

DOWNLOAD PDF ANTIEPILEPTIC DRUGS IN INTELLECTUAL DISABILITY AND/OR AUTISM BENJAMIN L. HANDEN AND MARIA MCCARTHY

Chapter 1 : JoVE | Peer Reviewed Scientific Video Journal - Methods and Protocols

Benjamin L. Handen and Maria McCarthy, Antiepileptic Drugs in Intellectual Disability and/or Autism, Antiepileptic Drugs to Treat Psychiatric Disorders, /, (), (). Crossref.

Find articles by Richard E. Casanova Find articles by Manuel F. Brown Find articles by Gregory L. Slattery Find articles by John C. Hossein Fatemi Find articles by S. Hossein Fatemi Timothy D. Folsom Find articles by Timothy D. Adams Find articles by James B. The use, distribution or reproduction in other forums is permitted, provided the original author s or licensor are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms. This article has been cited by other articles in PMC. Abstract Despite the fact that seizures are commonly associated with autism spectrum disorder ASD , the effectiveness of treatments for seizures has not been well studied in individuals with ASD. This manuscript reviews both traditional and novel treatments for seizures associated with ASD. Studies were selected by systematically searching major electronic databases and by a panel of experts that treat ASD individuals. Only a few anti-epileptic drugs AEDs have undergone carefully controlled trials in ASD, but these trials examined outcomes other than seizures. Several lines of evidence point to valproate, lamotrigine, and levetiracetam as the most effective and tolerable AEDs for individuals with ASD. Limited evidence supports the use of traditional non-AED treatments, such as the ketogenic and modified Atkins diet, multiple subpial transections, immunomodulation, and neurofeedback treatments. Although specific treatments may be more appropriate for specific genetic and metabolic syndromes associated with ASD and seizures, there are few studies which have documented the effectiveness of treatments for seizures for specific syndromes. Limited evidence supports l-carnitine, multivitamins, and N-acetyl-l-cysteine in mitochondrial disease and dysfunction, folinic acid in cerebral folate abnormalities and early treatment with vigabatrin in tuberous sclerosis complex. Finally, there is limited evidence for a number of novel treatments, particularly magnesium with pyridoxine, omega-3 fatty acids, the gluten-free casein-free diet, and low-frequency repetitive transcranial magnetic stimulation. Zinc and l-carnosine are potential novel treatments supported by basic research but not clinical studies. This review demonstrates the wide variety of treatments used to treat seizures in individuals with ASD as well as the striking lack of clinical trials performed to support the use of these treatments. Additional studies concerning these treatments for controlling seizures in individuals with ASD are warranted. A recent larger cross-sectional study suggests that the prevalence of epilepsy is In addition, the prevalence of treatment-resistant epilepsy in children with ASD is believed to be higher than in the general childhood population 7. Interestingly, recent reviews note shared cognitive symptoms in epilepsy and ASD, suggest a common etiopathophysiology 8 , especially when ASD co-exists with intellectual disability 9. Despite the fact that individuals with ASD and seizures appear to represent a large ASD subgroup, traditional seizure treatments for individuals with ASD have not been systematically reviewed and potential novel therapies have not been discussed. Additionally, since seizures in ASD are associated with specific genetic and metabolic syndromes, therapies that target these syndromes may augment traditional treatments. This review has three main purposes. First, in order to determine which traditional treatments for seizures are most effective and well tolerated in individuals with ASD, the evidence for the effectiveness of traditional seizure treatments is reviewed see Traditional Treatments. Second, since seizures in ASD are associated with specific genetic and metabolic syndromes, therapies that target these syndromes are reviewed as they may augment traditional treatments see Treatments for Specific Syndromes. Third, since there is a high prevalence of the use of novel treatments in ASD individuals with and without seizures 10 and in the general ASD population 11 , novel treatments that have the potential to improve seizures are reviewed see Novel Treatments. Overall, this review is designed to provide a comprehensive overview of the treatments for individuals with ASD who have comorbid seizures in order to achieve optimal outcomes. The goal was to identify research studies which reported treatments that have the

