

LETTERS TO THE EDITOR

Fast ForWord Program

To the Editor:

Recently you made a request for responses to the Fast ForWord program, and specifically its benefit to autistic children. I hope my experience is of some help.

My daughter is mildly autistic, has a normal IQ, and is extremely speech and language impaired. She has good attention skills and is able to focus well on most tasks. All of these components made her a good candidate for Fast ForWord although the program is geared toward, and posts its most impressive results for, a different type of speech and language impaired child.

It is definitely a commitment in time and energy. We were able to hook it up to our home computer which we highly recommend. Because of the intensity of the program, we ended up structuring the summer around it.

In my opinion Fast ForWord was very worthwhile, and I'll do it again this summer. The "games" are wonderfully conceived, and most parents of autistic children will marvel at how the program targets specific brain functions, while remaining appealing to kids. It's challenging, rewarding, and intelligent. However, it's also arduous,

redundant, and at times frustrating. Did it make a huge difference in my daughter's speech and language? Hard to say, but probably not. Did it make any difference at all? Absolutely! There were many obvious improvements, which were encouraging and have held over.

Like all treatments for autism, no single one is the "cure." I believe the right combination of superb treatments eventually result in desired changes. Fast ForWord falls into that category.

A Florida mother

DMG

To the Editor:

I started giving my two-year-old autistic daughter DMG, and within days, there was an amazing change. Better eye contact and speech. For the first time in her life, she came to me wanting me to pick her up and hold her facing me as I sat! Then she said, "patty cake." Truly amazing. She had never exhibited these behaviors before.

Also, she went to speech therapy, and the therapist said she was better than she'd ever seen her, spoke, and wanted to be held. The therapist did not know about the DMG.

A mother in Kentucky

Melatonin's role in seizures puzzling

Some parents report that melatonin, a natural hormone now available in health food stores, helps their autistic children sleep. But there is evidence, according to Spanish researchers, that the substance may also be useful as an anticonvulsant.

M. Sanchez-Forte and colleagues report that although few studies have been conducted, "there is some evidence of [melatonin's] beneficial effect in epileptic patients, improving both the frequency of the crises and the EEG tracing." The researchers tested the hormone on one girl with severe myoclonic seizures that did not respond to traditional treatments, and report that the frequency of the girl's seizures declined and improvements were seen in her psychomotor development.

Sanchez-Forte et al. speculate that melatonin may enhance the activity of GABA, an inhibitory neurotransmitter. In addition, they say, new research indicates that melatonin has antioxidant properties and may act as a "cell protector."

The researchers say, however, that more research is needed on the effects of melatonin on seizures. The need for such research

is underscored by an earlier report from Greece by R. Sandyk et al., who believe that melatonin may actually have a "proconvulsive" effect in some circumstances. "The proconvulsive properties of melatonin may explain several phenomena associated with epilepsy," the Greek researchers say, "such as the increased occurrence of seizures at night when melatonin plasma levels are five to eight-fold higher than during the day." In addition, Sandyk et al. say, evidence suggests that some anticonvulsants work by reducing night-time melatonin secretion.

"The effect of melatonin as anti-convulsant and neuron protector," M. Sanchez-Forte, F. Moreno-Madrid, A. Munoz-Hoyos, A. Molina-Carballo, D. Acuna-Castroviejo, and J. A. Molina-Font; *Rev Neurology*, Vol. 25, No. 144, August 1997, pp. 1229-1234. Address: M. Sanchez-Forte, Servicio de Pediatria, Hospital General Basico de Baza, Granada, Spain.

—and—

"Melatonin as a proconvulsive hormone in humans," R. Sandyk, N. Tsagias, and P. A. Anninos; *International Journal of Neuroscience*, Vol. 63, No. 1-2, March 1992, pp. 125-135. Address: R. Sandyk, Democriton University of Thrace, Department of Medical Physics and Polytechnic School, Alexandroupolis and Xanthi, Greece.

Labor drug's link to autism doubted

Recently Eric Hollander reported preliminary evidence that autistic adults responded positively when treated with oxytocin, a naturally occurring brain chemical. Another research group, headed by Charlotte Modahl, has found that mean plasma oxytocin levels are lower in autistic children than in age-matched nondisabled controls. And animal studies consistently indicate that oxytocin levels are correlated with sociability and emotional attachment (see ARRI 10/3).

Hollander has speculated that the drug pitocin, a synthetic form of oxytocin that is used to induce labor, may disrupt oxytocin levels or functioning, increasing a susceptible child's risk of autism. Hollander's controversial theory was supported by Japanese research (see ARRI 5/3) which found a much higher incidence of autism among children whose mothers received pitocin and anesthesia during delivery than among children of mothers not exposed to these drugs. In his own practice, Hollander says, "most of the mothers of [autistic] patients we see have had pitocin-induced labor." A new report by Deborah Fein and colleagues, however, casts doubt on Hollander's hypothesis.

Fein et al. studied 633 preschool children with autism, language disorders, or generalized low IQ. "For all groups," they say, "the observed frequencies of labor induction were extremely close to the expected frequencies. Therefore, we did not find a disproportionate number of autistic children with histories of labor induction." The researchers conclude that pitocin-induced labor does not increase the risk of autism.

"Pitocin induction and autism," D. Fein, D. Allen, M. Dunn, C. Feinstein, L. Green, R. Morris, I. Rapin, and L. Waterhouse; *American Journal of Psychiatry*, Vol. 154, No. 3, March 1997, pp. 438-439. Address not listed.

RESEARCH HELP NEEDED: Disorders in Older Siblings

The noted medical geneticist Dr. Jon L. Karlsson has asked our help in collecting information from parents and/or siblings of adult (over age 35) autistic persons. Dr. Karlsson asks, "Please state the number of siblings and how many have developed alcoholism, diabetes, obesity, nearsightedness, or psychosis (schizophrenia, manic-depressive illness, major affective disorder)." Confidentiality is assured. You may write to Dr. Karlsson in care of ARI, 4182 Adams Ave., San Diego, CA 92116. Survey results will appear in the ARRI.