

All of Life Inventory: Autism Getting at the Roots of the Epidemic

Introduction. Although broadened and more sensitive diagnostic criteria appear to be contributing to some of the increase in autism rates, most researchers acknowledge that there is a significance increase is going on too:

- "The autism caseload in California increased 600% between 1992 and 2006" [Mazumdar, et al., 2012](#)
- "Idiopathic autism, in particular, suspected to be caused by exposure of genetically susceptible individuals to unknown environmental triggers, has increased dramatically in the past 25 years" [St-Hilaire, et al., 2012](#)

As one author summarizes, "Researchers speak of 'epidemic outbreak' of the disease. Although the diagnostic framework has been expanded and thus more disorders now fall within the autistic spectrum, no one disputes the increased incidence of autism in modern societies, making it a major public health problem" [Megremi, et al., 2013](#)

Out of this concern, scientific activity has grown substantially, with "considerable research interest in determining factors which are etiopathogenetically, prognostically, preventively or/and therapeutically associated with the disorder" [Megremi, et al., 2013](#)

Despite abundant research (over 2000 studies pulled up in this lit review) , we continue talking as if we know very little about what's going on. One author, for instance, writes, "Despite the significant increase in autism spectrum disorder, there are few if any clues for its pathogenesis, hampering early detection or treatment" [Angelidou, et al., 2012](#) Another states, "there is limited information regarding the susceptibility of specific autism candidate genes to dysregulation by environmental factors, and even less information on the types of environmental agents that may lead to increased risk for autism" [Hu, et al., 2012](#)

After 2000 studies, we believe the public deserves to hear more than declarations of "limited information" and "few if any clues" at what is going on. Indeed, this review alone confirms abundant information and *lots* of clues at what is (potentially) happening.

What usually happens is we get lost in debates regarding whether X or Y is "the cause" (or not) - insisting upon nearly insurmountable scientific standards that require tens of studies over many years - just to determine whether one particular factor could justifiably be called a "cause."

In the meanwhile, the general public is left in the dark of even the early hints- with little to no awareness of the range of possible contributors that have been identified. Rather than share possibilities science has uncovered, some insist that it remains "dangerous" to talk about risk factors until we know with complete certainty. For instance, [Rutter, 2012](#) understandably cautions regarding the "avoidance of claims that go beyond the evidence" while [Rossi, et al., 2013](#) goes even farther, noting that " much more risk information expected to follow from scientific studies currently underway":

The availability of this risk information raises questions about whether and how it should be communicated to individuals, families, and the public at large. One ethical issue of particular concern with ASD risk communication is the possibility that it may cause inadvertent harm to risk message recipients.

While agreeing that great care should go into how and when information is communicated, it strikes me as unusual that the focus appears to be on the danger of saying 'too much' exclusively - rather than also saying *too little* (about an enormously powerful and insightful research literature that may be immediately helpful in understanding how to prevent and intervene in serious problems like autism).

In particular, a picture is emerging of compounding, cumulating "insults" to the body that can lead a child towards autism - "as a result of complex developmental interactions among brain networks" [Elsabbagh, et al., 2011](#)

When our focus is narrowly focused on one or two factors, however, this cumulative risk burden is missed. For instance, [DeSoto, 2009](#) writes, "much professional awareness regarding environmental triggers for autism spectrum disorders has been narrowly focused on a single possible exposure pathway (vaccines). Meanwhile, empirical support for environmental toxins as a broad class has been quietly accumulating." [Yudell, et al., 2013](#) adds, "the emerging picture of causation is in many cases complex, with multiple genes and gene-environment interactions being at play."

Interested in getting my own glimpse at the broad spectrum of potential contributors, I searched Pubmed for "risk factors" and "contributors" associated with autism. First in 2013, and with a follow-up two years later, I was astounded to find first 1400 studies, then another 1100 two years later. Although upwards of 2000 study summaries were reviewed, only a subset of those were identified as relevant. For instance, lots of studies look at autism as a risk factor itself for other things - such as obesity [Egan, et al., 2013](#), bullying, self-injurious behaviors [Duerden, et al., 2012](#), etc. Other studies consider risk factors for certain experiences within autism - like a family history of neuropsychiatric disorders and febrile seizures at risk for a subgroup of autistic regression [Zhang, et al., 2012](#) or children born in spring-summer being less likely to have co-occurring schizophrenia spectrum traits (SST) [Gadow, et al., 2012](#)

Neither of these kinds of studies were relevant to this review - and were left to the side. Also left to the side were many of the molecular genetic and mouse studies looking at complex physiological patterns potentially involved with autism. While there are exciting findings emerging such as certain copy number variations (CNVs) [Kirov, 2015](#) and the candidate genes MET, NRG3, and SLC6A4 [Blair, et al., 2015](#) - my own skill-set and competence as a researcher is not sufficient to appreciate the nuance of these biological studies enough to identify their patterns. I leave that for others with that expertise.¹

Of course, everything we do, we do in a body - so in a way, every item in the following survey is "biological" in some way. Furthermore, given the research on brain changeability and epigenetics (the 'fluid genome'), with other researchers I assume that a child's body will continue shaping over time to some degree with surrounding environmental factors in a complex developmental process. For this reason, I prioritize understanding of the surrounding, environmental factors - with a belief that through knowing them, we can help shape, heal and re-direct to some extent biological trajectories over time.

With the exception of in-depth brain and genetic science, then, the focus here was on any study - of any methodology - that shed light on a potential contributor to the development of autism. Rather than restrict to a particular kind of study, the assumption of methodological pluralism is that different kinds of studies offer different kinds of insights. By opening any review to a diversity of studies, the resulting picture likewise becomes diverse. This includes correlation and association studies that identify some kind of a connection between autism and another condition like acne. Even though acne is clearly not leading to autism - it comes up as connected with great

¹ In the biological area, then this review sticks with simple bio-markers and things that parents could recognize themselves or with a urine/blood test. As others review the genetic research and identify common patterns, they will be added to the survey.

regularity. For sake of discussion and exploration, we note these connections in our results as an interesting linkage that might offer a larger clue.

Indeed, the point here is to note the range of potential contributors - *not* to try and explain how and why they are associated. For instance, "Mothers of infants residing in regional or remote areas," according to one study, experience less autism [Leonard, et al., 2011](#). Although the authors theorize the connection as explained by a lack of services that would ascertain whether autism exists, other might suggest a protection in being far away from medical technology that has been implicated in other studies as potentially problematic. Studies of an urbanization-autism link have a similar contrast in explanations. In both (and all) cases, which explanation ultimately accounts for a connection is not the interest of this review. That is left for others to determine.²

I don't pretend to know which of these potential factors legitimately account for more or less of any influence - or how they might work together. Neither does this survey justify anyone suggesting one factor is more important than another - only painting the 'mural' of everything potentially at play. Once again, the goal here is simply to map potential contributors to help deepen and expand the public exploration and discussion.

