Manifestations of Movement Differences

Movement differences as seen in autism are not necessarily consistent across time or within the person or context. They are more like ever-shifting sands that seem to have an ebb and flow all their own. Nevertheless, over time you will begin to gain a general sense of patterns or regularities within an individual. As you begin to use this lens for observing and understanding a person's behavior it is useful to pay attention to and think about the following four areas:

- Frequency (how often)
- Duration (how long)
- Intensity (how strong)
- Context (where or under what circumstances)

The following checklist does not cover all possible forms of movement differences but instead is intended to give you a starting point for understanding the many ways movement differences can be manifested in everyday life.

Eating/Drinking

_____ Swallows food without chewing

_____ Stuffs mouth or cheeks to over-full

_____ Gulps large quantities of liquids

_____ Limited food preferences

_____ Intolerance to foods with particular texture or color

_____ Low impulse control around food

_____

Sleep

_____ Insomnia or restless at night

_____ Frequent waking at night

_____ Seems to require minimal amount of sleep

_____ Seems to require too much sleep or at odd times

_____

Digestion/Elimination

_____ Incontinence of bladder

_____ Incontinence of bowel

_____ Constipation

_____ Unusual toilet habits

_____ Frequent gas, flatulence, burping, or throwing up

_____

Walking

_____ Walks on toes

_____ Does not swing arms when walking

_____ Moves very fast or slow (e.g. darts, shuffles)

_____ Unusual gait – (e.g. asymmetrical, stiff, broken, or not smooth)

_____ Does not alternate feet on stairs

_____ Difficulty judging space (e.g. uses hands to feel walls/furniture while walking)

_____ Difficulty changing from one floor surface to another (e.g. from wood to carpet)

_____

Mouth/Voice

_____ Halting, limited, or absent speech

_____ Repeats sounds and vocalizations

_____ Usually makes no sounds

_____ Teeth grinding

_____ Grimacing

_____ Speaks very loudly or very softly

_____

Gestures/Communication

_____ Limited use of gesture to communicate

_____ Difficult to know his/her desires and aversions

_____ Does not use hands to signal or gesture

_____ Does not use eyes to signal or communicate

_____ Does not use voice or vocalizations to signal or communicate

_____ Does not use behavior to signal or communicate

_____

_____

Environmental/Sensory Sensitivity

_____ Difficulty with loud, confusing, or unpredictable noise

_____ Difficulty with particular sounds or noises

_____ Difficulty with highly stimulating environments (e.g. crowded or noisy places)

_____ Difficulty with particular lighting conditions (e.g. bright sun or florescent lights)

_____ Difficulty with or attraction to smells in the environment

_____ Difficulty with or attachment to certain fabrics or clothing types

_____ Dislikes touch or hugs

_____

Overall State

_____ Often "wired", hyper-active, or agitated

_____ Unable to attain relaxed state

_____ Often very inactive or unmoving - lethargic

_____ Seems to need to "fix" the environment (arrange objects, chairs etc.)

_____ Often focuses on picking up lint or other debris

_____

Emotional Expression

_____ Lack of expression in eyes or face

_____ Inappropriate facial expression

_____ Outbursts – anger, laughing, crying

_____ Difficult to read or to understand emotional state

_____ Does not cry

_____ Does not smile or laugh

_____ Appears anxious or distraught

_____

Attention/Distraction

_____ Difficult or slow to engage in particular activities

_____ Often "lost in own world"

_____ Often gets "locked into" activity of interest

_____

_____

Muscle Tone/Posture

_____ Musculature tight and rigid

_____ Musculature floppy or limp

_____ Slouched posture

_____ Rigid posture

_____ Odd or unusual posture

_____

General Body Organization and Movement

_____ Difficulty or awkwardness moving through space (e.g. bumps into things)

_____ Difficulty or awkwardness moving from standing to sitting

_____ Difficulty or awkwardness moving from sitting to standing

_____ Difficulty or awkwardness moving through doorways

_____ Difficulty or awkwardness getting in or out of car

_____ Difficulty or awkwardness reaching for or grasping an object

_____ Rocking / spinning / twirling

_____

_____

Spontaneity

_____ Maintains rigid and repetitive patterns or "rules"

_____ Lack of visible spontaneity

_____ Strong desire or need for structure and control

_____ Apparent lack of capacity for pleasure or enjoyment

_____ Does not respond well to new or unfamiliar situations

_____ Lacks ability to adapt or make spur-of-the-moment changes

_____ Unusual or unexpected (dangerous) movements (e.g. running into street)

_____

Relationships with Self and Others

