



## Asperger Syndrome and the new DSM-V

The current Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition (DSM-IV) is a tool published by the American Psychiatric Association (APA) and is used by psychologists and other clinicians to diagnose psychiatric illnesses. The DSM-IV was published in 1994, and small revisions or alterations were made to the text in 2000. Asperger syndrome (AS), along with autism, Rett's disorder, childhood disintegrative disorder, (CDD) and pervasive developmental disorder not otherwise specified (PDD-NOS) are all listed under the category of pervasive developmental disorders (PDDs) in the DSM-IV. PDDs may be characterized by impaired communication, social skills, or by the presence of repetitive behaviour and interests.

Although the PDDs have these characteristics in common, in the current DSM-IV, each of these disorders have a different diagnostic criteria. The DSM-V is currently being written, and is due for publication in May 2013. It is proposed that in the DSM-V, the category PDD will change to autism spectrum disorder (ASD). The ASD category will include autism, AS, CDD and PDD-NOS. Rett's will no longer be in the DSM, and will be labelled a 'medical disorder'. In the future, individuals will be diagnosed with differing severities of ASD, rather than autism, AS, CDD or PDD-NOS. However, people that already have AS, autism, CDD or PDD-NOS diagnoses will retain these.

According to the APA on the DSM-V website, the reason for this change is because differentiating children with ASD

from those developing neurotypically and those with other disorders that are not 'on the spectrum' has been done reliably. However, distinguishing between the disorders that are 'on the spectrum' (AS, autism, PDD-NOS, CDD) has been done inconsistently.

Since it was proposed for the DSM-V, there has been much debate about whether AS should be included in the ASD category or retain its own diagnosis. A recent article by Norwegian ASD researcher Nils Kaland argues that the features of AS are significantly different from those of autism, and therefore AS should be retained as a diagnosis in the DSM-V, but that the diagnosis should be revised. His views are expressed below:

### **Argument that AS differs from Autism and for Retaining a Revised AS Diagnostic Criteria in the Upcoming DSM-V**

#### *Early Development*

According to the DSM-IV, the main diagnostic difference between autism and AS is that children with AS did not have delayed language. However, early language and communication in children with AS may only be superficially normal; children with AS often find it difficult to understand every-day conversations. Part of the diagnosis of people with AS depends on the reports of early communication by their parents. Parents may underrate the difficulties of their child, or may miss subtle problems. Kaland argues that this shows that the DSM-V requires a revision of the AS criteria.

## *IQ*

Kaland mentions that IQ scores may be one way in which AS differs from autism. When the IQ of people with AS is assessed using intelligence tests, performance is often better on the parts of the test that make up the Verbal IQ than the parts of the test that make up the Performance IQ. Sometimes the opposite is found in people with autism.

## *Communication*

Some studies report that individuals with AS have a distinctive style of communicating that is often monotone, one-sided and excessively detailed. Kaland argues that the communication style of people with AS needs to be researched separately from those with autism.

## *Social Interaction*

Kaland suggests that there may also be social differences between people diagnosed with AS and autism. People with AS often attempt to interact socially and want to make friends, but may appear odd as they do not understand the rules of social interaction. People with autism are often described as aloof or unfriendly, and thus appear to not want to interact with others.

## *Brain Differences*

Kaland mentions that a few studies on the brain have suggested that there may be structural differences between those diagnosed with autism and those with AS. If the brains of people diagnosed with autism and AS are different, that may mean that they are two distinct disorders.

## *Genetic Differences*

Little research has been conducted on whether AS is the same as or differs to autism genetically. Kaland argues that

more research should be done before the two are grouped together in the DSM-V.

## *The Effect on Individuals with AS Diagnoses*

For many people who have received an AS diagnosis, relief was felt when they discovered a 'reason' for feeling so different to others. Kaland argues that if AS is excluded from the DSM-V, it may cause people with AS diagnoses much confusion and anxiety as to whether they should get another diagnosis.

## *Kaland's Conclusions*

There is a lack in research on AS as a separate disorder from autism. More research should be conducted on the similarities and differences of AS and autism before the two are grouped together in the DSM-V.

*For more information on the DSM-V and the proposed changes, go to [www.dsm5.org](http://www.dsm5.org).*

## **References**

American Psychiatric Association. (2000). Diagnostic and Statistical Manual of Mental Disorders (4th ED., Text Revision). Washington, DC: Author.

American Psychiatric Association. (2011). Diagnostic and Statistical Manual of Mental Disorders (Proposed 5th ED.). Retrieved on 14 June, 2011 from <http://www.dsm5.org/ProposedRevisions/Pages/proposedrevision.aspx?rid=94>

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