Each question identified below is linked to at least one legitimate medical study (with hyperlinks inserted in the references immediately following each question to allow for cross-checking and review of the studies). In creating questions, I stuck as close as possible to the language of the actual studies - trying to not deviate from to boundaries of what a particular finding allowed. For this reason, the language in the survey can sometimes feel a bit complex.

Even with only one study associated with a finding, the choice here is to let people know about it - not as a cause or an established contributor, but simply as a *potential contributor*. It is left to parents and professionals to determine if and whether any of these factors are worth considering further in prevention or intervention plans.

If it's true that many things play a role in the development of autism, then it makes sense that our intervention efforts should likewise be considering a variety of potential targets of intervention. By having all the potential contributors at their fingertips, parents will, I believe, be better prepared to make decisions regarding their current or future children.

If you find this review beneficial to you in any way, I would appreciate hearing your experience. If you are a practitioner who would like to use this in any way, you can do so without my permission. If you are a researcher who would like to further develop this instrument - and find ways to study it, I would love to talk about potential collaborations! My e-mail is jzhess@gmail.com.

² Although explanation of factors is not the purpose of this survey, it is worth pointing out that it seems clear from many studies that these factors most often work together in various complex ways. For instance, "Studies show increased autism risk among children born to mothers experiencing obstetrical complications. Although this is usually interpreted as suggesting that the obstetrical complications could be causing autism, it is possible that a single factor could be responsible for both complications and autism" [Whitaker-Azmitia, et al., 2014](#) Another researcher similarly notes, "The common link between the majority of risk factors assessed in this review (including technological advancements, advanced parental age, socioeconomic status, and genetic predispositions towards ASDs in families of scientists and engineers) can be traced to a specific hormone, testosterone" [Wen, et al., 2014](#)

All of Life Inventory: Autism

As rates of autism continue to rise, the amount of research has also grown. It has become clear that autism is a complex medical disorder with an enormously varied set of potential contributors. The purpose of this inventory is to catalogue and map any possibilities identified in the larger medical literature in terms of correlations or contributions to autism risk. Each question is derived from research linking a specific factor to autism. As a whole, the inventory aims to illuminate particular configurations of vulnerabilities in a given family's situation - and, more broadly, to foster a deeper national conversation about the diverse array of vulnerabilities that appear to be shaping disease risk. To score the inventory, total up all "yes" answers in each section (combined with the total "no" answers of questions in boxes). [In other words, unless it's in a box - a YES answer indicates risk]. Section by section, this total number gives you an indication of how many "hits" or "insults" exist associated with autism. On both a preventive basis (raising awareness for future parents) and an intervention basis (empowering current parents with updated research) we hope this will be helpful. © 2015 All of Life

Mother's Early Life

- (1) Was the mother exposed to abuse as a child? [Roberts, et al., 2013](#)
- (2) Did the mother experience menarche (first menstrual cycle of puberty) at a relatively early age? [Lyll et al, 2010](#)
- (3) At age 18, did the mother have a high body mass index? [Lyll et al, 2010](#)

Parental Education, Work & Socio-Economic Status

- (4) Does the family have a high median family income [Bhasin, et al., 2007](#), a high socioeconomic class [Izuwah, et al., 2015](#) or general socioeconomic advantage? [Leonard, et al., 2011](#)
- (5) Do the parents have a high education level [Jahan, et al, 2014](#) - with the mother, in particular, having a relatively high level of education? [Croen, et al., 2002](#) [Bhasin, et al., 2007](#)
- (6) Does the mother have a relatively low level of education? [Burd, et al., 1999](#) [Wang, et al., 2005](#) [Jaspers, et al., 2013](#)
- (7) Has the family had economic problems [Larsson et al, 2009](#) or low income [Wang, et al., 2005](#) [Rai, et al., 2012](#) in the time prior to or during the child's birth - potentially including an unemployed mother? [Khaiman, et al., 2015](#)
- (8) Are one or both of the parents engaged in manual labor of some kind? [Wang, et al., 2005](#) [Rai, et al., 2012](#)

Parent Birthplace & Ethnicity

- (9) Are one or both of the child's parents born outside Europe [Hultman, et al., 2002](#) [Lauritsen, et al., 2005](#) [Eriksson, et al., 2012](#) [van der Ven, et al., 2013](#) Australia [Williams, et al., 2008](#) or North America? [Hultman, et al., 2002](#)
- (10) Are the parents migrants [Magnusson, et al., 2012](#) [Bolton, et al., 2014](#) - especially with a mother coming from south-east or north-east Asia [Williams, et al., 2008](#) or poorer regions [Lehti, et al., 2013](#) with a low human development index? [Magnusson, et al., 2012](#) (with the exception of Hispanic children) [Lehti, et al., 2015](#)
- (11) Does the child have a black [Croen, et al., 2002](#) [Dealberto, 2011](#) Afro-Caribbean [Goodman, et al., 1995](#) or non-white parent? [Gallagher, et al., 2010](#)

Family Health

- (12) Do medical or developmental illnesses run in the family generally? [Brimacombe, et al., 2007](#)
- (13) Is there a family history of ovarian, uterine, and prostate cancers, tumors, or growths? [Ingudomnukul, et al., 2007](#)
- (14) Are there family members currently or in the past with autoimmune disorders [Wu, et al., 2015](#), including type 1 diabetes [Comi, et al., 1999](#) [Atladottir et al, 2009](#) [Wu, et al., 2015](#) adult rheumatoid arthritis [Comi, et al., 1999](#) [Atladottir et al, 2009](#) [Wu, et al., 2015](#) hypothyroidism [Comi, et al., 1999](#) [Anderson, et al, 2014](#) [Wu, et al., 2015](#)

coeliac/ceeliac disease [Ludvigsson, et al., 2013](#) [Atladottir et al, 2009](#) psoriasis [Wu, et al., 2015](#) and systemic lupus erythematosus? [Comi, et al., 1999](#)

(15) Is there a family history of Pink disease (infantile acrodynia), related to mercury poisoning? [Shandley, et al., 2011](#)

Family Mental Health

(16) Do mental or emotional challenges (sometimes called "psychiatric illnesses") run in the family generally [Brimacombe, et al., 2007](#) [Zhang, et al., 2012](#) and on the paternal side specifically [Khaiman, et al., 2015](#) - including affective disorders such as major depressive disorder? [Bolton, et al., 1998](#)

