

Uso degli psicofarmaci in età adulta nei disturbi dello spettro dell'autismo: limiti e potenzialità

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La dimensione di utilizzo dello psicofarmaco in ASD

Su 300.000 pazienti (Jobski et al., 2016)

Utilizzo in **46** % di ASD: 42% di BB, 61% di AD

Antipsicotici 18% >, antidepressivi 17% <;

Farmaci per ADHD 17% (19% BB, 11% AD) e predice polifarmacoterapia

Maschi: > farmaci per ADHD e antipsicotici

Femmine: > antidepressivi, ansiolitici, antiepilettici

Perché si usano gli psicofarmaci nell'autismo in età adulta ?

- 1. Misdiagnosi: vengono scambiati es. per psicotici, non vengono riconosciuti i quadri organici, etc**
- 2. Per trattare una comorbidità psicopatologica**
- 3. Per gestire disturbi comportamentali associati all'autismo e sintomi non core**
- 4. Per migliorare i sintomi CORE dell'autismo (difficoltà di comunicazione e relazione sociale)**

Errata diagnosi porta a errata terapia...

**SEGUIRE UN PERCORSO
STRUTTURATO DI VALUTAZIONE
PRIMA DI PENSARE DI USARE UN
FARMACO**

Misdiagnosis of High Function Autism Spectrum Disorders in Adults: An Italian Case Series

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Abstract

High Function (HF) Autism Spectrum Disorders (ASD) in adulthood is highly prevalent but insufficiently recognized. In Italy, in particular, awareness of this condition is still insufficient and many psychiatrists have no cases of HF ASD to mention. Adult patients with HF ASD come to the attention of Mental Health Services complaining of difficulties within their social context and interpersonal relationships.

Objectives: Describe emblematic clinical examples of misdiagnosed HF ASD to understand reasons that conducted to misdiagnosis.

Procedure: We contact five specialized Italian Center in diagnosis of ASD. Each center have to describe two or three emblematic cases of adult patient with diagnosis of ASD validated by ADOS-4 but referred to clinicians with another diagnosis, discussing about possible reasons of misdiagnosis.

Sample and Results: We have collected 12 case reports (2 from Bologna center, 3 from Torino center, 3 from Pavia center, 2 from Verona center and 2 from Catania center) of adult HF ASD previously misdiagnosed. These cases shows important similarity across centers and highlight that if are taken into account only problems or symptoms that conduct patients to ask help, cases can easily suggest other psychiatric or personality disorders. Diagnosis becomes clear only after considering all the clinical features and a detailed developmental history.

Conclusion: Psychiatrists who have insufficient experience of ASD may overlook some symptoms of the overall clinical picture and misdiagnose ASD as personality disorders, schizophrenia, phobia or even as a non-psychiatric condition, so is hopeful for future increased knowledge about HF ASD in adulthood.

Screening autism spectrum disorder in adults with Down syndrome: preliminary findings

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SUMMARY

Objectives

In recent years, several studies have highlighted the presence of autism spectrum disorder in individuals with other neurodevelopmental disorders. The objective of this preliminary study is to detect the presence of autistic traits in a sample of adults with Down syndrome.

Methods

1 Article

2 **Autism in Adulthood: Clinical and Demographic**
3 **Characteristics of a Cohort of Five Hundred Persons**
4 **with Autism Analyzed by a Novel Multistep**
5 **Network Model**

6 **Roberto Keller, Silvia Chieragato, Stefania Bari, Romina Castaldo, Filippo Rutto*, Annalisa**
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14

