Petition for Addition of Debilitating Medical Condition

I am requesting to add to the accepted list of conditions for

Medical Marijuana

"Autism with Aggressive and/or Self-Injurious Behaviors"

Presented by:

[redacted]

May 22, 2015

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Autism with Aggressive and/or Self-Injurious Behaviors

6.3.3 The extent to which the condition or treatments cause severe suffering, such as severe or chronic pain or severe nausea or vomiting, or otherwise severely impair the patient's ability to carry on activities of daily living

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6.3.4 The ability of conventional medical therapies other than those that cause suffering to alleviate suffering caused by the condition or treatment

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6.3.1 The extent to which the condition is generally accepted by the medical community and other experts as a valid, existing debilitating medical condition

Articles for documentation describing Autism

AUTISM SPEAKS 10 YEARS OF PROGRESS A LIFETIME OF HOPE (/)

What Is Autism?

What Is Autism? What is Autism Spectrum Disorder?

Autism spectrum disorder (ASD) and autism are both general terms for a group of complex disorders of brain development. These disorders are characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviors. With the May 2013 publication of the DSM-5 diagnostic manual (/what-autism/dsm-5), all autism disorders were merged into one umbrella diagnosis of ASD. Previously, they were recognized as distinct subtypes, including autistic disorder, childhood disintegrative disorder, pervasive developmental disorder-not otherwise specified (PDD-NOS) and Asperger syndrome.

More

ASD can be associated with intellectual disability, difficulties in motor coordination and attention and physical health issues such as sleep and gastrointestinal disturbances. Some persons with ASD excel in visual skills, music, math and art.

Autism appears to have its roots in very early brain development. However, the most obvious signs of autism and symptoms of autism tend to emerge between 2 and 3 years of age. Autism Speaks continues to fund research on effective methods for earlier diagnosis, as early intervention with proven behavioral therapies can improve outcomes. Increasing autism awareness is a key aspect of this work and one in which our families and volunteers play an invaluable role. Learn more ... (/what-autism/learn-signs)

How Common Is Autism?

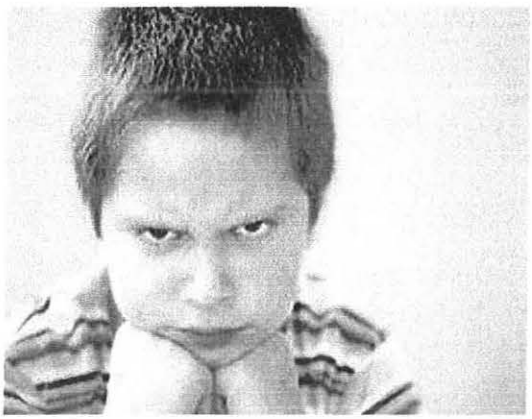
Autism statistics from the U.S. Centers for Disease Control and Prevention (CDC) identify around 1 in 68 American children as on the autism spectrum –a ten-fold increase in prevalence in 40 years. Careful research shows that this increase is only partly explained by improved diagnosis and awareness. Studies also show that autism is four to five times more common among boys than girls. An estimated 1 out of 42 boys and 1 in 189 girls are diagnosed with autism in the United States.

examiner.com

LIFE / EDUCATION & SCHOOLS / SPECIAL LEARNING NEEDS
See also: autism, asd, aggression, self-injury, sleep problems

Aggression in Autism Spectrum Disorders (ASD)

March 11, 2013
6:09 PM MST



Aggression in Autism Spectrum Disorders (ASD)

Google Images

Aggression is a clinically significant feature of many children and adolescents with autism spectrum disorders (ASD). Children with ASD frequently have co-occurring (comorbid) psychiatric conditions, with estimates as high as 70 to 84 percent. These co-occurring problems often exacerbate the core symptoms of ASD and can lead to significant functional impairment. Among these problems, physical aggression appears to be especially challenging, and has been associated with serious negative outcomes in both the general population and among individuals with ASD and other developmental disabilities.

Co-occurring Problems Relevant to Aggression

Children with ASD experience a number of related difficulties, including sleep problems, gastrointestinal (GI) problems, sensory abnormalities, and self-injury. Many of these problems have been associated with aggression among typically developing children, and emerging evidence suggests a similar relationship in children with ASD. For example, sleep

problems occur in a large percentage of children with ASD, with prevalence rates ranging from 50% to 80%. Sleep problems have been found to be highly associated with aggression in typically developing children. Likewise, research suggests that children with ASD and sleep problems are more likely to demonstrate aggression than those without sleep problems.

Sensory problems, including sensory over-responsivity, sensory under-responsivity, and sensory seeking are also common problems in children with ASD. In typical children, sensory problems have been associated with aggressive and externalizing behavior problems. Similarly, recent studies have been found correlations between sensory problems and broadly defined externalizing problem behaviors in children with ASD. However, research has yet to specifically examine the potential contributing role of sensory problems in predicting physical aggression.

Self-injurious behavior also appears to be relevant to the occurrence of aggression. Individuals with ASD are at an increased risk for demonstrating self-injurious behaviors, as compared to those without ASD, with prevalence rates ranging from 30% to 53%. Although self-injury and other forms of challenging behaviors have been considered to be distinct forms of behavior, they are often related. For example, physical aggression and self-injury have been significantly associated among individuals with severe intellectual impairment and there is evidence that self-injurious behaviors are precursors of later aggression in this population. However, similar studies have not investigated the relationship between self-injury and physical aggression in children with ASD.

Lastly, gastrointestinal (GI) problems may also have relevance to the occurrence of aggression. GI problems are common in children with ASD, with prevalence rates ranging from 24% to 70% or higher, depending on symptom definitions. Although there some evidence of an association between behavior problems and GI problems in ASD, a population-based study of children with ASD did not find significant differences in aggression when comparing children with and without GI problems.

Current Research

Although the nature and developmental course of aggression have been a focus of research with typically developing populations, there have been few large-scale studies of group-level predictors of aggression among individuals with ASD. Consequently, it is unclear whether findings from the general population are applicable to children and adolescents with ASD. In an effort to investigate the extent of the problem in children and adolescents with ASD, a recent large-scale study published in Research in Autism

Families Deeply Impacted By Autism Aggression, Study Finds

By Shaun Heasley

January 23, 2013 Text Size A A

Though aggression is not typical of everyone with autism, new research suggests that it affects many with the developmental disorder and brings significant and often lifelong challenges.

In a study out of Canada, researchers followed 15 families of male children and young adults with varying levels of autism. Of the study participants, nine families said that aggression is an issue they face.

In-depth interviews were conducted with caregivers in the families that cited aggression. Researchers also conducted home visits with eight of the families, but the ninth declined indicating that they were "pretty embarrassed" about their "damaged house."

Overall, researchers found that families dealing with aggressive behavior struggled with social isolation, concerns about the safety of people and property, lack of respite care and limited professional supports as well as the added expense of repairs and home modifications. What's more, the families were concerned about being able to find alternate housing for their child with autism as they aged, according to the study published online this month in the journal Focus on Autism and Other Developmental Disabilities.

Though the study was small, researchers behind the report emphasized that little has been done to understand the daily experiences of families coping with autism and aggression. Their findings suggest that there's far too little support for individuals with aggressive tendencies and those affected by them.

Parents described an "unbearable" level of exhaustion, with at least one mother comparing her situation to being in "jail for life."

While generally speaking families were happy with the care their child received for core symptoms of autism, most said professionals offered only limited knowledge and assistance for dealing with aggression either through medication or behavior supports. One family was actually kicked out of a home-based program for individuals with autism because of the boy's aggression, with officials concluding that the environment was not "safe or productive."

The study authors from the University of Alberta and the University of Calgary said they hope that the findings will offer insight into the type of resources families need.

"It is important to note that there were many similarities in families' experiences despite much diversity in child and family characteristics, such as child age and type of aggressive behavior,"

the researchers wrote. "From the perspective of the participants, there appears to be an urgent need for multidisciplinary professional services that adequately addresses aggression in individuals with ASD across the life span."

Behavioral Disorders/Self Injurious Behavior

To find patient care programs and faculty treating behavioral disorders/self-injurious behavior at Kennedy Krieger Institute, as well as research investigating this disorder, please see the right-hand column below. Additional helpful information, including definitions, symptoms, Institute press releases, Potential magazine articles, and other resources outside the Institute, have also been provided for readers on this page.

BEHAVIORAL DISORDERS/SELF INJURIOUS BEHAVIOR OVERVIEW:

Self-injurious behavior (SIB), displayed by individuals with autism and intellectual disabilities, involves the occurrence of behavior that results in physical injury to one's own body. Common forms of SIB include, but are not limited to, head-hitting, head-banging and hand-biting. In the most severe cases, SIB can result in retinal detachment, blindness, broken bones, bleeding or death. SIB is displayed by 10 to 15 percent of individuals with autism and intellectual disabilities. These estimates are higher among individuals living in institutions and among those with greater cognitive impairments. SIB is also associated with certain genetic disorders, such as Lesch-Nyhan and Rett Syndromes.

Individuals may engage in SIB for a variety of reasons. In some cases, SIB may occur because it results in favorable outcomes, such as attention from caregivers or the termination of academic or instructional demands. SIB may also be biologically based. For example, some research has suggested that SIB may result in the release of chemicals in the brain that produce pleasurable effects. Although there is considerable evidence to support of all of these explanations, current thought indicates that SIB is a highly complex, heterogeneous phenomenon that is often attributable to a combination of factors.

Examples, Subsets and Synonyms for Behavioral Disorders:

- Noncompliance
- Aggression
- Self-injurious Behavior
- Pica
- Enuresis
- Encopresis
- Behavioral Feeding Disorders

6.3.2 If one or more treatments of the condition, rather than the condition itself, are alleged to be the cause of the patient's suffering, the extent to which the treatments causing suffering are generally accepted by the medical community and other experts as valid treatments for the condition

Examples of medications used for autism and some of their side effects.