(17) Does the mother struggle with psychiatric disorders [Lauritsen, et al., 2005](#) [Eriksson, et al., 2012](#) [Rai, et al., 2013](#), including anxiety disorder [Piven, et al., 1991](#) [Jokiranta, et al., 2013](#), ADHD [van Steijn, et al., 2012](#), depression [Wilkerson, et al., 2002](#) [Eriksson, et al., 2012](#) [Rai, et al., 2013](#) [Gao, et al., 2015](#) bipolar disorder [Morgan, et al., 2012](#) or a schizophrenia spectrum disorder [Larsson, et al., 2005](#) [Sullivan, et al., 2012](#) [Jokiranta, et al., 2013](#) including schizo-affective disorder? [Gillberg, et al., 1992](#)

(18) Does the father struggle with anxiety disorder [Piven, et al., 1991](#) [Jokiranta, et al., 2013](#), symptoms of obsessive-compulsive disorder (OCD) [Kano, et al., 2004](#), ADHD [van Steijn, et al., 2012](#), depression [Bolton, et al., 1998](#) [Jokiranta, et al., 2013](#), bipolar disorder [Sullivan, et al., 2012](#) [Jokiranta, et al., 2013](#) or a schizophrenia spectrum disorder? [Larsson, et al., 2005](#) [Sullivan, et al., 2012](#) [Jokiranta, et al., 2013](#)

(19) Do any of the child's siblings struggle with affective disorder (e.g., depression or anxiety) [Piven, et al., 1990](#) bipolar disorder [Sullivan, et al., 2012](#) or schizophrenia? [Sullivan, et al., 2012](#)

(20) Is substance abuse common among parents and/or siblings in the immediate family? [Gutierrez, et al., 1998](#)

Family Social Characteristics

(21) Are there any notable social challenges and deficits in families [Goussé, et al., 2011](#), including social phobia [Gutierrez, et al., 1998](#) and general impairments in social functioning, such as a family pattern of being aloof, shy, over-sensitive, 'withdrawn' or 'difficult'? [Murphy, et al., 2000](#)

(22) Is there a pattern in this family's history of an underlying tendency to be anxious and 'tense'? [Murphy, et al., 2000](#)

(23) Is there a trend of family relatives having impulsive, irritable or eccentric traits [Murphy, et al., 2000](#) or experiencing motor tics? [Bolton, et al., 1998](#)

Family Autism History

(24) Does the child have siblings with (even mild) autistic patterns [Bolton et al 1994](#) [Lauritsen, et al., 2005](#), especially a brother [Eriksson, et al., 2012](#), an older sibling [Schwichtenberg, et al., 2010](#) [Ozonoff, et al., 2011](#) [Werling, et al., 2015](#) or more than one sibling affected? [Schwichtenberg, et al., 2010](#) [Ozonoff, et al., 2011](#)

(25) Are there any first-degree relatives [Gillberg, et al., 1992](#), including siblings [Lauritsen, et al., 2005](#) with Asperger's syndrome or other pervasive developmental disorders (PDDs)? [Lauritsen, et al., 2005](#)

(26) Do any first-degree family members experience an abnormally large head (macrocephaly) [Fidler, et al., 2000](#) and/or ridge counts on the fingers and palms? [Milicić, et al., 2003](#)

(27) Does the mother [Kröger, et al., 2011](#) or father [Eriksson, et al., 2012](#) have autistic traits or a full diagnosis on the autism spectrum? [van Steijn, et al., 2012](#)

Parental Age Trends

(28) Is the mother older [Idring, et al., 2014](#) than at least 25 [Quinlan, et al., 2015](#) - but especially 35 or older? [Tsai, et al., 1983](#) [Williams, et al., 2008](#) [Reichenberg et al, 2010](#) [Leonard, et al., 2011](#) [Sandin, et al., 2012](#) [Mamidala, et al., 2013](#) [Maramara, et al., 2014](#)

(29) Is the father older? [Burd, et al., 1999](#) [Lauritsen, et al., 2005](#) [Reichenberg, et al., 2006](#) [Gabis et al, 2010](#) [Ben Itzhak et al, 2011](#) [Idring, et al., 2014](#) [Khaiman, et al., 2015](#) - with a higher risk starting at age 30 [Zhang et al, 2010](#) [van Balkom, et al., 2012](#) or 35 [Quinlan, et al., 2015](#) and increasing significantly past age 40 [Buizer-Voskamp, et al., 2011](#) and age 45? [D'Onofrio, et al., 2014](#)

(30) Were the child's grandparents on either side older at the time his/her parent was being born? [Frans, et al., 2013](#)

Circumstances Surrounding Conception

(31) Did the mother have a previous termination of pregnancy (abortion)? [Burd, et al., 1999](#)

(32) Were the parents related in consanguineous manner (sharing an ancestor)? [Morrow, et al., 2008](#)

(33) Did the pregnancy depend upon the use of assisted conception/assisted reproductive technology (ART) [Zachor, et al., 2011](#) - including artificial insemination [Lyll, et al., 2012](#)/ ovulation induction/intrauterine insemination (IUI) [Bay, et al., 2013](#)/intracytoplasmic sperm injection (ICSI) [Kissin, et al., 2015](#) or various infertility treatments involving hormonal interventions? [Mamidala, et al., 2013](#)

(34) Was the child born after a short interbirth (IBI) or interpregnancy interval (IPI) [Coo, et al., 2015](#) - especially less than 1 year between the birth of one child and pregnancy with another? [Cheslack-Postava, et al., 2011](#) [Gunnes, et al., 2013](#)

(35) Was the child first-born [Tsai, et al., 1983](#) [Lord, et al., 1991](#) [Gillberg, et al., 1992](#) [Piven, et al., 1993](#) [Glasson, et al., 2004](#) [Leonard, et al., 2011](#) [Schrieken, et al., 2013](#) [Visser, et al., 2013](#) or the only child in the family? [Gillberg, et al., 1992](#) [Plubrukarn, et al., 2005](#)

(36) Was the child a fourth [Piven, et al., 1993](#) or later-born child? [Tsai, et al., 1983](#) [Lord, et al., 1991](#)

(37) Was the child a twin [Hallmayer, et al., 2002](#) or one of multiple, simultaneous births? [Croen, et al., 2002](#) [Ho, et al., 2005](#) [Williams, et al., 2008](#) [Turner, et al., 2011](#) [Gardener, et al., 2011](#) [Maramara, et al., 2014](#)

Pregnancy Timing and Location

(38) Did conception happen sometime in the North American winter season - between November [Mazumdar, et al., 2012](#) and March? [Zerbo, et al, 2011](#)

(39) Was the child born between March and October? [spikes documented in March [Gillberg, 1990](#) [Mouridsen, et al., 1994](#) [Barak, et al., 1995](#) [Stevens, et al., 2000](#) [Lee, et al., 2008](#), April [Lee, et al., 2008](#), May [Lee, et al., 2008](#), June [Lee, et al., 2008](#) [Gardener, et al., 2011](#), July [Gardener, et al., 2011](#) August [Barak, et al., 1995](#) [Gardener, et al., 2011](#) September [Lee, et al., 2008](#) October, [Lee, et al., 2008](#)].

