



INFORMATION PAPER

INTRODUCING THE DSM-5 DIAGNOSTIC CRITERIA FOR AUTISM SPECTRUM DISORDER

What is the DSM-5?

The *Diagnostic and Statistical Manual of Mental Disorders* (the DSM) is developed by the American Psychiatric Association to provide the criteria by which clinicians define and diagnose various psychiatric and developmental conditions, including autism spectrum disorders. The newest edition of this manual, the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition* (DSM-5)^[1], was released in May 2013, after ten years of revision, including field trials, and input from the mental health and medical communities, patients and their families and members of the public.

As yet, there are no biological tests (e.g., genetic tests, brain scans) that can be used to reliably diagnose conditions on the autism spectrum. Diagnosis is therefore made on the basis of a set of behavioural symptoms. Our understanding of conditions on the autism spectrum have continued to evolve since they were first recognised by Leo Kanner in 1943^[2] and Hans Asperger in 1944^[3].

What changes have been made for autism spectrum disorders in DSM-5?

There have been a number of changes made to the new edition, most notably:

- The diagnostic labels *Autistic Disorder*, *Asperger's Disorder*, *PDD-NOS* and *Childhood Disintegrative Disorder* that were in the previous DSM edition: the *Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition Text Revision* (DSM-IV-TR)^[4] under the heading *Pervasive Developmental Disorders* will no longer be used. These subcategories have been merged into the single broader diagnostic category of *Autism Spectrum Disorder* (ASD). A diagnosis of ASD may be considered for girls with Rett Syndrome if they present with behaviours that meet the ASD diagnostic criteria.

- The domains of impairment have been reduced from three areas of impairment to two. In the DSM-IV-TR there were three domains: (1) *Qualitative impairment in social interaction*, (2) *Qualitative impairments in communication*, and (3) *Restricted, repetitive and stereotyped patterns of behaviour, interests, and activities*. The social and communication domains have been collapsed to become the first domain (*Social Communication*) of impairment of the DSM-5. *Restricted, repetitive patterns of behaviours, interests and activities* remain in the DSM-5 and represent the second domain of impairment. Both the DSM-5 diagnostic criteria and the DMS-IV-TR criteria for Autistic Disorder and Asperger Syndrome are summarised in Appendix A.
- Where the DSM-IV-TR did not include atypical sensory processing issues, the DSM-5 includes *Hyper- or hypo-reactivity to sensory input or unusual sensory interests* under the domain *Restricted, repetitive patterns of behaviours, interests and activities*.
- In order to meet criteria for an ASD under DSM-5, the individual must satisfy all three of the *Social Communication* criteria and at least two of the four criteria listed under *Restricted and Repetitive Behaviours* (i.e., a minimum of five out of the seven possible criteria). In contrast, a DSM-IV-TR diagnosis of Autistic Disorder required the person to meet a total of six criteria across the three domains of impairment including at least two from the social interaction area, one from the communication area and one from restricted interests and repetitive behaviours. A diagnosis of Asperger's Disorder was considered once Autistic Disorder was ruled out, requiring that the person satisfy at least two social interaction criteria and at least one of the Restricted Interests and Repetitive Behaviour criteria. The DSM-IV-TR requirement for PDD-NOS had no minimum symptom requirement, specifying only evidence of severe social impairment accompanied by either communication impairment or restricted and repetitive behaviours. The DSM-5 therefore allows fewer combinations of criteria to be used in order to achieve a diagnosis (see Appendix A).
- DSM-5 requires that a severity rating be applied for each individual diagnosed with ASD. There is be a severity rating for both domains of impairment ranging from '*Level 1: Requiring Support*' to '*Level 3: Requiring Substantial Support*' (see Appendix B for description of severity ratings).
- Clinicians are now able to add specifiers in regards to cognitive skills (e.g., with or without accompanying intellectual disability), conditions that are frequently

associated with ASD (e.g., ADHD, anxiety disorder, language disorder) and medical conditions (e.g., epilepsy) to allow for a more comprehensive description of an individual's presentation. While the DSM-IV-TR recommended against adding additional diagnoses such as ADHD, the DSM-5 recognises that about 70% of individuals with ASD may have an associated developmental or mental disorder, and 40% may have two or more associated developmental or mental disorders. These specifiers, together with the severity rating, provide a clearer picture of the strengths and problems of each individual. For example, it will be clear that an individual with a diagnosis of ASD, Level 3 Severity in both *Social Communication* and *Restricted and Repetitive Behaviours* and moderate-to-severe intellectual disability will present very differently and have different support needs to someone with a diagnosis of ASD, Level 1 Severity in both *Social Communication* and *Restricted and Repetitive Behaviours*, without intellectual disability and with an anxiety disorder. The severity ratings may also be used to demonstrate improvement over time in an individual's functioning.

