

CENTER FOR DISABILITIES AND DEVELOPMENT

Iowa's University Center for Excellence on Disabilities

CenterLines

FRONT AND CENTER WITH USEFUL NEWS FOR FAMILIES!

Autism and Vaccinations

It appears that in the last two decades, the number of children diagnosed with autism has gone up. Some of the increase may actually be due to a greater awareness of autism and autism spectrum disorders (ASD). Some increases can be attributed to changes in diagnosis.



Some parents and a few health care providers are concerned that the increase in autism is related to vaccines. The concerns revolve around two issues. One is with the MMR and the other with mercury. Research is ongoing. However, to date, there are no scientific links between vaccines and autism.

Symptoms of autism are generally recognized in the second year of life. By this age, a child has received numerous vaccinations, including his/her MMR (mumps, measles, and rubella) shot. However, that does not mean that one causes the other. With the MMR there were two studies that proposed a link between the shot and a series of events that ended with autism or an ASD. However, in reviewing the cases, each child had symptoms of autism or an ASD prior to getting the shot. The original study was based on only 12 children. Since first publishing, the majority of authors of this study have since retracted their original findings. On the other hand, several large population studies in the US and Europe have failed to find a relationship between MMR and autism.

The second concern is with thimerosal, which contains ethylmercury. This was used as a preservative in

many vaccinations, including some routine childhood vaccines. The concern is that mercury is a neurotoxin. Some people are concerned that the mercury in vaccines could cause autism. This information is based on individual stories not on any clinical study. The ethylmercury levels in earlier vaccines were extremely low and are minute in today's vaccines.

Several large studies have not found an association between low level mercury exposure from vaccines and autism. Additionally, the symptoms of mercury poisoning are very different from those of autism or ASD.

Several diseases, such as polio, measles, and Hemophilus influenza type B, which can lead to severe neurological damage, have been eliminated or significantly reduced in frequency because of immunizations.

Approximately 10-15 % of the time, doctors can identify a definite cause for autism. The most frequently identified causes are Fragile X syndrome and tuberous sclerosis. There is strong evidence that autism has a genetic basis. This information comes from studies of twins. An identical twin, whose twin has autism, has a 90% risk of having an autism spectrum disorder themselves. In fraternal twins, the risk is 3-4%. In siblings, it is 3-7%.

What we do know about autism is that early intervention is the key. If your child has autism it can make a remarkable difference in their life. Early intervention can reduce the severity of autism or ASD. It can even reduce the diagnosis (see Autism and Early Intervention, Centerlines for Families, Winter 2005).

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You can find more information about this subject at the website for the Centers for Disease Control and Prevention (CDC) at www.cdc.gov/. They have an A-Z search.

Click on Autism and you will find a variety of information. You can also check with the Disability Resource Library here at CDD. Go to www.uihealthcare.com/cdd.

Click on the link to the DRL on the left-hand side. You can also call them at 800-272-7713.

Learning about Complimentary and Alternative Therapies

We are learning more about complimentary and alternative medicine every day. You hear about it through the media and by word of mouth. You may have also heard the terms "natural," "holistic," or "home remedy". They are all complimentary or alternative medicine or CAM for short.

Complimentary medicine

is used along with standard medical treatments. An example of this is Yoga. A person would use it for flexibility and relaxation during medical treatment. **Alternative medicine** is used in place of a standard treatment. An example of this would be eating a special diet to treat a condition. This would be instead of following a treatment the doctor recommends.

Experts use five different groups to describe CAM treatments. These include:

- **mind-body practices**
(*meditation, guided imagery*)
- **biologically-based**
(*vitamins, herbs, special diets*)
- **body-based** (*massage, Tai Chi*)
- **energy medicine** (*Healing Touch*)
- **medical systems**
(*acupuncture, ayurvedic medicine*)

Medical systems mean that they come from different cultures. Some examples of this would be acupuncture, which is from Chinese medicine and Ayurvedic medicine which is from India.