Article Link: http://www.webmd.com/brain/autism/medications-for-autism

Autism Spectrum Disorders Health Center

Tools & Resources

Autism: Early Warning Signs
Quiz: Is Your Toddler Typical?
Symptoms of Rett Syndrome
Parenting a Child With Autism
Can Autism Be Prevented?
Play Therapy for Autism

Medicines for Autism

Medicines have a limited role in improving symptoms of autism. But some may help prevent self-injury and other behaviors that are causing difficulty. Medicines may also take a child to a functional level at which he or she can benefit from other treatments.

There is no standard medicine for the treatment of autism. The American Academy of Pediatrics (AAP) suggests targeting the main one or two problem behaviors when considering medicines.[1]

Medicines that are sometimes used to treat behaviors related to autism include selective serotonin reuptake inhibitors (SSRIs) and antipsychotic medicines.[1]

Selective serotonin reuptake inhibitors (SSRIs)

Selective serotonin reuptake inhibitors (SSRIs) include citalopram, fluoxetine , and sertraline. These medicines may help with depression, anxiety, and obsessive behaviors. SSRIs have side effects, such as weight gain, insomnia, and increased agitation, but the side effects tend to be less serious than those of antipsychotic medicines.

FDA advisory. The U.S. Food and Drug Administration (FDA) has issued an advisory on antidepressant medicines and the risk of suicide. The FDA does not recommend that people stop using these medicines, but they do recommend that people who use these medicines be watched for warning signs of suicide. This is especially

important at the beginning of treatment or when the dosage is changed.

Antipsychotic medicines

Antipsychotic medicines, such as haloperidol, risperidone, and thioridazine work by changing the effects of brain chemicals. They may help decrease problem behaviors that can occur with autism. Risperidone has been shown to reduce tantrums, aggression, and self-harming behavior in children with autism.[2]

But these medicines can have side effects, including sleepiness, tremors, and weight gain. Their use is usually considered only after behavior management has failed to address the problem behaviors.

Other medicines that are sometimes used include:[1]

Clonidine (Kapvay) and guanfacine (Intuniv). These medicines are used to treat impulsive and aggressive behaviors in children with autism.

Lithium (Lithobid) and anticonvulsants, such as carbamazepine and valproic acid. Children who are occasionally aggressive may become more stable when using these medicines, although monitoring the level of the drug in the body through regularly scheduled blood tests is required.

The effectiveness of these medicines varies by individual. Side effects are possible and should be discussed with your doctor. Some doctors may advise going off a medicine temporarily, to identify whether it is having a positive or negative effect.

The U.S. Food and Drug Administration (FDA) has issued a warning on anticonvulsant medicines and the risk of suicide and suicidal thoughts. The FDA does not recommend that people stop using these medicines. Instead, people who take anticonvulsant medicine should be watched closely for warning signs of suicide. People who take anticonvulsant medicine and who are worried about this side effect should talk to a doctor.

Citations

Myers SM, et al. (2007). American Academy of Pediatrics clinical report: Management of children with autism spectrum disorders. Pediatrics, 120(5): 1162–1182.

U.S. Food and Drug Administration (2006). FDA approves the first drug to treat irritability associated with autism, risperdal. FDA News.

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Fluoxetine Side Effects

Not all side effects for fluoxetine may be reported. You should always consult a doctor or healthcare professional for medical advice. Side effects can be reported to the FDA **here**.

For the Consumer

Applies to fluoxetine: oral capsule, oral capsule delayed release, oral solution, oral syrup, oral tablet

In addition to its needed effects, some unwanted effects may be caused by fluoxetine. In the event that any of these side effects do occur, they may require medical attention.

You should check with your doctor immediately if any of these side effects occur when taking fluoxetine:

More common

- Hives, itching, or skin rash
- inability to sit still
- restlessness

Less common

- Chills or fever
- joint or muscle pain

Rare

- Anxiety
- cold sweats
- confusion
- convulsions (seizures)
- cool pale skin
- diarrhea
- difficulty with concentration
- drowsiness
- dryness of the mouth
- excessive hunger

- fast or irregular heartbeat
- headache
- increased sweating
- increased thirst
- lack of energy
- mood or behavior changes
- overactive reflexes
- purple or red spots on the skin
- racing heartbeat
- shakiness or unsteady walk
- shivering or shaking
- talking, feeling, and acting with excitement and activity you cannot control
- trouble with breathing
- unusual or incomplete body or facial movements
- unusual tiredness or weakness

Incidence not known

- Abdominal or stomach pain
- agitation
- back or leg pains
- bleeding gums
- blindness
- blistering, peeling, or loosening of the skin
- bloating
- blood in the urine or stools
- bloody, black or tarry stools
- blue-yellow color blindness
- blurred vision
- chest pain or discomfort
- clay-colored stools
- constipation
- continuing vomiting
- cough or dry cough
- dark urine

- decreased urine output
- decreased vision
- depression
- difficulty with breathing
- difficulty with swallowing
- dizziness or lightheadedness
- eye pain
- fainting
- fast, pounding, or irregular heartbeat or pulse
- general body swelling
- high fever
- hives, itching, puffiness or swelling of the eyelids or around the eyes, face, lips, or tongue
- hostility
- indigestion
- irregular or slow heart rate
- irritability
- large, hive-like swelling on the face, eyelids, lips, tongue, throat, hands, legs, feet, or sex organs
- light-colored stools
- loss of appetite
- loss of bladder control
- muscle twitching
- nausea
- nightmares
- no blood pressure or pulse
- noisy breathing
- nosebleeds
- pain in the ankles or knees
- painful, red lumps under the skin, mostly on the legs
- pains in the stomach, side, or abdomen, possibly radiating to the back
- pinpoint red spots on the skin
- rapid weight gain
- red or irritated eyes
- red skin lesions, often with a purple center
- redness, tenderness, itching, burning, or peeling of the skin

- severe muscle stiffness
- severe sleepiness
- slurred speech
- sore throat
- sores, ulcers, or white spots on the lips or in the mouth
- stopping of heart
- sudden shortness of breath or troubled breathing
- sudden weakness in the arms or legs
- sudden, severe chest pain
- swelling of the face, ankles, or hands
- swollen or painful glands
- thoughts of killing oneself
- tightness in the chest
- tiredness
- twitching, twisting, or uncontrolled repetitive movements of the tongue, lips, face, arms, or legs
- unconsciousness
- unpleasant breath odor
- unusual bleeding or bruising
- unusual drowsiness, dullness, tiredness, weakness, or feeling of sluggishness
- unusually pale skin
- use of extreme physical or emotional force
- vomiting of blood
- yellow eyes or skin

Some of the side effects that can occur with fluoxetine may not need medical attention. As your body adjusts to the medicine during treatment these side effects may go away. Your health care professional may also be able to tell you about ways to reduce or prevent some of these side effects. If any of the following side effects continue, are bothersome or if you have any questions about them, check with your health care professional:

More common

- Decreased appetite

Less common or rare

- Abnormal dreams

- breast enlargement or pain
- change in sense of taste
- changes in vision
- feeling of warmth or heat
- flushing or redness of the skin, especially on face and neck
- frequent urination
- hair loss
- increased appetite
- increased sensitivity of the skin to sunlight
- menstrual pain
- stomach cramps, gas, or pain
- unusual secretion of milk, in females
- weight loss
- yawning

Incidence not known

- Cracks in the skin
- loss of heat from the body
- painful or prolonged erections of the penis
- scaly skin
- swelling of the breasts or breast soreness in both females and males
- unusual milk production

For Healthcare Professionals

Applies to fluoxetine: compounding powder, oral capsule, oral delayed release capsule, oral solution, oral tablet

General

The most common side effects that have been associated with the discontinuation of placebo-controlled clinical trials were anxiety, nervousness, nausea, rash, pruritus, insomnia, asthenia, and headache.

The side effect profile appears generally similar between adults, children, and adolescents. Treatment-emergent side effects reported in pediatric patients that were reported at an incidence of at least 2% or more for fluoxetine and greater than placebo included thirst, hyperkinesia, agitation, personality

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Risperidone Side Effects

It is possible that some side effects of risperidone may not have been reported. These can be reported to the FDA **here**. Always consult a healthcare professional for medical advice.

For the Consumer

Applies to risperidone: oral solution, oral tablet, oral tablet disintegrating

Other dosage forms:

- **intramuscular powder for suspension extended release**

As well as its needed effects, risperidone may cause unwanted side effects that require medical attention.