potential to improve clinical seizures for: We did not compare these treatments to other treatments and we considered all study designs. Our primary goal was to consider improvement in clinical seizure severity as the primary outcome. Since many treatments for children with ASD, especially seizure treatments, can have effects on core and associated ASD symptoms, as well as adverse effects 10 , we also considered, as a secondary outcome, the effect of these treatments on core and associated ASD symptoms. Identification of potential treatments Potential treatments for seizures in individuals with ASD were identified in several ways. First, we searched standard scientific databases. Second, we considered treatments associated with metabolic and genetic disorders that are commonly found in children with ASD and seizures. Third, we considered novel treatments obtained from two sources: Search strategy A prospective protocol for this systematic review was developed a priori, and the search terms and selection criteria were chosen in an attempt to capture all pertinent publications. Three authors Richard E. Slattery, and Chrystal Lau screened titles and abstracts of all potentially relevant publications. Studies were initially included if they: Articles were excluded if: Level of evidence ratings Although we considered conducting a meta-analysis on identified treatments, the lack of standard outcomes and the limitations in study design prevented a meta-analysis of any identified treatment. As an alternative, we provide a grade of recommendation GOR for each treatment based on the level of evidence. Since a treatment could be a GOR of D for several reasons, we specified if the treatment received this rating because the evidence was a single case report or series SC , was only based on bench research BR , demonstrated a neutral effect NE , or was found to be possibly detrimental PD. If no studies were identified for a treatment, a GOR of N no studies was assigned.

DOWNLOAD PDF ANTIEPILEPTIC DRUGS IN INTELLECTUAL DISABILITY AND/OR AUTISM BENJAMIN L. HANDEN AND MARIA MCCARTHY

Chapter 2 : nonverbal Publications | PubFacts

Antiepileptic drugs to treat psychiatric disorders. and Vani Rao --Antiepileptic drugs in intellectual disability and/or autism / Benjamin L. Handen and Maria.