Healing Touch is an energy medicine and can be learned through a multi-level



educational course. It is for nurses and other healthcare practitioners. Healing Touch can reduce pain and stress. It can clear unneeded medicines from the body. For instance, after surgery, it can help clear away anesthesia. Healing Touch can also promote relaxation, lower high blood pressure, and lower rapid heart rates. Healing Touch is a **non-invasive technique**.

This means that the person using Healing Touch does not go into the body in any way. During treatments the client remains fully clothed and can sit in a chair or lie on a massage table. The practitioner can either touch the client or use their hands to move through the client's energy field around the client's body. The goal is to restore harmony, energy, and balance throughout the energy system. This goal supports the client in self healing. For more information about Healing Touch you can go online at www.healingtouch.net.

The University of Iowa Hospitals and Clinics is researching the use of Healing Touch. They are using it along with chemotherapy and radiation therapy in some cancer patients. The goal is to study the effect of Healing Touch on the body's immune response system. Another hospital is doing research on Healing Touch with newborn babies. They are hoping to reduce their stress in the intensive care setting.

You may have seen a lot of ads about CAM. You may have had people encour-

age you to use CAM treatments. They may sound harmless because they seem "natural." However, as with any medical treatment, you should first check with your doctor. It is important to be sure that you have reliable, safe products. You also want to be sure that they do not react with any of your current treatments. And, always go to a certified practitioner.

The following resources are among many available for information about CAM:

Office of Cancer Complementary and Alternative Medicine, <http://cancer.gov/cam>. When you get to the site, use the search term "internet." You will get a fact sheet called How to Evaluate Health Information on the Internet: Questions and Answers.

Medline Plus, <http://medlineplus.gov>. This site gives you access to reliable health information.

National Center for Complementary and Alternative Medicine, <http://nccam.nih.gov>.

There are two CAM clinics at the University of Iowa Hospitals and Clinics. You cannot make an appointment yourself, but your doctor can. You can see Dr. N. Nisly in the Internal Medicine Clinic B, at 319-356-2115 or 319-356-8486. You can also see her in the Cancer Center Clinic at 319-356-4422. She can help you and your doctor with your questions about CAM.

Janith S. Griffith, RN, BSN, OCN
Nurse, Holden Comprehensive
Cancer Center, and CAM Clinic



In writing those words, I am reminded of the cartoon character - Underdog. Whenever he comes to the rescue he cries out "Have no fear, Underdog is here!" This slogan was etched on my brain long ago.

Last year while working out on the treadmill I ran into Super Nanny (ABC Monday nights). Whenever I see a Reality TV show I usually flip the channel. But I was "stuck" walking nowhere, so I was drawn into Super Nanny with fascination. This was not the same old reality show story line. Here was a woman with a British accent, telling Mom and Dad how to deal with their kids kicking and hitting each other. Her words and advice are so similar to things we say in clinic. I was hooked. As a nutritionist, I appreciate her views on good eating habits; her ideas on behavior are great too. I started arranging my workout schedule so I could spend my treadmill time watching Nanny Jo "come to the rescue."

The show goes like this. A family sends a video clip of their household to the producers with a plea for help. The Nanny is sent to the home and spends a day watching the family. The next day, she discusses her observations. She plays back videotape of what has been going on and introduces her plan of action. She stays with the family for a few days, helping them establish the new routine and addressing problem behaviors. She leaves, but a video camera stays behind to track how the family is doing on their own. Nanny Jo will go back to help families get back on track and then she is off for good.

The top of the list for Super Nanny is structure and respect. In every episode, Nanny writes out a detailed schedule for the day and hangs it up in the

Super Nanny to the Rescue

kitchen. She then goes over "rules of the house" with parents and kids. She expects good behavior and lists the penalty for bad behavior.

How many times as parents have we joked, "There should be an instruction manual that comes with kids?" And how many of us learn better by seeing it, instead of reading about it? These ideas make Super Nanny one TV show that can be recommended to families looking for help with behavior problems. She offers specific suggestions and ways to deal with problems. This includes problems at bedtime, constant fighting and talking back. Her ideas are then demonstrated and we can see how well they work.

Nanny Jo coaches parents as they try out new words and actions in dealing with their child's behavior problems. However, if they are not able to follow through that first time, Super Nanny can step in. She will show the parents that it is OK to take control in a positive way.