15 **Abstract:** Autism spectrum disorder (ASD) is a neurodevelopmental disease characterized by
16 deficits in communication and relational skills, associated with repetitive verbal and motor
17 behaviors, restricted patterns of interest, need for a predictable and stable environment, and hypo-
18 or hypersensitivity to sensory inputs. Due to the challenging diagnosis and the paucity of specific
19 interventions, persons with autism (PWA) reaching the adult age often display a severe functional
20 regression. In this scenario, the Regional Center for Autism in Adulthood in Turin seeks to develop
21 a personalized rehabilitation and enablement program for PWA who received a diagnosis of autism
22 in childhood/adolescence or for individuals with suspected adulthood ASD. This program is based
23 on a Multistep Network Model involving PWA, family members, social workers, teachers and
24 clinicians. Our initial analysis of 500 PWA shows that delayed autism diagnosis and lack of specific
25 interventions at a young age are largely responsible for the creation of a “lost generation” of adults
26 with ASD, now in dire need of effective psychosocial interventions. As PWA often present with
27 psychopathological co-occurrences or challenging behaviors associated with lack of adequate
28 communication and relational skills, interventions for such individuals should be mainly aimed to
29 improve their self-reliance and social attitude. In particular, preparing PWA for employment,
30 whenever possible, should be regarded as an essential part of the intervention program given the
31 social value of work. Overall, our findings indicate that the development of public centers
32 specialized in assisting and treating PWA can improve the accuracy of ASD diagnosis in adulthood
33 and foster specific habilitative interventions aimed to improve the quality of life of both PWA and
34 their families.

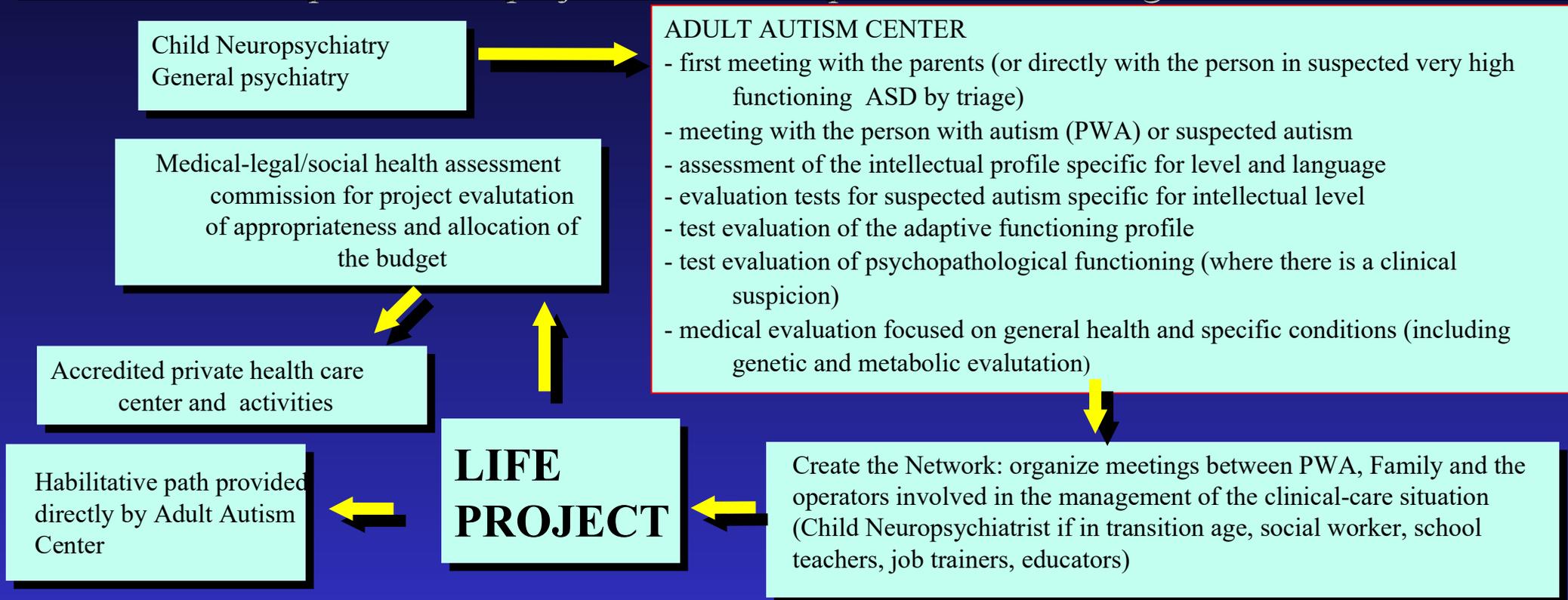
35 **Keywords:** autism spectrum disorder; adulthood; diagnosis; intervention

36

MULTISTEP NETWORK MODEL (Keller 2020, Brain Sci)

progressive steps and integrating diagnostic evaluation with a personalized life project created by the network among psychiatrist and psychologist of the Adult Autism Center, the Family, the PWA, the school, the social worker, the job school and employment service.