_____ Seems uninterested in others

_____ Minimal acknowledgement of others

_____ Seldom makes eye contact with others

_____ Does not have friends

_____ Does not imitate

_____ Cannot calm self

_____ Does not appear to have awareness of self or others

_____ Does not respond to own name

_____ Appears indifferent to presence or absence of parents or care giver

_____ Does not greet or say goodbye to others

_____ Does not share or show

_____ Injures self or others

_____

Daily Routines

_____ Needs prompting to accomplish tasks

_____ Does not do self-care activities without help

_____ Does not manipulate objects in functional ways

_____ Does not initiate activities

_____ Does not appear to be aware of danger (e.g. hot stove or traffic)

_____ Responds slowly to requests

_____ Does opposite of what is requested or expected

_____ Gets stuck or freezes during routine tasks

_____ Difficulty stopping an activity or task

_____ Difficulty with transitions from one activity to another

_____

Other

_____

_____

_____

PUBLICCITIZEN

Worst Pills, Best Pills News

Your expert, independent second opinion for prescription drug information

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Drug-Induced Parkinsonism

In last month's "From the Editor" column, we referred to a recent study finding that more than 1 out of every 10 people who went to a Parkinson's disease center had been found to have drug-induced Parkinsonism. These people were misdiagnosed as having the more common illness, Parkinson's disease, which is irreversible and has unknown causes.

The column stated that in the October issue of *Worst Pills, Best Pills News* there would be a longer discussion about this serious, preventable problem, including a list of drugs known to cause Parkinsonism.

Before getting to the list of 49 drugs that can cause Parkinsonism (see Table 2 on page 4), here are a few explanations and patient examples:

Table 1, adapted from an article in *Postgraduate Medicine* in 2009, points out some of the important differences between Parkinson's disease and drug-induced Parkinsonism.

In a recent study, published this year in *Clinical Neurology and Neurosurgery*, researchers carefully examined 1,528 people with symptoms of Parkinsonism and found that 7.9 percent (120 patients) had clear, unequivocal evidence of drug-induced Parkinsonism. To qualify for this group, the second largest in their study, (outranked only by Parkinson's disease), the patients had to meet all of the following three criteria:

- Occurrence of Parkinsonism while the patients were being treated with drugs known to be potential inducers of this syndrome
- Absence of the symptoms of Parkinsonism before the introduction of the causative agents
- Clinical improvement within six months after drug withdrawal

DANGEROUS SIDE EFFECTS

Thus, the good news is that drug-induced Parkinsonism is reversible. The bad news, however, is that too many doctors do not know about the diseases' differences, are inadequately aware of drug-induced Parkinsonism and therefore do not get a careful history from the patient about what drugs they started before the onset. Doctors then mistake drug-induced Parkinsonism for the more commonly occurring Parkinson's disease.

Unfortunately, this means that instead of suspecting a drug-induced origin and stopping the offending drug, doctors may actually mistakenly treat drug-induced Parkinsonism with another drug — as though they were treating Parkinson's disease — while leaving the patient on the drug that

See Parkinsonism on page 3

Table 1. Drug-Induced Parkinsonism vs. Parkinson's Disease

Drug-Induced Parkinsonism	Parkinson's Disease
Symptoms typically symmetrical (same on left and right sides)	Symptoms typically asymmetrical
Usually reversible once offending drug is stopped	Chronic and progressive
Tremor commonly postural: the tremor occurs when you try to hold your body motionless, such as extending your arm horizontally, pointing at objects, sitting erect without support of the upper body	Tremor commonly when resting, inactive
Subacute onset after starting the drug	Slow, progressive course
Not responsive to anti-Parkinson's disease drug treatment	Excellent and sustained response to anti-Parkinson's disease drug treatment
Caused by drug(s)	No known cause
No degeneration in the brain	Brain degeneration in specific area

In This Issue

Parkinsonism, continued from page 1

caused the illness in the first place.

