

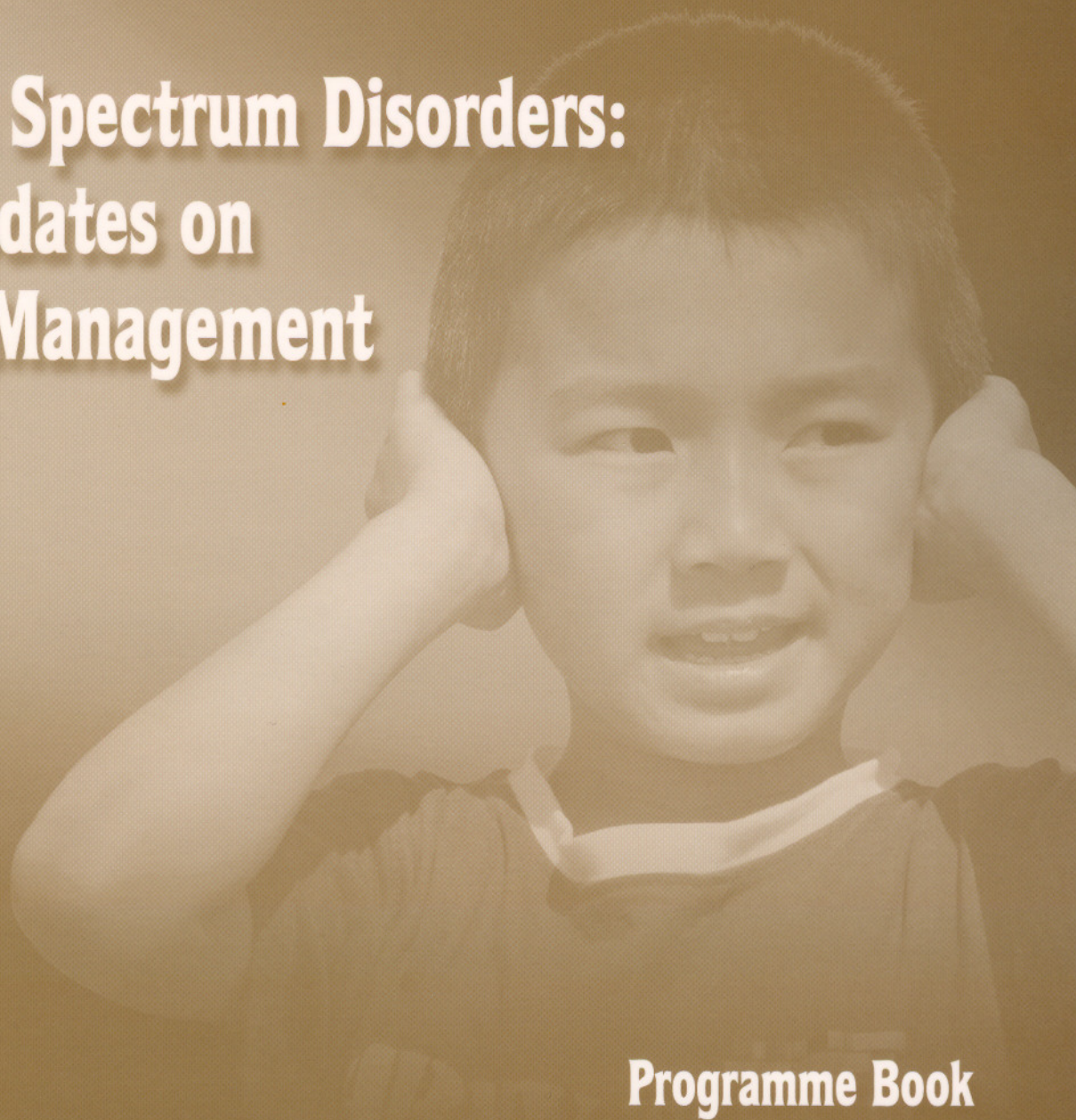


**The Hong Kong Society of
Child Neurology & Developmental Paediatrics**

ANNUAL SCIENTIFIC MEETING

13 - 16 November 2009
Hong Kong

Autism Spectrum Disorders: Updates on Management



Programme Book

PROGRAMME-AT-A-GLANCE

Date	Time	Session	Topic	Speaker
13 Nov (FRI)	1830 - 2000	Registration and Light Buffet Dinner		
	2000 - 2200	Seminar I	Early identification of autism spectrum disorders	Professor Lonnie Zwaigenbaum
14 Nov (SAT)	1230 - 1400	Registration and Light Buffet Lunch		
	1400 - 1445	Seminar II	Diagnostic workup of autism spectrum disorders	Professor Lonnie Zwaigenbaum
	1445 - 1515	Tea Break		
	1515 - 1600	Local Presentation I	Management of autism in a local child psychiatric unit Brain imaging insights into autism	Dr. Chun-pan Tang Dr. Grainne McAlonan
	1600 - 1645	Seminar III	Conventional therapy and medication	Professor Lonnie Zwaigenbaum
15 Nov (SUN)	0900 - 0930	Registration		
	0930 - 1015	Seminar IV	Lifespan perspective in Autism Spectrum Disorders (ASD)	Professor Lonnie Zwaigenbaum
	1015 - 1115	Free Paper Presentation	Auditory neuropathy: clinical features, risk factors, audiological profiles, management and developmental outcome Training starts from interest - a case study on training based on interest for a pre-school child with autism in Guangzhou Comparison of sensory processing of pre-school children with and without Autistic Spectrum Disorders (ASD) in Hong Kong	Dr. Grace Chan Mr. Ivan Mao Ms. Miranda Ng
	1115 - 1145	Tea Break		
	1145 - 1210	Local Presentation II	Adults with autism with normal intelligence: what is ahead of them?	Dr. Rachel Poon-Mak
	1210 - 1330	Light Buffet Lunch		
	1330 - 1355	Local Presentation III	Territory wide survey on use of Complementary and Alternative Medicine (CAM) in Autism Spectrum Disorders (ASD) in Hong Kong	Dr. Stephenie Liu