What is the rationale behind the changes?

The following rationales have been provided by the American Psychiatric Association^[1]:

- **Moving to a single diagnostic category:**

Differentiation of ASD from typical development and other 'non-spectrum' disorders can be done reliably and with validity. However, distinctions among disorders on the autism spectrum such as Autistic Disorder and Asperger Syndrome have been found to be inconsistent over time, variable across sites and often associated with severity, language level or intelligence rather than features of the disorder. Because autism is defined by a common set of behaviours, it is best represented as a single diagnostic category that is adapted to the individual's clinical presentation by inclusion of clinical specifiers (e.g., severity, verbal abilities and others) and associated features (e.g., known genetic disorders, epilepsy, intellectual disability and others). Research comparing children diagnosed with Asperger's Disorder and children diagnosed with high-functioning Autistic Disorder have failed to find any consistent differences between these two autism 'subtypes' in terms of potential causes, responses to intervention, and outcomes in adulthood.

- **Moving from three domains to two domains:**

Deficits in communication and social behaviours are inseparable and more accurately considered as a single set of symptoms with contextual and environmental specificities. Delays in language development are neither unique nor universal in ASD and are more accurately considered as a factor that influences the clinical symptoms of ASD, rather than defining the ASD diagnosis.

- **Inclusion of sensory symptoms**

Consistent findings of atypical responses to sensory input (e.g., over-reactions to loud noises or bright lights, or repetitive seeking of sensory input such as rocking, humming or watching patterns of light) among people with ASD have led to the inclusion of sensory symptoms in the DSM-5^[5].

If my child has been given a diagnosis using the DSM-IV-TR, will he or she need to be re-diagnosed using the DSM-5?

The DSM-5 manual states that individuals with a well-established diagnosis of autistic disorder, Asperger's disorder, or pervasive developmental disorder not otherwise specified should be given the diagnosis of ASD.

What if the person has marked social and communication difficulties, but not other symptoms of ASD?

The DSM-5 manual states that individuals with marked deficits in social communication but who don't have any restricted patterns of behaviour, interests or activities should be evaluated for a new diagnostic category under the DSM-5 called '*social communication disorder*'.

What if I or my child prefers to use the term Asperger Syndrome?

The elimination of the diagnostic category of Asperger's Disorder is a source of concern for some individuals in the community who are currently diagnosed with Asperger's Syndrome. Some feel that they are losing their identity, while others consider this diagnosis to be a source of pride. Although Asperger Disorder is no longer recognised under the DSM-5, if individuals prefer describe themselves as having 'Asperger's Syndrome' then there is nothing to prevent them from doing so. This is a matter of personal choice.

What should a diagnostic assessment involve?

The diagnosis of ASD is complex process. A comprehensive assessment is required in order to describe all components of the DSM-5 classification. Diagnostic assessments should ideally involve multiple sources of information including detailed observations, and information from parents, teachers and other professionals involved with the child.

References

1. American Psychiatric Association. (2013) *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*. Arlington VA: American Psychiatric Association.
2. Kanner, L. (1943). Autistic disturbances of affective contact. *Nervous Child*, 2, 217-250.
3. Asperger, H. (1944). "Autistic psychopathy" in childhood. *Archiv fur Psychitrie und Nervenfrankheiten*, 117, 76-136.
4. American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition Text Revision (DSM-IV-TR)* Washington DC: American Psychiatric Association.
5. Ben-Sasson, A., Hen, L., Fluss, R., Cermak, S. A., Engel-Yeger, B., & Gal, E. (2008). A meta-analysis of sensory modulation symptoms in individuals with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, 39, 1-11. doi:10.1007/s10803-008-0593-3

APPENDIX A: DIAGNOSTIC CRITERIA

**Diagnostic Criteria for Autism Spectrum Disorder - DSM 5
(American Psychiatric Association, 2013)**

Diagnostic Criteria for Autistic Spectrum Disorder

- A. Persistent deficits in social communication and interaction across multiple contexts, as manifested by all of the following (currently or by history):
1. Deficits in social-emotional reciprocity
 2. Deficits in nonverbal communication behaviours used for social interaction
 3. Deficits in developing, maintaining, and understanding relationships

Specify current severity based on social communication impairments and restricted, repetitive patterns of behaviour.