Main pillar of the project is so to set up a Network of integrated services



CENTRO AUTISMO : gli STEP

1. Incontro con la famiglia
2. Incontro con la persona con autismo
3. Definizione del percorso valutativo
4. Esecuzione del percorso valutativo clinico-funzionale
5. Incontro con il servizio sociale
6. Preparazione del progetto individuale con tutti gli attori (persona, famiglia, sociale, etc)
7. Presentazione del progetto in UMVD
8. Erogazione del progetto anche con privato sociale

**Progetto inter-
regionale Ministero
della Salute –ISS per la
transizione dalla
adolescenza alla età
adulta:
Piemonte
Toscana
Abruzzo
Trentino - Alto Adige
Valle d’Aosta
PROGETTO EV.A.**

Diagnostic assessment, therapeutic care and education pathways in persons with autism spectrum disorder in transition from childhood to adulthood: the Italian National Ev.A Longitudinal Project

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Abstract

Introduction. The transition from childhood to adulthood is one of the main critical points in the network of services for taking care of people with autism spectrum disorder (ASD). Within the framework of the national research programs on autism, an exploratory longitudinal multicentre study was conducted. This research program, called "Ev.A Project (Developmental and Adult Age)", was proposed by the Italian National Institute of Health (Istituto Superiore di Sanità, ISS) and the aim was the development and testing of a diagnostic, therapeutic, assistance and educational pathway (PDTAE) for autism.

Aim. The present study aimed to evaluate two impact outcomes of the care protocol: the response obtained by the ASD person, and the perception of the change in the family context.

Methods. Participants underwent an initial clinical evaluation and then after one year. Over the course of the year, participants undertook a program of intervention. The measures of adaptive functioning, need for support, psychiatric symptomatology and family quality of life were used for the outcome assessment. Linear mixed models were constructed for each measure to estimate the explanatory/predictive behavior of the intensity of the interventions, adjusted for the participant's level of symptom severity.

Results. The results estimate a main effect of Intervention Group ($b=-27.22$, $p<0.001$) and severity level ($b=-41.87$, $p<0.001$) on the adaptive functioning of the ASD person, but no effect on performance on the dimension of Family Quality of Life ($b=0.523$, $p=0.455$).

Conclusions. The most significant predictor of the impact on the ASD person is the activation of the service network, which must take into account the level of severity of the presented symptoms.

Key words

- autism
- transition age
- diagnostic assessment
- therapeutic care
- health services

**PDTAE percorso
diagnostico terapeutico
assistenziale educativo**

Comorbidità e co-occorrenze...

Comorbidità/co-occorrenze psicopatologiche in ASD

Sintomi e
disturbi psicotici

Suicidalità

Disturbi da uso
di sostanze

> alcol

DCA

Disturbi dell'umore
e ansia
(depressione, BD,
GAD, fobia sociale,
panico, DOC)

Disturbi
attentivi e di
iperattività, e
di personalità

Psychopathology in Adolescents and Adults with Autism Spectrum Disorders

Roberto Keller
Editor

 Springer



Diagnostic Characteristics of Psychosis and Autism Spectrum Disorder in Adolescence and Adulthood. A Case Series

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Introduction

The relationship between psychosis and autism spectrum disorder was present since the first definition of "autism" itself. Indeed, Kanner, in his description of the first autistic patients, takes the term autism from Bleuler, who had collocated this symptom within the core clinical characteristics of schizophrenia. Initially and until the DSM III, the complex relationship between schizophrenia and autism have been characterized by an almost complete overlapping between childhood schizophrenia and autism disorder. This overlapping was followed, later, by a division of these two disorders. Nowadays, in the DSM 5, it is possible to define comorbidity between autism and schizophrenia when in a patient are present both the positive symptoms of schizophrenia (SCZ) as well as the characteristics of the autism spectrum disorder (ASD). Indeed, numerous are the neurobiological links between SCZ and ASD, in particular at a genetic level [1-5].

