DSM 5 The New Diagnostic Criteria for Autism Spectrum Disorder

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Source: Diagnostic Statistical Manual 5 2013 American Psychiatric Association

Clinical Features of ASD

- Neurodevelopmental disorder
- A behavioral syndrome (no biologic markers)
- Etiologies environmental and mostly genetic
- Symptoms are pervasive (across personal, social, academic, occupational context).
- Typical onset before the child enters school
- Changes in manifestations with age.
- Importance of early intervention
- Life-long; nevertheless, possibility of reduced symptom severity
- Need for sustained support.

ASD criteria – over the years

- ▶ Leo Kanner, 1943 Early Infantile Autism
 - Evident first 2 years of life
 - profound withdrawal from other people,
 - affection for objects,
 - inappropriate language use (nonconversational),
 - desire for sameness.
- DSM* I II, 1952-68 Autism not described
- DSM III, 1980 Infantile Autism
- DSM III R, 1987 -- Autism
- DSM IV, 1994 Pervasive Developmental Disorder
- DSM IV-TR, 2000 (same as in DSM IV)
- DSM V, 2013 Autism Spectrum Disorder

^{*}Diagnostic & Statistical Manual of the American Psychiatric Association

DSM-IV (1994) - Pervasive Developmental Disorders (PDD), with several, separable, categories

- 1. Autistic Disorder
- 2. Childhood Disintegrative Disorder
- 3. Asperger's Syndrome
- 4. Pervasive Developmental Disorder not otherwise specified (PDD-NOS)
- 5. Atypical Autism
- 6. Rett's Disorder

DSM 5 (2013) Autism Spectrum Disorders, a single dimension

- Merger of five categories, including autistic disorder, PDD-NOS, Asperger Syndrome
- Deletion of
 - Rett's syndrome has biological markers, affects mostly females

A Single Dimension: Rationale

• Distinction of the single dimension ASD diagnosis from typical development is reliable & valid while separation among the DSM-IV categories is not.

(e.g., Asperger symptoms often used interchangeably with High Functioning Autism).

Single Autism Spectrum but Significant Individual Patient Variability in:

- Severity of Symptoms
- Pattern of Onset and Clinical Course
- Etiologic factors
- Cognitive abilities (IQ)
- Co-occurring conditions

To meet DSM 5 ASD diagnosis:

- Currently, or by history, all A, B, C, D criteria must be met
- A. Persistent deficits in <u>social</u> <u>communication</u> and <u>social interaction</u> across contexts
- B. Restricted, repetitive patterns of behavior, interests, or activities
- C. Symptoms must be present in early developmental period (may require looking back)
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas (ex: school) of functioning.

The ASD Symptom Criteria

- A. Persistent deficits in <u>social</u> <u>communication</u> and <u>social interaction</u> across contexts (home, school, work). Impairments in verbal communication, peer relationships, social reciprocity (all required)
- Abnormal back and forth conversation
- 2. Failure to initiate or respond to social interactions
- 3. Abnormalities in eye contact
- 4. Deficits in nonverbal communications used for social interactions (ex. Pointing)
- 5. Absence of interest in peers
- 6. Difficulties adjusting behaviors to suit various social contexts

DSM 5: ASD Symptom Criteria

- B. Restricted, repetitive patterns of behavior, interests, or activities; 1) motor mannerisms, stereotyped language, unusual sensory behaviors, 2) interests, 3) routines and rituals, (least two of 1, 2, 3).
- 1. Lining up toys
- 2. Echolalia, repeating idiosyncratic phrases
- 3. Inflexible adherence to routines
- 4. Ritualized behavior patterns, insistence/need for sameness
- 5. Fixated, perseverative interests
- 6. Attachment to unusual objects
- 7. Abnormal sensory reactions, ex: indifference to pain, temperature.
- 8. Adverse or hyper response to sounds, textures, smells, lights or movements

DSM 5: ASD Symptom Criteria

C. Symptoms must be present in early developmental period.

Although symptoms may not be fully manifest early due to social conditions, ex: accommodations by family.

Requires a "looking back"...

DSM 5: Autism Spectrum Disorder

D. Symptoms cause significant impairment in social, occupational, school, and other important areas of functioning.

Changes from DSM-IV to DSM-V

 Five of six DSM IV sub-categories combined into one diagnostic category: Autism Spectrum Disorder

Rett's Syndrome excluded.

Changes from DSM-IV to DSM-V

2. Provision of a severity criterion

- reflecting the presence of a spectrum of symptomology (considered more informative)

ASD - a continuous spectrum of disabilities/abilities

Impairment level :

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Severe/
Profound ----- Moderate---- Mild
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ASD - a continuous spectrum of disabilities/abilities

Functioning level:

Low ------High

Language delay------No language delay

Low IQ ----- High IQ

Changes from DSM-IV to DSM-V

3. Stricter - more symptom features required for meeting criteria.

Research findings on effects of DSM 5 changes

- Tighter criteria set in DSM 5
- Slight decrease in sensitivity vs. DSM IV
 - 9% diagnosed with DSM-IV did not meet DSM 5 criteria.
- Increase in specificity (fewer false positives)
 - **reliability of DSM 5=** 0.63 vs. DSM IV = 0.53

Reference: Huerta M,Lord, C, Am J Psychiatry, Oct, 2012).

