

Arizona State University- Autism Research Program
P.O. Box 878706
Tempe, Arizona 85287-8706

To: Individuals with Autism and/or their Parents/Guardians,
Re: A Study to Determine the Intestinal Bacteria and Yeasts Present in Autism

We are writing to invite your participation in a study for individuals with autism. The purpose of the study is to determine the types and amounts of bacteria and yeast in the stool of individuals with autism compared to controls.

Background:

- 1) Individuals with autism generally have a higher incidence of gastrointestinal problems than their typical peers. It has been estimated that 50% of individuals living with autism also suffer from diarrhea, abdominal pain, bloating, and/or constipation. It is suspected that abnormalities in the types and numbers of bacteria contribute to these problems.
- 2) Parracho et al. also recently reported differences in the gut microflora of individuals with ASD and that of healthy individuals. In their study, levels of a known toxin producing bacteria were higher in the ASD individuals compared to typical individuals. These bacteria may contribute to the gut problems named above.

Proposed Study:

This initial study will involve the following:

- 1) Collection of a stool sample. Participants will be given a simple collection kit with instructions for the collection at home and delivery of the sample to ASU or a Tucson collection site. The samples will be evaluated by our research team to determine the amount and type of bacteria and yeast present.
- 2) The completion of questionnaires pertaining to the participant's medical history (including gastrointestinal problems), severity of autism, diet, and use of medications including nutritional supplements. This will take about 30 minutes.
- 3) You will be asked, but not required, to help find non-autistic controls (unrelated to individuals with autism) to contribute stool samples for the study. If you are selected for the study, you will be given two recruitment packages to give to friends who may wish to participate as controls.

Eligibility Criteria:

- 1) Age 2 ½ to 60 years
- 2) Diagnosis by a psychiatrist or similar expert of autism, PDD/NOS, or Asperger's
- 3) No usage of any type of antibiotic or antifungal medications within the last month. Please contact Dr. Adams or Linda Powell at the numbers or emails below with any questions about medications you are currently taking.

If you or your child meets the above criteria, we are inviting your voluntary participation in our study. **If you choose not to participate or to withdraw from the study at any time, there will be no penalty.** The results of the research study may be published, but your name will not be used, and we will maintain confidentiality of your test results.

Benefits: Participants will receive the results of all their lab tests, and a copy of the final report on the study.

Possible Side-Effects/Safety Issues:

Possible exposure to the stool during collection (gloves will be provided).

Thank you for your interest in our study, which will help us develop a better understanding of the bacteria and yeast associated with autism and hopefully lead to possible treatment approaches. If you have any questions concerning the research study, please call Dr. Adams at (480) 965-3316, or email jim.adams@asu.edu. You may also contact Linda Powell at (480) 710-8832 or email linda.powell@asu.edu Thank you very much for your time.

Sincerely,

James B. Adams, Ph.D.
Professor, Arizona State University

Code # _____

**Screening Form for Participation in
Intestinal Microflora of Individuals with Autism in Comparison to Controls**

Participant's name _____

Parent/Guardian's name (if applicable) _____

Mailing Address: _____

City: _____ State _____ Zip _____

Phone: _____ Email: _____

Participant's birthday (month/year): _____ Sex: _____

Participant's Ethnicity: Asian/Pacific Islander American Indian/Alaskan Native

Black (not Hispanic) Hispanic Multi-Racial White (not Hispanic) Other

Individual's primary diagnosis
(autism, Asperger's, PDD/NOS, or typical/control) _____

Person who made diagnosis and their profession: _____

Other co-existing physical or mental health conditions: _____

Current Medications:

Current Nutritional Supplements:

Special Diet: (please describe):

Does the participant regularly consume probiotics (including supplements, yogurt, sauerkraut, buttermilk, etc.)? _____ If yes please describe how much and how often:

Code # _____

Do you or your child have persistent gastrointestinal disturbances (abdominal pain, bloating, gas, diarrhea, constipation, etc.)? _____ If yes, please describe:

Please return this form to:

**James B. Adams
Autism Research Program
Arizona State University
PO Box 878706
Tempe, AZ 85287-8706
(480) 727-9321 (fax)**

Thank you so very much for your help in returning these forms promptly.