If any of the following side effects occur while taking risperidone, check with your doctor immediately:

More common

- Aggressive behavior
- agitation
- anxiety
- changes in vision, including blurred vision
- difficulty concentrating
- difficulty speaking or swallowing
- inability to move the eyes
- increase in amount of urine
- loss of balance control
- mask-like face
- memory problems
- muscle spasms of the face, neck, and back
- problems with urination
- restlessness or need to keep moving (severe)
- shuffling walk

- skin rash or itching
- stiffness or weakness of the arms or legs
- tic-like or twitching movements
- trembling and shaking of the fingers and hands
- trouble sleeping
- twisting body movements

Less common

- Back pain
- chest pain
- speech or vision problems
- sudden weakness or numbness in the face, arms, or legs

Rare

- Confusion
- dizziness
- drowsiness
- extreme thirst
- fast, shallow breathing
- fast, weak heartbeat
- headache
- increased thirst
- lip smacking or puckering
- loss of appetite
- muscle cramps
- pale, clammy skin
- poor coordination
- prolonged, painful, inappropriate erection of the penis
- puffing of the cheeks
- rapid or worm-like movements of the tongue
- shivering
- talking, feeling, and acting with excitement and activity that cannot be controlled
- uncontrolled chewing movements
- uncontrolled twisting movements of neck, trunk, arms, or legs
- unusual bleeding or bruising

- increase in body movements
- increased watering of the mouth
- joint pain
- loss in sexual ability, desire, drive, or performance
- loss of voice
- oily skin
- pain or tenderness around the eyes and cheekbones
- shortness of breath or troubled breathing
- sneezing
- stomach pain
- stopping of menstrual bleeding
- tightness of the chest or wheezing
- toothache
- unusual breast milk production
- vomiting
- weight loss

For Healthcare Professionals

Applies to risperidone: intramuscular powder for injection extended release, oral solution, oral tablet, oral tablet disintegrating

Nervous system

Very common (10% or more): Sedation (up to 63%), parkinsonism (up to 28%), akathisia (up to 10%), dizziness, (up to 14%), tremor (up to 11%), drooling (up to 12%), headache (up to 12%)
Common (1% to 10%): Dystonia, dyskinesia, gait disturbance
Uncommon (0.1% to 1%): Syncope
Rare (less than 0.1%): Tardive dyskinesia, cerebral ischemia, unresponsive to stimuli, depressed or loss of consciousness, psychomotor hyperactivity, balance disorder, abnormal coordination, attention disturbance
Very rare (less than 0.01%): Neuroleptic malignant syndrome, cerebrovascular disorder, head titubation
Frequency not reported: Vertigo, dysarthria, movement disorder, cerebrovascular accident, speech disorder, hypoesthesia, convulsion, paresthesia
Postmarketing reports: Dysgeusia

Parkinsonism includes extrapyramidal disorder, musculoskeletal stiffness, parkinsonism, cogwheel rigidity, akinesia, bradykinesia, hypokinesia, masked facies, muscle rigidity, and Parkinson's disease.

Akathisia includes akathisia and restlessness. Dystonia includes muscle spasms, involuntary muscle contractions, muscle contracture, oculogyration, tongue paralysis. Tremor includes parkinsonian rest tremor.

In randomized placebo-controlled trials in elderly patients with dementia-related psychosis, cerebrovascular adverse events occurred more frequently in patients treated with atypical antipsychotics than those receiving placebo. Pooled data from 6 trials mainly in elderly patients older than 65 years showed that cerebrovascular events occurred in 3.3% (33 of 1009) of patients treated with risperidone compared with 1.2% (8 of 712) of placebo-treated patients. The mechanism for this risk is unknown. The risk for a cerebrovascular event was significantly higher in patients with mixed or vascular type dementia compared with Alzheimer's dementia.

Cardiovascular

Common (1% to 10%): Tachycardia, palpitations, orthostatic hypotension, hypotension hypertension, peripheral edema, chest pain
Uncommon (0.1% to 1%): ECG QT prolonged, bundle branch block right, flushing
Frequency not reported: bradycardia, atrioventricular block, bundle branch block left, abnormal ECG
Postmarketing reports: Atrial fibrillation, deep vein thrombosis, cardiopulmonary arrest

Collective data gathered from 17 placebo-controlled clinical studies (n=5106) involving the use of atypical antipsychotic agents, including risperidone, for the treatment of behavioral disorders in the elderly patient with dementia showed a risk of death 1.6 to 1.7 times greater in the drug- treated patient than in the placebo- treated patient. The average length of duration for the trials was 10 weeks with the cause of death in the majority of cases, though not all, reported as either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature. Similar results (i.e., increased risk of mortality with atypical antipsychotics) were reported in another meta-analysis involving elderly dementia patients that consisted of 15 randomized, placebo-controlled trials (n=3353) of 10 to 12 weeks in duration. Risperidone is not approved by the FDA for use in the treatment of behavioral disorders in elderly patients with dementia. However, in contrast, the results of another meta-analysis of 6 randomized, double-blind, placebo-controlled, clinical trials (n=1721) found a nonsignificant increase in overall mortality in elderly dementia patients treated with risperidone.

The results of a large retrospective cohort study appear to indicate that atypical antipsychotic agents (i.e., risperidone, olanzapine, clozapine, quetiapine) increase the risk of venous thromboembolism in elderly patients; however, these events seem to be rare.

Based on data from four placebo controlled trials conducted in elderly patients (n=1230), cerebrovascular adverse events (e.g., stroke, transient is...

reported in elderly patients with dementia- related psychosis. In placebo controlled trials, there was a significantly higher incidence of cerebrovascular adverse events in patients treated with risperidone compared to patients treated with placebo. Risperidone has not been shown to be safe or effective in the treatment of patients with dementia- related psychosis. Additional information on these and other clinical trials conducted in elderly patients can be obtained by calling 1-800- JANSSEN (800-526-7736). However, the association between the use of atypical antipsychotics (i.e., risperidone, olanzapine) and the risk of cerebrovascular events appears to be somewhat controversial. The results of a case-control study found no increased risk of cerebrovascular events in elderly patients treated with atypical antipsychotics.

Endocrine

Common (1% to 10%): Hyperprolactinemia
Uncommon (0.1% to 1%): Gynecomastia, galactorrhea, breast pain, breast discomfort
Rare (less than 0.1%): Inappropriate antidiuretic hormone secretion, breast enlargement, breast discharge, breast engorgement
Postmarketing reports: Precocious puberty

Risperidone is associated with higher levels of prolactin elevation than other antipsychotic drugs. Hyperprolactinemia may suppress hypothalamic gonadotropin-releasing hormone (GnRH) resulting in reduced pituitary gonadotropin secretion and in turn inhibit reproductive function by impairing gonadal steroidogenesis. Galactorrhea, amenorrhea, gynecomastia, and impotence have been reported in patients receiving prolactin-elevating compounds.

Genitourinary

Risperidone is associated with higher levels of prolactin elevation than other antipsychotic drugs. Hyperprolactinemia may suppress hypothalamic gonadotropin-releasing hormone (GnRH) resulting in reduced pituitary gonadotropin secretion and in turn inhibit reproductive function by impairing gonadal steroidogenesis. Galactorrhea, amenorrhea, gynecomastia, and impotence have been reported in patients receiving prolactin-elevating compounds.

Very common (10% or more): Enuresis (16%)
Common (1% to 10%): Urinary incontinence, urinary tract infection
Uncommon (0.1% to 1%): Amenorrhea, urinary retention, dysuria, pollakiuria, erectile dysfunction, ejaculation disorder, menstrual disorder, sexual dysfunction, vaginal discharge, cystitis
Rare (less than 0.1%): Delayed menstruation,
Frequency not reported: Retrograde ejaculation, ejaculation failure, libido decreased, anorgasmia
Postmarketing reports: Priapism, urinary retention

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Lithium Side Effects

Not all side effects for lithium may be reported. You should always consult a doctor or healthcare professional for medical advice. Side effects can be reported to the FDA **here**.

For the Consumer

Applies to lithium: oral capsule, oral solution, oral syrup, oral tablet, oral tablet extended release

In addition to its needed effects, some unwanted effects may be caused by lithium. In the event that any of these side effects do occur, they may require medical attention.

You should check with your doctor immediately if any of these side effects occur when taking lithium:

Less common

- Confusion, poor memory, or lack of awareness
- fainting
- fast or slow heartbeat
- frequent urination
- increased thirst
- irregular pulse
- stiffness of the arms or legs
- troubled breathing (especially during hard work or exercise)
- unusual tiredness or weakness
- weight gain

Rare

- Blue color and pain in the fingers and toes
- coldness of the arms and legs
- dizziness
- eye pain
- headache
- noise in the ears

- vision problems

Incidence not known

- Dry, rough skin
- fast, irregular, pounding, or racing heartbeat or pulse
- hair loss
- hoarseness
- lightheadedness
- mental depression
- sensitivity to cold
- shortness of breath
- swelling of the feet or lower legs
- swelling of the neck
- unusual excitement

If any of the following symptoms of overdose occur while taking lithium, get emergency help immediately:

Symptoms of overdose

- Blurred vision
- clumsiness or unsteadiness
- convulsions (seizures)
- diarrhea
- drowsiness
- increase in the amount of urine
- lack of coordination
- loss of appetite
- muscle weakness
- nausea or vomiting
- ringing in the ears
- slurred speech
- trembling (severe)

Some of the side effects that can occur with lithium may not need medical attention. As your body adjusts to the medicine during treatment these side effects may go away. Your health care professional may also be able to tell you about ways to prevent some of these side effects. If any of the

following side effects continue, are bothersome or if you have any questions about them, check with your health care professional:

Less common

- Acne or skin rash
- bloated feeling or pressure in the stomach
- muscle twitching (slight)

For Healthcare Professionals

Applies to lithium: compounding powder, oral capsule, oral syrup, oral tablet, oral tablet extended release

Nervous system

The hand tremor associated with lithium therapy is usually a fine rapid intentional tremor. Coarsening of the tremor or occurrence of tremor in a new part of the body may suggest lithium toxicity.

A wide variety of other nervous system effects have been reported and include ataxia, dysarthria, hyperreflexia, other movement disorders, EEG changes, blackouts, stupor, coma, central incontinence, sleep disturbances, dizziness, vertigo, pseudotumor cerebri, seizures, and worsening of organic brain syndrome.