(40) Was the child born in certain historical periods - including periods from 1970 to 1976 in Israel [Barak, et al., 1995](#) 1980 to 1989 in Denmark [Atladóttir, et al., 2015](#) or since 2002 in the U.S.? [Keyes, et al., 2012](#)

General Maternal Health

(41) Did the woman's blood serum reflect Rh-negativity [Geier, et al., 2007](#) [Geier, et al., 2008](#) low plasma serotonin [Connors, et al., 2006](#) or increased concentrations of interferon-gamma, interleukins IL-4 and IL-5? [Goines et al, 2011](#)

(42) Did the woman experience hormone abnormalities [Ingudomnukul, et al., 2007](#) including low levels of progesterone [Whitaker-Azmitia, et al., 2014](#) or high levels of testosterone? [Zettergren, et al., 2013](#)

(43) Did the woman have severe acne [Ingudomnukul, et al., 2007](#) or excessive hair on her body (hirsutism)? [Ingudomnukul, et al., 2007](#)

(44) Did the woman have an irregular menstrual cycle [Ingudomnukul, et al., 2007](#) dysmenorrhea [Ingudomnukul, et al., 2007](#) or polycystic ovary syndrome? [Ingudomnukul, et al., 2007](#)

(45) Did the woman identify with bisexuality, asexuality [Ingudomnukul, et al., 2007](#) or tomboyism? [Ingudomnukul, et al., 2007](#)

(46) Does the woman categorize as overweight [Gardner, et al., 2015](#) or generally obese before pregnancy [Dodds et al., 2010](#) [Krakowiak et al., 2012](#) [Gardner, et al., 2015](#) - especially in the obese class II or III? [Jo, et al., 2015](#)

(47) Did the woman have breast or uterine cancers, tumors, or growths? [Ingudomnukul, et al., 2007](#)

General Paternal Health

(48) Was the father underweight? [Gardner, et al., 2015](#)

Illness During Pregnancy

(49) Did the mother experienced serious infections during the pregnancy [Visser, et al., 2013](#) - including, but not limited to the following: gestational respiratory infections [Mamidala, et al., 2013](#) urinary infections [Wilkerson, et al., 2002](#) or viral infections [Wilkerson, et al., 2002](#) such as influenza [Atladóttir, et al., 2012](#) and symptomatic congenital cytomegalovirus (CMV) infection? [Yamashita, et al., 2003](#)

(50) Were there any other signs of inflammation in the womb [El-Ansary, et al., 2012](#), such as fever during pregnancy [Zerbo et al., 2012](#) - especially a prolonged episode of fever? [Atladóttir, et al., 2012](#)

(51) Did the woman have epilepsy? [Ingudomnukul, et al., 2007](#)

(52) Did the mother have autoimmune diseases [Chen, et al., 2015](#) developed during pregnancy, such as thyroid disease [Chen, et al., 2015](#) systemic lupus erythematosus (SLE) [Vinet, et al., 2015](#) asthma, allergies [Croen, et al., 2005](#) or psoriasis? [Croen, et al., 2005](#)

(53) Did the mother show signs of metabolic disease, including diabetes and hypertension [Krakowiak et al., 2012](#) [Rivera, et al., 2015](#) or gestational diabetes mellitus (GDM) diagnosed at 26 weeks or earlier (high blood sugar that starts or is first diagnosed during pregnancy)? [Lyll, et al., 2012](#) [Krakowiak et al., 2012](#) [Xiang, et al., 2015](#)

(54) Did the mother experienced any other chronic or acute medical conditions during pregnancy [Zhang et al., 2010](#) that might involve gestational complications [Zhang et al., 2010](#) such as edema (swelling is the enlargement of organs, skin, or other body parts)? [Zhang et al., 2010](#)

Medical Treatments During Pregnancy

(55) Did the woman take prescription medications of some kind during pregnancy? [Wilkerson, et al., 2002](#) [Guinchat, et al., 2012](#)

(56) Is there any signs that the mother has especially adverse reactions to drugs (high sensitivity/intolerance to chemicals)? [Heilbrun, et al., 2015](#)

(57) During the pregnancy, did the mother take SSRI antidepressants? [Croehn et al., 2011](#) [Eriksson, et al., 2012](#) [Rai, et al., 2013](#), valproate/valproic acid for bipolar disorder [Alsdorf, et al., 2005](#) [Ornoy, 2009](#) [Dufour-Rainfray et al., 2011](#) or other psychoactive medications? [Eriksson, et al., 2012](#)

(58) Was the fetus exposed to antiepileptic/anticonvulsant meds or migraine medication [Rasalam et al., 2005](#)- especially sodium valproate acid (VPA)? [Alsdorf, et al., 2005](#) [Rasalam, et al., 2005](#) [Ornoy, 2009](#) [Bromley, et al., 2013](#)

(59) Was the fetus exposed to terbutaline (Brethine, Bricanyl, Brethaire, or Terbulin) - used to treat asthma, bronchitis, and other lung disorders? [Croen, et al., 2011](#)

(60) Was the fetus exposed to thalidomide - used to treat certain skin diseases and cancers? [Stromland et al., 1994](#) [Rodier, 2002](#) [Miller, et al., 2004](#) [Miller, et al., 2005](#) [Dufour-Rainfray, et al., 2011](#)

(61) Was the fetus exposed to the antipyretic drug, Paracetamol/Acetaminophen (Tylenol) [Bauer, et al., 2013](#) or various antibiotics during pregnancy? [Atladóttir, et al., 2012](#)

(62) Was the fetus exposed to misoprostol (Cytotec) - used for ulcers or to attempt termination of a pregnancy? [Bandim, et al., 2003](#) [Miller, et al., 2005](#)