However what are the clinical relationships between psychotic disorders and ASD? What are the different clinical characteristics of this possible comorbidity? Often, there is a possibility of a misdiagnosis of the ASD during adolescence-adulthood because of a

syndrome diagnosis. During our meeting with the sister, she tells us that she recognizes in her son the same characteristics found before in the brother (our patient) during his childhood. During the patient history, different stereotyped behaviours emerge and also a history of motor oscillations during childhood. These oscillations were so marked that his school peers called him "the pendulum-boy". His interests were always centered on his philosophical-political studies with a restricted food topic. He always lived with his mother, which at the time of writing this manuscript, is 90 years old.

The patient often contacts the old psychiatrist who was in charge of his therapy when he was in the hospital, the psychiatrist remembers him clearly because the patient, since he left the hospital, calls him every day until now and tells him about the same philosophical-political topic. We also called his old psychiatrist, asking him if the behavior of this patient was like the other schizophrenic patients that were in the hospital at that time and he literally told us "he is schizophrenic as I am a cucumber". So the old psychiatrist recognized a clinical difference in this patient compared with other schizophrenic inpatients.

CASE REPORT

Onset of treatment-resistant schizophrenia in an adolescent with undiagnosed autism

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ABSTRACT

A psychotic onset in an adolescent patient may hide an undiagnosed autism; this is particularly possible in a person with autism with high intellectual functioning and good academic performance, who may also have been bullied. In this case, the psychotic clinical picture was a treatment-resistant schizophrenia that required clozapine treatment since adolescence. Here we report a patient with an unrecognized high-functioning autism spectrum disorder who presented a psychotic onset at the age of 12 years after school bullying episodes. He did not have other relevant medical comorbidities nor diagnosed neuroradiological, metabolic and genetic anomalies. The patient presented a rapid regression characterized by loss



Autism spectrum disorder and personality disorders: Comorbidity and differential diagnosis

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Abstract

BACKGROUND

Differential diagnosis, comorbidities and overlaps with other psychiatric disorders are common among adults with autism spectrum disorder (ASD), but clinical assessments often omit screening for personality disorders (PD), which are especially common in individuals with high-functioning ASD where there is less need for support.

ASD + ADHD

L'ADHD e i Disturbi dello Spettro Autistico si verificano frequentemente in co-occorrenza.

(Russell et al., 2014 in Lau-Zhu et al., 2019)

- Fino al 30-80% delle persone con ASD riceve una diagnosi di ADHD
- Fino al 20-50% delle persone con ADHD riceve una diagnosi di ASD

(van der Meer et al., 2012 in Lau-Zhu et al., 2019)

PSICOSTIMOLANTI/ATOMOXETINA . LG SNLG AUTISMO ADULTI

Elevata co-occorrenza tra ADHD e ASD

Vi sono sintomi sovrapponibili tra le due forme

In età adulta permane soprattutto la componente disattentiva dell'ADHD

14% di persone con ASD sono trattate per sintomi di ADHD con psicostimolanti (metilfedato, atomoxetina)

Formulate due raccomandazioni distinte

RACCOMANDAZIONE

Suggerisce di **NON USARE FARMACI PSICOSTIMOLANTI/ATOMOXETINA** IN **ADULTI CON ASD SENZA COMORBIDITA'** **CON ADHD**

Raccomandazione condizionata basata su qualità molto bassa delle prove

RACCOMANDAZIONE SNLG

Suggerisce di **UTILIZZARE FARMACI
PSICOSTIMOLANTI/ATOMOXETINA IN
ADULTI CON ASD e CON ADHD**

**Raccomandazione condizionata basata su qualità
molto bassa delle prove**

La gestione dei comportamenti disadattivi...

Decodificare il comportamento disadattivo

1. Conoscere il paziente: diagnosi approfondita
2. Valutare il **significato** somatico, sensoriale, di modifica della sameness, e funzionale del problema comportamentale
3. Valutare il paziente nel contesto direttamente e/o indirettamente
4. Inserire il farmaco dopo l'intervento psicoeducativo e mantenere quest'ultimo
5. Attenzione alle stratificazioni / interazioni

Analisi del comportamento problema

L'assessment comportamentale è interessato a ottenere una descrizione del comportamento problematico, a identificare i possibili fattori ambientali che determinano quel comportamento e a scegliere un'appropriata strategia di trattamento per modificare il comportamento e a valutare i risultati.