One study (n=34) has concluded that chronic maintenance treatment with lithium affects the peripheral nerves even if the impairment rarely leads to discontinuation of therapy. This study suggests that monitoring of electroneuronographic results could be useful for the early detection of neurotoxicity of lithium.[Ref]

Nervous system side effects most commonly have included nervous system effects include tremor, lethargy, lassitude, and muscle weakness. Headache, decreased concentration and confusion also have been reported less frequently. Most of these effects resolve during continuing therapy.[Ref]

Gastrointestinal

Taking lithium with meals or dividing doses may ameliorate some of the gastrointestinal effects of lithium.[Ref]

Gastrointestinal side effects including nausea, vomiting, diarrhea, anorexia, abdominal pain, and dry mouth have been reported frequently.[Ref]

6.3.3 The extent to which the condition or treatments cause severe suffering, such as severe or chronic pain or severe nausea or vomiting, or otherwise severely impair the patient's ability to carry on activities of daily living

Statements from parents, family members and caregivers of individuals with autistic aggressive and/or self-injurious behaviors experience in their lives impairing and disrupting them from daily living activities.

Parent/Family Comments

"Is it a crisis if your son has just attacked your tiny Thai au pair, even if he hits you or his father or his teacher or his aides every day? What if you're afraid that your son's aggression toward the au pair represents an expansion of his range of potential targets, so that now you won't only have to anticipate J. coming after the adults in charge, but also strangers in Costco, or neighbors over for dinner? What if this isn't an isolated incident, because J. also recently hit one of his sisters ..."

"Desparate to keep J. from attacking his grandfather, who was driving, A. tried to restrain him. He ended up snapping J.'s arm....How much longer can we do this?"*

*Amy Lutz, "Each Day I Like It Better", (Vanderbilt University Press, Nashville, Tennessee, 2014), pages 1, 3,

"Don't put your child in over his or her head," warns author Riley-Hall, who is also an English teacher at an inclusive high school in upstate New York. "I have parents I talk to who say, 'Well, everyone is going to Six Flags for the day," and I'm like, 'Well, you might not be able to do that.' If you know it's a situation where it's going to be really long or really difficult, you're just sort of setting them up. You have to accept that there are limitations that come with having a child with autism."

Beth Arky

Writer
Child Mind Institute

When Liane Kupferberg Carter's son Mickey began "escaping," as she calls it, around age 2, "he was greased lightning," she says. "I couldn't take my eyes off him for an instant or he'd disappear—in malls, supermarkets, or in any public space."

As her son got older, things weren't any better at home. "He figured out how to unlock the front door and take off, so we had to install an extra deadbolt lock," says Carter, a Westchester County-based journalist and advocate. "We put it out of reach—or what we thought was out of reach—all the way up at the top of the door. Then he figured out he could stand on a chair to reach the lock, so we also installed a loud chime to alert us any time the door opened."

Back then, Carter had no idea that Mickey, now 19 and diagnosed with an autism spectrum disorder (ASD), was demonstrating a behavior common among those on the spectrum, who have an impaired sense of danger. Called wandering or elopement—aka bolting—it is terrifying to parents and other caregivers at best, tragic at worst. Spurred by the increasingly frequent stories of lost children being found dead, often drowned in ponds and creeks close to their homes, the autism community has made wandering an urgent priority.

"My adult son has "eloped or escaped" twice from his group home. Thankfully the police located him both times. This could be self-injurious to him since he has PICA and could eat any non-edible object while he was wandering. This in turn could cause a bowel obstruction and surgery" per [redacted], parent and guardian.

Nightmares
Sponsor News
Tics & Toxins Series

Lost & Afraid: Where To Turn When Autism Turns Violent

Editor's Note -- Every so often a reader will comment on a story we've published some time back, and it's easy for those to disappear without being noticed. So we thought we'd call attention to this new comment to a post we originally ran in 2011, "The Dark Side of Autism -- Violence, Assault, Police Interaction." (You can read that story below the jump.) This new comment, by Lost and Afraid, captures the desperate reality of autism for so many even as we keep hearing about the small proportion with higher functioning lives ... suicide, violence, family stress, profound disability. What fun. -- Dan Olmsted.

Managing Editor's Note: I extend a personal invitation to autism self advocates to reach out to Lost & Afraid through Age of Autism with their useful insight as to how to prevent the situation from escalating. Please leave a comment with your suggestions as to how to ensure a safe outcome for all. And for families like Lost & Afraid, perhaps the autistic self advocates at ASAN, including their leader Ari Ne'eman who sits on the IACC in DC can assist you. They are always concerned following a tragedy and I'm sure will have concrete resources and personal assistance to help their autistic brethren and sisters. You can reach them at info@autisticadvocacy.org. Thank you.

I have a 16-year-old brother-in-law with severe autism, and he gets very violent on almost a daily basis. I didn't have any experience with autism before him, and my wife and mother-in-law seem to forget this, as now I'm not even allowed to say anything to him when he's doing something wrong. I've been accused of being at fault for his outbursts of violence, and I've been threatened by members of my wife's family with physical violence if they hear about me treating him that way again.

His father took his own life last year, and since then it's gotten worse and worse. Now this kid who can't even communicate that he has to go to the bathroom until he's [redacted] his pants, has this huge emotional trauma to deal with. And since his mother had to go to work to provide for the family, my wife got stuck watching him almost every day, so now I have this violent person in my home at least four or five days a week. I fear for the safety of my one-year-old daughter, who he has already hit once before (and I got blamed for that incident). There are no resources for people in my position. I've tried doing research online about the link between autism and violence, and how to deal with it.

Everything I've found is useless.

Some of the articles sugar-coat the problem by coming out with statistics about how violence is only present in 3% of autistics. Well, that's fantastic for the other 97%, but what am I supposed to do the next time I get head-butted in the chest because I won't let him run out of my apartment before everyone else is ready to go? The rest of the articles I've found are terrifying, like the story of Trudy Steurnagel, who was beaten to death by her autistic son. I don't know what to do.

My wife and mother-in-law think that he'll come out of the autism to a degree, but I don't see it.

They're basing this hope on my sister-in-law coming out of her shell to a degree, but she only has Aspberger's and not full-blown autism. On top of that, in the eight years I've known him I've only ever seen him get worse. It has me wondering what would have to happen before they finally admit he's dangerous.

Does someone have to get seriously injured in one of his attacks? I'm trying not to resent him, but it's becoming

My son, who is 41 years old, is autistic, severely mentally challenged and has PICA, a condition in which he eats non-edible objects. Because of his severe, unpredictable aggressions, he cannot do the following daily life activities.

Many times he cannot go to a restaurant or must leave because of his outbursts.

Holding any job is almost impossible. His behaviors are so disruptive. When working at two different jobs, he ate non-edible objects and almost died each time. Both required bowel obstruction surgeries.

He had aggressions toward job coaches and people working at the job location.

Even going shopping is very dangerous. He can quickly grab something and swallow it.

Traveling any length of time in a car or van is very risky. At any time he will attack passengers or the driver. He has even climbed over the seats to get to the driver.

In my cars are police barricades to protect me when driving with my son in the back seat. Before these were installed, he had pulled my hair out and grabbed my neck forcing my head back while I was driving.

Even attending doctor appointments is dangerous. On several occasions he has scratched the doctors and nurses.

Comments from [redacted] his parent and legal guardian

Caregivers Notes on an Individual with Autism and Aggressive Behaviors

[redacted] had ravioli for lunch. [redacted] paced around the house and kept on yelling at staff saying he can "fight for it". [redacted] also kept on charging at staff trying to scratch and fight staff. [redacted] also had two BM's in the living room floor. Staff cleaned up and showered him each time and dressed him up. [redacted] was assisted with his medicine.*

[redacted] charged at staff on several occasions and tried to scratch staff saying he "can fight for it". [redacted] also kept on opening the refrigerator, trying to grab and eat raw bacon. Staff redirected [redacted]. Staff also gave him space to calm down.*

[redacted] did not go to sleep until 4:00am he was up screaming and trying to scratch the other guys. [redacted] was very hyper his behavior is unpredictable he tends to go into the other guys rooms hollering and trying to attack them.*

[redacted] was hyper and aggressive during the shift. [redacted] kept yelling and charging at staff trying to scratch staff. [redacted] also kept on removing his cloths and trying to open the refrigerator. Staff dressed up [redacted]. Staff kept on redirecting [redacted] and gave him some space to calm down.*

*Therap System https://secure.therapservices.net/ma/logbook/view

6.3.4 The ability of conventional medical therapies other than those that cause suffering to alleviate suffering caused by the condition or treatment

See attached information for other treatments for autism which have not always proven effective.

"When J. was first diagnosed, I spent a lot of time looking for what I referred to as ' J.'s miracle.' Since the first book we read about autism was Karyn Seroussi's account of how her son was virtually cured by a gluten-and casein-free diet, (Unraveling the Mystery of Autism and Pervasive Developmental Disorder, Simon & Schuster,2000). A. and I hoped that diet would be J's miracle as well. After four years of soy pretzels and rice pasta, we realized the diet wasn't helping. Other candidates for J.'s miracle included the melatonin we started giving him when he was four that caused a substantial improvement in his behavior, but only for a few months; the forty hyperbaric oxygen treatments that would have definitely bought us a miracle, if one could be purchased with enough time or money;"*

"Since the age of three M. had been prescribed thirty-eight different medications that spanned the entire pharmacological spectrum: antipsychotices, antidepressants, anticonvulsants, antihypertensives, mood stabilizers, and stimulants. Each seemed to have more bizarre side effects than the last. One gave M. painful erections that lasted an hour or more. Another made it nearly impossible for him to swallow; he lost more than fifteen pounds in a matter of weeks.

