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## **Ped Med: Confounding autism counts**

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SAN FRANCISCO, (UPI) -- One of the confounding factors that make it difficult to get to the bottom of autism's causes, counts and consequences is the high rate of co-existing conditions in children with the disorder.

Government records show only 38 percent of students receiving special services under the Individuals with Disabilities Education Act have a single autistic disorder, while the other 62 percent also are affected by additional developmental disabilities, says Dr. Jose Cordero, director of the National Center on Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention in Atlanta.

"That's something to keep in mind because it has implications both for intervention and for treatment in general," he said.

It also has implications for discrediting notions of an autism epidemic, those who don't believe there is one contend.

They say recently expanded criteria now include the large number of children who commingle autism with such other medical or genetic disabilities as cerebral palsy, Down syndrome and Tourette's syndrome, a neurological disturbance characterized by involuntary "tics" and uncontrollable speech.

Children with autism also are vulnerable to sensory abnormalities that may make them acutely sensitive to certain smells, sounds, tastes or textures; they are prone to seizures, which occur in about 25 percent of cases; tuberous sclerosis, a rare genetic disorder that sprouts benign tumors in the brain and other organs; and fragile X syndrome, the most common inherited form of mental retardation.

Others contend increased detection of autism may result from "the deliberate efforts to identify (the disorder) in younger and younger children, and the speculation that many individuals who would meet present-day criteria were previously mis- or undiagnosed."

California officials have noted a striking shift toward younger children with autism entering the state's Developmental Services System. By December 2002, 84 percent of that entire population was under 25, with 70 percent younger than 14.

"Autism and pervasive developmental disorders have had a revolution in the last 15 years," said Dr. Helen Egger, child psychiatrist and assistant professor of psychiatry at Duke University in Durham, N.C.

"Kids used to be diagnosed with autism at 5 or 6, and now they can be diagnosed as early as 12 months and certainly at 18 months."

While acknowledging the high numbers of autistic children are troubling, those who do not think they portend an epidemic take exception to using certain federal figures as evidence of a genuine increase in autism prevalence.

U.S. Department of Education statistics show the number of autistic children ages 6 to 21 receiving special-education services under IDEA soared from 12,222 in the 1992-1993 school year to 78,717 in 2000-2001.

By 2002 the total neared 120,000 -- a more than 500-percent jump in less than a decade, according to the Government Accountability Office, the investigative arm of Congress charged with keeping tabs on the receipt and disbursement of public funds.

National records further show the number of children classified as having autism spectrum disorders shot up six-fold between 1994 and 2003, from 22,664 to 141,022.

Such enormous spikes could not stem solely from diagnosticians tuning up their skills and parents and pediatricians tuning in to their children's health problems, critics insist.

But that's just what some researchers contend.

The Education Department didn't even have a reporting category for autism until the 1991-1992 school year, they say. Thus, dramatic increases in this class were to be expected in subsequent years, they add.

In fact, the totals will continue to climb until they catch up to the estimates from more recent and rigorous epidemiological surveys, they conjecture.

"While it is clear that more children are getting special education services for autism than ever before, it is important to remember that this classification was only added in the early 1990s and the growth of children classified may be in part due to the addition of this as a special education category," the government itself cautioned.

A 2005 Mayo Clinic study -- the first to apply the contemporary criteria for autism to a specific population over an extended period -- favored improved awareness, changed diagnostic techniques and greater availability of services over environmental factors or immunizations -- which some parents and scientists hold responsible -- as contributors to the climbing autism caseloads.

The study of 3,000 children in Olmsted County, Minn., with at least one of 80 autism-related diagnoses found the numbers remained stable until 1988 to 1991, when they took off following the implementation of broadened diagnostic standards and new federal special-education laws that included autism as a disability category.

Both events occurred many years after vaccinations were mandated for school entry, the study authors said. However, they did not address the issue of expansions in the vaccine schedule during the same period.

Before revisions were made in diagnostic definitions in 1987, children with autism may have instead been more loosely classified as having "developmental delay" or "mental retardation," and those with milder symptoms may not have been identified at all, the investigators added.

**Boston University pediatrician Dr. Eileen Costello tosses two more potential explanations into the mix.**

Under the "amplification through the generations" scenario, neurodevelopmental disorders like autism magnify on each branch of the family tree, turning up the "volume" of symptoms as they pass from grandfather to father to son.

"And that probably accounts for some of (the increase)," Costello speculated.

Her favorite suggestion, which she first read about in Wired Magazine, proposes a tie-in between the autism evolution and the digital revolution that provided a fertile field for lonely hearts computer geeks to meet and mate without having to venture too far from the safety of their cubicles.

"They're ... quirky parents having quirky babies," Costello said. "There is ... a lot of suggestion in the technology belts around our major cities that there's probably some element of truth in that."

It would square with what Leo Kanner -- the eminent psychiatrist whose classic paper described the first documented cases of autism in 1943 -- found striking about his young patients' parents: They were without exception successful, affluent, career-oriented professionals and that even many of the mothers had college degrees and careers, a definite anomaly in those days.

Those who hold vaccines responsible for the increases in autism diagnoses buy none of it. If there is no artificially induced epidemic, the autism rates have remained stable, and doctors are simply diagnosing more of the cases, then where are all the adult autistics?

Perhaps misplaced, mislabeled, misunderstood or mistaken for someone else, some scientists suggest.

Even now, when the disorder is on numerous radars, no one is keeping a precise tally of autistic children, they say. It would seem highly unlikely someone would be keeping track of adults born at a time when the disorder did not occupy too many minds, they say.

Even today, it's tough to tell what will become of the autistic young as they age, others say.

"So what happens to quirky kids as they grow up? It's very difficult to prognosticate. There's an enormous range," Costello said. "One thing we do know is that as adults, we are infinitely more tolerant of the quirky people around us than kids are. Medicine is filled with quirky people ... with poor social skills, terrible handwriting, unusual special interests."

In addition, many parents are now being diagnosed for the first time by way of their children, she said.

"We're ... aware of the fact that there's a lot of secondary diagnosis because the apple doesn't fall far from the tree," Costello said. "So what were they called when they were in second grade?"

There is also the matter of physicians perfecting their diagnostic skills, others say.

"I'm a geneticist and have seen kids with disabilities for years and years," said Dr. Judith Miles, professor and division director in the medical school at the University of Missouri in Columbia.

"Often, you don't get a diagnosis because these kids don't jump out at you; some do, but the majority of diagnoses come from very exact questioning: 'What do they do with their toys? What do they do with their classmates?'" Miles said. "A lot of us didn't ask the questions and didn't come up with the diagnosis."

When she and her colleagues sent for the medical records of the older siblings of their autistic patients, they found many were never identified as having autism.

"Their pediatricians would be describing autism to a 'T' but would not put the name on it because (autism) was not on people's radar screen," Miles said. "We're diagnosing many more kids that we called developmentally delayed before."

With so many theories, and so much riding on selecting the right one, those looking for a common solution can only hope that time not only heals all wounds but resolves all disputes.

(Note: In this multi-part installment, based on dozens of reports, conferences and interviews, Ped Med is keeping an eye on autism, taking a backward glance at its history and surrounding controversies, facing facts revealed by research and looking forward to treatment enhancements and expansions.)