

PROFILES

Petrus de Vries: Architect of the autism research field in Africa

BY LINDA NORDLING

16 FEBRUARY 2022

Listen to this story:

<https://www.spectrumnews.org/wp-content/uploads/2022/02/audio-f6cab2ce-3d1b-412d-a529-57f9b2f16235-encodings.mp3>

“So, have you found any autism in Africa?” the wealthy philanthropist asked, peering over his wine glass.

It was 2012, and **Petrus de Vries** had just returned to South Africa after 20 years abroad. The University of Cape Town, where he had been hired to set up an autism research center, was hosting a cocktail meet-and-greet with some of its biggest financial backers.

De Vries knew autism awareness was lacking in his home country, but being reminded of that ignorance at the party only sharpened his mission, he says. He didn’t want to just build a research center. “I came back to Africa to build African knowledge and understand African needs, so that we can come up with African solutions to autism.”

Over the past decade, he has made tremendous progress toward that goal. Today, de Vries’ **Centre for Autism Research in Africa** (CARA) is the continent’s largest and broadest in scope, covering screening, diagnosis and intervention. Its staff of 20 scientists publish 10 to 20 papers per year, a big step up from the total of **28 peer-reviewed autism papers** published by South African scientists as of 2017.

Innovation is at the heart of CARA, de Vries says, because autism tools and treatments imported from wealthy countries aren’t guaranteed to work in lower-income ones — partly for social and cultural reasons, but also because of a lack of resources. “You have to think about how to work differently,” he says.

For example, trained specialists are too expensive and scarce in Africa to meet the needs of families, so de Vries is studying ways to train non-specialists — parents and community health workers — to deliver autism services, particularly in rural and other underserved areas. Similar solutions could also improve access for many communities in high-income countries, he says.

“Petrus has been instrumental in raising the profile of autism research and clinical care in Africa,” says **Lauren Franz**, assistant professor of psychiatry and global health at Duke University in Durham, North Carolina, who has worked with de Vries for the past seven years, most recently as a mentor for early-career autism researchers in Africa. “His dedication to working collaboratively to address the numerous challenges autistic individuals and their families face on the continent is remarkable.”

It has taken a lot of hard work, and it is far from done. As De Vries, 54, likes to point out, the vast majority of autism research — and nearly all the insights into how best to support autistic people — comes from wealthy countries. But, he says: “Most people with autism don’t live in rich countries. They live in poor countries. And we have an enormous task to figure out what it is that they need.”

In a bubble: Insights about how best to support autistic people tend to come from wealthy countries, de Vries notes, yet most people with autism live in poor countries.

CARA’s Cape Town headquarters lie across the road from the Red Cross War Memorial Children’s Hospital, the city’s largest hospital that exclusively treats children. It’s also just three miles from the hospital where de Vries was born, in Claremont, a leafy suburb.

After graduating from high school in 1985, de Vries studied medicine at Stellenbosch University in the Cape Winelands. He found the subject dry — until he embarked on his first clinical course, which happened to be on brain development and pediatric disorders.

That course piqued de Vries’ interest in part because his younger brother has developmental disabilities. His brother had attended a school for children with intellectual disability, where the teachers were reluctant to even try to teach him to read and write, de Vries says. (He later diagnosed his brother with autism.)

In 1994, he accepted a paid clinical residency in child and adolescent psychiatry at the Cambridgeshire & Peterborough National Health Service (NHS) Foundation Trust in Cambridge, England. Moving to the United Kingdom was a natural choice, he says. At Stellenbosch, he had read a book on child and adolescent psychiatry by the preeminent British child psychiatrist, **Michael Rutter**, and felt that the U.K. “probably had one of the most mature child and adolescent psychiatry training programs in the world.” By contrast, South Africa had barely a handful of

lecturers teaching the subject.

“The plan was to quickly go to the U.K. for a few years to train and then come back,” de Vries says, with a rueful smile. But after he finished his clinical training in 1997, he stayed in the U.K. to complete a Ph.D. in developmental neuroscience at the University of Cambridge. And in 2001, he returned to the NHS, where he created and led a program for school-aged children with neurodevelopmental conditions in Cambridge, one of the first in England, he says.

While working as an NHS consultant, de Vries also researched **tuberous sclerosis complex** (TSC), a rare genetic condition that is often accompanied by **autism and epilepsy** — a project he had started as a graduate student. As part of those efforts, he led the development of a checklist for screening people for tuberous sclerosis associated neuropsychiatric disorders (TAND).

```
!function(){"use strict";window.addEventListener("message",(function(e){if(void 0!==e.data["datawrapper-height"]){var t=document.querySelectorAll("iframe");for(var a in e.data["datawrapper-height"])for(var r=0;r
```