

New Diagnostic Criteria for Autism



Autism, along with hundreds of other mental health issues, is diagnosed according to specific diagnostic criteria listed in the *Diagnostic and Statistical Manual of Mental Disorders*, commonly known as the *DSM*. The manual, published by the American Psychiatric Association (APA), is considered the “bible” of psychiatry and gives doctors around the world accurate and consistent definitions and symptoms of each mental health condition to help ensure appropriate diagnosis and treatment. It is updated periodically to reflect new research and understanding of mental disorders.

The fifth edition, or *DSM-V*, is set for release in May 2013. Its revised definition of autism spectrum disorder contains many changes in the way the condition is identified and diagnosed. These changes include:

Autism Spectrum Disorder is now a single diagnosis.

The prior definition of autism from the fourth edition of the *DSM* (*DSM-IV*) considered three different conditions to be Autism Spectrum Disorders (ASDs): Autistic Disorder, Asperger’s Disorder, and Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS).

In the *DSM-V*, these disorders along with

Childhood Disintegrative Disorder will no longer be defined separately, and will be replaced with only Autism Spectrum Disorder. ASD will be broken down into three levels of severity.

According to the APA, these conditions are not separate but rather fall on a continuum of mild to severe. In reviewing research on autism for the new edition of the *DSM*, they found that the four separate diagnoses were not being consistently applied across treatment settings. The new criteria are intended to lead to more accurate diagnoses and, as a result, more focused treatment.¹

Criteria for diagnosis have changed.

The *DSM-IV* outlined three domains of symptoms: social impairment, language/communication impairment and repetitive/restrictive behaviors. An individual would qualify for a diagnosis by exhibiting six of the 12 identified deficits in these three domains, including two deficits in socialization and one deficit in each of the other two domains.²

Under the *DSM-V*, there are only two domains: social communication impairment and restricted interests/repetitive behaviors. To qualify for a diagnosis, an individual must exhibit three social communication deficits and at least two deficits in the category of restricted interests/repetitive behaviors. This second category now includes a new deficit not included in the *DSM-IV*: sensory sensitivities or unusual sensory interests.²

Age for symptom presentation is less specific.

The *DSM-IV* required that a child exhibit symptoms before the age of 3. The new *DSM-V* criteria indicate that symptoms must present in “early childhood,” and go on to add that these symptoms may not fully manifest until the child is in a situation where demands exceed his or her capabilities. Therefore, older children may receive a diagnosis, and patient history may play a bigger role.³

Further, the symptoms must affect the child’s functioning in daily life/activities, and the diagnostic criteria more clearly reflect those impacts on function.⁴

A new diagnosis of Social Communica-

tion Disorder has been added.

If a child exhibits symptoms in the domain of social communication impairments, but not in the domain of restricted interests/repetitive behaviors, he or she may qualify for a diagnosis of Social Communication Disorder.²

Information on how these changes will affect the future diagnosis of the condition remains speculative. The APA conducted field testing on the new *DSM-V* criteria, and analysis indicated there would be “no significant changes in the prevalence of the disorder.”³ However, several other experts in the field believe there could be a significant decrease in the number of children diagnosed with ASD. Researchers are currently conducting additional investigations to answer this question more accurately. There is no consensus at this time.^{2,4,5}

However, the APA has stated children with existing diagnoses of one of the four pervasive developmental disorders under *DSM-IV* criteria, “should still meet the criteria for ASD in *DSM-5* or another, more accurate *DSM-5* diagnosis.”³

For more information about your child’s specific symptoms or diagnoses, consult your healthcare provider. ■

Information for this handout was gathered from:

1. American Psychiatric Association. *DSM-5 Proposed Criteria for Autism Spectrum Disorder Designed to Provide More Accurate Diagnosis and Treatment*: www.psychiatry.org/File%20Library/Advocacy%20and%20Newsroom/Press%20Releases/2012%20Releases/12-03-Autism-Spectrum-Disorders—DSM5.pdf
2. Autism Speaks. *Answers to Frequently Asked Questions About DSM 5*: www.autismspeaks.org/science/policy-statements/statement-revisions-dsm-definition-autism-spectrum-disorder/frequently-ask
3. American Psychiatric Association. *DSM-V Autism Spectrum Disorder Fact Sheet*: <http://www.psychiatry.org/File%20Library/Practice/DSM/DSM-5/DSM-5-Autism-Spectrum-Disorder-Fact-Sheet.pdf>
4. The Hanen Centre. *Diagnosing Autism: A New Chapter*: www.hanen.org/Helpful-Info/Our-Views-on-the-News/Diagnosing-Autism-%E2%80%93-A-New-Chapter.aspx
5. Autism Research Institute. *DSM-V: What Changes May Mean*: www.autism.com/index.php/news_dsmV