

# Current research holds new hope for the treatment of autism

NewYork-Presbyterian Hospital 11:01 p.m. EDT April 10, 2016

*This story is provided by our sponsor, NewYork-Presbyterian Hospital.*



*(Photo: Getty Images/iStockphoto)*

There are moments in life when the joys of being a new parent can slowly turn to concern and ultimately, heartbreak. At first, you may notice your baby does not make eye contact with you. He may not respond or communicate by sounds or language. He misses his developmental milestones. A diagnosis of autism may follow, and his world and yours will dramatically change.

“Autism Spectrum Disorder (ASD) is not a single illness but represents a range of complex neurodevelopment problems characterized by limited social interaction and communication in addition to restricted and repetitive behaviors,” says Dr. Jeremy Veenstra-VanderWeele, a child and adolescent psychiatrist at the Center for Autism and the Developing Brain (CADB) at NewYork-Presbyterian

Hospital/Westchester Division in White Plains. “Symptoms typically begin in early childhood and affect most aspects of the child’s daily functioning.”

Autism is a spectrum disorder, meaning that its symptoms can vary drastically. At one end of the spectrum are individuals who are mildly impaired and may be able to perform activities of daily living with little support. At the other end of the spectrum are those with severe autism, characterized by extreme withdrawal from their surroundings, the inability to communicate or express themselves, and a fixation on repetitive behaviors.

Autism used to be considered rare, but it is increasingly recognized as a relatively common condition. Early estimates suggested that one in 2000 children had autism. Today, the Centers for Disease Control (CDC) estimates that approximately one- to two- percent of eight-year-olds in the U.S. are affected with Autism Spectrum Disorder. The condition occurs in every racial and ethnic group, and across all socioeconomic levels; boys are about four times more likely than girls to develop the disorder. The dramatic rise in diagnosis of autism may be accounted for, in part, by a change in definition of the autism spectrum, an increase in autism awareness, and a decrease in stigma around the diagnosis; although other factors may also contribute to this rise.

“The cause of autism is still not fully understood, but scientists believe that both genetic risk factors and the environment play a part,” says Dr. Veenstra-VanderWeele. Researchers have identified a number of genes associated with the disorder and brain-imaging studies have found differences in the development of several regions of the brain. “Emerging findings suggest that ASD can result from disruptions in genes that control aspects of brain development or control how brain cells communicate with each other.”

Currently, the best evidence suggests that early, intensive behavioral and educational interventions can improve outcomes for many children with ASD. While there are no medications that target the primary social or repetitive behavior symptoms, there are some that can help with symptoms that often co-occur in ASD, such as hyperactivity or irritability.

## **NYP/Westchester at the forefront of autism treatment study**

New and novel approaches for treating autism spectrum disorders continue to surface from research taking place across the country. Some of those studies are taking place close to home — at NYP/Westchester Division — in collaboration with other noted hospitals and universities around the country.

Last summer, Dr. Veenstra-VanderWeele, along with other clinical research scientists, began enrolling participants in a clinical trial to test oxytocin (via a nasal spray) for individuals with autism.

For nearly 10 years, there have been studies showing that administering oxytocin, a medication and hormone used to start and increase the speed of labor in pregnancy, may change response to social cues in the laboratory setting. A few studies show changes in social attention or social processing in people with Autism Spectrum Disorder. The clinical trial at NYP/Westchester Division, which will test individuals between the ages of 3 and 17, will evaluate whether oxytocin may offer benefit as a potential treatment for those on the autism spectrum, while paying careful attention to whether oxytocin is safe for repeated administration.

“Based on the work that has already been done, there has been a lot of excitement about oxytocin to treat autism spectrum disorder,” Dr. Veenstra-VanderWeele said. “However, it has been unclear how it relates to behavior in the real world. We will see whether social function is improved in children and adolescents as part of their everyday life, across all settings.” The clinical trials are expected to be completed by the end of 2017 or early 2018.

For more information on treating autism, visit [nyp.org \(http://www.nyp.org/psychiatry/services/center-for-autism-and-the-developing-brain\)](http://www.nyp.org/psychiatry/services/center-for-autism-and-the-developing-brain). To find a physician call 877-NYP-WELL.

NewYork-Presbyterian is ranked as the No. 1 psychiatry program in the nation by U.S. News & World Report.

This story is provided and presented by our sponsor: [NewYork-Presbyterian Hospital. \(http://nyp.org/\)](http://nyp.org/)

Read or Share this story: <http://lohud.us/1N3bmPq>