

DSM V AND AUTISM SPECTRUM DISORDER CRITERIA:

IMPACT ON EARLY DIAGNOSIS

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OUTLINE OF PRESENTATION

- What are the proposed changes in the ASD criteria?
- Why make changes in the existing criteria?
- What are the specific changes?
- Why are people so upset about these changes?
- How do these changes potentially impact on children under 3?

DSM 4 PERVASIVE DEVELOPMENTAL DISORDERS

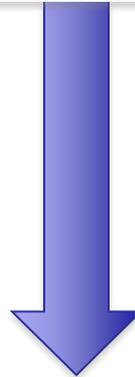
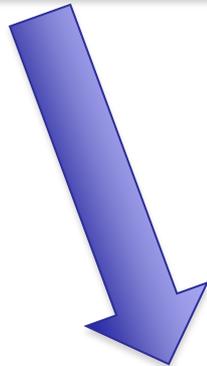
Autistic Dis

Asperger's

CDD

Rett's Dis

PDD NOS



DSM 5

Dx:Autism Spectrum Disorder

12 combinations of 7 criteria across 2 core features can arrive at a diagnosis*

*Autism Speaks

WHY MAKE CHANGES IN THE ASD CRITERIA FOR DSM 5?

- Evidence over time suggests that there are not 3 core features, but rather 2: social and communication deficits travel together
- Diagnosticians are good at distinguishing ASD vs. not ASD, but lack consistency regarding autism vs PDD.nos vs Asperger's
- The goal was not to exclude people with ASD but rather to be SENSITIVE (correct inclusion) and more SPECIFIC (correct exclusion)
- Separate out the description of behaviors from etiology and associated conditions

SPECIFIC CRITERIA: DEFICITS IN SOCIAL COMMUNICATION/SOCIAL INTERACTION

- **There are 3 Social-Communication criteria and all 3 must be met:**
 - **Deficits in social-emotional reciprocity: e.g.,**
 - Decreased sharing of interests
 - Decreased sharing of affect
 - Decreased/total lack of initiation of social interaction
 - **Deficits in nonverbal communication behaviors used for social interaction: e.g.,**
 - Deficits in eye contact
 - Lack of facial expression and gesture
 - **Deficits in developing and maintaining relationships and adjusting behavior to social contexts appropriate to developmental level**
 - Decreased imaginative play, lack of interest in making friends, absence of interest in people

SPECIFIC CRITERIA: RESTRICTIVE/REPETITIVE INTERESTS AND BEHAVIORS

- There are 4 restrictive/repetitive interests and at least **2 of the 4 must be present** currently or by history:
 - Stereotyped or repetitive speech, motor movements or use of objects
 - Excessive adherence to routines, ritualized patterns of behavior
 - Highly restricted, fixated interests
 - **Hyper or hypo reactivity to sensory input** (*not found in DSM 4*)

SUMMARY OF MAIN CHANGES PROPOSED IN THE DSM-5

- From three categories of symptoms to two categories
- A set of **5/7 criteria required** for diagnosis
- From five subtypes to one diagnosis (autism spectrum disorder)
- Uses “specifiers” to characterize individual differences
- Describes severity based on how much support is needed
- **Includes sensory sensitivities as one of the symptoms**

WHY ARE PEOPLE UPSET ABOUT THESE CHANGES?

- There is concern that some individuals currently diagnosed with ASD will be excluded by the current criteria – **not true** – those already diagnosed will retain the diagnosis.
- Retrospective studies have highlighted that individuals with higher IQ, and milder social impairment (PDD.nos or Asperger's) may be excluded (13-39%)
- Field studies are in progress gathering prospective data. Look more encouraging.
- Most of these studies are on older kids (8 year olds)

WHAT ABOUT CHILDREN UNDER 3?

- Since the field has gone in the direction of using “gold standard instruments” (e.g., ADOS and CARS) for diagnosis there is less likelihood of the new diagnostic criteria making a dramatic impact on EI kids. Neither the original ADOS nor the CARS were ever directly keyed to the DSM 4.
- The majority of NYC EI children with the diagnosis are initially diagnosed while in the EI system.