Potential Toxic Exposures During Pregnancy

- (63) Did the mother smoke during pregnancy? [Hultman, et al., 2002](#) [Indredavik, et al., 2007](#) [Larsson et al, 2009](#) [Nijmeijer et al, 2010](#)
- (64) Was the mother exposed to second-hand smoke during pregnancy? [Zhang et al, 2010](#)
- (65) Is there a parental history of excessive alcohol consumption [Sundquist, et al., 2014](#) - and is there evidence the fetus was exposed to alcohol/ethanol? [Harris, et al., 1995](#) [Dufour-Rainfray et al, 2011](#) [Ortega, et al., 2011](#) (see FAS case [Nanson, 1992](#))
- (66) Is there any potential exposure to organochlorine pesticide applications including dicofol and endosulfan [Roberts et al, 2007](#) or DDT (dichlorodiphenyltriichloroethene)? [Audouze, et al. 2011](#)
- (67) Did the mother have amalgam fillings (a source of mercury exposure) [Holmes, et al., 2003](#) thimerosal-containing Rho D immunoglobulin injections [Holmes, et al., 2003](#) or a TCR vaccine during her pregnancy? [Geier, et al., 2007](#) [Geier, et al., 2008](#)
- (68) Is the mother living near enough of a freeway to be exposed to traffic pollution? [Volk et al, 2010](#) [Weisskopf, et al., 2015](#) fine particulate matter (PM2.5) [Talbot , et al., 2015](#)
- (69) Is the mother living close to industry [Hamadé, et al., 2013](#) - including power plants [Palmer et al, 2009](#), coal-fired power plants and cement plants with coal-fired kilns [Blanchard, et al., 2011](#) enough to be exposed to emissions?
- (70) Is the mother living or attending school within a 20-mile radius of toxic waste sites, including U.S. government Superfund sites earmarked for pollution clean-up? [DeSoto, 2009](#)
- (71) Are there heavy metal concentrations in ambient air around the birth residence - including the following: cadmium, trichloroethylene, vinyl chloride [Windham, et al., 2006](#) styrene and chromium [Talbot, et al., 2015](#) mercury [Windham, et al., 2006](#) [Roberts, et al., 2013](#) nickel [Windham, et al., 2006](#) [Lewandowski et al, 2009](#) diesel, lead, manganese, or an overall measure of metals? [Roberts, et al., 2013](#)
- (72) Are there chlorinated solvents [Windham, et al., 2006](#) in ambient air around the birth residence[e.g., used in degreasers, cleaning solutions, paint thinners, pesticides, resins, glues, and other mixing and thinning solutions]. - including methylene chloride? [Roberts, et al., 2013](#)
- (73) Is there a potential prenatal exposure to lacquer, varnish, or xylene? [McCanlies et al, 2012](#)
- (74) Is there any evidence of prenatal Polycyclic Aromatic Hydrocarbon (PAH) exposure - e.g., in oil, coal, and tar deposits, and produced as a byproduct of fuel burning and food grilling? [Perera et al, 2012](#)
- (75) Is there any potential exposure to phthalates [Testa, et al., 2012](#) - e.g., PVC flooring, especially in a parents' bedroom? [Larsson et al, 2009](#)
- (76) Is there any potential exposure to bisphenol A (BPA) in plastic ware and canned food? [Kaur, et al., 2014](#)
- (77) Is there condensation on the windows of the home- reflecting a low ventilation rate? [Larsson et al, 2009](#)
- (78) Is the pregnant mother living in an urban residence [Wang, et al., 2005](#) [Lauritsen, et al., 2014](#) or a location with an increasing degree of urbanization? [Lauritsen, et al., 2005](#)
- (79) Is the mother residing in a remote area - more removed from city life? [Leonard, et al., 2011](#)

Nutrition During Pregnancy

- (80) Did the mother consume sufficient polyunsaturated fats during pregnancy - including ω -3 fatty acid and Linoleic acid (LA) (a polyunsaturated omega-6 fatty acid)? [Lyll, et al., 2013](#)
- (81) Did the mother eat a diet rich in omega-6 PUFAs during gestation and lactation (found in cooking oils, shortening, margarine and animal products)? [Jones, et al., 2013](#)
- (82) Did the woman experience excessive pregnancy weight gain [Bilder, et al., 2013](#) [Dodds et al, 2010](#) or significant weight loss during the pregnancy? [Ortega, et al., 2011](#)
- (83) Did the woman experience a deficiency of Vitamin D during the pregnancy? [Grant and Soles, 2009](#)

(84) Did the mother take prenatal vitamins during the 3 months before pregnancy or the first month of pregnancy [Schmidt et al., 2011](#) - including folic acid in the first month? [Schmidt, et al., 2012](#)

(85) Did the mother show any deficiency of B-complex vitamins - especially Thiamine (vitamin B1)? [Ortega, et al., 2011](#)

(86) Overall, did the mother have an unhealthy diet? [Rivera, et al., 2015](#)

Emotional Atmosphere of Pregnancy

(87) Did the mother experience significant stress during the pregnancy? [Ward, 1990](#) [Visser, et al., 2013](#) [Say, et al., 2015](#)

(88) Did the mother experience specific stressors during pregnancy including, but not limited to: family discord [Ward, 1990](#) or family migration? [Magnusson, et al., 2012](#)

(89) Did the pregnancy face a threatened abortion before 20 weeks gestation? [Glasson, et al., 2004](#) [Langridge, et al., 2013](#)

(90) Did the mother report an unhappy emotional state during pregnancy [Zhang et al., 2010](#) [Hamadé, et al., 2013](#) or depressive mood? [Say, et al., 2015](#)

The Pregnant Body

(91) Were there trophoblast inclusions (TIs) in the placenta? [Walker, et al., 2013](#)

(92) Was there uterine or vaginal bleeding [Juul-Dam, et al., 2001](#) [Brimacombe, et al., 2007](#) [Gardener, et al., 2011](#) [Maramara, et al., 2014](#) maternal hemorrhaging [Gardener, et al., 2011](#) or acute intrapartum hemorrhage? [Limperopoulos, et al., 2008](#)

(93) Was there any signs of intrauterine stress [Wilkerson, et al., 2002](#) or fetal distress? [Glasson, et al., 2004](#) [Gardener, et al., 2011](#) [Mamidala, et al., 2013](#) [Polo-Kantola, et al., 2014](#)

(94) Before birth, was there any evidence of a lack of oxygen to the fetus (fetal hypoxia)? [Burstyn, et al., 2011](#) [Maramara, et al., 2014](#) - or any other evidence of first trimester brain-stem damage? [Johansson, et al., 2001](#)

(95) Did the mother experience high blood pressure during pregnancy? (see gestational diabetes) [Polo-Kantola, et al., 2014](#)

(96) Is there evidence of chorioamnionitis (an inflammation of the fetal membranes due to a bacterial infection - often associated vaginal examinations or prolonged labor)? [Limperopoulos, et al., 2008](#)

(97) Was there evidence of poor fetal growth [Langridge, et al., 2013](#) [Abel, et al., 2013](#) or growth restriction? [Haglund, et al., 2010](#)