	1355 - 1530	Open Forum	Complementary and Alternative Medicine (CAM) in autism: practice in Hong Kong	
	1530 - 1600	Tea Break		
	1600 - 1645	Seminar V	Complementary and Alternative Medicine (CAM) in Autism Spectrum Disorders (ASD): evaluating the evidence	Professor Lonnie Zwaigenbaum
16 Nov (MON)	1830 - 1900	Registration		
	1900 - 2000	Keynote Lecture	Complementary and Alternative Medicine (CAM) in Autism Spectrum Disorders (ASD): public forum	Professor Lonnie Zwaigenbaum
	2000 - 2200	Chinese Banquet		

Venues:

13 – 14 Nov 2009: Lecture Theatre, G/F., Block M, Queen Elizabeth Hospital, 30 Gascoigne Road, Jordan

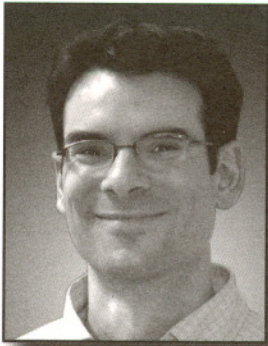
15 Nov 2009: Kai Chong Tong Hall, G/F., School of Public Health, Prince of Wales Hospital, 30 – 32 Ngan Shing Street, Shatin

16 Nov 2009: Jade Ballroom, 2/F., Eaton Hotel Hong Kong, 380 Nathan Road, Jordan

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COURSE DIRECTOR



Professor Lonnie Zwaigenbaum completed his pediatric training at Queen's University, and his clinical fellowship in developmental pediatrics at The Hospital for Sick Children in Toronto. He completed a research fellowship and Masters Degree in Health Research Methodology at McMaster University. Professor Zwaigenbaum's research focuses on early behavioral and biological markers, and early developmental trajectories in children with autism and related disorders. He currently holds an Alberta Heritage Foundation for Health Research (AHFMR) Health Scholar and Canadian Institutes for Health Research (CIHR) New Investigator Award. Professor Zwaigenbaum is currently the Associate Professor in the Department of Pediatrics at the University of Alberta, and the Co-director of the Autism Research Centre based at the Glenrose Rehabilitation Hospital. He is also an editor for Autism: The International Journal of Research and Practice.

