

Letters to the editors

Historical and clinical review about Asperger Syndrome

Dear Editor,

Subjects with Asperger syndrome (AS)¹ have qualitative impairment in the social interaction and restricted patterns of interest, although generally do not show delay in language acquisition. This set of symptoms results in significant impairment in the social functioning and occupation,¹ as recently presented in an article of RBP.

The intriguing alterations in the sociability that these subjects present have had their bases studied with methods that assess their eye-tracking under social and non-social stimuli.² One hypothesis that has been much studied considers that the adequate visual fixation in the interlocutor's eyes allows an inference about the mental state of the other. This capability, added to the other ones, seem to give elements to what has been called Theory of Mind –ToM.³ This seems to be true as children with congenital cataract who undergo surgery after their first year of life have their performance impaired in the tests which measure ToM when assessed at the end of childhood.⁴

Not perceiving the mental state of the other prevents anticipating actions and reactions that are part of the building of interaction. Subjects with AS end having an impaired social performance due to such deficit in the anticipatory capability.

The social costs determined by this lack of capability are high, as those people have not their potential optimized, and many times end not achieving an independent life. Unable of generating an income, they become part of an unproductive social layer, therefore more costly for society itself. If their special needs are duly met we could have a set of subjects with AS who are capable of performing several productive functions. Currently we already have methodological resources to give to those people an education of quality, capable of meeting their specific needs and demands.

In Brazil, the ABRA (Brazilian Association on Autism) lacks data on what is being performed with these children. Although the AMA (Association of Friends of Autists) informs that the trend be the inclusion for these children, the number of children displayed by this agency is relatively small, totaling 7 children attending the regular teaching system at São Paulo. It only remains to know what is occurring with this huge set of children. Dreadfully, these children might not be identified and diagnosed, preventing the establishment of adequate interventions.

Besides, based on the current knowledge, it is understood that the simple attendance of these children to school does not meet the specific demands of each of them. For example, the lack of social capabilities presented by these children, such as naiveté, can prevent their academic performance in case they are not properly understood and cared. The impairment observed in the executive functions hampers the establishment of strategies, what may also impair their schooling. Nowadays, it is known that these difficulties can be corrected or compensated, whenever early detected.

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References

1. Klin A. Asperger syndrome: an update. *Rev Bras de Psiquiatr.* 2003;25(2):103-9.
2. Klin A, Jones W, Schultz R, Volkmar F, Cohen D. Defining and Quantifying the Social Phenotype in Autism. *Am J Psychiatry.* 2002;159:895-908.
3. Siegal M, Varley R. Neural Systems Involved in "Theory of Mind". *Nature Reviews/Neuroscience.* 2002;3:463-71.
4. Le Grand R, Mondloch CJ, Maurer D, Brent HP. Neuroperception early visual experience and face processing. *Nature.* 2001;410:890.

Panic disorder and pregnancy

Dear Editor,

Some case reports suggest that pregnancy protects against panic disorder (PD) but the worsening or no change of PD during pregnancy are also reported.¹⁻² We describe two PD (DSM-IV) women with severe panic attacks during pregnancy efficaciously and safely treated with a tricyclic antidepressant – nortriptyline, in the Laboratory of Panic & Respiration of the Federal University of Rio de Janeiro.

Case A:

Ms. A., Afro-Brazilian, 29 year-old. At the age of 24 year-old she started with spontaneous panic attacks. She was treated with nortriptyline (75 mg/day). After 20 months she was asymptomatic and started to decrease the dosage. She got her first pregnancy following one-year without medication. However during the fourth month of pregnancy she developed intense, almost daily panic attacks. A severe agoraphobic pattern developed and she also presented intense anticipatory anxiety disturbing her quality of life. She was initially treated with nortriptyline, 10 mg daily. After 5 weeks, at the dosage of 75 mg/day, she achieved full remission of her attacks. During the last two weeks of her pregnancy the nortriptyline was taken out. The asymptomatic period persisted after a two-year follow-up without medication.

Case B:

Ms. C., Afro-Brazilian, 29 year-old. She started to have panic attacks when she was 24 years old. She was treated with imipramine, 200 mg daily. After 6 months of treatment she was panic-attack free. During the next 12 months she was asymptomatic but still taking imipramine. During the first month of her first pregnancy she stopped imipramine but the panic attacks returned. She started cognitive behavioral psychotherapy but she had only a mild improvement. The disabling consequences of her high anxiety level and panic attacks frequency worsened her agoraphobic symptoms. Nortriptyline was started on the fourth month of her pregnancy and with 100 mg/day a complete remission was achieved. The drug was maintained during the last month of her pregnancy. She had no panic attacks after one-year follow-up with nortriptyline.

Discussion

Pregnancy may prevent panic by decreasing the reactivity of the sympathetic nervous system, by facilitating GABAergic activity through progesterone's effect on adenosine, or by diminishing arterial CO₂ plasma levels through minute ventilation.³ Klein⁴ hypothesized that the increase in progesterone associated with