

“... significant evidence has accumulated regarding the efficacy and tolerability of atypical antipsychotics, particularly risperidone, in the treatment of children, adolescents, and adults with pervasive developmental disorders.”

Dear Editor,

We very much enjoyed the pertinent and comprehensive article Dr. Hollander and colleagues recently published, entitled “A Dimensional Approach to the Autism Spectrum.”¹ We wish to update your readership regarding our sertraline study, quoted in Table 2 of the article, the results of which have since been published.² We thought your readers would be interested in knowing the source of the study’s publication so that they could inspect in greater detail the findings of the investigation.

Additionally, your article explored findings supporting a role for serotonin 5-HT dysfunction in the pathophysiology of autism. Along these lines, significant evidence has accumulated regarding the efficacy and tolerability of atypical antipsychotics, particularly risperidone, in the treatment of children, adolescents, and adults with pervasive developmental disorders.³ Multiple reports support the theory that a high ratio of 5-HT₂:D₂ receptor antagonism may confer atypical properties upon antipsychotics.⁴ Our group has performed a small, open-label, prospective investigation into the tolerability and efficacy of olanzapine in targeting core and related symptoms of pervasive developmental disorders in children, adolescents, and adults.⁵ At the end of the 12-week trial, six of eight patients enrolled in the study were determined to be much or very much improved. Significant improvements in overall symptoms of autism, motor restlessness or hyperactivity, social relatedness, affectual reactions, sensory responses, language usage, self-injurious behavior, aggression, irritability or anger, anxiety, and depression were observed.

Interestingly, statistically significant improvements on scores of the Ritvo-Freeman Subscales II and V, measuring social relations and language use, respectively, were observed with olanzapine treatment in our study.⁵ However, changes in these subscale scores did not reach statistical significance in treatment studies with risperidone in children and adolescents⁶ or adults⁷ with pervasive developmental disorders. In contrast, statistically significant improvements in repetitive behaviors as measured by the compulsion subscale score of the Yale-Brown Obsessive Compulsive Scale were attained in the aforementioned studies with risperidone,^{6,7} but no improvement was seen

in our study of olanzapine.⁵ Although the results from the olanzapine study are preliminary with respect to the small and heterogeneous sample and open-label design, they support the hypothesis that differences in the pharmacological properties of the atypical antipsychotics may allow them to preferentially target specific core and related symptoms of pervasive developmental disorders.

Additional studies, including larger, placebo-controlled pharmacological treatment studies, are needed to determine the efficacy, tolerability, and modes of actions of these drugs. These studies, in conjunction with neurochemical challenges, genetic analyses, imaging investigations, and preclinical experiments, are necessary to clarify the role of 5-HT in, and elucidate the underlying neurobiological bases of, pervasive developmental disorders. **CNS**

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Dear Editor,

I read the academic supplement to May 1998 *CNS Spectrums* with great interest. In this issue,¹ as well as in numerous previous publications, the epidemiology of obsessive-compulsive disorder (OCD) is discussed based on the findings of the Epidemiological Catchment Area (ECA) study.²

The National Institute of Mental Health Diagnostic Interview Schedule (DIS)³ was used in the ECA study to screen for OCD. The OCD section of the DIS is a five-question instrument, here used by trained lay interviewers. However, Nelson and Rice⁴ carried out reinterviews 12 months after first assessment at four of the five ECA sites. Of 291 subjects meeting the DIS criteria for OCD at the first interview, only 56 reported that they ever had symptoms during their lifetime that met the criteria at reinterview. Thus, the temporal stability of the lifetime diagnosis using the DIS was very low in the ECA study. Even if the DIS showed reasonable validity in other studies, these findings question the reliability of the epidemiological data coming from the ECA study. Furthermore, the high percentage (84%) of either compulsions or obsessions only in the ECA study would seem surprising to many clinicians and could represent the symptom distribution of subclinical cases.

A recent epidemiological survey⁵ using another diagnostic instrument, the Comprehensive International Diagnostic Interview,⁶ showed a 1-month prevalence of 3.1%, using trained lay interviewers. Upon clinical reappraisal by professionals of a subsample, the 1-month prevalence was 0.6%. The 1-month prevalence in the ECA study was 1.3%.

Considering these findings, some of the core questions of the epidemiology of OCD remain unknown. Given their great scientific and socioeconomic implications, this issue demands further research. **CNS**

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