Alternative remedies touted by some members of the autism community had been similarly unsuccessful. T. and C. put M. on a gluten-and casein-free diet, infused him with Secretin, and dosed him with probiotics, vitamins, fish oil, and flaxseed oil-none of which helped at all."*

*Amy Lutz, "Each Day I Like It Better", (Vanderbilt University Press, Nashville, Tennessee, 2014),

Pages 7, 24

PARENT RATINGS OF BEHAVIORAL EFFECTS OF BIOMEDICAL INTERVENTIONS

Autism Research Institute • 4182 Adams Avenue • San Diego, CA 92116

The parents of autistic children represent a vast and important reservoir of information on the benefits—and adverse effects—of the large variety of drugs and other interventions that have been tried with their children. Since 1967 the Autism Research Institute has been collecting parent ratings of the usefulness of the many interventions tried on their autistic children.

The following data have been collected from the more than 27,000 parents who have completed our questionnaires designed to collect such information. For the purposes of the present table, the parents responses on a six-point scale have been combined into three categories: "made worse" (ratings 1 and 2), "no effect" (ratings 3 and 4), and "made better" (ratings 5 and 6). The "Better:Worse" column gives the number of children who "Got Better" for each one who "Got Worse."

DRUGS	Parent Ratings: Got Worse[A]	No Effect	Got Better	Better: Worse	No. of Cases[B]
Actos	19%	60%	21%	1.1:1	140
Aderall	43%	26%	31%	0.7:1	894
Amphetamine	47%	28%	25%	0.5:1	1355
Anafranil	32%	39%	29%	1.1:1	440
Antibiotics	33%	50%	18%	0.5:1	2507
Antifungals[C]					
Diflucan	5%	34%	62%	13:1	1214
Nystatin	5%	43%	52%	11:1	1969
Atarax	26%	53%	21%	0.8:1	543
Benadryl	24%	50%	26%	1.1:1	3230
Beta Blocker	18%	51%	31%	1.7:1	306
Buspar	29%	42%	28%	1.0:1	431
Chloral Hydrate	42%	39%	19%	0.5:1	498
Clonidine	22%	32%	46%	2.1:1	1658
Clozapine	38%	43%	19%	0.5:1	170
Cogentin	20%	53%	27%	1.4:1	198
Cylert	45%	35%	19%	0.4:1	634
Depakene[D]					
Behavior	25%	44%	31%	1.2:1	1146
Seizures	12%	33%	55%	4.6:1	761
esipramine	34%	35%	32%	0.9:1	95
Dilantin[D]					
Behavior	28%	49%	23%	0.8:1	1127
Seizures	16%	37%	47%	3.0:1	454
Fenfluramine	21%	52%	27%	1.3:1	483
Haldol	38%	28%	34%	0.9:1	1222
IVIG	7%	39%	54%	7.6:1	142
Klonapin[D]					
Behavior	31%	40%	29%	0.9:1	270
Seizures	29%	55%	16%	0.6:1	86
Lithium	22%	48%	31%	1.4:1	515
Luvox	31%	37%	32%	1.0:1	251
Mellaril	29%	38%	33%	1.2:1	2108
Mysoline[D]					
Behavior	41%	46%	13%	0.3:1	156
Seizures	21%	55%	24%	1.1:1	85
Naltrexone	18%	49%	33%	1.8:1	350
Low Dose Naltrexone	11%	52%	38%	4.0:1	190
Paxil	34%	32%	35%	1.0:1	471
Phenobarb.[D]					
Behavior	48%	37%	16%	0.3:1	1125
Seizures	18%	44%	38%	2.2:1	543
Prolixin	30%	41%	28%	0.9:1	109
Prozac	33%	32%	35%	1.1:1	1391
Risperidal	21%	26%	54%	2.6:1	1216
Ritalin	45%	26%	29%	0.6:1	4256
Secretin					
Intravenous	7%	50%	43%	6.4:1	597
Transderm.	9%	56%	35%	3.9:1	257
Stelazine	29%	45%	26%	0.9:1	437
Steroids	34%	30%	36%	1.1:1	204
Tegretol[D]					
Behavior	25%	45%	30%	1.2:1	1556
Seizures	14%	33%	53%	3.8:1	872
Thorazine	36%	40%	24%	0.7:1	945
Tofranil	30%	38%	32%	1.1:1	785
Valium	35%	42%	24%	0.7:1	895
Valtrex	8%	42%	50%	6.7:1	238
Zarontin[D]					
Behavior	34%	48%	18%	0.5:1	164
Seizures	20%	55%	25%	1.2:1	125
Zoloft	35%	33%	31%	0.9:1	579

BIOMEDICAL/ NON-DRUG/ SUPPLEMENTS	Parent Ratings: Got Worse[A]	No Effect	Got Better	Better: Worse	No. of Cases[B]
Calcium[E]	3%	60%	36%	11:1	2832
Cod Liver Oil	4%	41%	55%	14:1	2550
Cod Liver Oil with Bethanecol	11%	53%	36%	3.4:1	203
Colostrum	6%	56%	38%	6.8:1	851
Detox. (Chelation)[C]	3%	23%	74%	24:1	1382
Digestive Enzymes	3%	35%	62%	19:1	2350
DMG	8%	50%	42%	5.3:1	6363
Fatty Acids	2%	39%	59%	31:1	1680
5 HTP	11%	42%	47%	4.2:1	644
Folic Acid	5%	50%	45%	10:1	2505
Food Allergy Trtmnt	2%	31%	67%	27:1	1294
Hyperbaric Oxygen Therapy	5%	30%	65%	12:1	219
Magnesium	6%	65%	29%	4.6:1	301
Melatonin	8%	26%	66%	8.3:1	1687
Methyl B12 (nasal)	10%	45%	44%	4.2:1	240
Methyl B12 (subcut.)	6%	22%	72%	12:1	899
MT Promoter	8%	47%	44%	5.5:1	99
P5P (Vit. B6)	11%	40%	48%	4.3:1	920
Pepcid	11%	57%	32%	2.9:1	220
SAMe	16%	62%	23%	1.4:1	244
St. Johns Wort	19%	64%	18%	0.9:1	217
TMG	16%	43%	41%	2.6:1	1132
Transfer Factor	8%	47%	45%	5.9:1	274
Vitamin A	3%	54%	44%	16:1	1535
Vitamin B3	4%	51%	45%	10:1	1192
Vit. B6/Mag.	4%	46%	49%	11:1	7256
Vitamin C	2%	52%	46%	20:1	3077
Zinc	2%	44%	54%	24:1	2738
SPECIAL DIETS					
Candida Diet	3%	39%	58%	21:1	1141
Feingold Diet	2%	40%	58%	26:1	1041
Gluten- /Casein-Free Diet	3%	28%	69%	24:1	3593
Low Oxalate Diet	7%	43%	50%	6.8:1	164
Removed Chocolate	2%	46%	52%	28:1	2264
Removed Eggs	2%	53%	45%	20:1	1658
Removed Milk Products/Dairy	2%	44%	55%	32:1	6950
Removed Sugar	2%	46%	52%	27:1	4589
Removed Wheat	2%	43%	55%	30:1	4340
Rotation Diet	2%	43%	55%	23:1	1097
Specific Carbo-hydrate Diet	7%	22%	71%	10:1	537

A. "Worse" refers only to worse behavior. Drugs, but not nutrients, typically also cause physical problems if used long-term.
B. No. of cases is cumulative over several decades, so does not reflect current usage levels (e.g., Haldol is now seldom used).
C. Antifungal drugs and chelation are used selectively, where evidence indicates they are needed.
D. Seizure drugs: top line behavior effects, bottom line effects on seizures
E. Calcium effects are not due to dairy-free diet; statistics are similar for milk drinkers and non-milk drinkers.

Gluten-Free/Casein-Free Diets for Autism

Autism spectrum disorders (ASD) are developmental disorders that affect children by disrupting their ability to communicate and interact socially. To reduce a child's symptoms of autism, parents often try alternative treatments such as specialized diets. Lately, the gluten-free/casein-free diet has grown in popularity. Some parents report improvements in autism symptoms with this dietary regimen.

Little research has been done, though, on the gluten-free/casein-free diet for autism. Consequently, many parents wonder whether this diet really does, in fact, make a difference in the symptoms of children with autism. Some also believe that children with autism restrict their own intake, because they prefer bland food like white bread. Thus the question becomes "Chicken or egg." Is the gluten causing the autism, or, more likely, is the autism limiting the child's variety of food intake?

What is a gluten-free/casein-free diet for autism?

A gluten-free/casein-free diet is also known as the GFCF diet. It is one of several alternative treatments for children with autism. When following this strict elimination diet, all foods containing gluten (found in wheat, barley and rye) and casein (found in milk and dairy products) are removed from the child's daily food intake.*

Vitamin B12 for the Treatment of Autism

- **What are the side effects of B12 injections?**
  - I always tell my patients that the main side effect of increased energy is increased energy. It is for this reason that:
    - The patient needs to have yeast and intestinal flora under control first and
    - Aggressive and other disruptive behaviors may become more pronounced when therapy is begun. I have had more than a few parents who felt that the "shots didn't work" because that was their ONLY autism therapy.
  - A common clinical observation has been that, as the child gains core strength and increased sensation in the oral-motor pathways, oral stims sometimes become more frequent (and alarm the parent that the child is 'regressing').
  - Liver, kidney and allergic reactions have been reported with other forms (NOT methylcobalamin) of B12. Because of the low toxicity of vitamin B12, no tolerable upper intake level was set by the Food and Nutrition Board in 1998 when the RDA was revised.
  - There is a certain type of anemia associated with too much B12, and so clearly, a physician should be ordering the medication, and should follow the patient closely for any problems.
  - Some antibiotics may not be absorbed as well when taking B12 externally.**

*www.webmd.com/brain/autism/glute-freecasein-free-diet

** www.theautismdoctor.com/vitamin-b12

Hyperbaric Oxygen Therapy: Don't Be Misled

No, hyperbaric oxygen therapy (HBOT) has not been clinically proven to cure or be effective in the treatment of cancer, autism, or diabetes. But do a quick search on the Internet, and you'll see all kinds of claims for these and other diseases for which the device has not been cleared or approved by FDA.