(98) Was there evidence of excessive fetal/ intrauterine growth [Leonard, et al., 2008](#) [Abel, et al., 2013](#) or macrosomia (large birth size - 8 pounds, 13 ounces or more)? [Haglund, et al., 2010](#)

The Birth Experience

(99) When the mother was admitted to a hospital for delivery, did she experience severe illness [Limperopoulos, et al., 2008](#) or abnormal MRI studies? [Limperopoulos, et al., 2008](#)

(100) Did labor or obstetrical complications arise during labor? [Lyall, et al., 2012](#) [Mamidala, et al., 2013](#)

(101) Did the woman experience a prolonged labor? [Wilkerson, et al., 2002](#) [Brimacombe, et al., 2007](#) [Maramara, et al., 2014](#)

(102) Was the woman's pregnancy augmented [Gregory, et al., 2013](#) induced [Glasson, et al., 2004](#) [Gregory, et al., 2013](#) or did she otherwise experience a labor less than 1 hour? [Glasson, et al., 2004](#)

(103) Did the woman receive (caudal/sacral) anesthesia via an epidural? [Glasson, et al., 2004](#)

(104) Did the baby come in an abnormal, breech presentation? [Wilkerson, et al., 2002](#) [Larsson, et al., 2005](#) [Bilder et al., 2009](#) [Gardener, et al., 2011](#)

- (105) Was the baby delivered by an emergency or elective/scheduled cesarean section? [Hultman, et al., 2002](#) [Glasson, et al., 2004](#) [Eriksson, et al., 2012](#)
- (106) Were there any umbilical-cord complications at the birth [Gardener, et al., 2011](#), including a nuchal cord? [Zhang et al, 2010](#)
- (107) During birth, was there any evidence of birth injury or trauma [Gardener, et al., 2011](#) including birth asphyxia? [Mamidala, et al., 2013](#)
- (108) Was there a delayed birth cry? [Mamidala, et al., 2013](#)
- (109) Did the newborn breathe a mixture of meconium and amniotic fluid into the lungs around the time of delivery (meconium aspiration syndrome)? [Matsuishi, et al., 1999](#) [Gardener, et al., 2011](#)

Newborn Health & Characteristics

- (110) Was the child male? [Croen, et al., 2002](#) [Limperopoulos, et al., 2008](#) [Williams, et al., 2008](#) [Zahn-Wexler et al., 2008](#) [Larsson et al, 2009](#) [Leonard, et al., 2011](#) [Hamadé, et al., 2013](#) [Werling, et al., 2013](#) [Zahorodny, et al., 2014](#)
- (111) Was the child born premature or preterm [Brimacombe, et al., 2007](#) [Williams, et al., 2008](#) [Pinto-Martin, et al., 2011](#) [Hwang, et al., 2013](#) [Abel, et al., 2013](#) [Mamidala, et al., 2013](#) [Schrieken, et al., 2013](#) [Maramara, et al., 2014](#) [Goldin, et al., 2015](#) [Say, et al., 2015](#) especially very preterm (gestational age at birth <32 weeks) [Eryigit-Madzwamuse, et al., 2015](#) [Treyvaud, et al., 2013](#) or extremely preterm (23-27 weeks of gestation)? [D'Onofrio, et al., 2013](#)
- (112) Did the child have a shorter or lower gestational age at birth [Pinto-Martin, et al., 2011](#) [Moore, et al., 2012](#) [Leavey, et al., 2013](#) [Atladóttir, et al., 2015](#) - especially a very low gestational age from less than 32 weeks [Lampi, et al., 2012](#) to 35 weeks? [Larsson, et al., 2005](#) [Zhang et al, 2010](#)
- (113) Did the child have a very high gestational age of 42 weeks or more? [Lord, et al., 1991](#) [Zhang et al, 2010](#)
- (114) Did the child have decreased or low birth weight (LBW) [Burd, et al., 1999](#) [Wilkerson, et al., 2002](#) [Limperopoulos, et al., 2008](#) [Losh, et al., 2012](#) [Schrieken, et al., 2013](#) [Maramara, et al., 2014](#) - whether moderately low (<2500 g) [Lampi, et al., 2012](#) or very low (<1500 g)? [Lampi, et al., 2012](#) [Eryigit-Madzwamuse, et al., 2015](#)
- (115) Was the child small for gestational age (SGA)? [Wilkerson, et al., 2002](#) [Hultman, et al., 2002](#) [Lampi, et al., 2012](#)
- (116) Was the child in suboptimal condition after birth [Lyll, et al., 2012](#) [Visser, et al., 2013](#) - as reflected in a low Apgar score - less than 6 at 1 minute [Glasson, et al., 2004](#) or less than 7 [Hultman, et al., 2002](#) [Polo-Kantola, et al., 2014](#) at 5 minutes? [Larsson, et al., 2005](#) [Gardener, et al., 2011](#)
- (117) Did the child have neonatal jaundice(hyperbilirubinemia), assessed by total serum bilirubin (TSB)? [Maimburg et al, 2010](#) [Gardener, et al., 2011](#) [Amin, et al., 2011](#) [Guinchat, et al., 2012](#) [Mamidala, et al., 2013](#)
- (118) Did blood tests show neonatal anemia [Gardener, et al., 2011](#) or ABO or Rh incompatibility? [Gardener, et al., 2011](#)
- (119) Was there evidence of cerebellar hemorrhagic injury (common in infants who survive premature birth) [Limperopoulos, et al., 2007](#) or cranial ultrasound evidence of ventricular enlargement? [Movsas, et al., 2013](#)
- (120) Did the baby's condition require neonatal treatment with monitoring? [Polo-Kantola, et al., 2014](#)

Newborn Dysfunction

- (121) Was there any evidence of a birth defect/congenital malformation? [Dawson et al, 2009](#) [Gardener, et al., 2011](#) [Hultman, et al., 2002](#)
- (122) Did the child have an abnormally large head (macrocephaly) [Fidler, et al., 2000](#) or a proportionally smaller head circumference compared to his/her height? [Schrieken, et al., 2013](#)
- (123) Did the child have congenital muscular torticollis (chin pointing to one shoulder, while the head tilts toward the opposite shoulder)? [Schertz, et al., 2013](#)

