Another Piece of the Autism Puzzle: DSM-V and Autism Spectrum Disorder
By Sandra Burkhardt, Ph.D., ABPP

In May 2013 the American Psychiatric Association will publish the fifth edition of the Diagnostic and Statistical Manual (DSM-V), the guide used by physicians and mental health care specialists to diagnose individuals with a variety of mental health and learning disorders. This new version of the DSM may include some changes in how people with various forms of autism are diagnosed.

Good News

Autism Spectrum Disorders are a group of related diagnoses that affect people who have difficulties with communication, socialization, behavior, and rate of learning. These diagnoses include Autism, Asperger’s Disorder, and Pervasive Developmental Disorder - Not Otherwise Specified (PDD-NOS). ASD will continue to be viewed as a neuro-developmental disorder that is caused by a combination of genetic and environmental risk factors that are not completely understood at this point in time. Most individuals who would receive a diagnosis of Asperger’s Disorder under the current DSM criteria will receive an ASD diagnosis under DSM-IV. They will be eligible for treatment and accommodations under existing regulations that determine medically and educationally necessary services. There may even be an increase in the resources available to persons on the spectrum as their numbers and needs are verified.

New Views

The word “spectrum,” which will remain a part of the diagnostic title, reminds everyone that ASD covers a broad range of symptoms. The definition of ASD will broaden under the DSM-V, based upon many recent discoveries about ASD.

ASD symptoms:
- include a range of difficulties (mild to severe; obvious to subtle) in communication, socialization and behavior
- look differently at various stages of development across the lifespan
- improve with treatment and accommodations
- present lifelong risk factors even when symptoms are under good control
- have a genetic component that may be hereditary

As noted, ASD is a neuro-developmental condition that is influenced by heredity and lifestyle. This view moves us past some out-of-date ideas:

- ASD is not caused by bad parenting or inadequate discipline
- ASD is not due to lack of motivation or effort on the part of the person or their family
Current best practice provides positive steps to achieving an optimal quality of life for persons with ASD:

- early identification of ASD risk factors and symptoms
- early intervention
- effective, continuous medical management of risk factors and symptoms
- positive behavioral supports and appropriate accommodations at home, at school, at work, and in the community

Thus, similar to other health problems such as asthma, hypertension or diabetes, the current view of ASD helps the public, families, service providers and patients understand:

- the tendency toward ASD symptoms may be inherited
- lifestyle (environmental factors) may trigger or reduce various symptoms
- in some cases ASD symptoms may cause acute or chronic impairment and discomfort
- healthy management can reduce the risk of new episodes of symptoms
- lifelong management of risk factors and symptoms can lead to happy and healthy lives

Why the name change to Autism Spectrum Disorders (ASD)?

By history and tradition, autism has been defined as a pervasive developmental disorder associated with delays in language ability, poor eye contact, unusual repetitive behaviors, poor socialization, and, often, cognitive impairment (low intelligence). The difficulty with this profile of autism is its failure to identify two important groups. First, it does not clearly identify children and adults who have some of the signs of autism but who had no problem learning to talk and who have average to above-average intelligence. Second, the traditional view of autism does not clearly identify children who started life with the classic and serious symptoms of autism but who improved with treatment and maturation (often referred to informally as High Functioning Autism). Therefore, the DSM-V creates an umbrella diagnosis, Autism Spectrum Disorder, to include many levels of ASD symptoms.

What if ASD symptoms don’t cover everything that troubles persons with ASD?

ASD not only includes its own diagnostic symptoms but is often associated with other clinical symptoms, such as poor mood regulation, social anxiety, obsessions, attention deficit, learning disabilities, and tic disorders. It may be helpful to consider these symptoms as related to ASD although these symptoms can be due to other conditions as well.

For example, a headache can be a symptom of a number of conditions ranging from the severe to the mundane. A headache is always worth watching. When symptoms cause too much discomfort, last too long, get worse, disrupt everyday life, and do not respond to home remedies, a closer look is needed. The diagram below depicts some of the overlapping symptoms to consider when diagnosing ASD.
**Right shaded area:** Traditional ASD diagnoses, Autism, Rett’s and Childhood Disintegrative Disorder

**Center shaded area:** ASD diagnoses considered higher functioning: Asperger’s, PDD-NOS, high functioning and atypical Autism, and some individuals with Non-verbal Learning Disability

**Unshaded areas:** Diagnoses that are often present in individuals with ASD but are not specifically ASD symptoms, such as Attention Deficit Hyperactivity Disorder, Social Anxiety, Obsessive-Compulsive Disorder, Tourette’s, Depression, and Bipolar Disorder.

**Cognitive Impairment:** The dividing line reminds us that, while some individuals with ASD have impaired cognitive abilities, many persons with ASD have average to above-average cognitive abilities.