

Proposed Revisions- DSM-5

History and Background:

The American Psychiatric Association (APA) has proposed new diagnostic criteria for autism to be included in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The proposal would create a new diagnostic category called autism spectrum disorder which would incorporate several previously separate diagnoses including autistic disorder, Asperger's disorder, childhood disintegrative disorder and pervasive developmental disorder not otherwise specified. A new disorder called Social Communication Disorder (SCD) is also being proposed. The recommended changes to the diagnostic criteria came from the DSM-5 Neurodevelopmental Work Group, a group of experts in the field. The criteria are currently being tested in field trials in order to provide more information about their validity. The release of the final, approved DSM-5 is expected in May 2013.

Proposed Revisions:

DSM-5- Autism Spectrum Disorder	DSM-IV- Autistic Disorder
<p>Must meet criteria A, B, C, and D:</p> <p>A. Persistent deficits in social communication and social interaction across contexts, not accounted for by general developmental delays, and manifest by all 3 of the following:</p> <ol style="list-style-type: none"> 1. Deficits in social-emotional reciprocity; ranging from abnormal social approach and failure of normal back and forth conversation through reduced sharing of interests, emotions, and affect and response to total lack of initiation of social interaction, 2. Deficits in nonverbal communicative behaviors used for social interaction; ranging from poorly integrated- verbal and nonverbal communication, through abnormalities in eye contact and body-language, or deficits in understanding and use of nonverbal communication, to total lack of facial expression or gestures. 3. Deficits in developing and maintaining relationships, appropriate to developmental level (beyond those with caregivers); ranging from difficulties adjusting behavior to suit different social contexts through difficulties in sharing imaginative play and in making friends to an apparent absence of interest in people <p>B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following:</p> <ol style="list-style-type: none"> 1. Stereotyped or repetitive speech, motor movements, or use of objects; (such as simple motor stereotypies, echolalia, repetitive use of objects, or idiosyncratic phrases). 2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change; (such as motoric rituals, insistence on same route or food, repetitive questioning or extreme distress at small changes). 3. Highly restricted, fixated interests that are abnormal in intensity or focus; (such as strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests). 4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment; (such as apparent indifference to pain/heat/cold, adverse response to specific sounds or textures, excessive smelling or touching of objects, fascination with lights or spinning objects). <p>C. Symptoms must be present in early childhood (but may not become fully manifest until social demands exceed limited capacities)</p> <p>D. Symptoms together limit and impair everyday functioning.</p>	<p>A total of six (or more) items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3):</p> <p>(1) Qualitative impairment in social interaction, as manifested by at least two of the following:</p> <ol style="list-style-type: none"> (a) marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction (b) failure to develop peer relationships appropriate to developmental level (c) a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest) (d) lack of social or emotional reciprocity <p>(2) Qualitative impairments in communication as manifested by at least one of the following:</p> <ol style="list-style-type: none"> (a) delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime) (b) in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others (c) stereotyped and repetitive use of language or idiosyncratic language (d) lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level <p>(3) Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:</p> <ol style="list-style-type: none"> (a) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus (b) apparently inflexible adherence to specific, nonfunctional routines or rituals (c) stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole body movements) (d) persistent preoccupation with parts of objects <p>B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play.</p> <p>C. The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder.</p>

Social Communication Disorder

- A. Social Communication Disorder (SCD) is an impairment of pragmatics and is diagnosed based on difficulty in the social uses of verbal and nonverbal communication in naturalistic contexts, which affects the development of social relationships and discourse comprehension and cannot be explained by low abilities in the domains of word structure and grammar or general cognitive ability.
- B. The low social communication abilities result in functional limitations in effective communication, social participation, academic achievement, or occupational performance, alone or in any combination.
- C. Rule out Autism Spectrum Disorder (ASD). Autism Spectrum Disorder by definition encompasses pragmatic communication problems, but also includes restricted, repetitive patterns of behavior, interests or activities as part of the autism spectrum. Therefore, ASD needs to be ruled out for SCD to be diagnosed.
- D. Symptoms must be present in early childhood (but may not become fully manifest until social demands exceed limited capacities)

Severity Level for ASD	Social Communication	Restricted interests & repetitive behaviors
Level 3 'Requiring very substantial support'	Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning; very limited initiation of social interactions and minimal response to social overtures from others.	Preoccupations, fixated rituals and/or repetitive behaviors markedly interfere with functioning in all spheres. Marked distress when rituals or routines are interrupted; very difficult to redirect from fixated interest or returns to it quickly
Level 2 'Requiring substantial support'	Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions and reduced or abnormal response to social overtures from others	RRBs and/or preoccupations or fixated interests appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress or frustration is apparent when RRB's are interrupted; difficult to redirect from fixated interest.
Level 1 'Requiring support'	Without supports in place, deficits in social communication cause noticeable impairments. Has difficulty initiating social interactions and demonstrates clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions.	Rituals and repetitive behaviors (RRB's) cause significant interference with functioning in one or more contexts. Resists attempts by others to interrupt RRB's or to be redirected from fixated interest.

More information and the full text of the proposed DSM-5 criteria are available on DSM-5 website www.dsm5.org

**DSM IV
Pervasive Developmental
Disorders:
Autism**

**DSM 5
Autism Spectrum Disorder**