- (124) Were there any unusual aspects to the child's hands, including abnormal ridge counts on the fingers and palms [Milicić, et al., 2003](#) or an unusually lower [Masuya, et al., 2015](#) or higher right-hand ratio between the second and fourth digits of the finger (2D:4D - a biomarker of the prenatal ratio of testosterone to estrogen) [Hönekopp, 2012](#) [Masuya, et al., 2015](#)
- (125) Did the child have profound or severe visual impairment [Mukaddes, et al., 2007](#) [Parr, et al., 2010](#) or some kind of unfavorable visual status - including threshold retinopathy of prematurity (ROP) [Msall, et al., 2004](#) optic nerve hypoplasia (ONH) and septo-optic dysplasia (SOD)? [Parr, et al., 2010](#)
- (126) Did the child have Prader-Willi syndrome (PWS) [Descheemaeker, et al., 2006](#) CHARGE association (CA) [Strömmland, et al., 2005](#) Klinefelter syndrome [Cederlöf, et al., 2014](#) Möbius sequence [Johansson, et al., 2001](#) [Bandim, et al., 2003](#) or low-level aneuploidy? [Yuro, et al., 2007](#)
- (127) Did the child have hydrocephalus (a build-up of fluid on the brain that leads to swelling) [Lindquist, et al., 2006](#) or newborn encephalopathy (NE)? [Badawi, et al., 2006](#)
- (128) Did the baby have a low melatonin level (produced in the dark by the pineal gland and is a key regulator of circadian and seasonal rhythms)? [Melke, et al., 2008](#)
- (129) Did the baby have phenylketonuria (PKU) (without the ability to properly break down an amino acid called phenylalanine)? [Baielei, et al., 2003](#)
- (130) Did the baby have temporal lobe tubers [Besag, 2004](#) or tuberous sclerosis complex (TSC) - a genetic disorder causing non-malignant brain tumors? [Smalley, 1998](#) [Gutierrez, et al., 1998](#) [Bolton, et al., 2002](#) [Kothur, et al., 2008](#) [Numis et al, 2011](#)
- (131) Did the baby have some degree of cerebral dysfunction [Hwang, et al., 2013](#) or significant neurological impairment (as suggested by the presence of lower intellectual level and/or cerebral palsy)? [Mukaddes, et al., 2007](#)

Child's Health Condition

- (133) Does the baby have childhood epilepsy [Clarke, et al., 2005](#) [Tuchman and Cuccaro, 2011](#) [Maski, et al., 2011](#) [Lo-Castro, et al., 2014](#) or syndromes associated with epilepsy - including Dravet syndrome, Landau-Kleffner syndrome, [Aicardi, 1999](#) Lennox-Gastaut syndrome or benign partial seizures? [Besag, 2004](#)
- (134) Does the child have early-onset seizures, particularly infantile spasms (West Syndrome) [Smalley, 1998](#) [Gutierrez, et al., 1998](#) [Zaroff, et al., 2004](#) [Berg, et al., 2011](#) or febrile seizures (brought on by a fever)? [Zhang, et al., 2012](#)
- (135) Does the child show any airway symptoms of wheezing or asthma [Larsson et al, 2009](#) or atopic dermatitis (AD) - an allergic disorder [Billeci, et al., 2015](#)
- (136) Does the child have hyperandrogenism, or androgen excess - a medical condition characterized by excessive levels of androgens in the body and associated physical effects? [Xu, et al., 2015](#)
- (137) Does the child have any gastrointestinal/GI dysfunction problems [Casanova, 2008](#) [Wang et al, 2011](#) [Hsiao, 2014](#), including intestinal permeability [D'Eufemie at al, 1996](#) or celiac disease? [Ludvigsson, et al., 2013](#)
- (138) Does the child have gender dysphoria (GD)? [VanderLaan, et al., 2015](#)
- (139) Does the child have any psychiatric problems [Ward, 1990](#) - including depression [Magnuson, et al., 2011](#) anxiety [Rzepecka, et al., 2011](#) obsessive-compulsive symptoms [Bolton, et al., 1998](#) hyperactive/attention problems [Kröger, et al., 2011](#) [Jo, et al., 2015](#) or anorexia nervosa? [Berkman, et al., 2007](#)

Newborn Feeding & Sleeping

- (140) Was the child breastfed immediately following birth? [Brown, et al., 2014](#)
- (141) Did the baby experience feeding difficulties (e.g., vomiting, reflux, colic and failure to feed) [Whitely, 2004](#) [Gardener, et al., 2011](#)
- (142) Did the child experience sleep problems or dysfunction, such as insomnia? [Sounders, et al., 2009](#) [Rzepecka, et al., 2011](#) [Maski, et al., 2011](#)

Newborn Movement

- (143) Did the child show non-right-handedness (left- and mixed-handedness)? [Gilberg, 1983](#) [Soper, et al., 1986](#)
- (144) Did the child show motor impairments? [Maski, et al., 2011](#)
- (145) Did the child have a tic disorder, such as Tourette disorder (TD) or chronic motor tics? [Canitano, et al., 2007](#)

Medical Procedures as a Child

- (146) Did the newborn child receive the antipyretic drug, paracetamol/acetaminophen (Tylenol) - often used in circumcision, during fevers, or after vaccinations? [Shultz, et al., 2008](#) [Bauer, et al., 2013](#)
- (147) Did the child receive a Hepatitis B vaccination? [Gallagher, et al., 2010](#)
- (148) Did the child receive several courses of antibiotics such as amoxicillin/clavulanate (Augmentin), especially before he or she was one year old? [Fallon, 2005](#)
- (149) Did the child receive one or more surgeries involving anesthesia before he or she was 2 [Ko, et al., 2015](#) or 3 years old? [DiMaggio, et al., 2011](#)
circumcised boys [Frisch, et al., 2015](#)
- (150) At some point, did the child receive a vaccine with organic mercury (Thimerosal) [Geier, et al., 2004](#) [Young et al, 2008](#) - including Diphtheria-Tetanus-acellular-Pertussis (DTaP) vaccines administered from 1997 through 2001? [Geier, et al., 2005](#)

Childhood Infections & Viruses

- (151) Was there evidence of previous childhood infections [Hamadé, et al., 2013](#) - especially elevated rates of infection in the first 30 days? [Rosen, et al., 2007](#)
- (152) Did the child experience several bouts of otitis media? [Fallon, 2005](#)
- (153) Was there other evidence of inflammation in infancy [El-Ansary, et al., 2012](#) - including in the small intestine? [Ludvigsson, et al., 2013](#)
- (154) Did bacteroidetes species exist at high levels - including Actinobacterium, Desulfovibrio species and Bacteroides vulgatus [Finegold et al, 2010](#) or strains of Clostridium species and enterococci, as well as sometimes lactobacilli? [Ekiel et al, 2010](#)
- (155) Were genitourinary infections more frequently diagnosed in first two years? [Rosen, et al., 2007](#)
- (156) Did the child experience Borrelia burgdorferi or tick-borne diseases? [Bransfield et al, 2008](#)
- (157) Was there a higher prior frequency of the bacterial skin infection impetigo (caused by Staphylococcus aureus, and less frequently by Streptococcus pyogenes)? [Whitely, 2004](#)
- (158) Was there evidence of the polyomavirus (in the brain)? [Lintas et al, 2010](#)
- (159) Was there a congenital cytomegalovirus infection? [Yamashita et al, 2003](#) [Kawatani et al, 2010](#)
- (160) Was there increased mycoplasma, Chlamydia Pneumoniae and Herpes virus HHV-6 infections? [Nicolson et al, 2007](#)

