

Against *Le Packing*: A Consensus Statement

To the Editor:

Coinciding with the Ninth International Autism–Europe Congress held in Catania, Sicily from October 8 through 10, 2010, the undersigned keynote speakers of the meeting, a group of recognized professionals in the field, were greatly disturbed by the news that in some areas of the world—notably francophone countries—an alleged form of therapy labeled *le packing* is being applied and recommended for children and adolescents with autism spectrum disorders, especially those showing associated severe behavioral problems.¹

This alleged therapy consists of wrapping the patient (wearing only underclothes or naked in the case of young children) several times a week during weeks or months in towels soaked in cold water (10°C to 15°C). The individual is wrapped with blankets to help the body warm up in a process lasting 45 minutes, during which time the child or adolescent is accompanied by two to four staff persons. The alleged goal of this technique, as defined by proponents of this therapy, is to “allow the child to rid him- or herself progressively of its pathological defense mechanisms against archaic anxieties,”² by achieving “a greater perception and integration of the body, and a growing sense of containment.”³ The French Public Health High Council, although purposely avoiding reviewing indications and ethical aspects, has recently established that, although psychological risks have not been excluded, performing *le packing* does not carry risks that would justify its prohibition.⁴

We have reached the consensus that practitioners and families around the world should consider this approach unethical. Furthermore, this “therapy” ignores current knowledge about autism spectrum disorders; goes against evidence-based practice parameters and treatment guidelines published in the United States, Canada, United Kingdom, Spain, Italy, Hungary, and Australia⁵⁻⁷; and, in our view, poses a risk of preventing these children and adolescents from accessing their basic human rights to health and education.

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REFERENCES

1. Spinney L. Therapy for autistic children causes outcry in France. *Lancet*. 2007;370:645-646.
2. Delion P. *Le Packing avec les Enfants Autistes et Psychotiques*. Ramonville-Saint-Agne: Èrès; 2003.
3. Goeb JL, Bonelli F, Jardri R, Kechid G, Lenfant AY, Dellion P. Packing therapy in children and adolescents with autism and serious behavioural problems. *Eur Psychiatry*. 2008;23:S405-S406.
4. Haute Conseil de la Santé Publique. Avis; February 2, 2010. http://www.hcsp.fr/docs/pdf/avisrapports/hcspa20100202_packing.pdf. Accessed December 19, 2010.
5. Barthélémy C, Fuentes J, Howlin P, Van der Gaag RJ. Persons with autism spectrum disorders: identification, understanding, intervention. Autism Europe Official Document on Autism; 2009. <http://www.autismeurope.org/files/files/persons-with-autism-spectrum-disorders-identification-understanding-intervention.pdf>. Accessed December 19, 2010.
6. Fuentes-Biggi J, Ferrari-Arroyo MJ, Boada-Muñoz L, et al. Good practice guidelines for the treatment of autistic spectrum disorders. *Rev Neurol*. 2006;43:425-438.
7. SIGN—Scottish Intercollegiate Guidelines Network. Assessment, diagnosis and clinical interventions for children and young people with autism spectrum disorders: a national clinical guideline. 2007. <http://www.sign.ac.uk/pdf/sign98.pdf>. Accessed December 19, 2010.

Asperger Disorder in the DSM-V: Sacrificing Utility for Validity

To the Editor:

The draft criteria of the upcoming *DSM-V* have proposed creating a single diagnostic category of autism spectrum disorder that would include autism, Asperger disorder, and pervasive developmental disorder not otherwise specified. Disintegrative disorder and Rett disorder will be eliminated. However, it is the “disappearance” of Asperger disorder that is likely to create the most confusion.

According to the *DSM-V*, studies have not demonstrated the validity of the subtypes of *DSM-IV*, especially that of Asperger disorder. It has been claimed that distinctions made among the subtypes of autism spectrum disorder have been found to be “inconsistent over time, variable across sites” and associated with the level of

intelligence and verbal skills rather than with the core features of the disorder.¹

The main reason most studies have not been able to distinguish between Asperger disorder and autism is that the *DSM-IV* criteria were vague and difficult to use. For example, language delay was not clearly defined and differences in the social deficits of the two conditions were not highlighted. As a result, most studies chose to modify the diagnostic criteria or abandon them altogether. Publication of the *DSM-V* provides an opportunity to revise and refine the diagnosis. Instead, we seem to have decided to go back to *DSM-III*, lumping all autistic disorders into a single category, replacing only *pervasive developmental* with *autism spectrum*. Although the *DSM-IV* has been accused of trying to “carve at the joints,”¹ the *DSM-V* appears to have chosen not even to “use the knife.”

The decision to include Asperger disorder under the overarching label of *autism spectrum disorder* is likely to cause problems and should be reconsidered. Not every diagnosis proposed in the upcoming revision has been shown to be valid or useful, such as binge eating and minor cognitive problem.² Whether or not it is distinct from autism, *Asperger disorder* has become a clinically useful term to describe certain types of individuals who may respond to a different set of interventions than those with typical autism.³ Moreover, naming the condition has increased awareness of the milder forms of autism and resulted in the creation of specialist services.⁴ In the absence of biological markers, therefore, the diagnosis of autism spectrum disorders should be based not only on diagnostic validity but also on clinical utility.

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REFERENCES

1. American Psychiatric Association. *DSM-5 development: 299.00 autistic disorder: proposed revision*. www.dsm5.org/Proposed