Mental disorders as a worldwide public health issue, Benedetto Saraceno 1. Transcultural psychiatry, Julian Leff 1. The history of psychiatry as a medical specialty, Pierre Pichot 1. Values and values-based practice in clinical psychiatry, K W M Fulford 1. Descriptive phenomenology, Andrew Sims 1. The assessment of personality, Robert Cloninger 1. Cognitive assessment, Graham E Powell 1. Questionnaire, rating and behavioural methods of assessment, John N Hall 1. Brain and Mind, Martin Davies 2. Statistics and the design of experiments and surveys, Graham Dunn 2. Neuroanatomy, R C A Pearson 2. Neurodevelopment, Karl Zilles 2. Neurotransmitters and signalling, Trevor Sharp 2. Functional positron emission tomography in psychiatry, P M Grasby 2. Neuronal networks, epilepsy and other brain dysfunctions, John G R Jeffreys 2. Molecular genetics, Jonathan Flint 2. The anatomy of human emotion, Ray Dolan 2. Medical sociology and issues of aetiology, George W Brown 2. Social and cultural anthropology: The contribution of epidemiology to psychiatric aetiology, Scott Henderson Part 3 - Psychodynamic Contributions to Psychiatry 3. Object relations, attachment theory, self-psychology, and interpersonal psychoanalysis, Jeremy Holmes 3. Prion disease, John Collinge 4. Vascular dementia, Timo Erkinjuntti 4. The neuropsychiatry of head injury, Simon Fleminger 4. Alcohol-related dementia, Jane Marshall 4. Amnesic syndromes, Michael D Kopelman 4. The remediation of memory disorders, Jonathan Evans 4. Alcohol dependence and alcohol problems, Jane Marshall 4. Treatment of alcohol dependence, Jonathan Chick 4. Services for alcohol use disorders, D Colin Drummond 4. Prevention of alcohol-related problems, Robin Room 4. Disorders relating to the use of phencyclidine and hallucinogens, Henry David Abraham 4. Disorders relating to the use of volatile substances, Richard Ives 4. The mental health effects of cannabis use, Wayne Hall 4. Nicotine dependence and treatment, Maria Ines Lopez-Ibor 4. Descriptive clinical features of schizophrenia, Peter F Liddle 4. The clinical neuropsychology of schizophrenia, Philip Harvey 4. Diagnosis, classification and differential diagnosis of schizophrenia, Anthony S David 4. Epidemiology of schizophrenia, Assen Jablensky 4. The neurobiology of schizophrenia, Paul J Harrison 4. Course and outcome of schizophrenia and their prediction, Assen Jablensky 4. Persistent delusional symptoms and disorders, Alistair Munro 4. Introduction to mood disorders, John Geddes 4. Clinical features of mood disorders and mania, Per Bech 4. Diagnosis, classification and differential diagnosis of mood disorders, Gordon Parker 4. Epidemiology of mood disorders, Peter R Joyce 4. Neurobiological aetiology of mood disorders, Guy Goodwin 4. Course and prognosis of mood disorders, Jules Angst 4. Dysthymia, cyclothymia and hyperthymia, Hagop S Akiskal 4. Post-traumatic stress disorders, Anke Ehlers 4. Recovered memories and false memories, Chris R Brewin 4. Adjustment disorders, James J. Bereavement, Beverley Raphael 4. Generalized anxiety disorders, Stella Bitran, David H. Social anxiety disorder and specific phobias, Michelle A. Panic disorders and agoraphobia, James C Ballenger 4. Anorexia nervosa, Gerald Russell 4. Normal sexual function, Roy J Levin 4. The paraphilias, J Paul Federoff 4. Gender identity disorder in adults, Richard Green 4. Neuropsychological templates for abnormal personalities: Special psychiatric problems relating to gambling, Emmanuel Moran 4. Introduction to sleep-wake disorders, Gregory Stores 4. Excessive sleepiness, Michel Billiard 4. Epidemiology and causes of suicide, Jouko K Lonnqvist 4. Somatoform disorders and functional symptoms, Richard Mayou 5. Epidemiology of somatoform disorders and other causes of unexplained medical symptoms, Gregory Simon 5. Somatization disorder and related disorders, Per Fink 5. Conversion and dissociation disorders, Christopher Bass 5. Hypochondriasis, Russell Noyes Jr 5. Body dysmorphic disorder, Katherine A Phillips 5. Neurasthenia, Felice Lieh Mak 5. Adjustments to illness and handicap, Allan House 5. Psychiatric aspects of neurological disease, Maria A Ron 5. Epilepsy, Brian Toone 5. Medical conditions associated with psychiatric disorder, James R Rundell 5. Psychiatric aspects of infections, Jose Luis Ayuso-Mateos 5. Psychiatric aspects of accidents, burns and other trauma,

DOWNLOAD PDF ANTIEPILEPTIC DRUGS IN INTELLECTUAL DISABILITY AND/OR AUTISM BENJAMIN L. HANDEN AND MARIA MCCARTHY

Ulrik Frederik Malt 5. Obstetric and gynaecological conditions associated with psychiatric disorder, Ian Brockington 5. The organization of psychiatric services for general hospital departments, Frits J. The evaluation of physical treatments, Clive Adams 6. The evaluation of psychological treatment, Paul Crits-Christoph 6. General principles of drug therapy in psychiatry, Jeffrey K Aronson 6. Anxiolytics and hypnotics, Malcolm Lader 6. Lithium and related mood stabilizers, Robert Post 6. Drugs for cognitive disorders, Leslie Iversen 6. Complementary medicines, Ursula Werneke 6. Electroconvulsive therapy, Max Fink 6. Phototherapy, Philip J Cowen 6. Counselling, Diana Sanders 6. Cognitive-behaviour therapy for anxiety disorders, David M Clark 6. Cognitive-behaviour therapy for depressive disorders, Melanie J V Fennell 6. Psychoanalysis and other long-term dynamic psychotherapies, Peter Fonagy 6. Psychotherapy with couples, Michael Crowe 6. Rehabilitation techniques, Wulf Roessler 6. Psychiatric nursing techniques, Kevin Gournay 6. Social work approaches to mental health work: Art therapy, Diane Waller 6. Primary prevention of mental disorders, Jose Manuel Bertolote 7.