Immune System Abnormalities

- (161) Was there evidence of autoimmunity in the child - including an altered toll receptor responses [Iyonouchi et al, 2008](#) or a humoral immunity profile? [Wasilewska et al, 2012.](#)
- (162) Was there evidence of autoimmunity to the central nervous system (CNS), especially to myelin basic protein (MBP)? [Singh, et al., 2002](#)
- (163) Were there measles antibodies in the blood [Singh, et al., 2003](#) or a heightened level of antibodies associated with the measles virus and the measles-mumps-rubella (MMR) vaccine? [Singh, et al., 2002](#) [Singh, 2009](#)
- (164) Were there antibodies found for any of the following: a 45 kDa cerebellar protein and other cerebellar proteins raised maternally? [Goines et al, 2011](#) to gliadin, a component of gluten, and to cerebellar peptides? [Vojdani et al, 2004](#) to casein, lactalbumin and beta-lactoglobulin [Lucarelli, et al., 1995](#) [Kawashti et al., 2006](#) to brain elements, related to herpes viral infection, particularly Herpes virus [HSV-2](#) [Mora et](#)

al., 2009 anti-amygdala, anti-caudate nucleus, anti-cerebellum anti-brain stem, anti-hippocampus, anti-corpus callosum and anti-cortex antibodies Mora et al., 2009 and anti-nuclear antibodies? Mostafa, et al., 2009
(165) Were there autoantibodies found for any of the following: to neuron-axon filament protein (NAFP) and glial fibrillary acidic protein (GFAP) (Singh et al., 1997) to GABAergic Golgi neurons of the cerebellum Rossi et al., 2011 to the voltage-dependent anion channel (VDAC) and hexokinase-I Gonzalez-Gronow et al., 2010 Metallothionein autoantibodies Russo, 2008 to myelin basic protein? Singh, 2009

Blood and Urine Levels

(166) Were there high levels of homocysteine Ali et al., 2011 Hodgson, et al., 2014 or S-adenosylhomocysteine Hodgson, et al., 2014 (indicative of oxidative stress and decreased methionine synthase activity - as well as decreased antioxidant resources overall) Hodgson, et al., 2014 - as perhaps reflected in a low level of antioxidant Glutathione (GSH)? Gu, et al., 2015

(167) Were there high blood levels of any of the following: cytokines IL1B, IL1RA, IL5, IL8, IL12, IL13, IL17 and GRO-alpha Suzuki et al., 2011 Apolipoprotein B-100, Complement Factor H Related Protein (FHR1) , Complement C1q and Fibronectin 1 (FN1) levels Corbett et al., 2007 thioredoxin, thioredoxin reductase and peroxiredoxins (PRDX1 and PRDX3) Al-Yafee et al., 2011 androstenedione Ruta et al., 2011 copro- , hexacarboxyl- and pentacarboxyl- porphyrin Woods et al., 2010 MCP-1, RANTES and eotaxin Ashwood et al., 2011 or oxalate? Konstantynowicz et al., 2011

(168) Were there low blood levels of any of the following: cysteine methionine and cystathionine Geier, et al., 2006 follicle-stimulating hormone Geier, et al., 2006 homocysteine Geier, et al., 2006 tryptophan Kaluzna-Czaplinska et al., 2010 or chemokines involved in the T-helper cell immune system and hematopoiesis? Manzardo et al., 2011

(169) Were there low glutathione levels in the blood James, et al., 2009 Geier, et al., 2006 Hodgson, et al., 2014 or the brain? Chauhan et al., 2012

(170) Were urinary levels of any of the following unusually high: oxalate Konstantynowicz et al., 2011 homocysteine Kaluzna-Czaplinska et al., 2011 N-methyl-2-pyridone-5-carboxamide, N-methyl nicotinic acid, and N-methyl nicotinamide Yap et al., 2010 or taurine? Yap et al., 2010

(171) Were there lower urinary levels of any of the following: glutamate Yap et al., 2010

(172) Was there evidence for any of the following: changes in mammalian-microbial cometabolites including dimethylamine, hippurate, and phenylacetylglutamine Yap et al., 2010 thyroid hormone perturbations - including very low thyroxine (T4) levels Hoshiko, et al., 2011 a reduction in plasmaglutathione s transferase activity Al-Yafee et al., 2011

Childhood Nutrition

(173) Was there fatty acid deficiency symptoms Brown, et al., 2014 or lower blood fatty acid levels Ooi, et al., 2015 reflecting a lower level of total short chain fatty acids including lower levels of acetate, proprionate, and valerate Adams et al., 2011 - or evidence of problems with fatty acid metabolism (e.g., plasma fatty acid profiles showing docosahexaenoic acid (DHA, 22:6n-3) as significantly decreased in phosphatidylethanolamine - or Dimethyl acetals significantly decreased in phosphatidylethanolamine and phosphatidylcholine) Wiest et al., 2009

(174) Did the child have low cholesterol levels Tierney et al., 2006 or dyslipidaemia (high plasma triglyceride low HDL-C)? Kim et al., 2010

(175) Was there a deficiency of any of the following vitamins in the early postnatal and early childhood periods: vitamin D Gong, et al., 2014 vitamins A, vitamin E, and lycopene Krajcovicova-Kudlackova, et al., 2009 Xia et al., 2010 vitamin C Xia et al., 2010 folic acid/folate and vitamins B6 and B12? Xia et al., 2010 Kaluzna-Czaplinska et al., 2011 Ali et al., 2011

(176) Was there any evidence of any of the following: calcium deficiency Xia et al., 2010 zinc deficiency Xia et al., 2010 Grabrucker, et al., 2014, or iron deficiency/iron deficiency anaemia? Chen, et al., 2013 Sidrak, et al., 2013

(177) Did the child consume products with a lot of high fructose corn syrup? Dufault et al., 2012

Childhood Environmental Exposures

(178) Was there any evidence of a toxic metal burden Adams et al., 2009 - especially reflected in elevated lead Yassa, 2014 or mercury levels Holmes, et al., 2003 Geier et al., 2010 Yassa, 2014 perhaps in hair samples? Hodgson, et al., 2014

(179) Did the child live in an urban residence during childhood Lauritsen, et al., 2014 or did the child move to a higher level of urbanicity after birth? Lauritsen, et al., 2014