

Carbamazepine-Induced Epileptic Seizures in Autism Spectrum Disorders

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Description

There is growing evidence that Autism Spectrum Disorders (ASD) are at an increased risk of developing psychosis but the exact prevalence of psychosis in ASD is not known. Disruptive behaviors and aggression are also common in children with ASD. For the treatment of these problematic conditions in ASD, there are few pharmacological agents like atypical antipsychotics with proven efficacy. However, at instances, it has been seen that the available approved atypical antipsychotics (risperidone, haloperidol and aripiprazole) fail to help in achieving significant improvement in aggressive disruptive behaviors as well as psychotic symptoms. Clozapine as a treatment option in children with ASD with such difficult to treat scenarios is being tried in the recent few years with good results. In this case report, we present the case of 11 year old child with atypical autism who developed psychotic symptoms and severe aggressive disruptive behavior and had improvement with clozapine. Previous studies have indicated significant associations between the severity of PDDBI composite T-scores and ADOS severity. However, significant correlations do not necessarily indicate similar absolute levels of severity which can vary with informants and with how cases are ascertained across diagnostic sites. The relationships between the Comparison Score (CS) measure of autism severity from the ADOS-2 and Composite T-scores from the PDD Behavior Inventory (PDDBI) were examined across parent and teacher informants from cases seen at a tertiary diagnostic center (n=157) and, for parent informants, an additional site - a diagnostic/treatment center (n=104), which provides services that attracted cases with comorbid medical and behavioral concerns.

Prevalent in the Discourse of Autism

Across informants, CS scores were more strongly correlated with the PDDBI composite scores assessing social communication abilities (EXSCA/C) and overall autism severity (AUTISM/C) than with the composite score assessing Repetitive and Ritualistic behaviors (REPRIT/C) with mean severity levels of REPRIT/C and AUTISM/C slightly, but significantly, higher for teachers. Across centers, correlations between PDDBI composite scores and CS were very similar. However, while average CS scores were more severe at the tertiary center, PDDBI AUTISM/C scores were more severe at the diagnostic/treatment center solely due to higher REPRIT/C severity T-scores, likely related to

their greater rates of comorbid issues. These results indicate the importance of using a variety of assessment tools when making diagnostic and treatment decisions and assessing outcome with repetitive and ritualistic behaviors particularly sensitive to ascertainment factors. Metaphors are prevalent in the discourse of autism. Inappropriate use of metaphors might lead to stigmatization of the autistic group. Nevertheless, the multimodal representation of autism in metaphorical video PSAs remains underexplored, leaving the metaphorical portrayals of autistic community in the PSA discourse unclear.

Treatments for Autism

This study addresses the aforementioned issues by investigating the representation of autism in 39 Chinese metaphorical video PSAs. Findings showed that 1) the incidence and clinical characteristics were two clinical aspects of autism multimodal represented in PSAs; 2) symptoms of difficulties in social communication were more frequently presented; 3) metaphorical representations of autism concerned several topics, including the autistic group, the lives of autistic children, treatment of autism, clinical characteristics, autism, and parents of autistic children; 4) the most frequent metaphor children with autism are stars/children of stars labelled the autistic children as stars, potentially contributing to stigmatization. Practical implications for designing metaphorical video PSAs about autism were provided. Some alternative treatments wrongly suggest that routine childhood vaccines cause autism resulting in vaccine skepticism and false claims about curing autism. In the present study we explore the experiences of vaccine-related and alternative treatments of autistic individuals. Semi-structured interviews were conducted with autistic adults (n=3), parents of autistic children (n=5) and parents of autistic adults (n=5). Thematic analysis showed five themes: (1) reasons for choosing alternative treatment, (2) treatment content, (3) experiences with alternative care, (4) outcomes of the vaccine-related treatment and (5) future directions for treating autism. Both positive (holistic approach, time and attention) and negative aspects (false claims about vaccines and curability of autism) were found. Improved support and guidelines could reduce ineffective and harmful alternative treatments for autism. There is now good evidence that behavioral signs of autism spectrum conditions (autism) emerge over the first two years of life. Identifying clear developmental differences early in life may facilitate earlier identification and intervention that can promote

longer-term quality of life. Here we present a systematic review of studies investigating behavioral markers of later autism diagnosis or symptomology taken at 0–6 months. The following databases were searched for articles published: Embassy, Medline, Scopus, PubMed, PsycINFO, CINAHL, Web of Science and ProQuest. Twenty-five studies met inclusion criteria: Assessment of behavior at 0–6 months and later assessment of autism symptomology or diagnosis. Studies examined behaviors of attention, early social and communication behaviors, and motor behaviors, as well as composite measures. Findings indicated some evidence of measures of general attention, attention to social stimuli, and motor behaviors associated with later autism diagnosis or symptomology. Findings were inconsistent regarding social and communication behaviors, with a lack of repeated or validated measures limiting drawing firm conclusions. We discuss implications of the findings and suggest recommendations for future research. We herein report a case of new-onset epileptic seizures induced by carbamazepine in an individual with Autism Spectrum Disorders (ASD). We clinicians should bear in mind the possibility that epileptic seizures may possibly be either precipitated or exacerbated by carbamazepine especially in individuals with ASD. The current “autism spectrum” DSM 5 diagnostic criteria and autism standardized diagnostic instruments promote considerable heterogeneity or clinical indecision and may be detrimental to the advancement of fundamental research on autism mechanisms. To increase

clinical specificity and reorient research towards core autistic presentations, we propose new diagnostic criteria for prototypical autism during the age of 2 to 5 years. We include autism within other non-dominant, familiarly aggregated phenomena sharing asymmetrical developmental bifurcations, such as twin pregnancy, left handedness, and breech presentation/delivery. Following this model, nature, trajectory, and positive/negative signs structure of autism would result from the polarized problem of whether or not language and information is processed in a socially biased manner. Prototypical autism would follow a canonical developmental trajectory by which a gradual decline in social bias in the processing of incoming information, overtly beginning at the end of the first year, bifurcates into a prototypical autistic presentation in the second half of the second year of life. This bifurcation event is followed by a plateau, in which these atypicalities show maximal stringency and distinctiveness, and then ultimately, in most cases, by partial normalization. During the plateau period, the orientation towards, and processing of, information is considerably modified, with an absence of bias for social information, contrasting with a high level of interest in complex, unbiased information, independently of its social or non-social nature. Integrating autism into asymmetrical developmental bifurcations would explain the absence of deleterious neurological and genetic markers and the presence of familial transmission in canonical autistic presentations.