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Case Report

A Case of Atypical Autism with Mental Retardation in an Adult from Canada: An Educational Article and Expert Opinion

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Abstract

Autism disorders have long been regarded a life-long condition, and therefore, childhood patients will continue to have the disorder during adulthood. However, cure of the major autistic features has been reported during treatment with a new therapeutic approach which included injectable cerebrolysin as the main therapeutic component. Marked improvement or disappearance of autistic features in these disorders has not been reported with any therapy before. Experience with evidence-based therapies for adult patients with autism is generally lacking, and the demand for evidence-based expert recommendation is obviously increasing.

Keywords: adult atypical autism; evidence-based therapies; expert opinion

Introduction

Autism disorders have become increasingly known as pervasive developmental disorders since the 1980s are very perplexing and heterogeneous group of chronic disorders that characterized by early impairment in socialization and communication that makes them distinctive from other neuropsychiatric conditions.

The characteristic and diagnostic manifestations of autism resulting from impairments in social interaction and communication appear clinically as the two major diagnostic features of autism which are the poor or lack of eye contact, and poor or lack of appropriate responsiveness to own name depending on the severity of autism.

Associated features that are not considered diagnostic of autism include difficulties in using and understanding language, repetitive body movements or behavior patterns including hand flapping, foot tapping, spinning.

A milder form of autism disorders which is not associated with a significant delay in speech development nor with cognitive impairment was first reported in 1925 by Grunya Efimovna Sukhareva (Figure-1A), a Soviet pediatric psychiatrist, and she called the disorder autistic psychopathy.

Figure-1A: A Soviet pediatric psychiatrist

However, this early recognized form of autism has been increasingly known as Asperger syndrome, since Lorna Wing used the term in her 1981 publication of a series of case studies of children with this type of autism disorders. She used this term after Hans Asperger (Figure-1B) who reported patients with this type of autism in 1944.

The type of Autism known as classical autism was first described by Leo Kanner (Figure-1C) in 1943. The diagnostic feature of this type is the presence of significant impairment in language development occurring in association with normal or high intelligence.

Patients with autism having subnormal intelligence, but without significant mental retardation are generally considered to have typical autism, while the presence of significant mental retardation suggests the diagnosis of atypical autism.

Figure-1B: Hans Asperger

Figure-1C: Leo Kanner

Patients with atypical autism associated mental retardation commonly have marked hyperactivity and behavioral abnormalities and they do not have satisfactory adaptive behaviors.

Difficulties in making an accurate diagnosis of the type of autism disorder have been increasingly recognized. In 2013, The American Association of Psychiatry used the term autism spectrum disorder to represent all the types of autism disorders, and this term can be used especially during referral to avoid the embarrassment of sending the patient with an inaccurate diagnosis of the type of autism. Therefore, the term autism spectrum disorder was first used in the 2013 edition of American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) [1-8].

Autism disorders have long been regarded a lifelong condition; however, cure of the major autistic features has been reported during treatment with a new therapeutic approach which included injectable cerebrolysin as the main therapeutic component. Marked improvement or disappearance of autistic features in these disorders has not been reported with any therapy before.

The new therapeutic approach aimed primarily at improving the major diagnostic features of autism including impairment of social interaction which is mostly manifested by poor responsiveness to own name, and infrequent engagement with others manifested by poor eye contact and infrequently looking to faces.

It has been emphasized that cure of autism will not immediately abolish the cumulative effect of the condition on learning, behavior, and speech development before the cure. The patients who achieve complete disappearance of the major autistic features will need an intensive learning especially of speech to abolish the effect of the time when they were under the effect of autistic behavior, and to push them toward a total cure of their illness.

It has emphasized that the main types of autism disorders including classical, typical atypical autism, and Asperger syndrome. However, autism is much more heterogeneous than including only these main types, and its treatment is much more complex than using only parental cerebrolysin courses [9-21].

Patients and methods

The case of a 22-year-old male who was diagnosed in Canada as having level 3 autism and epilepsy is described, and the expert opinion regarding an evidence-based therapeutic approach is presented.

Results

Early during May, 2023, we were consulted about the possible evidence-based therapies for the treatment of a 22-year-old male who had the two major diagnostic features of autism including poor response to name and poor eye contact. He was some times making transient movement toward the direction of voice when his name was said and producing unintelligible sounds suggesting he was hearing the voice, but without appropriately responding to it (Figure-2).

Figure-2

He remained non-verbal at this age He was saying 2-3 words, and he was mostly producing meaningless voices, described by his sister as yelling.

He also had epilepsy and taking Valproic acid. In addition, he had sleep disorder and unable to sleep at night. He had evidence of mental and motor development as he generally does not understand simple commands, but he can understand some simple commands like “Lets go”.

He could not hold a pen nor could scribble, but he could go to toilet alone and feed self. Sometimes he was displaying aggressive behaviors, and was receiving three neuroleptics including risperidone, quietapine, and brexpiprazole.

Based on our extensive published experiences with treatment of various types of autism [9-21]. we recommended an initial one-month treatment course which included the following therapies for this patient from Canada.

1-Intramuscular cerebrolysin 5 ml daily given in the morning for 30 days.

2- Intramuscular piracetam 1g daily given in the morning for 30 days.

Depending on the response to this initial course further interventions can be used including adjusting the doses of neuroleptics, and adding other therapies.

Discussion

Autism disorders have long been regarded a life-long condition, and therefore, childhood patients will continue to have the disorder during adulthood. However, cure of the major autistic features has been reported during treatment with a new therapeutic approach which included injectable cerebrolysin as the main therapeutic component. Marked improvement or disappearance of autistic features in these disorders has not been reported with any therapy before [9-21].

The patient in this report who had atypical autism with mental retardation required three neuroleptics including risperidone, quietapine, and brexpiprazole, most probably because ignoring the need to improve cognitive therapies to contribute to improving hyperactivity and aggression.

Experience with evidence-based therapies for adult patients with autism is generally lacking, and the demand for evidence-based expert recommendation is obviously increasing.

Based on our extensive published experiences with treatment of various types of autism [9-21]. we recommended an initial one-month treatment course which included the following therapies for this patient from Canada.

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Cerebrolysin, a safe mixture of aminoacids that has been used with a benefit in a variety of pediatric neuropsychiatric conditions [22,23]. Cerebrolysin is the only medical therapy that is known to be associated with significant improvement and even cure of the major autistic features (Poor response to name and poor eye contact which indicate impaired communication) [9-21].

Parenteral piracetam has been used safely and with a benefit in a variety of childhood neuropsychiatric disorders, and it is one of the most important medications that have been used with benefit in mental and developmental retardation of various types and etiologies [16-23].

Conclusion

Treatment of adults with atypical autism associated with severe mental retardation represents a treatment challenge and demands the judicious use of multiple evidence-based therapies including intramuscular cerebrolysin and piracetam, typical and atypical neuroleptics and other medications [24-29].

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Some of the figures in this paper were included in previous author's publications, but the author has their copyrights.

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Conflict of interest: None.

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