

Information Sheet:

Changes to the Diagnostic Criteria for Autism

With the release of the DSM-5 in 2013, there were changes to the way autism was diagnosed. This is a summary of the changes.

How is Autism Diagnosed?

When diagnosing autism, diagnosticians use a number of measures to determine whether an individual meets criteria. They may make observations, take a developmental history, and assess the individual's communication skills, social and play skills, adaptive behaviour, and cognitive skills. Usually a number of professionals are involved in the diagnosis, including a paediatrician or psychiatrist, a psychologist, and a speech pathologist, and all come together bringing insight based on their areas of expertise.

One of the items in a diagnostician's tool kit is called the Diagnostic and Statistical Manual of Mental Disorders (or DSM for short). The DSM is a publication published by the American Psychiatric Association. It includes the diagnostic criteria for many different conditions, including autism. In May 2013, the fifth edition of the DSM was published, and in it there have been some changes to the diagnostic criteria for autism.

Why have the criteria in the DSM changed?

The DSM refers to psychological conditions, our understanding of which is increasing all the time. Therefore, the DSM is revised periodically to bring it more into line with current research and practice.

The fourth edition of the DSM (the DSM-IV) was published in 1994 (and revised in 2000). Since then, there have been many studies conducted and thousands of articles published to give us a greater understanding of autism.

The changes that have been made to the diagnostic criteria in the fifth edition were based on advice from clinicians and researchers in the field. The proposed criteria were open for public discussion and underwent a number of revisions before the final criteria were settled. The criteria as they appear in the new edition are thought to better capture how we currently understand autism.

What are the changes?

The first and most important change is that the discrete (separate) disorders that were introduced in DSM-IV under the category of 'Pervasive Developmental Disorder', or PDD (i.e. Autistic Disorder, Asperger's Disorder, Pervasive Developmental Disorder – Not Otherwise Specified) will now be replaced by a single diagnostic term: *Autism Spectrum Disorder*.

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What are the changes? continued

The person's *level* of symptom severity also forms part of the diagnosis. The new criteria recognise this can change over time or in different contexts. These are:

Level 1 Requiring support

Level 2 Requiring substantial support

Level 3 Requiring very substantial support

Another significant change are the criteria. The traditional 'triad of impairments' (impaired social reciprocity, impaired language/communication, and restricted and repetitive patterns of interests/ activities) has been collapsed into two 'domains':

Social communication deficits

Restricted interests and repetitive behaviours

Social and communication deficits have been merged into a single category to reflect their interrelatedness.

There are severity descriptors for both domains for each of the 3 levels. (So you can have "Level 1" in one domain and "Level 3" in the other, for example.)

The new criteria acknowledge that while symptoms must be present in the early years of life, they may not become fully evident until the person is faced with social demands that exceed their coping capacities (such as when they start school).

Other changes include recognition of the sensory difficulties and differences experienced by many autistic people, the removal of a delay in language development as a factor in diagnosis, and an ability to officially diagnose another disorder (such as Attention Deficit Hyperactivity Disorder) in addition to autism.

What do the changes mean?

There was some debate about what these changes would mean for autistic people. A number of studies were conducted in the lead up to the release of the new criteria to see if people who met criteria under DSM-IV would still receive a diagnosis under the new criteria. Results varied considerably, with some studies suggesting around 40% of people would no longer meet criteria while others estimating a much more conservative figure of around 5–10%.

In practice, it seems the new criteria has had a small impact on rates of diagnosis. Prevalence rates of autism have not declined (although it is worth noting we are still in a transition period with both DSM-IV and DSM-5 diagnosis being widely accepted).

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What do the changes mean? continued

At this time, people with a DSM-IV diagnosis do not need to be reassessed. Similarly, individuals with a diagnosis of Asperger Syndrome don't have to give up that label if it is something they identify with.

Some people who don't meet the new criteria may meet criteria for a new diagnosis - Social Communication Disorder. Social Communication Disorder is not autism, but it does include some of those social communication difficulties, such as impairments in the social use of verbal and nonverbal communication and difficulties with the pragmatics (practical use) of language. Social Communication Disorder does not include the fixated interests and repetitive behaviours needed to meet criteria for autism.

People who meet criteria for Social Communication Disorder have not been made eligible for inclusion in autism-specific funding programs at this time.

DSM-5: The final word?

The DSM is a living document that reflects current knowledge and understanding. Current thinking has moved a long way from the diagnoses of 'childhood schizophrenia' or 'infantile autism' that were described in previous editions. As we learn more about autism, future editions of the DSM will be adapted to meet our increasing understanding.

Resources

Olga Tennison Autism Research Centre (OTARC):

<https://www.latrobe.edu.au/otarc/professionals/dsm-changes>

References

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