L'assessment comportamentale è un insieme di metodi di osservazione, di analisi, di valutazione del comportamento volto a identificare la funzione del comportamento target.

Un tipo di assessment particolarmente importante è chiamato **analisi funzionale**



Assessment comportamentale

L'analisi funzionale è uno strumento che serve a descrivere gli eventi in modo tale da misurarli obiettivamente.

Se conosciamo un comportamento possiamo programmare in modo efficace un intervento per modificarlo.

Serve a conoscere la struttura e la funzione di un comportamento per insegnare alla persona delle alternative funzionali al raggiungimento dello scopo che la persona stessa si era prefissata



Review

Stereotypies in the Autism Spectrum Disorder: Can We Rely on an Ethological Model?

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Abstract: Background: Stereotypic behaviour can be defined as a clear behavioural pattern where a specific function or target cannot be identified, although it delays on time. Nonetheless, repetitive and stereotypical behaviours play a key role in both animal and human behaviour. Similar behaviours are observed across species, in typical human developmental phases, and in some neuropsychiatric conditions, such as Autism Spectrum Disorder (ASD) and Intellectual Disability. This evidence led to the spread of animal models of repetitive behaviours to better understand the neurobiological mechanisms underlying these dysfunctional behaviours and to gain better insight into their role and origin within ASD and other disorders. This, in turn, could lead to new treatments of those disorders



In autismo



MELT DOWN

SHUT DOWN

**USO DEI FARMACI PER LA GESTIONE DEI
COMPORTAMENTI PROBLEMA /DISTURBI
DISADATTIVI (AGGRESSIVITA' AUTO-
ETERODIRETTA, ETC)**

**UTILIZZARE UN FARMACO, E IN
PARTICOLARE UN ANTIPSICOTICO DI
FRONTE A UN PROBLEMA
COMPORTAMENTALE SENZA PRIMA AVERNE
VALUTATO TUTTI GLI ASPETTI E IN
PARTICOLARE LA POSSIBILE CAUSA
ORGANICA E' DA CONSIDERARSI
MALPRACTICE**

Bisogna decodificare il sintomo....

AGGRESSIVITA' sintomo di:

- **Psicosi**
- **Disturbo bipolare, fase maniacale**
- **Depressione in disabilità intellettiva**
- **Disturbo di personalità**
- **Attacchi di panico in disabilità intellettiva**
- **Sospensione troppo rapida di farmaci**
- **Reazione paradossa ad ansiolitici**
- **Impossibilità di svolgere compulsioni (DOC)**
- **Attivazione iatrogena da farmaci (antibiotici)**

Psicofarmaci e ASD: da inserire in un contesto di progetto psicoeducativo

Qualora non sia stato possibile con l'intervento psicoeducativo e comportamentale riuscire a gestire un grave problema comportamentale, l'inserimento cauto e attento e monitorato di un farmaco può permettere il miglioramento degli aspetti comportamentali eccessivi e di potere fare un programma abilitativo che altrimenti non sarebbe possibile

Ma ogni farmaco è sempre un compromesso tra benefici e collateralità.



Gray matter abnormalities follow non-random patterns of co-alteration in autism: Meta-connectomic evidence



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**La modalità di risposta al farmaco è fortemente
individuale, su una base biologica, di una alterazione
della connettività cerebrale e richiede un controllo
frequente delle terapie...
È molto difficile togliere delle terapie, vi anzi il rischio
di stratificazione farmacologiche...**

**NON CONFONDERE I RITUALI
AUTISTICI CON I RITUALI OSSESSIVI E
QUINDI ERRONEAMENTE TRASLARE IL
TRATTAMENTO PER I DISTURBI
OSSESSIVO-COMPULSIVI COME
TRATTAMENTO DEI SINTOMI
AUTISTICI**

