

Epidemiology of Gastrointestinal Disturbances in Pervasive Developmental Disorders

Thesis Submitted for Fulfilment of Requirement of PhD in Medical Childhood Studies for children [Childhood and Nutrition].

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List Of Abbreviation

5-HT Histaminergic

AAC Alternative or Augmentative and Alternative

Communication.

ABA Applied behavior analysis.

ADHD Attention Deficit Hyperactivity Dosorder

ADI-R Autism Diagnostic Interview-Revised

ADS Autism Diagnostic Observation Schedule

AEM anti-endomysial antibodies

AGA Anti Gliadin Antibodies

ASD Autistic Spectrum Disorders.

BDTH2 benzene-1,3-diamidoethanethiol

C4b Complement Component 4B

CARS Childhood Autism Rating Scale

CD Celiac Disease

CD3 Cluster Differentiation3

CD34+ Cluster Differentiation34

CD4 Cluster Differentiation4

DAT Dolphin Assisted Therapy

DH Dermatitis Herpetiformis

DIR Developmental, Individual Differences based,

Relationship based.

DMG Dimethylglycine

Dpp4 Dipeptidyl peptidase IV

DPP-IV Dipeptidyl peptidase IV

DSM IV Diagnostic and Statistical Manual of Mental

Disorders IV

DTT Discrete Trial Teaching.

ECT Electroconvulsive therapy

EEG Electro Encephalo Gram

EIBI Early Intensive Behavioral Intervention.

ELISA Enzyme Linked ImmunosorbentAssaay

ENS Enteric Nervous System

FDA Food and Drug Administration

FMF Familial Mediterenian Fever

FTT Failure to thrive

GERD Gastro Esophageal Reflux Disorder

GF/CF Gluten Free/Casein Free

GIT Gastrointestinal

GSE gluten-sensitive enteropathy

HBOT Hyperbaric oxygen therapy

HSV Herpes Simplex Virus

ICD 10 The International Classification of Diseases 10

Ig Immunoglobulins

IgA Immunoglobulin A

IgG, C4b NK-and T-cell

IL-1b, IL-2, Interleuken -1b, Interleuken 2

IQ Intelligence Quotient

LFA,MFA,HF Low,Medium,High-Functioning Autism

LNH Lymphonodular hyperplasia

MRI Magnetic Resonance Image

M-CHAT Modified Checklist for Autism in Toddlers

MNS Mirror NeuronsSystem

NK- T-cell Natural Killer - T Cells

AIC Anterior Insular Cortex

PDD-NOS Pervasive Developmental disorders not

otherwise specified.

PDDs Pervasive Developmental disorders.

PEBM Parent education and behavior management

PEP Prolylendopeptidase

PRT Pivotal response therapy or treatment

PUFA Poly Unsaturated Fatty Acid

RAP Recurrent abdominal pain

RBS-R Repetitive Behavior Scale-Revised

RCT randomized controlled trial

RCD Refractory celiac disease

SCERTS Social Communication/ Emotional Regulation/

Transactional Support

SED Selective Eating Disorders

SGAs Second-Generation Antipsychotics

SSRI selective serotonin reuptake inhibitors

TEACCH Treatment and education of autistic and related

communication handicapped children

TgA anti-transglutaminase

TTFD ThiamineTeTrahydrofurfuryl disulfide

tTG-IgA, Transglutaminase immunoglobulin A

U.S. United State

UK United Kingdom

US Ultrasound

UTI Urinary Tract Infection

Zn, B6, Zinc –Vitamin B6

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INTRODUCTION

Pervasive developmental disorders are behavioral disorders with onset before 36 months characterized by impairment of social interest and behaviors. Other characteristics include, sensory dysfunction, in appropriate laughing, giggling, little or no eye contact, apparent insensitivity to pain, preference to be alone and many more according to the American psychiatric association (American psychiatric Association ,1994).

In the last 20 years, there has been an increase in the incidence of pervasive developmental disorders, unexplained by genetic alone, nor can this increase be secondary to only increased awareness. The etiology of PDDs is complex and usually, the underlying pathologic mechanisms are unknown. Waterhouse *et al.*, 1996 emphasize the possible impact of a number of post natal factors ranging from environmental toxins to dietary factors.

Wakefield et al., 2002, have suggested that peptides formed through the incomplete breakdown of foods containing gluten and casein derived from dairy product, exhibit direct opiod activity or form ligands for peptidase, which break down endogenous endorphins and enkephalins. Individuals who cannot metabolize gluten produce antigliadin which they can not metabolize further. This A gliadin binds to A and D opoid receptors. These receptors associate with mood and behavior. Gastrointestinal diseases are more common in children with neurological disability (Sullivan,

1997) and previous reports describe unexpected intestinal inflammation with low grade colitis (**Toorrent** *et al.*, **2002**).

Researchers reported that children have shown mild to dramatic improvement in speech and/or behavior after gluten was removed from their diet. Some also reported that their children have experienced fewer bouts of diarrhea after starting gluten free diet (Johnson and Myers ,2007).

Dipeptidyl peptidase IV (DPP-IV) is the only known enzyme to breakdown osmorphine. Dipeptidyl peptidase IV (DDP-IV) appears to be absent or reduced in pervasive developmental disorders. The gene for this enzyme is distal to other suspected pervasive developmental disorders genes on 2 and 3 of 7 and is expressed in the kidney small intestine, liver and the blood brain barriers and has involvement in T-cell activation, also found in the urine were undigested food particles suggesting a leaky gut syndrome. The toxicity of gluten and casein may result from the lack of DPP4 (**Friedman, 2008**).

Opoids like gliadorphin a gluten opoid) and casein opiod are toxic for children with pervasive developmental disorder due to the fact that these children have and abnormal leaky gastrointestinal tract (Shattockand Whiteley, 2002).

AIM OF STUDY

The aim of the study is to detect prevalence of gastrointestinal disturbances in pervasive developmental disorders to study determinants of gastrointestinal disturbances and variables of pervasive developmental disorders.