

Autistics: A command performance

Many clinicians who work with autistic children believe that the severe social and language problems characterizing the disorder affect nearly all behaviors and interactions. But psychologists Marian Sigman and Peter Mundy of the University of California at Los Angeles report that autistic children are not as unresponsive to others as is commonly assumed.

The researchers studied 18 autistic, 18 mentally retarded and 18 nondisordered children interacting with their mothers in a series of 12-minute play periods. The children, who were around 4 years old, were observed during play with a doll, play with others, free play, exploration of a simple puzzle and a cleanup period.

Autistic children were as compliant to their mothers' commands during play sessions as were the other children, reports Sigman. Also, their responses were just as appropriate as those of the mentally retarded and nondisordered youngsters.

Autistics spent as much time with the puzzle and cleanup chores as did the other children, but spent less time playing with dolls. During doll play and play with other children, the mothers of autistics spent much more time in physical contact with their children than did the other mothers. Autistics appear to have a specific problem with "joint attention," says Sigman: They are less likely to point out things to their mothers or to attempt to share a play experience with them. But they are still able to respond often and correctly to maternal commands, she notes. Although most autistics are also mentally retarded, joint attention deficits appeared only in the autistic group.

Some autistics function much better than others, points out Justin Coll of UCLA, and further studies should examine differences among autistics. "But clinicians need to be more careful in describing social deficits in autistics," he says.

Eye openers about sleeping pills

For a considerable number of people older than 65 who have problems falling or staying asleep, the best remedy may be a warm bath or the time-honored glass of milk before bed rather than taking a sleeping pill. Sonia Anoli-Israel and her colleagues at the University of California at San Diego observed and analyzed the sleep of 427 people ages 65 or older over a four-year span. Just under one-quarter suffered from sleep apnea, a disorder in which breathing repeatedly stops for up to several minutes at a time during sleep.

Over one-third of the sleeping pill prescriptions in the United States go to people older than 60, points out Anoli-Israel. If nearly 25 percent of them have sleep apnea, she says, "this is a dangerous situation." Sleeping pills prolong periods of non-breathing through their sedative effect, she explains, and make it harder to awaken after an episode of breathing cessation. Bio-feedback techniques or a glass of warm milk, which contains a sleep-promoting amino acid called tryptophan, are better alternatives, she says.

Furthermore, says Cheryl Spinweber of the Naval Health Research Center in San Diego, sleeping pills can affect the short-term memory of people of all ages and make it harder for a person to awaken in response to a noise such as that produced by a smoke alarm.

Spinweber and her co-workers administered a commonly used sleeping pill, triazolam, to young adult males for 12 consecutive nights in a sleep laboratory, while other subjects received a placebo for the same period. All of the subjects had experienced persistent trouble getting to sleep. Triazolam reduced by about 30 percent the time it took them to nod off and increased their total sleep time. But tones produced in the lab had to be much louder to bring triazolam subjects out of their sleep. Upon awakening in the morning, they also had poorer recall for words that had been shown to them the night before.

AIDS test: No comfort to many

Homosexual men in the San Francisco Bay area are avoiding, in droves, the blood test for antibodies to AIDS (acquired immune deficiency syndrome), researchers from the University of California at San Francisco and Berkeley report. The primary reasons for the avoidance, they say, are concerns about the reliability and confidentiality of the test and fear of the results.

"Dealing with positive test results is especially difficult at present because the meaning of exposure is still not clear," says James Wiley, assistant director of UC-Berkeley's Survey Research Center. In his study, Wiley asked 692 male homosexuals and bisexuals and 143 male heterosexuals, who had agreed to have their blood tested, if they wanted the results of the test. Only 44 percent (including 46 percent of homosexuals and bisexuals) said they did want to know. "If we assume that persons who know their antibody test results are less likely to spread the disease," Wiley says, "we must address any issues that discourage people from asking for their own results."

In the UCSF survey of 728 homosexual and bisexual men, 69 percent said in November 1984 that they would submit to an AIDS antibody blood test. In May 1985, however, only 22 percent of the men said they had been or planned to be tested.

"There was a concern over the lack of meaning of the test," says Thomas J. Coates, UCSF associate professor in the Division of General Internal Medicine. "The test tells only if you've been exposed; if the results are negative, it just means you have no antibodies to the virus, but it's still possible you've been exposed." At the same time, he says, 70 percent of the respondents believed that they had been exposed to the virus and had resisted it. Coates attributes this belief to the finding several years ago that 80 percent of the homosexual men in San Francisco with antibodies to hepatitis B did resist that disease. However, he suggests that since this type of resistance may not apply to AIDS, many homosexual men may be living "high-risk" promiscuous lives with a false sense of security.

Stephen F. Morin, UCSF assistant clinical professor of medicine, sees the decline in those willing to take the test as an example of the "approach-avoidance" phenomenon. Last November, he says, there was only talk of the possibilities of a test, but "as the test became a reality, the psychological conflicts became more real [and the men became] frightened."

Among reasons people wanted to take the test, Coates and Morin cited the desire to reduce anxiety over whether they had been exposed and to help make decisions that would prevent the spread of the disease to others. "Our data suggest," they say, "that the primary motivations for wanting to be tested are psychological rather than medical."

Sure, I can stop at one Milk Dud. . . really

Let's call her Joanne. We all know her: bumming bits of Hershey bars or chips of Chunkies, or sneaking a Snickers between meals. She's a chocoholic. Now, she and others who "self-medicate" with chocolate or other sweets are being studied by psychologists. In one of the latest studies, psychologist Marjorie Schuman of the California School of Professional Psychology in Los Angeles and her colleagues report that people (like Joanne) with "an identified interest in chocolate" are more likely than others to be female (90 percent were women) and to have personality traits associated with a depressive syndrome called hysteroid dysphoria. Hysteroid dysphobics tend to exhibit a flamboyant personality, changing mood, tendencies to fall in love easily and be devastated by romantic rejection and a vulnerability to the approval or lack of approval of others. These moods frequently trigger an increased appetite for chocolate and other sweets, the researchers report, but "there is no evidence for any differential effect of chocolate on mood." They questioned 267 persons, including 73 in the "chocolate group."