

LETTERS

Video syndrome?

To the Editor:

I am writing due to an interesting observation I recently made regarding my four-year-old autistic son. My son is echolalic. However, instead of repeating what we say, he repeats video dialogue from movies and short cartoon tapes he watches.

I have been intensively teaching him in addition to his attending school, and I noticed that when he had just watched a video, he would be so distracted and echolalic of the dialogue that he could not attend well or perform the tasks I was requesting of him. I decided to see if the video watching impacted this echolalia. I took him off videotapes for a week and monitored how well he attended and performed. As the week passed, I noticed that he was paying much better attention to me when I requested him to "look at me" and in doing other discrete trials with him.

One very interesting thing that also came about was that his echolalia changed from

the video dialogue to echoing our speech. This was a great change since we want him to imitate our speech and hopefully begin to talk more on his own conversationally with us.

After the week ended, I allowed him to watch a video and I immediately noticed a difference. He was quoting dialogue from that tape almost constantly, like he had missed it so much and could not get enough of it. That was with just one video!

It has since been another videoless week in our home for him. He has progressed with things in classtime much faster and we will continue to deny videos as much as possible.

It is easier for us to sometimes put the child in front of the TV to watch a video as a babysitter when we need some time alone or to do tasks. This may be cause to try to find some other way to keep the child occupied instead. I know I have found that my son will sit still and work puzzles for a long period of time, and I now save those to give him instead of the videos.

Tracy D. Whipple
Waterford, CT

Risperidone

To the Editor:

[Re ARRI's request for information on children taking risperidone:] We started our

three-year-old son Austin, who is a very high functioning autistic boy, on Risperdal [Editor's note: a brand name for risperidone] several weeks ago. He takes 1 mg per day. The reason to try this medication was obsessive compulsive behavior—fixations that interfered with successful daily living. The results have been outstanding! While he still has fixations, he can work through them with great ease. What a blessing! The only side effect we have seen is constipation. The change for the better in Austin was noted immediately by family, friends and summer day camp teachers.

Julia B. Wheelock
Houston, TX
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Update: drug treatments

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New naltrexone study

Researchers in the Netherlands tested naltrexone on 23 children, and report that the drug caused a "modest and situation-dependent reduction in hyperactivity and irritability," but did not lead to improved sociability.

In a double-blind, placebo-controlled study, Sophie H. N. Willemsen-Swinkels et al. administered a mean daily dosage of 1 mg/kg naltrexone to the children. The children's behavior was rated by parents and teachers, and through classroom observations by the researchers.

Willemsen-Swinkels et al. report that "on average, parents' checklists and playroom data could not differentiate between naltrexone treatment and placebo treatment," but that "teachers significantly favored naltrexone treatment."

No significant side effects were seen in any of the children. Three of the 23 children did not complete the study however; two refused to take the bitter-tasting drug, while one did so well on naltrexone that the parents refused to participate in the placebo phase.

Researchers investigating naltrexone initially believed the drug would lead to improved social interaction, because it blocks the effects of naturally occurring brain substances called opioids which have been linked to aloof behavior. However, Willemsen-Swinkels and colleagues note that "all controlled naltrexone trials in larger samples of autistic children, including the present study, failed to find significant effects on social behavior." In contrast, they say, "The effects of naltrexone on hyperactivity seem to be a remarkably consistent finding."

"The effects of chronic naltrexone treatment in young autistic children: a double-blind, placebo-controlled crossover study," Sophie H. N. Willemsen-Swinkels, Jan K. Buitelaar, and Herman van Engeland; *Biological Psychiatry*, 39, 1996, pp. 1023-1031. Address: Jan K. Buitelaar, Department of Child Psychiatry, P.O. Box 85500, 3508 GA Utrecht, The Netherlands.

Popular drug found ineffective, harmful for autistic children

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common." The child who dropped out of the study developed acute urinary retention twice in an eight-hour period, and required catheterization. Four children became severely constipated, four suffered insomnia, and four exhibited "behavioral toxicity" as evidenced by increased tantrums, irritability, aggression, self-injury, and crying spells. Almost all subjects were drowsy, and several experienced diarrhea.

Three earlier studies indicated that clomipramine was effective in reducing obsessive-compulsive symptoms, ritualistic behavior, and other autistic symptoms in autistic subjects. A 1993 double-blind, placebo-controlled study by Charles Gordon et al., for instance, found that the drug reduced stereotypies, anger, compulsions, and self-injury, and increased social interactions (see ARRI 7/4). Most side effects were minor in this study, although two subjects experienced cardiac abnormalities and one had a grand mal seizure.

Sanchez and colleagues suggest several reasons for the discrepancy between their findings and those of the earlier studies. One, they say, is that the other studies used older subjects, and young children appear to be more prone to suffer side effects from psychoactive drugs. In addition, subjects in the new study were more handicapped intellectually, possibly had more severe autistic symptoms, and did not exhibit the prominent obsessive-compulsive symptoms of subjects in the earlier studies.

Although noting that their small, non-

placebo-controlled study has limitations, the researchers say the data suggest that "further studies involving larger samples of young children are needed before clomipramine can be recommended as a treatment modality for young children with autism."

MR study: positive results with adults

While Sanchez et al. found that young autistic children reacted badly to clomipramine, a recent Israeli study found the drug to be useful in treating mentally retarded adults with crippling rituals. Yoram Barak administered sustained-release (SR) clomipramine to 11 retarded adults for eight weeks, and reports that "statistically significant reduction in severity of rituals was found at the trial's completion."

Barak concludes that "once-daily clomipramine SR [at a dosage of 75 mg] is effective in treating adults with mental retardation and disabling rituals."

"A pilot study of clomipramine in young autistic children," Laura E. Sanchez, Magda Campbell, Arthur M. Small, Jeanette E. Cueva, Jorge L. Armenteros, and Phillip B. Adams; *Journal of the American Academy of Child and Adolescent Psychiatry*, Vol. 35, No. 4, April 1996, pp. 537-544.

—and—

"Disabling compulsions in 11 mentally retarded adults: an open trial of clomipramine SR," Yoram Barak, *Journal of the American Medical Association*, Vol. 275, No. 13, April 3, 1996, p. 969E. Address: Yoram Barak, Abaranel Mental Health Center, 15, Keren Kayemet St., Bat-Yam, 59100, Israel.