CHAPTER 3

OTHER NEUROLOGICAL ISSUS OF AUTISTICS

AUTISM'S SHARED STRUGGLES WITH DEMENTIA

After reviewing the medical literature, Dr. Woodruff noticed some similarities in how Autism and Dementia affect the frontal lobes of the brain. This is not to say Autism and Dementia are related illness, but that they share a common symptom. RightDianosis.com says that there are *"1407 medical conditions causing Cough."*

http://www.rightdiagnosis.com/symptoms/cough/causes.htm

Does this mean that all of these conditions related to each other? Of course not. Nor does Autism's and Dementia's common struggles with frontal lobe issues mean that they are related to each other. Nevertheless, this commonality does open the door to the *POSSIBILITY* that the Autism and Dementia communities *COULD* mutually benefit from each other's research and treatments. There are some reports of Autistics receiving some benefits from being prescribed medication that is usually prescribed to treat memory loss in Dementia patients.

However, he says:

> "I not convinced that anti-dementia medications would be any more effective than other medications for autistic symptoms – they may help some individuals a bit, but I don't think they are going to be a panacea, any more than they are for dementia!"

I would contend that because Dementia is a degenerative disease, Autism on the other hand is developmental. Therefore, if this same medication is given to those who have the potential to develop greater capabilities, then it could work with the neurodevelopment of the brain instead of against it.

Dr. Woodruff's response:

> "The downside is that these medications alter the chemistry of the brain, and it is not clear what impact they might have during early development in childhood – the effects may be beneficial, but they could also be deleterious. Also, these medications can have other negative systemic side effects in some individuals."

Adult Autistics eventually have to ask the question as we get older, is my Autism getting worse or am I dealing with the natural progression of aging? The answer may be yes on both accounts. I know some older adults that I swear are Autistic because of how I see them functioning today. However, before we try to diagnose them as Autistics, we need to ask if they have been like this all of their lives. If not, then they probably should not be diagnosed as Autistics. Nevertheless, the frontal lobe commonalities that Autistics and some of the elderly may share means that both could benefit greatly though mutual association.

I will go into much more specific detail about these issues in Chapter 6, *"Impaired Executive Functioning."*

MEDICATING AUTISTICS

Many autistics I know insist that they are hypersensitive to medications and that they need only a fraction of the medication that is typically needed. Such hypersensitivity may have been a factor for me when I was given anti-seizure medications from the time I was 14 months old until I was 4½ years. Although they may not have been 100% culpable for my development delay as was long believed; they may still have had a role.

BOWEL CONTROL ISSUES

Bowel control is one of the most embarrassing issues that many Autistics (including myself) struggle with. The explanation has been provided by some researchers that many autistics have a number of abnormalities in their gastrointestinal (GI) tract. The GI tract theory did explain some aspect of my bowl control issues. However; *IT NEVER EXPLAINED THE CYCLES THAT WOULD LEAD TO ME TO LOSING CONTROL OF MY BOWELS EARLY IN MY LIFE*. Another autistic told me that she too struggled with these cycles.

These cycles would start one of two ways. There were time that I would get an urge to go, but would lose that urge before I had the opportunity to go. There were other times that I would begin to defecate, but then the process would abort on its own causing the stool to retract back inside my colon. Some of my cycles would have both of these issues occur. Eventually, the stool would build up in my colon such that it would have to be defecated immediately. At this time, my sphincter muscle was powerless to slow the movement in the slightest. This resulted in my inability to control the movement until I could get to a lavatory. I don't believe that the constipation-diarrhea cycles, symptoms of GI tract issue, started until high school.

The loss of urges and aborting of bowel movements, that had already begun, sounds less like a GI issue, and more like a neurological issues to me. It seems to me like there were times that some part of my brain would send me a signal that I need to defecate, but then would cancel that signal before I could. There were other times when signals were sent to begin defecation, but then a contradictory signal would be sent resulting in the defecation process being aborted. It makes sense to me that the autistic atypical neurological development may be at the root of this issue. Can I prove this to be the case? No! However, it does provide me with the only explanation that I know which is consistent with all of my personal experiences.

After critiquing this section, Dr. Woodruff attached this comment:

> "The most serious GI symptoms you experienced were during high school years, and the social stressors in high school were probably some of the most challenging you had faced. Psychological stress also can modulate neurological functions, and could in particular amplify the autonomic functions of the nervous system, which include regulating bowel functions. If it was strictly a neurological wiring issue, why would you not have had the same symptoms earlier in life? Did your wiring suddenly change when you entered high school, or did the environmental stressors change?"

The answer to his question is, yes. My adoptive parents' very ugly divorce occurred in the middle of my sophomore year. The first time that I recognized that I was having these constipation/diarrhea cycles was during the last month or two of that school year. Other more recent information that I have been factory into this section that I had actually written much earlier is the insistence of my biological Aunt Marilyn that I was potty train prior to being removed from my biological home. That means that these bowel control issues did not actually start until I was living in foster care at the age of 2½ years.

This personal assessment that has resulted from Dr. Woodruff's input could lead to a firestorm amongst some parents whose Autistic child(ren) are struggling with this very issue. I have read online the frustration that many of these parents have because the biomedical treatments that have been prescribed to treat GI aliments have not resulted in their child(ren) obtaining bowel control. Many are wondering if their child(ren) will have to wear diapers all of their lives. Does this mean that Dr. Woodruff and I are assuming that they must be creating a stressful living environment that is leading to these issues? Certainly not. What we are saying is that there may be more factors involved in this one issue than one particular profession or specialty can address on their own.

