

CenterLines

FRONT AND CENTER WITH USEFUL NEWS FOR FAMILIES!

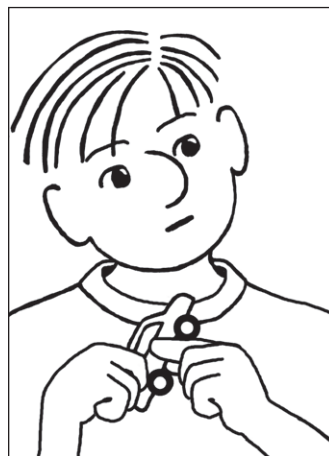
Complementary and Alternative Treatments for Autism

Thirty percent or more of children with autism may use a form of complementary or alternative medicine (CAM). CAM is defined as a range of treatments and their theories outside of traditional medicine. Complementary treatments are used with, whereas alternative treatments are used instead of, traditional treatments.

Autism is a brain based disorder. There is very good evidence for a genetic link. The most successful treatment for autism is behavioral/educational treatment in the structured setting, working on behavior, communication, and social interactions. We also expect that with this early treatment many children will show improvement.

When families are exploring CAM options, it is important to evaluate the source of the information. A therapy, which has been reported in the scientific literature, is likely to be more reliable. There are several resources on the web designed to help you evaluate websites. Does the author have credentials in autism? Is the website

sponsored by the government, a university, or other reputable agency? Does the theory behind the therapy make sense? Beware of companies that are trying to sell something or are promoting the same treatment for several different disorders.



There can be a large placebo (sugar pill) effect in any treatment study. Everyone wants the treatment to make a difference. If a child shows improvement, the improvement may not be related to this treatment but rather be the result of

education and therapy. Every child has good days and bad days.

In the 1990's, there was a lot of excitement about secretin (a gastrointestinal hormone), especially after a family reported that their child with autism showed dramatic improvement after an injection of secretin. However, in double blinded studies, in which neither families nor the treatment providers knew if the child

continued on next page



University of Iowa Health Care

Complementary and Alternative Treatment for Autism

continued from page 1

received the treatment or a placebo, secretin was not shown to make a difference.

It is important to research the potential risks of a particular treatment. Chelation (the administration of medication to help the body excrete heavy metals, such as lead or mercury) and high doses of vitamin A (in cod liver oil) are not proven to be effective but are potentially dangerous.

There is often a lag time before the results of good studies are available for CAM treatments, which is very frustrating for families. As far as commonly tried CAM therapies, melatonin has been shown to be effective in helping children with autism to fall asleep.

Some families have reported improvement in their children on a gluten-casein free diet (GFCF). (Gluten is contained in wheat, oats, rye, and

barley. Casein is the major protein in milk.) There is not good evidence for the "leaky gut theory", on which this treatment is based. Most of the available studies have flaws but suggest improvement in autistic features. Hopefully, we will have results from large double blinded studies soon. If you decide to try this diet for your child, it is advisable to talk with a nutritionist to make sure your child's diet is adequate in calcium, Vitamin D, and protein. This diet can also be extremely difficult since many children with autism are very picky eaters.

Some families have reported improvement with B6 and Magnesium but the studies are mixed. There is also not enough evidence to recommend DMG (dimethylglycine) or pancreatic enzymes. Omega-3 fish oils are currently being studied in autism and other disorders. Auditory integration therapy and facilitated communication have not been shown to be effective.

We recommend discussing possible CAM with your child's healthcare

provider, who can help you with evaluating and monitoring a treatment or refer your child to someone, who can. If you decide to try a CAM treatment for your child, we recommend trying only one treatment at a time and giving the treatment a trial of a few months. To evaluate if a treatment is effective, it is important to monitor your child's speech, behavior, and social interactions with feedback from your child's teachers and therapists. Pre and post testing or questionnaires can be helpful.

Reference: Levy, SE, Hyman SL. Alternative/Complementary Approaches to Treatment of Children with Autistic Spectrum Disorders, *Infant and Young Children* 2002;14(3): 33-42.

The National Institute of Medicine and the Autism Society of America have websites with more information on autism treatment, including CAM.

*Royann Mraz, MD
Clinical Assistant Professor, Pediatrics*

Sun Safety

Summer, and nice weather, are finally here. It is good for children to turn off the TV and get outside and play. We all want our children to be safe. However, it is easy to forget to protect them from the sun.

More people around the world are getting skin cancer. People who have light colored skin, who do not tan well, or have other family members with skin cancer are more likely to get skin cancer themselves. The total time someone spends in the sun, and getting sunburn as a teenager also increase the chance of getting skin cancer.

What can you do to protect your children? Sunscreen, sunglasses, caps, and wearing shirts with sleeves or pants can help.

Sunscreen comes in different strengths. SPF 30 screens out more of the dangerous rays, but lots of people think it is too sticky. Sunscreen with SPF 15 will screen out almost as much sun, so if you do not like the SPF 30, it is OK to use the SPF 15.