HBOT involves breathing oxygen in a pressurized chamber. The Food and Drug Administration (FDA) has cleared hyperbaric chambers for certain medical uses, such as treating decompression sickness suffered by divers.

HBOT has not, however, been proven to be the kind of universal treatment it has been touted to be on some Internet sites. FDA is concerned that some claims made by treatment centers using HBOT may give consumers a wrong impression that could ultimately endanger their health.

"Patients may incorrectly believe that these devices have been proven safe and effective for uses not cleared by FDA, which may cause them to delay or forgo proven medical therapies," says Nayan Patel, a biomedical engineer in FDA's Anesthesiology Devices Branch. "In doing so, they may experience a lack of improvement and/or worsening of their existing condition(s)."*

- www.fda.gov/ForConsumers/ComsumerUpdates

Is chelation therapy an effective autism treatment?

Answers from Jay L. Hoecker, M.D.

Chelation therapy is not an effective autism treatment, and it may be dangerous.

Some doctors and parents have considered chelation therapy as a potential autism treatment. Proponents believe that autism is caused by mercury exposure, such as from childhood vaccines. Chelation therapy supposedly removes mercury from the body, which chelation supporters say cures autism — but there's no evidence of a link between mercury exposure and autism. In addition, chelation therapy can be associated with serious side effects, including potentially deadly liver and kidney damage.

There's no cure for autism — now called autism spectrum disorder in the newest Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association. As a result, many unproven alternative therapies are often suggested. However, these alternative therapies are usually found to be ineffective and sometimes harmful.*

- www.mayoclinic.org/diseases-conditions/autism-spectrum

6.3.5 The extent to which evidence that is generally accepted among the medical community and other experts supports a finding that the use of marijuana alleviates suffering caused by the condition or treatment

Articles supporting the use of medical marijuana:

Cannabis and Autism – A Partnership for the Better?

Unlike cancer or HIV, Autism isn't a specific disease, but a spectrum of mental health disorders that, depending on who you ask, may include conditions as common as ADHD or as difficult to identify as Asperger's Syndrome. To date, much of the information about the use of medical marijuana to treat autism spectrum disorders is anecdotal. Parents of afflicted children say that using cannabis helps the symptoms - calming anxiety, easing tensed muscles, etc.

Earlier this year, however, the American biotech company Cannabis Science, Inc., which develops pharmaceutical cannabis products announced a partnership with an organization called UF4A - the Unconventional Foundation for Autism. The goal is for Cannabis Science to help the Foundation build on its success with the proprietary cannabinoid treatment formulae it's already using.

According to representatives of UF4A, eleven autistic children, so far, have had positive results from pharmaceutical cannabis treatments, but there is concern that such children may become addicted to marijuana as they grow older, or abuse it later in life. As such treatment is also very new it's too soon to determine any long-term effects, positive or negative.

In a press release announcing the partnership with Cannabis Science, Mieko Hester Perez, the founder and executive director of UF4A said, "We believe that this new partnership with Cannabis Science will give us additional push and resources required to advance our Autism research. To date, we have already partnered with the University of California Irvine Medical Center to oversee our cannabis-based Autism research. Included in this group of advisors is the Dean of Medicine at UCI, and child psychiatrist Dr. Rebecca Hedrick M.D. Dr. Melamede of Cannabis Science will be an outstanding addition to the Board of the Foundation. His extensive knowledge of cannabinoid science should prove invaluable in our mission."

The bottom line here is that the effects of medical marijuana on autism spectrum disorders are being studied, and some children with such conditions have shown improvement. Time will tell whether or not those improvements continue.

www.cannabissearch.com/medical-benefits/autism

Autism, ADD, ADHD and Marijuana Therapy

May 5, 2008 - Salem-News.com

By Dr. Phil Leveque

(MOLALLA, Ore.) - It has been known for at least 2,000 years that Marijuana/Cannabis is a psychotropic that affects the brain and central nervous system. The first western references seem to be that it was a euphoric, in other words a central nervous system stimulant not like cocaine or amphetamines but a gentler pleasant stimulant.

Dr. W.B. O'Shaunessy found it to be an anti-convulsant against Tetanus, which may seem to cloud the issue. It is also a good anti-epileptic and centrally acting analgesic even effective for migraines as well as an anti-depressant and anxiolytic.

Dr. Tod Mikuriya has written that it promotes homeostasis or normalization of function in many various systems of the body and also modulates or moderates emotional hyperactivity such as Post Traumatic Stress Disorder, often known simply as PTSD.

I had heard or read about California marijuana doctors reporting that it was effective for the treatment of ADD and autism. These were single or isolated reports because physicians seemed to be reluctant to even talk about what the U.S. government constantly bleats about a "dangerous addicting drug", marijuana.

Dr. Mikuriya reported in 2006 in O'Shaunessy marijuana magazine that a 15-year old child was brought to him by his mother. He had been diagnosed with ADD and psychoses and had been given over 30 different kinds of drugs including pulverized kitchen sink, most of which made him combative and worse. He had used marijuana at age 11 with older friends.

It had a calming effect but his use brought police action and three court ordered rehabs which really drove him crazy. His mother found Dr. Mikuriya who prescribed Marinol which worked. A judge would not let him use it, but a second judge did allow it and he got a marijuana permit and smoked it with dramatic improved results.

I decided a search of the Internet was advisable and I typed up marijuana autism with the surprising finding that the Autism Research Institute posted an article by Bernard Rinland Ph.D. Medical Marijuana: a valuable treatment for autism in 2003. The site discussed a letter from a mother of a violently autistic child. A friend suggested a marijuana brownie cookie which in the words of the mother "saved my child's life and my family's life."

The article continues to state that many parents in the same situation have reported marked success.

A second article from the American Alliance for Medical Cannabis (AAMC) in 2002 written by Jay R. Cavanaugh Ph.D. titled Medical Cannabis and Brain Disorders reported effective use as follows: Bipolar disease (81 patients or 20%)ADHD/ADD (53 patients or 13%)Multiple Sclerosis (32 patients or 8%)and neuropathy (35 patients or 9%).

Other interesting findings were PTSD (30 patients at 7%) and obsessive compulsive disorder (2.4 or 6%). They also reported successful treatment of Tourettes, Parkinson's, and Autism (10 patients or 2%)

It is time we got our medical dinosaurs M.D.S. out of the closet and educated to the marvelous benefits of this safe effective NEW-OLD medicine.

Phillip Leveque has spent his life as a Combat Infantryman, Physician, Toxicologist and Pharmacologist. He is an expert in medical marijuana treatment.

Autism-cannabis-marijuana threapy

Autism Spectrum Disorder (ASD) is a developmental disorder that appears within the first 3 years of life. ASD most commonly affects communication and social skills. The cause of the disorder is not known but is linked to abnormal brain chemistry. Research into the source of ASD is very active though medications have only been developed to deal with the behavioral consequences of the disorder, not the disorder itself.

Males are 3-4 time more likely to have autism. Recently diagnosis of autism has increased, but scientists suggest this is likely due to new definitions that include a wider range of disorders including Asperger Syndrome, Rett Syndrome, and Child disintegrative disorder where a child looses all learned skills by the age of 10. [pub med]

Diagnosis often occurs in the first 18th months of life when parents notice their child having difficulty with verbal and non-verbal communication as well as with social interactions. No reaction to startling noises, aversion to physical touch, fixation, repetition, and an inability to play imaginatively are other signs that a child may have ASD.

Autism has varying degrees of severity, but the understandable frustration and isolation people with autism experience often results in intense tantrums that may become violent be it self-inflicted or directed at others. Those with autism are considered 'moody' and disruptions in routine or environment often trigger wide mood swings.

With small children such tantrums are more manageable, but become a much bigger issue as children grow into adults without normal social or communication skills. Pharmaceuticals are often prescribed to ameliorate the aggression, anxiety, compulsions, and attention problems associated with ASD, but there is considerable anecdotal evidence indicating that cannabis is very effective in providing the same benefit without the risky side effects of pharmaceuticals.

In 2000 researchers at the University of California at Irvine discovered that the way marijuana interacts with the brain could be used to treat Parkinson's Disease, schizophrenia, and autism.

Cannabinoids in cannabis interact with the body's endocannabinoid system (literally inner-cannabinoid) and act not only to regulate emotion and focus but also serve as a neuroprotective preventing the further degradation of brain cells.

Tempering an autistic person's mood consistently is achieved with an oral dose of cannabis that can be adjusted according to need. Unlike pharmaceutical alternatives, cannabis has no lethal dose making it safe for self-medicating and easing the worries of caretakers.

Here is a quote from one father's experience with using cannabis the first time for an autistic child.

Sam had been having another horrible day before the dose. After 30 minutes we could see the MC [medical cannabis] was beginning to have an effect. Sam's eyes got a little red and got a bit droopy. His behavior became relaxed and far less anxious than he had been at the time we gave him the MC. He started laughing for the first time in weeks. My wife and I were astonished with the effect. It was as if all the anxiety, rage and hostility that had been

haunting him melted away. That afternoon and evening his behavior was steady and calm. He started talking to us and interacting with us again. Sam's was physically more relaxed and began initiating physical contact with the motivation being affection instead of aggression. It was amazing! He went to sleep that night with no problem and slept through the night.

With such stories it is clear that cannabis has great potential as a tool in the treatment of autism, but until the federal government allows research, anecdotal evidence is the only evidence that we will have.

Marijana May Be Used To Treat Autism

Recent studies indicate that compounds found in marijuana may be used to successfully treat autism.

Researchers at Stanford University say that the debilitating effects of autism are primarily caused by a gene mutation that blocks the body's natural production of cannabinoids, called endocannabinoids, and hinders the way those molecules communicate with the brain.