Early identification of autism spectrum disorders

Professor Lonnie Zwaigenbaum

Associate Professor, Department of Pediatrics, The University of Alberta, Canada

Co-director, Autism Research Centre, The Glenrose Rehabilitation Hospital, Canada

At an estimated prevalence of 1 in 150, the ASDs are among the most common forms of severe developmental disability. Parents of children with ASD generally identify concerns by the age of 12 – 18 months. However, recent North American data suggest that the average age of diagnosis remains about 4 years and possibly later in socioeconomically disadvantaged groups. In part to address the unacceptably long interval between parents' initial concerns and confirmation of diagnosis, the American Academy of Pediatrics (AAP) and other groups (notably, the Miriam Foundation in Canada) have recently published clinical practice guidelines on the early identification, screening and diagnosis of ASD. However, there are unique challenges in applying diagnostic guidelines for ASD to children under the age of 2, as standard DSM-IV-TR and ICD-10 criteria, gold standard diagnostic tools, and even the best judgment of experienced clinicians have rarely been applied to this age group.

This workshop reviews early signs and developmental patterns in children with ASD, with special reference to findings from prospective studies of infants at increased risk by virtue of having an older sibling with ASD. Prospective studies have shown that by 12 – 18 months of age, infants later diagnosed with ASD are distinguished from other high-risk infants by impairments and / or delays in:

1. Language (e.g. back-and-forth social babbling, words and gestures)
2. Social-communication (e.g. eye gaze, orienting to name, imitation and social interest and sharing of positive emotion)
3. Play (e.g. motor imitation, repetitive actions with toys)
4. Visual attention (e.g. visual tracking and fixation on objects)
5. Motor development (including atypical motor mannerisms)
6. Temperament (e.g. atypical sensory reactivity)

Video clips will be used to illustrate some of these early signs. Challenges related to pushing the lower age limits of diagnosis will also be discussed, with clinical practice implications for early diagnosis and intervention.

SYNOPSIS - SEMINAR II

Diagnostic workup of autism spectrum disorders

Professor Lonnie Zwaigenbaum

Associate Professor, Department of Pediatrics, The University of Alberta, Canada

Co-director, Autism Research Centre, The Glenrose Rehabilitation Hospital, Canada

Clinicians face increasing challenges related to the differential diagnosis of Autism Spectrum Disorders (ASD). Distinguishing autism from other developmental and neuropsychiatric disorders can be a complex process, particularly when the diagnosis is being considered for individuals at either end of age continuum (i.e. young toddlers and adults). Recent technological advances have also prompted a review of best practice in medical work-up of ASD once the diagnosis is established. This seminar will review clinical approaches aimed at establishing an accurate diagnosis of ASD across the lifespan, and discuss the appropriate medical work-up to identify contributing etiologic factors and comorbidities. Issues related to multi-disciplinary assessment, diagnostic tools, and medical investigations (including genetics / metabolics, EEG, and neuroimaging) will be discussed, with special reference to recently published clinical practice parameters from the US and elsewhere.

Conventional therapy and medication

Professor Lonnie Zwaigenbaum

Associate Professor, Department of Pediatrics, The University of Alberta, Canada

Co-director, Autism Research Centre, The Glenrose Rehabilitation Hospital, Canada

Families and clinicians face a myriad of treatment options for ASD. Although the strength of available evidence varies among treatments, determining the optimum strategy must take into account the unique needs of the person with ASD and their family as well as the environments in which the treatment will occur. This seminar will review currently available educational and behavioral treatment approaches for individuals with autism, with special reference to the recently released US National Autism Centre's Evidence-Based Practice Guidelines for ASD*. These guidelines review a wide range of interventions, dividing these into groups of "Established Treatments", "Emerging Treatments" and "Nonestablished Treatments", based on available published evidence. Overall, it is recommended that services should include a minimum of 25 hours a week, 12 months a year, in which the child is engaged in systematically planned, and developmentally appropriate educational activity toward identified objectives. It is acknowledged that what constitutes these hours will vary according to a child's chronological age, developmental level, specific strengths and weaknesses, and family needs. Each child must receive sufficient individualized attention on a daily basis so that adequate implementation of objectives can be carried out effectively. Priorities include functional spontaneous communication, social instruction delivered throughout the day in various settings, cognitive development and play skills, and proactive approaches to behavior problems. This seminar will also review current options for medication treatment, recognizing that these treatments primarily target behavioral comorbidities (e.g. aggression, anxiety, sleep disturbances) rather than the core impairments of ASD. Other biomedical treatments (e.g. special diets) will be reviewed in the subsequent seminar on complementary and alternative approaches, adopting a similar evaluation framework which takes into account the unique needs of the child, the values and priorities of the family, and the available evidence for safety and efficacy.

