

Changes to Diagnostic Criteria for Asperger's Syndrome and Autism Spectrum Disorder will be Helpful to Many, Acknowledging Sensory Issues for the First Time

5 December 2012: The release of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) planned for mid-2013 is set to make a number of important changes to the way that Autism Spectrum Disorder (ASD) will be diagnosed, and the term 'Asperger's Disorder' will no longer be included.

There is considerable community concern about the proposed changes for individuals with ASD, in particular, what will happen to those individuals who currently have a diagnosis of Asperger's Syndrome.

Amaze (Autism Victoria) believes that the proposed changes are a positive step forward in clarifying diagnosis and improving understanding of the condition.

Lia Castorina, Manager of the Autism Advisor Team at Amaze explains: "In the current edition, DSM-IV, the umbrella term Pervasive Developmental Disorder is used to describe Autistic Disorder, Asperger's Disorder and Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS). In DSM-5, this will be termed Autism Spectrum Disorder to better reflect the current thinking and terminology used by clinicians, and to address the fact that there is no clear evidence in the literature that these are distinct and separate conditions."

Another significant change is the move from a 'triad' of impairments (where individuals need to show deficits in three areas of development: social interaction, communication and restricted repetitive behaviour). In DSM-5, social interaction and communication are being combined into one item to recognise the interrelatedness of deficits in communication and social behaviours. Further, the number of symptoms has been reduced from 12 to 7 by merging overlapping or similar criteria and removing symptoms not specific to ASD.

"A helpful facet of the new version is that more emphasis is placed on the social communication and interaction deficits which we know to be core features of ASD," says Castorina. "It also acknowledges sensory difficulties of individuals with ASD for the first time."

The final important change is that severity criteria will be included to assess how much support an individual might need in their social communication and behaviours. Amaze believes that these changes will better reflect our current thinking about ASD.

Castorina: "We believe and hope that this will help to overcome the common misunderstanding that Asperger's Syndrome and PDD-NOS are somehow less 'severe' than Autistic Disorder. All 'types' of ASD have a broad range of severity and hence the use of the word 'spectrum' in the title. We are very optimistic that these changes will result in a better understanding of ASD amongst the general population."

The DSM is published by the American Psychiatric Association and reviewed by a group of international experts. In Australia, many clinicians currently use DSM-IV as one 'tool in their diagnosis toolkit'. Diagnosis is complex and requires a team of professionals using multiple assessment tools, observation, speech and language assessments and developmental histories taken from parents.

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A number of government programs, such as the federal 'Helping Children With Autism' (HCWA) and Centrelink benefits rely on a DSM-IV diagnosis for funding purposes, and the current edition is widely used in Australia.

Castorina: "For children receiving the HCWA package from the Federal government, we certainly don't anticipate any child will 'lose' access to their funding. Once eligible, they have access to the \$12,000 until their seventh birthday. The same would be true for those accessing the Medicare items under the HCWA category."

Amaze is anticipating a period of cross-over where both DSM-IV and DSM-5 diagnoses are accepted for funding purposes. "We won't know exactly how things will pan out until after version 5 is released and diagnosticians have had a chance to understand the changes. Until then, individuals and families should remember that regardless of what label or diagnosis they or their child has, they are still the same person with their unique pattern of strengths and weaknesses, likes and dislikes, quirks and special interests, and the supports and assistance they are receiving today will still be important, regardless of what the latest manual calls their condition."

Amaze believes that young children who "miss out" on a diagnosis under the new classification system may still qualify for a number of programs and assistance that is available, such as the Early Childhood Intervention Service, and some of the Medicare rebates to assist with therapy, so we would expect that there would still be some assistance there for treatment and therapy, because we know that these children, even if they don't meet new criteria, will still need intervention and support to assist with their development, and families will continue to need guidance in how to best support their child, regardless of what their diagnosis is.

Further, some individuals who do not currently fit criteria for a diagnosis of ASD may fulfill criteria for a new diagnosis, such as Social Communication Disorder, which falls outside the ASD realm: it remains to be seen whether there will be assistance available for treatment and therapy for this condition, and this is a legitimate concern for families and we must liaise with government on the best way to support these people.

"We fully understand the concerns of individuals and parents regarding this major change," says Castorina. "Those who identify proudly with their Asperger's diagnosis are worried about losing their identity. Then there is the issue of eligibility for services and support when the diagnostic criteria change, and what will happen to those who no longer meet criteria under the new system."

She goes on, "Diagnostic criteria need to evolve to reflect current knowledge and cultural conventions. "However, the DSM-5 does not seek to be the final word on biological or sociological realities. It was not anticipated that individuals would take to their diagnosis of Asperger's Syndrome with such a passion and this was not the purpose of past or future editions of the DSM. That doesn't mean you can't or shouldn't be proud to be an 'Aspie' or that you have to change the way you describe yourself if you don't want to. The DSM was not intended to offer people an identity and you could therefore argue that neither will it take away your identity. If you are currently receiving a service on the condition of having a diagnosis, we recommend that you speak with your service and ask for guidance on likely changes. Overall, we believe that the changes will provide a better reflection of today's understanding of ASD and will be of benefit to individuals on the spectrum."

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