DOWNLOAD PDF ANTIEPILEPTIC DRUGS IN INTELLECTUAL DISABILITY AND/OR AUTISM BENJAMIN L. HANDEN AND MARIA MCCARTHY

Chapter 3 : Epilepsy-intellectual disability in females - Wikipedia

Antiepileptic Drugs in Intellectual Disability and/or Autism. Antiepileptic Drugs in Intellectual Disability and/or Autism. By Benjamin L. Handen, Maria McCarthy.

An established and highly-praised textbook of psychiatry! In the 8 years since publication of the first edition, many new and exciting developments have occurred in the biological sciences, which are having a major impact on how we study and practise psychiatry. In addition, psychiatry has fostered closer ties with philosophy, and these are leading to healthy discussions about how we should diagnose and treat mental illness. This new edition recognises these and other developments. Throughout, accounts of clinical practice are linked to the underlying science, and to the evidence for the efficacy of treatments. Physical and psychological treatments, including psychodynamic approaches, are covered in depth. The history of psychiatry, ethics, public health aspects, and public attitudes to psychiatry and to patients are all given due attention. Public attitudes and the challenge of stigma 1. Mental disorders as a worldwide public health issue 1. The history of psychiatry as a medical specialty 1. K W M Fulford: Values and values-based practice in clinical psychiatry 1. The psychiatrist as manager 1. The principles and clinical assessment in general psychiatry 1. The assessment of personality 1. Questionnaire, rating and behavioural methods of assessment 1. Diagnosis and classification 1. Brain and Mind 2. Statistics and the design of experiments and surveys 2. R C A Pearson: Neurotransmitters and signalling 2. Functional positron emission tomography in psychiatry 2. Structural magnetic resonance imaging 2. Functional magnetic resonance imaging 2. John G R Jeffreys: Neuronal networks, epilepsy and other brain dysfunctions 2. Developmental psychology through infancy, childhood and adolescence 2. Psychology of attention 2. Psychology and biology of memory 2. The anatomy of human emotion 2. The neuropsychological basis of neuropsychiatry 2. Medical sociology and issues of aetiology 2. Social and cultural anthropology: The contribution of epidemiology to psychiatric aetiology Part 3 - Psychodynamic Contributions to Psychiatry 3. Object relations, attachment theory, self-psychology, and interpersonal psychoanalysis 3. Dementia with Lewy bodies 4. Dementia due to HIV disease 4. The neuropsychiatry of head injury 4. The management of dementia 4. The remediation of memory disorders 4. Pharmacological and psychological aspects of drug abuse 4. Aetiology of alcohol problems 4. Alcohol dependence and alcohol problems 4. Alcohol and psychiatric and physical disorders 4. Treatment of alcohol dependence 4. Services for alcohol use disorders 4. Prevention of alcohol-related problems 4. Disorders relating to the use of amphetamines and cocaine 4. Disorders relating to the use of phencyclidine and hallucinogens 4. Misuse of benzodiazepines 4. Disorders relating to the use of volatile substances 4. The mental health effects of cannabis use 4. Nicotine dependence and treatment 4. Assessing need and organizing services for drug misusers 4. Descriptive clinical features of schizophrenia 4. The clinical neuropsychology of schizophrenia 4. Diagnosis, classification and differential diagnosis of schizophrenia 4. Epidemiology of schizophrenia 4. Genetic and environmental risk factors for schizophrenia 4. The neurobiology of schizophrenia 4. Course and outcome of schizophrenia and their prediction 4. Treatment and management of schizophrenia 4. Schizoaffective and schizotypal disorders 4. Acute and transient psychotic disorders 4. Persistent delusional symptoms and disorders 4. Introduction to mood disorders 4. Clinical features of mood disorders and mania 4. Diagnosis, classification and differential diagnosis of mood disorders 4. Epidemiology of mood disorders 4. Genetic aetiology of mood disorders 4. Neurobiological aetiology of mood disorders 4. Course and prognosis of mood disorders 4. Treatment of mood disorders 4. Dysthymia, cyclothymia and hyperthymia 4. Acute stress reactions 4. Post-traumatic stress disorders 4. Recovered memories and false memories 4. Stella Bitran, David H. Generalized anxiety disorders 4. Social anxiety disorder and specific phobias 4. Panic disorders and agoraphobia 4. Obsessive compulsive disorder 4. Normal sexual function 4. The sexual dysfunctions 4. Gender identity disorder in adults 4. Classification and assessment of personality disorders 4. Specific types of personality disorder 4. Epidemiology of personality disorders 4.