*<http://www.nationalautismcenter.org/pdf/NAC%20Standards%20Report.pdf>

Lifespan perspective in Autism Spectrum Disorders (ASD)

Professor Lonnie Zwaigenbaum

Associate Professor, Department of Pediatrics, The University of Alberta, Canada

Co-director, Autism Research Centre, The Glenrose Rehabilitation Hospital, Canada

This session will discuss the changes experienced by individuals with ASD as they develop through childhood, adolescence and into adulthood, with a focus on predictors of positive outcomes. There is considerable variation in outcomes, particularly among adults with ASD whose cognitive abilities are within the average range. Some achieve remarkable independence in their social relationships, work life and personal autonomy. However, many others do not, despite having many strengths, in part due to lack of societal supports, and development of mental health comorbidities as well as ongoing challenges related to the core symptoms of ASD. Ongoing research aimed at understanding the multitude of factors that influence developmental course and outcomes will be discussed. The experiences of parents as their children progress through major transition points (i.e. into elementary school and high school) will also be described, based on findings from qualitative research including a recent study by the presenter. Implications for working with families and helping to optimize outcomes for individuals with ASD will be discussed.

Complementary and Alternative Medicine (CAM) in Autism Spectrum Disorders (ASD): evaluating the evidence

Professor Lonnie Zwaigenbaum

Associate Professor, Department of Pediatrics, The University of Alberta, Canada

Co-director, Autism Research Centre, The Glenrose Rehabilitation Hospital, Canada

There has been phenomenal growth in the use of Complementary and Alternative Medicine (CAM) in recent years, including among children and youth with ASD. It is estimated that at least 30 – 70% of families currently include CAM therapies as part of their overall treatment strategy; these include special diets, nutritional and herbal supplements, massage therapy and homeopathy. Only a small proportion of families using CAM discuss these therapies with their health care providers. Communication barriers make it difficult for families to obtain support in making decisions about use of CAM, and to assess the safety and effectiveness of these treatments. This seminar will outline the hierarchy of evidence that can be used to evaluate both conventional and CAM interventions, current evidence on the safety and effectiveness of CAM interventions most commonly used in ASD, and an evaluation framework (including the use of "N-of-1" trials) that can be used to help families make informed decisions about their child's therapies. The importance of culturally-sensitive care and respecting families' health related preferences, priorities and values is emphasized.

Complementary and Alternative Medicine (CAM) in Autism Spectrum Disorders (ASD): public forum

Professor Lonnie Zwaigenbaum

Associate Professor, Department of Pediatrics, The University of Alberta, Canada

Co-director, Autism Research Centre, The Glenrose Rehabilitation Hospital, Canada

There has been phenomenal growth in the use of Complementary and Alternative Medicine (CAM) in recent years, including among children and youth with ASD. It is estimated that at least 30 – 70% of families currently include CAM therapies as part of their overall treatment strategy; these include special diets, nutritional and herbal supplements, massage therapy and homeopathy. Only a small proportion of families using CAM discuss these therapies with their health care providers. Communication barriers make it difficult for families to obtain support in making decisions about use of CAM. This lecture will discuss how to best support families to make informed treatment decisions. The strengths and limitations of different levels of evidence will be discussed, and applied to some of the most commonly used CAM interventions in ASD. Specific controversies including special diets (e.g. gluten and casein free diet) and vaccination-related issues will be addressed. The importance of ensuring that children receive safe and effective treatment while respecting families' preferences, priorities and values is emphasized, as is the importance of culturally-sensitive care which acknowledges that there are many routes to health and healing.