Hard to believe? Here is a real-life example:

Larry was an otherwise healthy 58-year-old man with diarrhea, which was believed to be due to irritable bowel syndrome. He was given trifluoperazine (STELAZINE), a powerful antipsychotic, to calm down his intestinal tract. STELAZINE is not even approved for treating such medical problems, and he was not psychotic. Six months after starting STELAZINE, Larry developed severe Parkinsonism, a neurological condition characterized by tremors, limited movements, rigidity and postural instability (see postural tremor in Table 1). To correct this, Larry was started on L-dopa (also known as levodopa [LARODOPA]), a drug used to treat Parkinson's disease. Presumably, the doctor did not realize the Parkinsonism was drug-induced, and the STELAZINE was continued. For seven years, Larry took both drugs until seeing a Parkinson's specialist. The specialist recognized the real cause of his problem, stopped the STELAZINE and slowly withdrew the L-dopa over a six-month period. Larry's severe, disabling Parkinsonism cleared completely.

The same Parkinson's specialist who "cured" Larry of his drug-induced Parkinsonism saw, in just three years, 38 other patients with drug-induced Parkinsonism and 28 with drug-induced tardive dyskinesia, a syndrome of involuntary movements also often caused by drugs.

It is increasingly clear that drug-induced Parkinsonism is a well-documented disease entity.

Other important points:

- Risk factors for drug-induced Parkinsonism include increasing age and the fact that older people may be especially sensitive to drug-induced Parkinsonism from antipsychotic drugs. Also, almost 100 percent of people with HIV infection will get drug-induced Parkinsonism if given antipsychotic drugs.

- Many primary-care physicians do not realize that the commonly used antacid and anti-nausea drug metoclopramide (REGLAN) and anti-nausea drug prochlorperazine (COMPAZINE) are major causes of drug-induced Parkinsonism. The former is more likely to cause drug-induced Parkinsonism in patients younger than 50 whereas the latter causes it more in older people. However, both have caused drug-induced Parkinsonism in people young and old.

- The duration of treatment with the causative drug before drug-induced Parkinsonism begins can range from a few days to more than six months.

What You Can Do

If you or someone you know has been diagnosed with and treated for Parkinson's disease, check Table 1, which shows the distinctions between drug-induced Parkinsonism and Parkinson's disease. The list may be consulted as a first approximation to determine whether the disease was preventable based on the differences between Parkinsonism and Parkinson's disease. Particular attention needs to be paid to what drugs, other than those being used to treat the alleged Parkinson's disease, are being used and whether the onset of the disease followed the initiation of any of these drugs. Then, consult the list of 49 drugs in Table 2 on page 4 to see the most likely candidates.

Many of the drugs listed in Table 2 are grossly overprescribed or misprescribed. For example, an increasing proportion of drugs used to treat psychoses such as schizophrenia are unfortunately and dangerously prescribed to people who do not even have schizophrenia (especially older adults, like Larry in the aforementioned example). Other common causes of drug-induced Parkinsonism include drugs such as metoclopramide or prochlorperazine, which are often prescribed when safer drugs could be used or dietary changes might suffice.

Another important thing to know: the authors of the first-mentioned study stated, concerning COMPAZINE, that it is mainly used for "trivial indications and for which alternatives are readily available." In their study, the drug responsible for one-third of the cases of drug-induced Parkinsonism was prochlorperazine (COMPAZINE). ✦

Continued from page 2

choose to hide the undesirable effects of drugs from their patients to avoid jeopardizing the patient's compliance. This situation involves comparing two logics: ethics of care versus ethics of information. She ends by stating, "The way in which a society manages the issue of drug safety does not depend solely on pharmacovigilance data, but also on symbolic logics and cultural representations, even if these are outside more traditional medical rationality."

In order for patients to be more involved in decisions concerning the safety of the drugs they are taking or thinking of using, there needs to be much more information, coming not from biased and frequently inaccurate drug ads, but from objective sources.

The primary purpose of *Worst Pills, Best Pills News* is to keep you as up-to-date as possible regarding evolving drug benefits and safety concerns. We believe you should be well-informed when deciding what you swallow. In an increasing number of instances we have warned our readers not to use certain drugs which, years later, were eventually removed from the market. ✦