**DOWNLOAD PDF ANTIEPILEPTIC DRUGS IN INTELLECTUAL DISABILITY
AND/OR AUTISM BENJAMIN L. HANDEN AND MARIA MCCARTHY**

Neuropsychological templates for abnormal personalities: Psychotherapy for personality disorders 4. Management of personality disorder 4. Impulse control disorders 4. Special psychiatric problems relating to gambling 4. Introduction to sleep-wake disorders 4. Epidemiology and causes of suicide 4. Biological aspects of suicidal behaviour 4. Treatment of suicide attempters and prevention of suicide and attempted suicide 4. Culture-related specific psychiatric syndromes Part 5 - Psychiatry and Medicine 5. Mind-body dualism, psychiatry and medicine 5.

DOWNLOAD PDF ANTIEPILEPTIC DRUGS IN INTELLECTUAL DISABILITY AND/OR AUTISM BENJAMIN L. HANDEN AND MARIA MCCARTHY

Chapter 4 : - NLM Catalog Result

[et al.] -- Antiepileptic drugs in the treatment of drug use disorders / Kyle M. Kampman -- Antiepileptics as potential aids to smoking cessation / Robert M. Anthenelli, Jaimee L. Heffner, and Candace S. Johnson -- Antiepileptic drugs in obesity, psychotropic-associated weight gain, and eating disorders / Susan L. McElroy.