AUTISM'S CONNECTION TO ADD/ADHD

Many Autistics (myself included) have also been diagnosed with ADHD at some point in our lives. I was first diagnosed in my sophomore year of high school, 1986. I am not exaggerating when I say that I believe at least half the Autistics/Aspies I know have also been diagnosed with ADD/ADHD.

The following lists of attributes are from the *Children and Adults with Attention-Deficit/Hyperactivity Disorder* website:
http://www.chadd.org/Content/CHADD/Understanding/Symptoms/ default.htm.

You will find that virtually every Autistic has most, if not all, of these same attributes to some extent.

ADHD

There are three primary subtypes of ADHD, each associated with different symptoms.

- Primarily Inattentive
- Hyperactive/Impulsive
- Combined (Meets both inattentive and hyperactive/impulsive criteria)

ADHD: PRIMARILY INATTENTIVE

- Fails to give close attention to details or makes careless mistakes
- Has difficulty sustaining attention
- Does not appear to listen
- Struggles to follow through on instructions
- Has difficulty with organization
- Avoids or dislikes tasks requiring sustained mental effort
- Is easily distracted
- Is forgetful in daily activities

ADHD: PRIMARILY HYPERACTIVE/IMPULSIVE

- Fidgets with hands or feet or squirms in chair
- Has difficulty remaining seated
- Runs around or climbs excessively
- Has difficulty engaging in activities quietly
- Acts as if driven by a motor
- Talks excessively
- Blurts out answers before questions have been completed
- Has difficulty waiting or taking turns
- Interrupts or intrudes upon others

Tourette's Syndrome

I grew up having a "facial tic," a trademark attribute of Tourette's, where I would involuntarily raise my upper lip and touch my nose. I have also have a high tolerance for pain, but low tolerance for heat. I did not do the research to learn this about myself until I noticed a significant percentage of the Autistic adults that I knew also have prior diagnoses of Tourette's.

The following list of attributes from the *National Tourette's Syndrome Association* website: http://www.tsa-usa.org/aMedical/Faqs.html

You will find that virtually every Autistic has most, if not all, of these same attributes to some extent.

- Obsessions
- Compulsions and Ritualistic Behaviors
- Attention Deficit Disorder with or without Hyperactivity
- Learning Disabilities
- Difficulties with impulse control
- Sleep Disorders

MISSED AUTISTIC DIAGNOSES

No matter how good and scientifically anchored the diagnostic protocol for Autism may or may not be, it is still up to subjective individual human beings to apply it. A patient may indeed have test results that show they are delayed in a certain area of development that would suggest Autism. However, this same patient's testing may also show that they are well advanced in other areas of development. Because the professional establishment does not recognize Autism as a paradox, the very evidence that proves that the patient is Autistic may actually be used to dismiss Autism as a diagnosis. This can result in the Autistic receiving an alternative diagnosis, or no diagnosis at all.

Dr. Woodruff's response:

> "While I agree that this probably occurs, I think the professionals that are appropriately trained to diagnose autism spectrum disorders would not withhold a diagnosis just because an individual demonstrates high skills in some areas – they look at the 'whole picture' to arrive at a diagnosis. This tendency to not diagnose 'higher functioning' individuals was probably a much bigger problem in past decades, and is part of the reason why the prevalence of autism seems to be increasing."

I will defiantly have to acknowledge that most of the members of our group that when undiagnosed though out school grew up prior to the DSM IV. So it is obvious that this problem is getting much better, but still has not been totally eliminated altogether.

THE 4 STAGES OF DIAGNOSIS

1. **Acceptance:** Of whatever insight that the patients' diagnosis gives them, as well as their loved ones, and the hope that we can get better.
2. **Frustration:** Because they keep having their diagnosis changed every time they see a different professional and/or "expert."
3. **Anger:** Because of the confusion that comes when it is clear that none of the professionals and/or "experts" actually understand us. This can lead the patient to reject any further attempts to diagnose them.
4. **Apathy:** I will admit it, my use of the word "Apathy" is for shock purposes. Some of the experts who are supposed to be helping us are obsessed with putting the perfect label on their patients, as well as making predictions about how many problems they will have throughout the course of our lives. They have no clue as to how enslaving it is for them, as well as their loved ones, to put credence in these labels and predictions. This creates so much anger and frustration in some of their patients, Autistics and other wise, that they lose faith in all experts. That includes those who have the same diagnosis that they should have been given in the first place.

   These patients, Autistics and other-wise, need to gain the ability to get past their anger & simply stop caring what label is put on them. They recognized that those who may want to attach labels to them mean well so that they might glean whatever meaningful insight that they might actually have. This opens the door to self-improvement.

If the precise differences between Autism, ADD/ADHD, Tourette, etc. make a definitive difference in the type of assistance given to the individuals with these diagnoses; then I can understand why it would be so important to get the right diagnosis. However, there is no universal strategy that works for everyone who has been diagnosed with a specific developmental disability. Each individual needs an individualized plan that takes into consideration their unique variances.

WITH SO LITTLE TO GAIN FROM ASSIGNING THE PERFECT LABEL, AND SO MUCH TO LOSE WHEN IT KEEPS GETTING CHANGED, WHY IS EVERYONE SO OBSESSED WITH THESE LABELS?