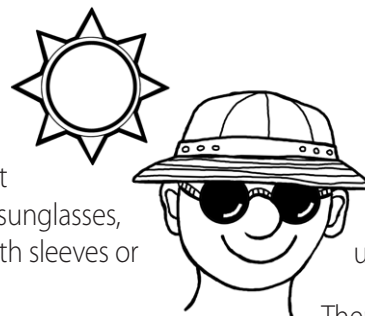
Some people think sunscreen makes them feel hot. Of course, being out in the sun makes you hot, too. But if you

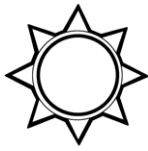
think sunscreen makes you too hot, you can use zinc oxide instead.

There are some people who get a rash from sunscreen. This is more likely to happen with the longer acting sunscreens. Try different sunscreens. You can try dabbing some just in front of your ear for a few days to see if you will react to that brand. If you do, try a different kind.

You might find some sunscreens work better on different parts of the body. Creamy sunscreens are easy to put on,

continued on next page





and don't sting like sunscreens with alcohol can. There are waxy sunscreens that you can use around your eyes so you don't get sunscreen running into them.

The sunscreen needs to stick to your skin to work. That means you need to put enough on in the first place, and put it on again if you have been swimming or sweating a lot. Generally, the more expensive brand name sunscreens will stick to your skin better, and that means they will work better too.

There are foundations and other daily skin moisturizers that contain sunscreen for girls and women who want to put on makeup. In fact, wearing sunscreen consistently on your face can help prevent wrinkles as you get older. Likewise, some men use gel sunscreens as an aftershave.

Make sure you cover your face, neck, and ears, behind the ears and chest. Don't forget the lipstick and lip balms that contain sunscreen to protect your lips. If you can't use sunscreen, use hats, umbrellas, sleeves and pants. You can also avoid being in direct sunlight during the most intense light of the day—usually about 10:30 am to 4 pm.

Sunglasses are also important, even for very little children. Too much sunlight can actually hurt your eyes. Sunglasses need to protect from both UVA and UVB sunlight.

Some people worry that if you use sunscreen, you won't make enough vitamin D. However, most people will get enough sun anyway. Vitamin D milk will also help.

*Joni Bosch, PhD, ARNP
CDD Family Nurse Practitioner*

Piercing and Tattoos

Children and teenagers like to fit in with their friends. They also like to show the world who they are. Sometimes they do this through body piercings or tattoos. Some piercings are very common. Lots of children and even babies have pierced ears. More people are piercing their noses, lips, eyebrows, belly buttons, tongues, or other body parts. Many people, teens as well as adults, have tattoos. About 10% of teens have a tattoo, and about 25% of teens have something other than their ear lobe pierced.

While some teens get a tattoo or body piercing to be a rebel, that is not true of everyone.

Needles pierce the skin in both piercings and tattoos. There is a risk of infection. If you are willing for your child to get a tattoo or piercing, be sure the person doing it is using fresh sterile needles.

Tattoo ink should be put into a disposable container and used only for your child. Some people have an allergy to the dyes, and some get scars from the tattoo. Be sure the place is clean. Watch the person doing the tattoo actually put on gloves, open new needles, and pour the ink into a new container. It takes about 2 weeks for a tattoo to heal. Amateur tattoos are more risky than a tattoo from a professional. About 25% of people who get a tattoo are sorry they get it. They can be hard to remove. Sometimes removing them leaves scars.

For piercings, be sure to get good jewelry made of surgical grade stainless steel, niobium, titanium, platinum or solid 14 or 18 karat gold. Using anything else can cause the skin to be red and irritated. A piercing gun should only be used on earlobes, and it might be better to actually use a piercing needle. It is normal to have a little drainage around the site. The drainage should not be smelly or green. The jewelry needs to stay in until the site is completely healed. The site should be cleaned 2 times a day. It can take

1-2 months for an earlobe to heal completely, 3-4 months for other parts of the ear. It takes 2-3 months for a nose to heal, and 3-4 months for a lip or cheek. A belly button can take 4-6 months to heal. Common problems are skin reactions to jewelry, scarring, and tearing the skin around the piercing. You usually need to keep the jewelry in if there is an infection, or the site will close. Don't use ointments. You can use warm compresses and antibacterial soap. See your doctor if you are concerned.

Be sure the person doing the piercing uses fresh, individually wrapped, sterile needles. They should wash their hands and put on clean, disposable sterile gloves.

In Iowa, a minor (an unmarried child under the age of 18) cannot get a tattoo without the written permission of the parent. Anybody who is doing tattooing needs a license from the state.

*Joni Bosch, PhD, ARNP
CDD Family Nurse Practitioner*



CenterLines

Center for Disabilities and Development
University of Iowa Children's Hospital
100 Hawkins Drive
Iowa City IA 52242-1011

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Barb Nidey
Center for Disabilities
and Development
University of Iowa
Children's Hospital
100 Hawkins Drive
Iowa City, IA 52242-1011



In this issue

Complementary and Alternative Treatments for Autism.....	1
Sun Safety.....	2
Piercing and Tattoos	3
Subscription is Free	4

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 Children's Hospital, is published four times a year. It provides families with current information on child and adult development, issues affecting people with disabilities, and CDD resources available

Newsletter staff

Editors

Amy Mikelson
Elayne Sexsmith

Graphics editor

Lori Popp

Editorial board

Joni Bosch
Barb Nidey

to them and their families. The newsletter is available in print, in Spanish, and also online at www.uihealthcare.com/cdd. Click on Centerlines for Families.

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