- B. Restrictive, repetitive patterns of behaviour, interests or activities, as manifested by at least two of the following, currently or by history:
1. Stereotyped or repetitive motor movements, use of objects, or speech
 2. Insistence on sameness, inflexible adherence to routines, or ritualised patterns of verbal or nonverbal behaviour
 3. Highly restricted, fixated interests that are abnormal in intensity or focus
 4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment

Specify current severity based on social communication impairments and restricted, repetitive patterns of behaviour.

- C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
- E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay.

Individuals with a well-established diagnosis of autistic disorder, Asperger's disorder, or pervasive developmental disorder not otherwise specified should be given the diagnosis of autism spectrum disorder. Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for autism spectrum disorder, should be evaluated for social (pragmatic) communication disorder.

**Diagnostic Criteria for Pervasive Developmental Disorders – DSM-IV-TR
(American Psychiatric Association, 2000)**

Diagnostic Criteria for Autistic Disorder

- A. 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:
 - 1. Qualitative impairment in social interaction, as manifested by at least 2 of:
 - a) Marked impairment in the use of multiple nonverbal behaviours
 - b) Failure to develop peer relationships to appropriate developmental level
 - c) A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people
 - d) Lack of social or emotional reciprocity
 - 2. Qualitative impairment in communication as manifested by at least 1 of:
 - a) Delay, or total lack of, the development of spoken language
 - b) 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
 - 3. Restricted, repetitive and stereotyped patterns of behaviour, interests and activities as manifested by at least 1 of:
 - a) Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal in intensity or focus
 - b) Apparently inflexible adherence to specific, nonfunctional routines or rituals
 - c) Stereotyped and repetitive motor mannerisms
 - d) Persistent preoccupation with parts of objects
- B. Delays in abnormal functioning in at least one of the following areas with onset prior to 3 years: (i) Social interaction, (ii) Language as used in social communication, or (iii) Symbolic or imaginative play
- C. Disturbance not accounted for by Rett's Disorder or Childhood Disintegrative Disorder

Diagnostic Criteria for Asperger's Disorder

- A. Qualitative impairment in social interaction, as manifested by at least 2 of:
 - 1. Marked impairment in the use of multiple nonverbal behaviours
 - 2. Failure to develop peer relationships to appropriate developmental level
 - 3. A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people
 - 4. Lack of social or emotional reciprocity
- B. Restricted, repetitive and stereotyped patterns of behaviour, interests and activities as manifested by one of the following:
 - 1. Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal in intensity or focus
 - 2. Apparently inflexible adherence to specific, nonfunctional routines or rituals
 - 3. Stereotyped and repetitive motor mannerisms
 - 4. Persistent preoccupation with parts of objects
- C. The disturbance causes clinically significant impairment in social, occupational, or other important areas of function
- D. No significant general delay in language development (e.g., single words by age 2 years, communicative phrases used by 3 years)
- E. No significant delay in cognitive development or in the development of age appropriate self-help skills, adaptive behaviour and curiosity about the environment in childhood
- F. Criteria not met for other specific Pervasive Developmental disorder or Schizophrenia

APPENDIX B: SEVERITY RATING

Severity Level for ASD	Social communication	Restricted interests and repetitive behaviours
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. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches.	Inflexibility of behaviour, extreme difficulty coping with change, or other restricted/repetitive behaviours markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action.
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. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and who has markedly odd nonverbal communication	Inflexibility of behaviour, difficulty coping with change, or other restricted/repetitive behaviours appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.
Level 1 'Requiring support'	Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions and, clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.	Inflexibility of behaviour causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organisation and planning hamper independence.