Save This diagram shows the brain sections and how autism relates to them. Many causes of autism have been proposed, but understanding of the theory of causation of autism and the other autism spectrum disorders ASD is incomplete. The heritability of autism, however, is complex, and it is typically unclear which genes are responsible. It can be characterized by impairments in social interaction and communication, as well as restricted interests and stereotyped behavior, and the characterization is independent of any underlying neurological defects. The terms autism or ASDs capture the wide range of disease processes at work. It is unknown whether prevalence has increased as well. Environmental factors that have been claimed to contribute to autism or exacerbate its symptoms, or that may be important to consider in future research, include certain foods,[13] infectious disease, heavy metals, solvents, diesel exhaust, PCBs, phthalates and phenols used in plastic products, pesticides, brominated flame retardants, alcohol, smoking, illicit drugs, and vaccines. However, there is overwhelming scientific evidence showing no causal association between the measles-mumps-rubella MMR vaccine and autism, and there is no scientific evidence that the vaccine preservative thiomersal causes autism. First, individuals with autism have significantly reduced fecundity, they are 20 times less likely to have children than average, thus curtailing the persistence of mutations in ASD genes over multiple generations in a family. Microarray analysis has shown that de novo CNVs occur at a significantly higher rate in sporadic cases of autism as compared to the rate in their typically developing siblings and unrelated controls. Each mutation is itself associated with a variety of clinical diagnoses, and can also be found in a small percentage of individuals with no clinical diagnosis. The mutations themselves are characterized by considerable variability in clinical outcome and typically only a subset of mutation carriers meet criteria for autism. This variable expressivity results in different individuals with the same mutation varying considerably in the severity of their observed particular trait. Epigenetic changes occur as a result not of DNA sequence changes but of chromosomal histone modification or modification of the DNA bases. Such modifications are known to be affected by environmental factors, including nutrition, drugs, and mental stress. Some agents that are theorized to cause birth defects have also been suggested as potential autism risk factors, although there is little to no scientific evidence to back such claims. These include exposure of the embryo to valproic acid,[50] paracetamol,[51] thalidomide or misoprostol. Thyroxine deficiencies can be caused by inadequate iodine in the diet, and by environmental agents that interfere with iodine uptake or act against thyroid hormones. Possible environmental agents include flavonoids in food, tobacco smoke, and most herbicides. This hypothesis has not been tested. A review also found that maternal diabetes was significantly associated with an increased risk of ASD. This hypothesis is supported by multiple studies. Autism has been reported to be associated with prenatal stress both with retrospective studies that examined stressors such as job loss and family discord, and with natural experiments involving prenatal exposure to storms; animal studies have reported that prenatal stress can disrupt brain development and produce behaviors resembling symptoms of autism. One project has published several reports suggesting that high levels of fetal testosterone could produce behaviors relevant to those seen in autism. This hypothesis is not supported by independently published research, and examination of children whose mothers received an ultrasound has failed to find evidence of harmful effects. A review of risk factors found associated obstetric conditions that included low birth weight and gestation duration, and hypoxia during childbirth. This association does not demonstrate a causal relationship. As a result, an underlying cause could explain both autism and these associated conditions. The evidence for these risk factors is anecdotal and has not been confirmed by reliable studies. The fusiform face area of the ventral stream is implicated. The idea is that it is involved in social knowledge and social

