

Effects of risperidone on kids with autism and irritable behavior article reviews...

[Sociology](#), [Communication](#)



Autism is a mental condition that becomes evident when a child is one to three years. Early detection of the disorder may minimize the symptoms as compared to discovering the condition when one is an adult. Autism is characterized by various degrees of difficulty in social interaction, memory, verbal and non-verbal communication. People suffering from autism have an intellectual disability, low motor coordination and health issues such as sleep disturbances. A number of environmental factors have been found to increase a child's risk of becoming autistic. This includes maternal illness during pregnancy, oxygen deprivation during birth and the parents' age at the time of conception. The older the parents are, the higher the chances of the baby becoming autistic. These factors combined with other genetic factors greatly increase the chances of autism in an infant. The objective of the research was to establish the effects of Risperidone on the cognitive ability of children with autism and irritable behavior.

The article talks about the effects of a drug called Risperidone and the effects it has on children under the age of 18. The drug is also administered along another drug known placebo. These two drugs are known as antipsychotics (APPs). Antipsychotics drugs try to control psychotic symptoms of psychotic disorders such as schizophrenics and in our case autism. The hypothesis presented by the article states that " There are no differences between placebo and Risperidone."

Based on the findings, it's important to note that no decline whatsoever was found in all the tests done by the patients under placebo or risperidone. Significant improvements were, however, observed by subjects using risperidone on the Cancellation Task, the Verbal Learning Task and the

Spatial Memory Task. The ANOVA used for this research is one way ANOVA test. This is because we were comparing the response of kids who used placebo and risperidone. If I were the architect of the research, I would ensure I use a higher number of kids with autism and irritable behavior for the test. This would guarantee more accurate results as compared to using a small sample space. I would also consider doing another similar test before making the results public but in different areas from the initial research since research on kids with autism has never been done before.

. Risperidone resulted in more correct detections than placebo on the Cancellation Task [$F(1, 17) = 3.18, p = .05, \eta^2 = .16$] and more correct recognitions than placebo on the Verbal Learning Task, [$F(1, 13) = 4.42, p = .05, \eta^2 = .20$] Thus it can be said that resperidone is a more effective drug as compared to placebo.

Some of the assumptions of ANOVA are: there's independence of observations, there's normal distribution of data, and there's homogeneity of variances. The independence of observations means that each sample is taken to be an independent random sample. The equality or homogeneity of variances can be examined using the rule of thumb, where the largest sample's standard deviation is divided by the smallest sample's standard deviation, and if the quotient is $x < 2$ then we assume the population variances are equal.

The limitations of using ANOVA method in carrying out research are numerous. The disadvantages emanate from the assumptions of ANOVA. The first limitation is the assumption that the population means from each set of data are equal. However, this cannot be possible in the real life scenario.

Another limitation is our assumption that the variances from each set of data under observation are the same or equal. Again this is not practical in the real world. Some of the limitations of the study are that a very small percentage, 36 out of 101 candidates were able to perform the task. This meant that the sample size of the research was only restricted to a small group of kids. Also, only a small number of the 38 kids were able to do the Dot test. It seems it proved too difficult for them to complete.

References

- Aman, M. G., Hollway, J. A., McDougle, C. J., Scahill, L., Tierney, E., McCracken, J. T., & Posey, D. J. (2008). Cognitive effects of risperidone in children with autism and irritable behavior. *Journal of child and adolescent psychopharmacology*, 18(3), 227-236.
- Günther, T., Herpertz-Dahlmann, B., Jolles, J., & Konrad, K. (2006). The influence of risperidone on attentional functions in children and adolescents with attention-deficit/hyperactivity disorder and co-morbid disruptive behavior disorder. *Journal of Child & Adolescent Psychopharmacology*, 16(6), 725-735.
- McCracken, J. T., McGough, J., Shah, B., Cronin, P., Hong, D., Aman, M. G., & McMahon, D. (2002). Risperidone in children with autism and serious behavioral problems. *New England Journal of Medicine*, 347(5), 314-321.
- Vitiello, B., Correll, C., van Zwieten-Boot, B., Zuddas, A., Parellada, M., & Arango, C. (2009). Antipsychotics in children and adolescents: increasing use, evidence for efficacy and safety concerns. *European Neuropsychopharmacology*, 19(9), 629-635.