Autism and the DSM-5

Here in the UK, the main criteria for diagnosing autism are set out in the World Health Organisation’s International Classification of Diseases (ICD). In the USA, the American Psychiatric Association (APA) produces its own diagnostic manual, the Diagnostic and Statistical Manual of Mental Disorders (DSM) which is also influential outside the USA, including in the UK. The newest version of the DSM – DSM-5 – has recently been released, containing some important changes for the diagnostic criteria of autism and Asperger Syndrome.

In the previous version of the DSM – DSM-IV-TR – autism, Asperger syndrome, childhood disintegrative disorder and PDD-NOS (pervasive developmental disorders – not otherwise specified) were all separate diagnoses. DSM-5 encompasses all of these separate terms under one umbrella term: Autism Spectrum Disorder. This change reflects the idea that autism, Asperger syndrome and PDD-NOS are all on one continuum and allows for the possibility that autism may present differently over the course of a lifetime without a person risking their diagnosis being changed and them losing support.

There were problems with the diagnostic criteria in DSM-IV-TR for many years. The diagnostic criteria were set out so that someone should only be diagnosed with Asperger syndrome if they did not meet the diagnostic criteria for autism. However, research has shown that a majority of people diagnosed with Asperger syndrome did in fact meet the DSM-IV-TR criteria for autism. In fact, whether a person is diagnosed with autism or Asperger syndrome seems to largely rely on who is making the diagnosis. This was demonstrated in a study which compared how different clinicians scored their patients and what diagnosis they assigned to their patients based on this score. They found that the same score was diagnosed as autism or Asperger syndrome depending on who was diagnosing the patient.

The triad of impairments outlined in DSM-IV-TR has been replaced with difficulties in two main areas:

- Restricted, repetitive patterns of behaviour, interests or activities including sensory difficulties, which were not included in DSM-IV-TR.

Studies have shown that changing the diagnostic criteria from a triad to a dyad increases sensitivity and specificity of diagnosis. Furthermore, the new diagnostic criteria states that someone with autism spectrum disorder must show symptoms from early childhood, even if symptoms are not recognised until later. This allows for symptoms to be included that may not be noted until social demand exceeds their capacity to perform a task.

There are a number of notable changes in the DSM-5:

- The new diagnostic criteria will focus more on the person’s needs rather than just giving a name to the disorder. As such, there are plans to introduce along with the diagnosis an assessment of the severity of their autism and how much support they may need.

- The term “mental retardation” has finally been removed from the DSM and has been replaced by “intellectual disability”. Intellectual disability will be judged not only on IQ scores but also daily life skills.

- A diagnosis of autism spectrum disorder can also be accompanied by “specifiers” – for example autism spectrum disorder with intellectual disability or autism spectrum disorder with language impairment. This means that clinicians can give a diagnosis which highlights clearly areas where a person may need extra support.

- Women finally have a mention in the DSM-5. The DSM-5 includes the wording: “In clinic samples females tend to be more likely to show accompanying intellectual disability, which suggests that girls without accompanying intellectual disability or language delays may go unrecognized, perhaps because of subtler manifestation of social and communication difficulties.” This sentence recognises that women may be underdiagnosed and encourages clinicians to recognise women with autism without an accompanying intellectual disability.
Until the DSM-5 has been used by clinicians, it will not be possible to see any unexpected flaws in the DSM-5. There may also be a need to adjust the current diagnostic tests to be aligned with the DSM-5, which may take some time. It is thought that people who would in the past have been diagnosed with autism, Asperger syndrome and some people with PDD-NOS should be diagnosed with autism spectrum disorder under DSM-5. People that do not fall under the autism spectrum disorder diagnostic criteria may be classed instead as having Social Communication Disorder, a new diagnosis being introduced in DSM-5. Social Communication Disorder focuses mainly on verbal and non-verbal social communication problems. Although there has been some concern that the new diagnostic criteria may miss some people who need a diagnosis, a recent study seems to show that this will not be the case and that, in fact, some people currently missed under the DSM-IV-TR criteria would be diagnosed with autism spectrum disorder using the DSM-5 criteria. Furthermore, the DSM-5 criteria states that anyone with a well established DSM-IV-TR diagnosis of autism, Asperger syndrome or PDD-NOS should be given a diagnosis of autism spectrum disorder, meaning that people will not lose their diagnosis now that DSM-5 has been introduced.

In the UK, many clinicians use ICD-10 diagnostic criteria which are very similar to the current DSM-IV-TR criteria. This means that Asperger syndrome will not disappear as a diagnosis in the UK for the time being. We do not know whether the diagnostic criteria for autism and Asperger syndrome will change when ICD-10 is updated to ICD-11 in 2015.

References