Gastrointestinali

**Effetti collaterali
SSRI**

Sessuali

SIADH

Sanguinamento

Rischio suicidario

Da interazioni

**Sindromi 5HT e da
sospensione**

Neurologici

RACCOMANDAZIONE SNLG

**Suggerisce di NON USARE FARMACI
ANTIDEPRESSIVI IN ADULTI CON ASD**

**Raccomandazione condizionata basata su qualità
molto bassa delle prove**

**Non si applica a adulti con comorbidità di disturbi
indicati nelle schede tecniche autorizzative (depressione
maggiore, disturbo ossessivo-compulsivo, disturbi
d'ansia): riferirsi alle LG specifiche di buona qualità**

RACCOMANDAZIONE SNLG

**Suggerisce di NON USARE FARMACI
ANTIPILETTICI/STABILIZZATORI
DELL'UMORE IN ADULTI CON ASD SENZA
COMORBIDITA' DI EPILESSIA O DISTURBO
DELL'UMORE**

**Raccomandazione condizionata basata su qualità molto bassa
delle prove**

**Non si applica a adulti con comorbidità di disturbi dell'umore o
epilessia. Riferirsi alle LG specifiche di buona qualità**

EXTRAPIRAMIDALE

DISTONIA ACUTA: dolori, crampi al collo, al capo, lombari, crisi oculogire sino al laringospasmo

DISCINESIE DA SOSPENSIONE soprattutto se si scende troppo velocemente con il dosaggio

PARKINSONISMI: effetti negativi sulla compliance; *anche rallentamento cognitivo e alogia*

DISFORIA indotta da neurolettici

Disturbo del movimento indotto da farmaci

DISCINESIA TARDIVA grave effetto a distanza di almeno tre mesi di trattamento

Movimenti rapidi, involontari, ripetitivi, stereotipati soprattutto a carico del volto, bocca, labbra lingua con protusione, masticazione, suzione, smorfie, anche a arti, tronco. Rischio atipici 1: tipici 5

Va ridotto il dosaggio, utilizzare bdz, xenazina, clozapina

Sindrome metabolica: iperglicemia e iperlipidemia

Almeno tre segni compresi tra:

- **Obesità $> 90^\circ$ o BMI $> 95^\circ$**
- **Ipertrigliceridemia TG > 110 mg/dl**
- **Basse HDL < 40 mg/dl**
- **Ipertensione $> 90^\circ$ per età e genere**
- **Iperglicemia > 110 mg/dl a digiuno**

**TRATTAMENTO DEI SINTOMI
COMPORTAMENTALI ASSOCIATI
ALL'AUTISMO:
RISPERIDONE E ARIPIPRAZOLO
(vedere scheda tecnica italiana)**

CONSEGUENZE DELL' IPERPROLATTINEMIA

- Dismenorrea
- Galattorrea **A breve termine**
- Disturbi sessuali (impotenza)
- Disturbi della fertilità

- Neoplasie mammarie **A lungo termine**
- Osteoporosi
- Malattie cardiovascolari
- Alterazione della funzione immunitaria

ACATISIA

**sensazione soggettiva di irrequietezza
psicomotoria, con bisogno di muoversi;
se scambiata per ansia porta erroneamente
all'aumento del dosaggio di antipsicotici;
viceversa va ridotto il dosaggio e associate
transitoriamente benzodiazepine**

Raccomandazione

Il *Panel* della Linea Guida sulla diagnosi e trattamento del disturbo dello spettro autistico negli adulti, suggerisce di **non utilizzare** farmaci antipsicotici in adulti con ASD senza disturbi dello spettro schizofrenico (o altri disturbi psicotici) o comportamenti problema (raccomandazione condizionata basata su una qualità molto bassa delle prove).

La sola diagnosi di Disturbo dello spettro dell'autismo non autorizza l'uso di antipsicotici

Raccomandazione

Il *Panel* della Linea Guida sulla diagnosi e trattamento del disturbo dello spettro autistico negli adulti, suggerisce di utilizzare farmaci antipsicotici in adulti con ASD e co-occorrenza di comportamenti problema (raccomandazione condizionata basata su una qualità molto bassa delle prove).

Solo in presenza di comportamento problema si può prendere in considerazione l'uso di antipsicotici

Trattamento dei sintomi core (ritiro sociale, difficoltà di comunicazione e interazione sociale)

AUTISM: A CRITICAL PERIOD DISORDER ?