In the study, researchers found that the mutation of the neurologin-3 gene, which is responsible for creating and sustaining normal communication between brain cells, appears to have a direct correlation to autism -- introducing derivatives of cannabis to the brain could ease symptoms associated with the disease.

Although the exact science revolving around how a disturbance in endocannabinoid signaling contributes to autism symptoms, researchers say there is significant evidence that suggest medical marijuana may be a viable treatment option for this condition.

Researchers from the University of Irvine in California believe the folks at Stanford may be on to something: because they, too, have discovered a link between endocannabinoids and autism.

In a study of mice with fragile X syndrome, it "showed dramatic behavioral improvements in maze tests measuring anxiety and open-space acceptance." And because THC, the active compound in marijuana, stimulates the same receptors as the endocannabinoids, researchers concluded, "increasing natural marijuana-like chemicals in the brain can help correct behavioral issues related to fragile X syndrome, the most common known genetic cause of autism."

A recent article published in the Autism Daily Newscast indicates that many families are already experimenting with marijuana as a treatment for their children's autism -- as an alternative to other drugs with major side effects and questionable results.

Researchers add that while they do not advocate giving medical marijuana to children with autism, they believe their findings will lead to the development of important treatments for this devastating disease

www.hightimes.com/read/marijuana-may-b-used-treat-autism

Autism & Medical Marijuana

Published by Jan

Autism is a brain development disorder characterized by impaired social interaction and communication, and by restricted and repetitive behavior. These signs all begin before a child is three years old. The autism spectrum disorders (ASD) also include related conditions with milder signs and symptoms like Asperger's syndrome. Autism has a strong genetic basis, although the genetics of autism are complex and it is unclear whether ASD is explained more by multi-gene interactions or by rare mutations. In rare cases, autism is strongly associated with agents that cause birth defects. Other proposed causes, such as childhood vaccines, are controversial, and the vaccine hypotheses lack any convincing scientific evidence. The prevalence of ASD is about 6/1,000 people, with about four times as many boys as girls be affected. The number of people known to have autism has increased dramatically since the 1980s, partly due to changes in diagnostic practice; the question of whether actual prevalence has increased is unresolved. Autism affects many parts of the brain; how this occurs is not really understood by the scientific community. Parents usually notice signs in the first two years of their child's life. Although early behavioral or cognitive intervention can help children gain self-care, social, and communication skills, there is no known cure. Few children with autism live independently after reaching adulthood, but some become successful, and an autistic culture has developed, with some seeking a cure and others believing that autism is a condition rather than a disorder.

According to the Autism Research Institute's website, "*some of the symptoms medical marijuana has ameliorated [in autistic children] include: anxiety–even severe anxiety, aggression, panic disorder, generalized rage, tantrums, property destruction and self-injurious behavior.*"

Here's a touching story from a mother (Mieko Hester-Perez at The Unconventional Foundation for Autism) whose experience —"*after trying any number of prescription drugs*" — is pretty sure that marijuana has alleviated — not cured, but " alleviated and improved" — her son's autism.

Anecdotal:

Medical Marijuana helps relieve many symptoms associated with Autism-anxiety, aggression, panic disorders, generalized rage, tantrums, property destruction, and self-injury behavior.

http://medicalmarijana.com/medical-marijuana-treatments/autism

Marijuana madness

Nick Buglione

Mieko Hester-Perez is convinced marijuana saved her child's life.

Just six months ago her son, Joey, a 10-year-old with severe autism, weighed just 46 pounds. He stopped eating after the medications he had been taking to control his behavior took away his appetite, according to the Orange County, Calif., mom.

"You could see the bones in his chest and in his arms and legs," Hester-Perez says. "He had stopped walking and he would bruise very easily."

But it was medical marijuana, an unorthodox treatment for autism that's been the center of debate recently, which got her child eating again and changed his life for the better, she says. It was not a decision she made lightly. "I decided to try medical marijuana truly after I exhausted every other treatment," Hester-Perez says.

About five years ago Joey began exhibiting behaviors typical of children with severe autism—he would hit himself, bang on walls, and throw anything he could get his hands on. "He was very unpredictable," she says, so much so that she shied away from inviting company over or taking Joey to someone else's house. "I could no longer socialize with friends or family due to his behavior."

Hester-Perez tried behavior modification, a gluten-free, casein-free diet, and over 13 different medications with limited success, she says. While some of the medicines managed to reduce Joey's outbursts, the results were fleeting, according to the mother. "The effects of the medication were temporary. It seems like every three weeks we were either changing the doses or changing the medication, which is normal, but that took a toll on his body," she says.

All of the medicines—including Ritalin, Focalin and Risperdal—had serious physical side effects on Joey. Thee were facial ticks, seizures and liver damage, but worst of all, a lack of appetite that left Joey emaciated and weak, his mother says.

As grim as the situation was, it was a light-hearted moment with friends that clued Hester-Perez in on the possible benefits of marijuana. "I was sitting around with friends and it started as a joke," she says. "We were talking about how marijuana users eat, they sit down, they're very calm, and they're pleasant to be around."

Later that night she typed "autism and medical marijuana" into an internet search engine and the name Dr. Bernard Rimland popped up. Rimland is a former director of the Autism Research Institute who wrote about using medical marijuana to treat autism.

"I'm not pro-drug, but I am very much pro-safe and effective treatment, especially in cases when an autistic individual's behaviors are devastating and do not respond to other interventions," Rimland once wrote. "Early evidence suggests that medical marijuana may be an effective treatment for autism, as well as being safer than the drugs that doctors routinely prescribe."

According to the Autism Research Institute, some of the symptoms marijuana has improved in children with autism include anxiety, aggression, panic disorder, tantrums and self-injurious behavior. Though Rimland died in 2006, his ideas continue to draw interest from parents with children on the spectrum.

California is one of 14 states that now allow the use of medical marijuana with a doctor's prescription. After consulting with Joey's pediatrician, Hester-Perez began administering it to her child by baking it into brownies.

The mother says she noticed an improvement immediately. "Joey was mellow," she says. "He wanted to sit in his room and play with his toys. Autistic kids don't want to play with toys. We noticed that he wasn't on edge as much."

For the past seven months Joey has been taking one marijuana brownie—about the size of a 50-cent piece—every two to three days. "The other meds I was giving to Joey he would take three times a day and they were not having the same effect as the medical marijuana," Hester-Perez says.

The improvements continue to be evident, she says, as Joey is now smiling and even attempting to talk—things he never did before. Having appeared on Good Morning America and other media outlets, Hester-Perez is spreading the word about medical marijuana and autism. She has even started her own website, uf4a.org. "There are definitely other parents who are using it but I'm just the only parent that's gone public," she says.

And though she lives in a conservative county in California, the response to her grassroots campaign has been overwhelmingly positive, she says. "The positive feedback has far outweighed the negative feedback," she says. "After I was on Good Morning America, I received over 700 e-mails from parents asking all kinds of questions. I heard from a mother in Texas who had a child with autism die of malnutrition and she said she would have moved to California if she'd known about medical marijuana."

The mother is hoping her crusade will result in the California state legislature including autism as one of the treatable conditions under its medical marijuana law, which passed in 1996. AIDS, cancer, glaucoma, and arthritis are among the illnesses currently included. Although autism is not explicitly mentioned in the bill, doctors can prescribe marijuana for any other illness that it might provide relief.

"The medical community must start acknowledging the benefits of cannabis for our children with these symptoms. Finding a medical marijuana doctor to see a child is difficult – they fear the risk of losing their license," Hester-Perez says. "I called several doctors before I found a doctor for Joey that I thought was morally in line with why we were turning to cannabis. For those who have exhausted all other treatments medical marijuana provides one more option that does not lead to death, liver damage and seizures."

Hester-Perez isn't the only parent who has admitted to giving her child medical marijuana. Marie Myung-Ok Lee, an author and professor at Brown University, has a 9-year-old child with autism who is taking marijuana to treat his behavior. Though the mother declined an interview with Spectrum, she has blogged about the experience online.

In the last year the teachers at her child's school began inquiring about his behavior, even having to wear protective pads because his biting had become so severe, Lee writes. She didn't like the idea of putting her child on Risperdal, as its long term effects have never been studied in children, and became intrigued when a homeopath suggested medicinal marijuana.

"But I was resistant. My late father was an anesthesiologist, and compared with the precise drugs he worked with, I know he would think marijuana to be ridiculously imprecise and unscientific," she writes. "At his school, I was already

the weirdo mom who packed lunches with organic kale and kimchi and wouldn't let him eat any 'fun' foods with artificial dyes. Now, I'd be the mom who shunned the standard operating procedure and gave her kid pot instead."

Lee's doctor put her child on the prescription drug Marinol, a synthetic form of cannabis, and her son showed a marked improvement in behavior, she writes. After he developed a tolerance to the synthetic drug, however, his aggressive behavior returned.

Since her state, Rhode Island, allows medicinal marijuana, Lee filed the paperwork and her doctor consented, making her son the youngest person in the state to be prescribed pot. She says she's seen a steady improvement in his behavior.

Debbie Hosseini, a mother of a 15-year-old with autism, decided in February to start her son on medical marijuana to control his anxiety and rage.

The Carpinteria, Calif., mom says her son Kevin's behavior spiraled out of control when he reached puberty. "He had really withdrawn into himself and at that time he was almost non-verbal, even though he had been very verbal," she says.

Hosseini put her child on traditional medication to reduce his outbursts, but like other parents, she was concerned about the long-term effects they might have. Since starting her son on medical marijuana Hosseini has noticed positive changes.

