of terrible days of increasing hyperactivity and tantrums. After those "black days" the positive results are visible. The parents are not always ready to cope with this black period, so they often give up, especially when the doctors prescribe the treatment for two to three months.

[The second time] I put my son Alyosha on Piracetam, he became more flexible, more talkative and sociable; his aggressiveness decreased and his attention span increased significantly. I tried it again in a few months, and there was no effect. At last I found out the most beneficial period for the use of Piracetam on my boy. It sounds very unscientific, but the marker for me is the condition of his hair. I noticed that sometimes his hair becomes very coarse, unruly and sticks up, and I put him on Piracetam and at this time it works!

One more thing concerning his hair that I find very strange: he hates to have his hair cut. Every time I cut his hair and he cries I ask him whether it hurts and where, and he answers positively and points at his head. Can it be true? In our Autism Society we have a girl with the same problem. By the way, both children, at the age of 2-1/2 years, had bald spots on their heads. They eventually disappeared and the problems with hair-cutting began. I wonder whether other parents have come across a similar problem. Is there any research concerning this phenomenon?

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President
Autism Society of Ukraine

Editor's Note: I showed this letter to researcher Steven Fowkes, who has written authoritatively on piracetam and similar substances. He comments that hyperactivity is a common behavior with high-dose piracetam overstimulation, but is not common in the standard dose range (30 mg per kilogram or 14 mg per lb.) in children with dyslexia or attention disorders. He also notes that some parents of children with Down syndrome have reported that piracetam turns their children into "monsters"—in other words, that it makes them act *exactly* like their non-disabled siblings! As for tantrums, Fowkes says they have not been reported in any study with which he's familiar.

Fowkes suggests that parents trying piracetam use an escalating dosage system in order to identify dose-related benefits or side effects. For instance, parents might begin by administering 3.5 mg/lb., then double to 7 mg per lb., then give the standard dosage of 14 mg per lb. before trying 20 to 27 mg per lb.

According to Fowkes, piracetam is only available by prescription in the U.S., but can be imported from overseas pharmacies without prescription under the FDA's personal-use import policy. He does not recommend substituting the related substance pyroglutamate (PCA), saying that 1) PCA has not been shown to have piracetam's therapeutic advantages; 2) PCA has stronger excitatory effects than piracetam and may be more stimulating in some children; and 3) PCA's effect on seizure disorders and anti-seizure medications is not as well studied as the effects of piracetam.

As for the hair/piracetam link, Fowkes suggests that a disturbance in steroid pathways might affect both hair growth and piracetam effectiveness. He notes that "piracetam's cognition-enhancing properties are steroid dependant (in rodents, at least)."

Letters to the editor are welcomed. Letters should be signed, and should not exceed one page in length, including references.

Age of starting speech

Autistic children who did not have useful, meaningful speech by age 5-1/2 had a very low likelihood of ever being able to speak, according to the observations of Leo Kanner, in the 1940s and '50s. In the meantime, many useful interventions have appeared, including behavior modification, megavitamin therapy, anti-allergy diets, and auditory integration training, among others. Have these or other interventions made a difference in the age of speech onset?

Readers are invited to share this information with us, so we can share it with others. Tell us about children known to you whose meaningful speech began late, especially *after* the age of 5-1/2. And tell us, if you can, what intervention(s), if any, made the most difference.

—BR

Seizure/autism connection studied

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symptoms were reversed when his seizures—which were similar to this child's—were treated. They say their findings, while not suggesting that hidden epilepsy is a common cause of developmental disorders, "draw attention to the fact that it may exist... and should be suspected particularly in the children with a regression after normal development (so called 'autistic regression' and 'disintegrative psychosis')."

Swedish report: surgery for seizures

In related research, Swedish physician Christopher Gillberg and colleagues report on two cases in which surgery for seizure disorders led to behavioral improvements in autistic children.

One of the children was operated on at 10 years of age for seizures in the right temporo-parieto-occipital region. "Two years after the operation," they say, "[he] was very much improved with respect to his autistic symptoms. He no longer met the criteria for a diagnosis even of mild autism, even though some autistic features remained." The boy's aggression, which had been severe before the surgery, almost completely stopped after the operation. He has been seizure free, without taking anticonvulsants, since the surgery.

The second patient, operated on at age 9 for right temporal lobe seizures, improved markedly following surgery but then regressed during puberty. However, the researchers say, he has improved somewhat since then, and in particular is less aggressive and self-injurious.

Both of Gillberg's subjects had family histories of brain disorders (Tourette's syndrome, learning disabilities, autism, and/or seizure disorders). In addition, surgeons found signs suggestive of tuberous sclerosis (a disorder that often causes autistic symptoms) in both boys' brains.

While Gillberg et al. note that it is difficult to generalize from these two cases, they say these patients' outcomes "suggest that autism should not *a priori* be considered a contraindication to brain surgery which may be indicated because of treatment refractory epilepsy."

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"Reversible behavioural autistic-like regression: a manifestation of a special (new?) epileptic syndrome in a 28-month-old child. A 2-year longitudinal study," by T. Deonna, A. Ziegler, M. Maeder, F. Ansermet and E. Roulet; *Neurocase*, Vol. 1, 1995, pp. 91-99. Address: Thierry Deonna, Service de Pédiatrie, Unité de Neuropédiatrie, CHUV 1011, Lausanne, Switzerland.

—and—

"Autism and epilepsy (and tuberous sclerosis?) in two pre-adolescent boys: neuropsychiatric aspects before and after epilepsy surgery," C. Gillberg, P. Uvebrant, G. Carlsson, A. Hedström, and H. Silfvenius; *Journal of Intellectual Disability Research*, Vol. 40, Part I, Feb. 1996, pp. 75-81. Address: Christopher Gillberg, Department of Child and Adolescent Psychiatry, Annedals Clinics, S-413 45, Göteborg, Sweden.