Proposed Changes to the DSM-V Conceptualization of ASD

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Overview
- Review of Proposed Changes
- Implications
- Next Steps
- To learn more....
- Conclusions

Overview of Proposed Changes

DSM-IV Conceptualization: The “Old Way”

Neurodevelopmental Disorders Working Group: Guiding Principles
- Data-based approach
- Diagnostic criteria need to be:
  - reliable
  - valid
  - developmentally sensitive
  - clinically useful & manageable

Difficulties in 3 areas: The “TRIAD”

- Social functioning
- Communication/language
- Restricted activities and interests

1. Rethink Core Symptoms
- Social and communication domains are impossible to separate.
- Need to describe how symptoms change across:
  - Age
  - Expressive language skills
  - Nonverbal IQ
  - Overall impairment

--- Catherine Lord (2008)
2. Conceptualize as “Autism Spectrum Disorders”

- Drop use of current subtyping scheme (Autism, PDDNOS, Asperger syndrome)
- Consider the collection of features as forming a continuum or a “spectrum”

Evidence for new conceptualization

- Co-occur in families; shared genetic risks (Piven, 2008)
- By school-age, behavioral presentation is not clearly distinguishable among 3 diagnoses (Ozonoff, 2008)
- Current conceptualization (subtyping AS and PDDNOS)
  - doesn’t allow for developmental gains in language (King, 2008)
  - is not related to outcome (Happe, 2008)
  - is very difficult to apply to adults and older children due to dependence on history
  - Leads to obstacles in access to care (King, 2008)

3. Allow Identification of Co-Occurring Conditions

- Attention Deficit Disorder
- Anxiety & Mood Disorders
- Sleep Disorders
- Motor and Tic Disorders
- Add descriptors for known genetic conditions

4. Apply Developmental Perspective

- Consider setting different diagnostic thresholds at different IQ levels (Charman, 2008)
- Provide descriptors and examples of symptoms during different developmental periods across lifespan (Wright, 2008)
- Remove DSM-IV items that are not developmentally appropriate from basic criteria

5. Add functional impact to diagnostic definition

- Consider a multidimensional framework that emphasizes adaptive functioning
- Functional descriptions are thought to help individualize recommendations

6. Add “Social Communication Disorder”

- Used to be called “Pragmatic Language Disorder”
- Basically describes a person with social-communication deficits but no repetitive behaviors or restricted interests
- Controversial, as little evidence for this subtype has been published
Proposed DSM Severity Rating System

<table>
<thead>
<tr>
<th>Proposed Dimensional Ratings for ASD in DSM-V</th>
<th>Social Communication</th>
<th>Fixed Interests and Repetitive Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires very substantial support</td>
<td>Minimal social communication</td>
<td>Marked interference in daily life</td>
</tr>
<tr>
<td>Requires substantial support</td>
<td>Marked deficits with limited initiations and reduced or atypical responses</td>
<td>Obvious to the casual observer and occur across context</td>
</tr>
<tr>
<td>Requiring support</td>
<td>Without support, some significant deficits in social communication</td>
<td>Significant interference in at least one context</td>
</tr>
<tr>
<td>Subclinical symptoms</td>
<td>Some symptoms in this or both domains; no significant impairment</td>
<td>Unusual or excessive but no interference</td>
</tr>
<tr>
<td>Normal variation</td>
<td>Maybe awkward or isolated but WNL</td>
<td>WNL for Developmental level and no interference</td>
</tr>
</tbody>
</table>


IMPLICATIONS

- Impact on qualification for health care
- Loss of subtypes (i.e., Asperger syndrome as a cultural identity)
- Effect on epidemiological studies
- Changes in diagnostic methods

The proposed changes could...

- Encourage new research on more accurate subtypes (or sources of individual differences)
- Highlight individual characteristics within evaluations ...possibly improve recommendations?

The proposed changes could...

- Improve clarity for parents (especially by eliminating PDDNOS)
- Reduce disparity between clinical and educational systems
- Actually improve access to services for people with co-occurring mental health issues

NEXT STEPS

- Field Trials are ongoing
- Discussions continue in the community & in the media
- Final publication of DSM-V criteria is targeted for 2013
Empirical studies of proposed criteria:
- Frazier et al., 2011
- Mandy, Charman & Skuse, 2011
- Mattila et al., 2011

Editorials on proposed criteria:
- Happe, 2011
- Kraemer et al, 2012
- Tanguay, 2011

Advocacy groups hosting forums:
- Autism Speaks
- Autism Society
- Autism Self-Advocacy Network
- Oops….Wrong Planet

Conclusions
- Proposed changes have evolved from research and discussion involving many stakeholders
- Developmentally sensitive, flexible, descriptive dimensional criteria that emphasize functioning and needs could help in communicating the complexity we often see

Still early in the process and time is needed to see what the impact of the new criteria will actually be
- It's possible the new criteria will be more consistent with educational definitions and may pose less of an obstacle to services for some individuals

Thank you for your time and attention.

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