"Kevin calms down within five minutes of receiving it," Hosseini said. "He is more responsive and verbal, asking more thoughtful questions. He sleeps through the night and doesn't wake up. He has a good appetite. He is less resistant and more manageable and cooperative."

On the downside, the mother says the child is sleepier in the day and requires a nap. She's also noticed he's become more self-centered. "At a Mexican restaurant (recently), he yelled to the waitress twice to bring him chips," she says. "I mean yelled. Everyone was looking at us."

Hosseini says she plans to continue giving Kevin medical marijuana, while closely monitoring his progress.

Though Kansas does not allow the use of medical marijuana, D'Ette Spurgeon, a mother from Topeka, swears her son's recreational use of the drug helped him focus and develop empathy and social skills.

Spurgeon's son, Louis, now 20, was diagnosed with pervasive developmental disorder not otherwise specified when he was 13. He had significant cognitive delays and limited social skills, his mother says. "He was very impulsive and had no understanding of consequences," Spurgeon says. "He never seemed to understand emotions or facial expression. He would answer questions but couldn't just sit down and share ideas of his own or carry on detailed conversations. At 16, his reading level was about third grade and his writing ability was about first or second grade."

After entering high school, Louis fell in with the wrong crowd, his mother says, and began smoking marijuana. Though Spurgeon protested his use at first, she noticed a marked improvement in his behavior while on the drug.

"He was sitting in my living room and he had been smoking and he was watching a documentary on the History Channel on UFOs," she says. "I watched it with him. After the show was over I sat down with him and we talked about

it. It was the first real conversation I ever had with my son. Tears came down my (face). I cried. I had never had a conversation like that with him in my life."

Louis no longer takes the medication he has been on since his childhood to control his behavior. Instead he smokes marijuana once a day. "He has since explained that it slows his mind down without all the side effects of the medicine he was prescribed that never did anything but sedate him," Spurgeon says. "He can now sit still through a movie and understand the story without having to watch it several times. His vocabulary has grown. He still has some tics but not to the degree he had when he was younger. He can handle being touched and will even offer hugs to people he cares for."

Some 150,000 patients have received medical marijuana through Medicann, an Oakland clinic, since Dr. Jean Talleyrand founded it in 2004, including four with autism. "All four patients have had very good results," Talleyrand says. "Because I only have four patients, I'm not quite sure what combination of ingredients are affecting the children."

Read more: http://www.autismsupportnetwork.com/news/autism-treatment-marijuana-madness-8763721#ixzz3Z7nq5xGs

6.3.6 Letters of support from physicians or other licensed health care professionals knowledgeable about the condition or treatment

Christiana Care Neurology Specialists
774 Christiana Rd, Suite 201
Newark, De. 19713
Phone: 302-623-3017
Fax: 302-266-9960

To Whom It May Concern;

I am a practicing Neurologist and have been treating patients with multiple neurologic diseases for over 40 years. Some of my most difficult cases are person suffering from severe autism especially when there is pica and self abusive behavior. When multiple drugs have been tried and failed families become desperate because of a fear that there son or daughter will injure themselves irreparably. I think it would be quite reasonable and appropriate at this time to add autism to the list of diseases that would qualify a patient to try marijuana. Marijuana has already been approved for agitation related to Alzheimer disease. Adding severe autism would seem to be a reasonable and appropriate next step. If questions arise in reference to this issue please feel free to contact me.

Sincerely,

L Edelsohn MD

Lanny Edelsohn, M.D.

Mujib R. Obeidy, M.D.
3519 Silverside Road
Ridgely Building, Suite 102
Wilmington, DE 19810
Phone: 302-478-5900
Fax: 302-478-9123

April 15, 2015

To Whom It May Concern:

I am a psychiatrist and have treated patients with Autism for over 15 years. It is my opinion that individuals having agitation from Autism with aggressive and/or self injurious behaviors could benefit from Medical Marijuana. Several of my patients exhibit extreme aggression to others and often hurt themselves during these episodes.

The antipsychotic medications often prescribed for these individuals can cause serious side effects and some patients do not respond well to them. In addition these antipsychotic drugs may not help alleviate the severe aggressions and self injurious behaviors of the patient.

Self injurious behaviors in Autism can be very harmful. Aggressive behaviors in Autism can be very harmful to others.

Also, individuals with this condition are often unable to obtain the necessary blood work required when taking certain medications due to their extreme aggressive behaviors.

A natural medication approach would be worth trying to help alleviate the agitation and aggressive behaviors.

These individuals deserve a chance to live better lives including going out into the community. Aggressive behaviors can limit their daily living activities.

Kindly accept these comments on behalf of individuals living with this debilitating condition.

Yours Truly,

Mujib R. Obeidy, M.D.

[redacted]

Phone: [redacted]

e-mail: [redacted]

To whom it may concern,

I am a Registered nurse (inactive at this time) in the State of Delaware for over fifty years.

Throughout those years my practice was caring for patients disabled with chronic physical and mental illnesses; my parenting included my 47 year old son disabled with Autism, mental retardation with little communication, disruptive and self-injurious behaviors including, PICA, walk away and OCRS.

At this time, my son resides in a group home setting with 1:1 supervision which monitors his walk-away behavior. The regurgitation, with PICA involving repetitive hand-to mouth rubbing his mouth and face is daily concern. When this behavior increases my son's facial expression

exhibits grimacing and clear expression of discomfort which without speech or communication skill is unable to explain to anyone. As his mother and care giver, I certainly want to do something to relieve his pain and improve his quality of life.

I think I have reason to request that my son with Autism and the accompanying behaviors he has endured so many years to qualify as a patient to try medical dosage of marijuana for possible relief of his anxiety, agitation, PICA, pain control of symptoms associated with GERD, as well as his other life-threatening behaviors.

Respectfully submitted,

[redacted], mother/guardian
for [redacted]

[redacted]

On A Personal Note

Why I Am Submitting this Petition

Agitation of Alzheimer's disease is currently an accepted category for Medical Marijuana in Delaware. Agitation from Autism has some similar aspects. Individuals suffering from either of these debilitating conditions often do not know what they are doing and both can become combative, hurting themselves and others.

I have a 41 year old, autistic, severely mentally challenged son (IQ of about a 3 year old). He also has obsessive/compulsive disorder, hyperactivity and PICA. PICA is a condition in which he eats non-edible objects. For example, he has eaten nails, large paper clip, a pork chop bone and even some of his plastic mattress cover. As a result of some of the things he has eaten, he had three life threatening bowel obstruction surgeries. He was hospitalized at least one month for each of the surgeries. He cannot ask for help or say when he hurts.

Besides all of these debilitating conditions, he gets very aggressive. He has punched, kicked, pulled hair out or scratched almost all the staff at his group home and myself. I am afraid of him when he is violent, even locking myself in a room to prevent being hurt.

In his lifetime, we have tried over 20 different medicines, many with severe side effects. When he was younger, we tried behavior techniques, vitamins and special diets. Nothing has worked for any length of time. Most do not work at all. He exhibits very aggressive behaviors as he goes off and on new medications.

In researching about Medical Marijuana and Autism and speaking with the family doctor, I learned about a synthetic marijuana capsule. We are currently trying this. However, medical insurance may not cover this and it is very expensive. Also, natural marijuana and its properties are more beneficial than any synthetic form.

In closing, I am submitting this petition to be allowed the opportunity to try Medical Marijuana with my very aggressive/self-injurious son. I am speaking for him and other individuals that cannot speak for themselves, who are suffering from this same disorder, a chance to live a more peaceful and productive life.

Doesn't everyone deserve that chance?

List of Medications [redacted] has been on as of 4/2015

Ritalin

Prozac

Mellaril

Buspar

Risperal

Paxil

Anafranil

Haldol (in hospital)

Geodon (in hospital)

Seroquel

Clonodine

Fluvaxamine for OCD

Acetylcystene liquid for OCD

Serax

Depakote

Zyprexa

Doxepin (PRN for sleeping) *

Carbatrol *

Inderal *(blood pressure med for behaviors)

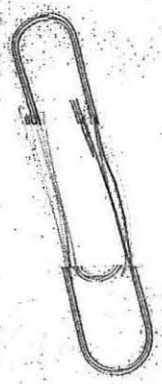
Ativan *

Dronabinol (Marinol)* synthetic marijuana

as of 4/28/15

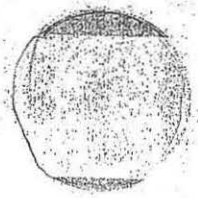
*currently taking

Example of Things [redacted] has eaten

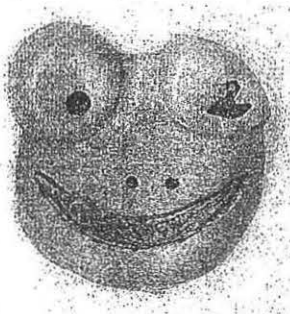


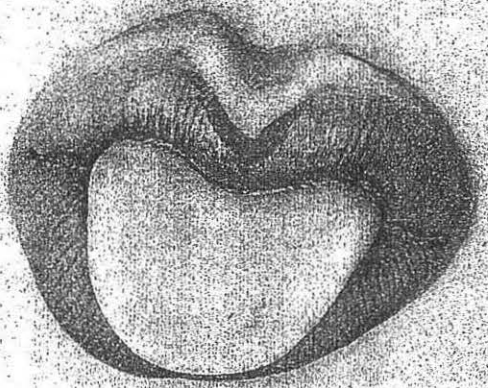
Large Paper Clip

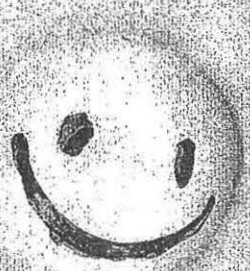
Nail



Quarter







These are the actual latex toys removed from [redacted] intestine - 1st surgery 1999.