NIH & AUTISM: A Case Study in Barriers to Progress in Environmental Medicine

Mark Blaxill, Sallie Bernard, Theresa Wrangham
SafeMinds, www.safeminds.org

Introduction
Medical practice for chronic illnesses has been slow to integrate the etiological principle that most human disease has an environmental component. Chronic disease medicine emphasizes diagnosis, intervention after symptom onset, and finding ‘disease genes’. The environmental health disciplines emphasize pollution reduction and environmental remediation. Neglect of environmental considerations in healthcare for specific diseases has negative consequences by perpetuating preventable conditions and hindering development of effective treatments.

Autism is a case in point. Autism spectrum disorders now affect 1 in 150 children and cost billions of dollars in lifetime care. Despite evidence of autism’s environmentally-induced underpinnings and resulting alterations in multiple organ systems that are not necessarily mediated by genetic lesions,1-2 a ‘brain disorder/genetic heritability’ paradigm prevails. Autism healthcare continues to be managed by psychiatric/behavioral professionals who carry the assumption that autism is a lifelong condition requiring services centered around diagnosis, therapies, and behavioral interventions that have the goal to merely improve the functioning of a defective organism rather than promote the recovery of an injured child.3

Progress in the translation of environmental findings into the clinic is largely determined by the priority assigned by grant providers in the research field in question and how they allocate funding resources between different research domains and clinical translation efforts. The largest and most influential entity that sets research funding priorities is the National Institutes of Health. An examination of NIH practices can inform the question of why certain fields and approaches receive resources to advance their theories while others do not. Recent Congressional initiatives on autism research offer an opportunity to examine NIH practices that impact environmental medicine.

In 2006, Congress requested $744 million to be spent over 5 years for basic and clinical research on autism, primarily by NIH. The Interagency Autism Coordinating Committee (IACC) led by NIMH was charged with creating a strategic plan (SP) for autism research to guide funding decisions. The draft SP was finalized and a vote for approval in November 2008. We reviewed past autism research spending practices at NIH as well as future priorities reflected in the draft SP. We wished to assess how past choices by NIH have impacted current clinical practice, how past priorities might impact future research, and what factors influence choices regarding environmental science.

Methods

Aim 1: Analysis of past autism research priorities at NIH
• Searched NIH CRISP database of all grants (1980-2007) in autism spectrum disorders scoring 11-100
• Used the 4850 records obtained to create a new database using crawler and screen scraper techniques
• Converted data into Excel Spreadsheet and
• Imported records into Latent Semantic Analysis (LSA) tool called Themescape for vectorial semantic clustering analysis and visualization

Aim 2: Analysis of future autism research priorities at NIH
• Identified NIH-invited participants in SP development and implementation
• Calculated total spending and allocations by main research category and analyzed text in draft SP to characterize NIH strategic intent

Results

Aim 1: analysis of past autism research priorities at NIH
• Grants identified as related to ‘autism’ grew rapidly during the 1990s, but then total funding stagnated
• NIEHS is not active in autism funding (Fig.1) and environmental researchers are not among leading grant recipients (Fig.2)
• Genetics, diagnosis/description, and behavior dominate in funding (Figs.3&4)

Aim 2: analysis of future autism research priorities at NIH
• Acknowledgement of alarming rise in prevalence from environmental triggers is absent
• Proposed spending is below Congressional request and below reported 2007 levels (Fig.5)
• NIEHS and environmental stakeholders marginalized; genetics organizations given prominent voice
• Genetics-only research budget remains dominant in Etiology domain (Fig.6)
• Diagnostic allocations equal those for treatment (Fig.7)

Conclusions
Autism is a serious chronic condition with recognized environmental etiology not reflected in mainstream medical practice. Analyses of trends in NIH autism spending demonstrate that research priorities remain unchanged, with continued underfunding and domination by genetic, diagnostic, and behavioral disciplines. Since past NIH priorities are reflected in current mainstream clinical practice, it is likely that future clinical practice will mirror the NIH SP priorities. Assuming the draft SP is approved as is, clinical care will continue to neglect environmentally-sensitive treatment approaches and will be inadequate to reduce the steep rise in autism prevalence.

A noticeable factor driving these observations is the reluctance of NIH to fully include environmental representatives while promoting advocates of the established brain disorder/genetic heritability paradigm. A commitment by environmental scientists to insert themselves into NIH processes at NIH as well as future priorities reflected in the draft SP. We wish to assess how past choices by NIH have impacted current clinical practice, how past priorities might impact future research, and what factors influence choices regarding environmental science.

Fig 1. Past funding was mostly through NIMH & NICHD, with NIEHS weakly represented.

Fig 2. Genetics, diagnosis/description, behavioral investigators were past top grantees. Only one environmental scientist was funded.

Fig 3. Latent semantic analysis LSA clustering of 4850 NIH autism grants, 1980-2007, shows genetic, not imaging grants dominated past efforts; toxicology was a minor activity.

Fig 4. In most recent clustering of past grants (1000 grants from 2005-2007 only), environment is absent.

Fig 5. NIH Strategic Plan future spending is less than current level, less than Congress requested, despite increase in prevalence.

Fig 6. Autism Strategic Plan future budget allocations continue diagnosis and gene-only priorities.

3. SafeMinds is a non-profit organization focusing on mercury’s role in autism, an environmental theory deserving attention and resources in light of increased human exposures to mercury and the rising frequency of autism spectrum disorders. SafeMinds advocates for social awareness and scientific research into environmental factors in autism, funds external research and conducts internal analyses on related topics.