Le Blanc, Fagiolini 2011

La regolazione dello sviluppo nei critical period è legato ad un delicato equilibrio neurochimico della attività inibitoria-eccitatoria e in particolare al GABA-glutammato. Inoltre emerge il ruolo fondamentale delle proteine che agiscono strutturando correttamente le connessioni sinaptiche e costruendo correttamente le reti neurali cerebrali: neurexina, neurolighina, contactina, caderina, etc., proteine codificate da geni coinvolti nei DSA. In altri termini la predisposizione genetica, attivata da fattori ambientali-epigenetici porta allo squilibrio eccitatorio/inibitorio con compromissione dell'omeostasi.

Ghaleiha A ***Memantine*** as adjunctive treatment to **risperidone** in children with autistic disorder: a randomized, double-blind, placebo-controlled trial. **Int J Neuropsychopharmacol** 2012

Ghaleiha A ***Riluzole*** as an adjunctive therapy to risperidone for the treatment of irritability in children with autistic disorder: a double-blind, placebo-controlled, randomized trial. **P aediatr Drugs**. 2013

Ghanizadeh and Ebrahim Moghimi-Sarani **A randomized double blind placebo controlled clinical trial of *N-Acetylcysteine* added to risperidone for treating autistic disorders** BMC Psychiatry 2013



The Gut-Brain-Immune Axis in Autism Spectrum Disorders: A State-of-Art Report

Chiara Puricelli^{1,2}, Roberta Rolla^{1,2*}, Luca Gigliotti¹, Elena Boggio¹, Eleonora Beltrami², Umberto Dianzani^{1,2†} and Roberto Keller^{3†}

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The interest elicited by the large microbial population colonizing the human gut has ancient origins and has gone through a long evolution during history. However, it is only in the last decades that the introduction of high-throughput technologies has allowed to broaden this research field and to disentangle the numerous implications that gut microbiota has in health and disease. This comprehensive ecosystem, constituted mainly by bacteria but also by fungi, parasites, and viruses, is proven to be involved in several physiological and pathological processes that transcend the intestinal homeostasis and are deeply intertwined with apparently unrelated body systems, such as the immune and the nervous ones. In this regard, a novel speculation is the relationship between the intestinal microbial flora and the pathogenesis of some neurological and neurodevelopmental disorders, including the clinical entities defined under the umbrella term of autism spectrum disorders. The bidirectional interplay has led researchers to coin the term gut-brain-immune system axis, subverting the theory of the brain as an immune-privileged site and underscoring the importance of this reciprocal influence already from fetal life and especially during the pre- and post-natal neurodevelopmental process. This revolutionary theory has also unveiled the possibility to modify the gut microbiota as a way to treat and even to prevent different kinds of pathologies. In this sense, some attempts have been made, ranging from probiotic administration to fecal microbiota transplantation, with promising results that need further elaboration. This state-of-art report will describe the main aspects regarding the human gut microbiome and its specific role in the pathogenesis of autism and its related disorders, with a final discussion on the therapeutic and preventive strategies aiming at creating a healthy intestinal microbial environment, as well as their safety and ethical implications.

Keywords: microbiota, dysbiosis, autism spectrum disorder, gut-brain axis, neuroinflammation, fecal microbiota transplantation (FMT), probiotics

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Intervento
specifico sul
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Efficacy and Safety of Q10 Ubiquinol With Vitamins B and E in Neurodevelopmental Disorders: A Retrospective Chart Review

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**NECESSITA' DI CLUSTERIZZARE SOTTOTIPI
DELLO SPETTRO PER DEFINIRE TERAPIE
MAGGIORMENTE SPECIFICHE**

Conclusioni

L'AUTISMO NON SI CURA CON I FARMACI

NO AL RIDUZIONISMO BIOLOGICO

SI' ALLA SAFETY NEL GUIDARE LA SCELTA

PUO' AIUTARE UNA RIDUZIONE DI SINTOMI

COMPORTAMENTALI GRAVI E PERMETTERE

UN INTERVENTO PSICOEDUCATIVO

VA ESTREMAMENTE PERSONALIZZATO

PUO' AIUTARE A GESTIRE COMORBIDITA' GRAVI