She says things like:

- *Get on their level*
- *Look them in the eye*
- *Let them know the behavior is unacceptable*
- *Use an authoritarian voice*
- *Ignore negative behaviors*
- *Take to naughty corner (one minute per age)*
- *Don't lose your cool*

And it is not just children's behaviors that Super Nanny talks about. She challenges parents to recognize how their busy lives and tension in their marriage may be adding to the problems at home.

As a nutritionist, I hear daily about the struggles parents have getting their kids

to eat healthy foods. "He is a picky eater," is on my Top Ten List. Super Nanny has ideas about eating habits, too. We agree on the need to set up a schedule. You should eat when it's time to eat. This goes for drinking, too. A kid shouldn't be walking around all day sipping on a drink.

Super Nanny Jo and I also agree that adults should decide what foods are offered at meals and snacks. Kids can have some choice as long as it is an equal choice: "Do you want peaches or pears?" Don't say "Do you want some fruit?" After all, adults know more about nutrition than kids do. What kid wouldn't choose chocolate over fruit? I do have some trouble with making a kid "take one bite" of each food on the plate. This is a popular strategy for Super Nanny to get kids to eat better. Most important, I believe, we both talk about getting rid of junk food and stop kids from getting what they want to eat whenever they want it.

Super Nanny has a WEB site <http://abc.go.com/primetime/supernanny/index.html>. She has written a book - **Super-nanny: How to Get the Best from Your Children** (\$14.95). The chapters are:

- *include consistency*
- *routine*
- *discipline*
- *boundaries*
- *responsibilities*
- *praise and rewards*
- *relaxation*

Good news: as of this September, I'm back inside on Monday nights, walking the treadmill. I'm watching Super Nanny answer the call, helping families create a happy and harmonious home.

Anne Tabor, MPH, RD/LD
Nutritionist, CDD

Great Resources at CDD!

The Center for Disabilities and Development offers great resources to patients, families and service providers. Two of those are the Disability Resource Library (DRL) and Iowa COMPASS. Both of these services provide excellent information on disability-related topics and services.

About the DRL

The Disability Resource Library (DRL) is a resource for people of all ages with disabilities of all kinds. It is also a resource

for families, and for the service providers with whom they work.

DRL collections focus on information for, by, and about people with disabilities. Materials come in a variety of formats -- books, videos, training curricula, software, and audiotapes. About 60% of the materials you'll find in the DRL are not found in any other SILO (State of Iowa Library Organization) library. You can borrow materials in person or by mail.

Resources in the DRL go beyond print and electronic materials. You also have access to reference materials; research assistance from experienced staff; access

to the Internet, as well as to databases of the libraries at the University of Iowa; booklets, brochures and files of current information on a wide range of disability-related issues.

Contact the Disability Resource Library at:

800-272-7713 (toll-free)
319-356-1345 (local)
319-356-1343

Email us at:

disability-library@uiowa.edu

The DRL is open:

Monday - Friday
9:00 a.m. - 5:00 p.m.

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The role of the information in this newsletter is not to provide diagnosis or treatment of any illness or condition. We strongly encourage you to discuss the information you find here with your health care and other service providers.

CenterLines for families, the newsletter of the Center for Disabilities and Development at the University of Iowa Hospitals and Clinics, is published three times a year. It provides families with current information on child and adult development, issues affecting people with disabilities, and CDD resources available to them and their families. The newsletter is available in print, and also online at www.uihealthcare.com/cdd. Click on Centerlines for Families.

Newsletter staff

Editors

Amy Mikelson
Elayne Sexsmith

Graphics editor
Lori Popp

Editorial board

Joni Bosch
Barb Nidey

For correspondence relating to the newsletter, or to request permission to reproduce information from it, please contact:

Barb Nidey
Center for Disabilities and Development
University of Iowa Hospitals and Clinics
100 Hawkins Drive
Iowa City, IA 52242-1011
CenterLines@uiowa.edu

CenterLines

Center for Disabilities and Development
University of Iowa Hospitals and Clinics
100 Hawkins Drive
Iowa City IA 52242-1011