DOWNLOAD PDF ANTIEPILEPTIC DRUGS IN INTELLECTUAL DISABILITY AND/OR AUTISM BENJAMIN L. HANDEN AND MARIA MCCARTHY

cognition, and that the deficits in this network are instrumental in causing autism. It is also related to several other hypothesized causes; for example, viral infection has been hypothesized to cause autism via an autoimmune mechanism. It is possible that aberrant immune activity during critical periods of neurodevelopment is part of the mechanism of some forms of ASD. Results from immune studies have been contradictory. Some abnormalities have been found in specific subgroups, and some of these have been replicated. It is not known whether these abnormalities are relevant to the pathology of autism, for example, by infection or autoimmunity, or whether they are secondary to the disease processes. According to the theory, exposure to these opiate compounds in young children interferes with normal neurological development by dulling sensory input. Lacking sufficient sensory input, the developing brain attempts to artificially generate the auditory, vestibular, visual, and tactile input on its own. This attempt at generating input manifests itself as behaviors common to autism, such as grunting or screaming auditory, spinning or rocking back and forth vestibular, preoccupation with spinning objects or waving of the fingers in front of the eyes visual, and hand flapping or self-injury tactile. There is some research evidence that autistic children are more likely to have GI symptoms than typical children. The evidence so far is indirect for the association between autism and mercury exposure after birth, as no direct test has been reported, and there is no evidence of an association between autism and postnatal exposure to any neurotoxicant. Evidence includes genetic effects on metabolic pathways, reduced antioxidant capacity, enzyme changes, and enhanced biomarkers for oxidative stress; however, the overall evidence is weaker than it is for involvement oxidative stress with disorders such as schizophrenia. A developing tactic appears to be the "promotion of irrelevant research [as] an active aggregation of several questionable or peripherally related research studies in an attempt to justify the science underlying a questionable claim. Andrew Wakefield et al. National Health Service [] have all concluded that there is no evidence of a link between the MMR vaccine and autism. There is no scientific evidence for a causal connection between thiomersal and autism, but parental concern about the thiomersal controversy has led to decreasing rates of childhood immunizations [4] and increasing likelihood of disease outbreaks. Public Health Service recommended that thiomersal be removed from childhood vaccines, and by the flu vaccine was the only childhood vaccine containing more than trace amounts of thimerosal. Despite this, autism rates did not decrease after the removal of thimerosal, in the US or other countries that also removed thimerosal from their childhood vaccines. Laboratory rats infected with Borna disease virus show some symptoms similar to those of autism but blood studies of autistic children show no evidence of infection by this virus. Members of the herpes virus family may have a role in autism, but the evidence so far is anecdotal. Viruses have long been suspected as triggers for immune-mediated diseases such as multiple sclerosis but showing a direct role for viral causation is difficult in those diseases, and mechanisms whereby viral infections could lead to autism are speculative. It further argues that autistic individuals themselves have a way of being that is partly socially constructed. The theory hypothesizes that individuals with these diagnoses inhabit the identities that have been ascribed to them, and promote their sense of well-being by resisting or appropriating autistic ascriptions. The genetics of autistic disorders and its clinical relevance: The teratology of autism. Int J Dev Neurosci. Doja A, Roberts W. Can J Neurol Sci. Diagnostic and Statistical Manual of Mental Disorders. Diagnostic criteria for Encyclopedia of Mental Health Second Edition: Time to give up on a single explanation for autism. What is the association between the social-communication element of autism and repetitive interests, behaviours and activities? J Child Psychol Psychiatry. The epidemiology of autism spectrum disorders [PDF]. Annu Rev Public Health. Christison GW, Ivany K. Elimination diets in autism spectrum disorders: J Dev Behav Pediatr. Does thimerosal or other mercury exposure increase the risk for autism? A review of current literature.. Freitag, C M 10 October Hallmayer, Joachim 1 November Archives of General Psychiatry. Ronald, Angelica; Hoekstra, Rosa A. A decade of new twin studies". Uher, R 25 August Kong, Augustine; Frigge, Michael L. Prevalence, stability, and the impact of FMRP". Alison; McGrew, Susan G. The American Journal of Human Genetics. Richard; Wigler, Michael April

DOWNLOAD PDF ANTIPILEPTIC DRUGS IN INTELLECTUAL DISABILITY AND/OR AUTISM BENJAMIN L. HANDEN AND MARIA MCCARTHY

Chapter 5 : New Oxford Textbook of Psychiatry - blog.quintoapp.com

8 Benjamin L. Handen, Maria McCarthy, *Antiepileptic Drugs to Treat Psychiatric Disorders*, , CrossRef 9 A. J. Esbensen, B. A. Benson, *An evaluation of Beck's cognitive theory of depression in adults with intellectual disability*, *Journal of Intellectual Disability Research*, , 51, 1, 14 Wiley Online Library.

Chapter 6 : Causes of autism | Revolvly

The prevalence of psychiatric disorders is increased in children and adults with intellectual disability. Brain damage or dysfunction interact with social and family factors to increase susceptibility to mental illness.

Chapter 7 : Items where Year is - SORA

Antiepileptic Drugs to Treat Psychiatric Disorders Antiepileptic Drugs in Intellectual Disability and/or Autism Benjamin L. Handen and Maria McCarthy.

Chapter 8 : Antiepileptic drugs to treat psychiatric disorders (eBook,) [blog.quintoapp.com]

Topiramate is a novel antiepileptic drug approved as an adjunctive treatment for seizure disorders. A retrospective chart review was conducted in an outpatient clinic specialized in treating individuals with developmental disabilities, to identify all children and adolescents with PDD who received topiramate.

Chapter 9 : New Oxford Textbook of Psychiatry - Oxford Medicine

Although no pharmacological or behavioral therapy has currently proven effective for treating all core symptoms of autism, many dysfunctional behaviors may be treated pharmacologically.