Specificity – ruling out disorders are frequently comorbid but are not within the Spectrum.

- Attention DeficitHyperactivity Disorder(ADHD)
- Intellectual Disability

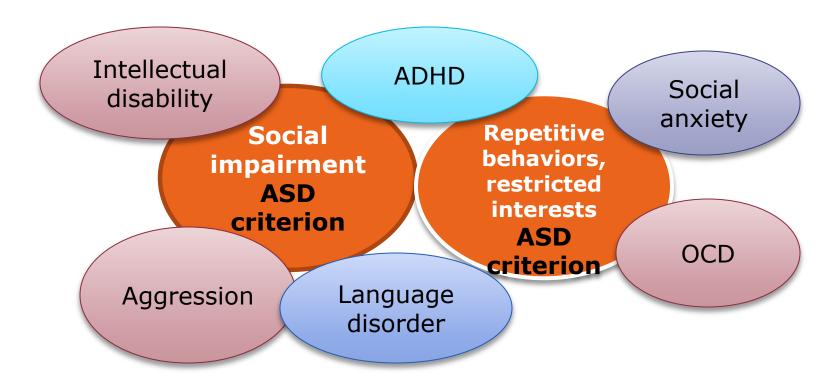
Specificity – ruling out disorders that frequently occur but are not within the Spectrum.

Seizure disorder (epilepsy)

Metabolic syndromes, such as gastrointestinal disorders Specificity – ruling out disorders that frequently occur but are not within the Spectrum.

- Obsessive compulsive disorder
- Oppositional defiant disorder
- Anxiety, Depression
- Bipolar Disorder(manic depression)

Autism Spectrum Disorder: comorbidities



Gastrointestinal Dysfunction

Epilepsy/EEG abnormalities

Sleep problems Immune dysfunction

New ASD criteria place increased demand on diagnostic expertise

- Expert clinical assessment skills
- Collaborative diagnosis involving the parent, special needs pediatrician, neurologist, psychiatrist, psychologist.
- Validity and reliability of the assessment tools (autism rating scales)

Challenges for PWA, their families, and society

Prevalence

Medical care resources

Improved quality of life

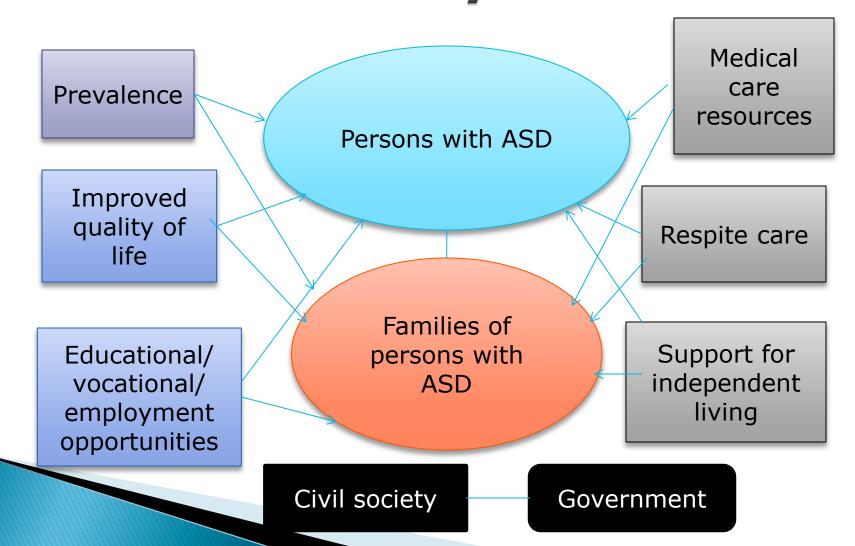
Educational/ vocational/ employment opportunities Families of persons with ASD

Persons with ASD

Respite care

Support for independent living

Challenges and resources for PWA, their families, and society



Research challenges

- Prevalence data None exist
 - Population wide data is needed.
 Particular sample data has the potential of misleading.
- Obtain information on individual medical, educational, and occupational needs of PWA, across the age spectrum.
 - The lack of data is most severe with regard to adults with autism.
- What is the impact of autism on their families?

Care and treatment challenges for persons with autism

- A need for responsive educational, care, and treatment facilities.
- Presently, most Filipino autism families are on their own.
- How to involve government and other civil society resources in the human development and care of persons (adults and children) with autism.

Future goal for families of autism

 Enable family members of AWA to apply their skills to fulfilling their own personal, social, and economic needs.

Future goals and outcomes for the larger society

 Leading to the "lifting of all boats": – the affected PWA, the families, and society.

Caring for adults with autism - for a better Philippines.



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