

# DSM-5 & PDD-section

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## Pervasive Developmental Disorders:

- Autistic disorder
- Asperger's disorder
- Childhood Disintegrative Disorder-CDD
- Rett's disorder
- PDD-NOS



Robins & Guze's criteria to establish the reliability & validity of a psychiatric disorder (most accepted approach) :

Clear differentiation & delimitation from other clinically similar disorders by:

- Consistent clinical description  
(**phenomenology**)
- Consistent findings in physiologic/neuropsychologic studies  
(**biological markers**)
- Consistent clinical **course, prognose, treatment response** in long-term follow-up studies
- Increased prevalence in relatives in family studies  
(**familial clustering**)



## Pervasive Developmental Disorders

- Autistic disorder
- Asperger's disorder
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- PDD NOS

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- Phenomenology
  - Biological markers
  - Course, prognosis, & treatment response
  - Familial clustering



## Rationale:

- Distinctions among disorders were **inconsistent over time**
- **Variable** across **sites**
- Often associated with **severity, language level, or IQ**, rather than features of the disorder



## Decision is based on:

- Expert consultations
- Workshop discussions
- Data from CPEA & STAART, University of Michigan

# Autism Spectrum Disorders



Autistic Disorder

Asperger's  
Disorder

Childhood  
Disintegrative  
Disorder

Rett's Disorder

Pervasive Developmental  
Disorder - Not  
Otherwise Specified



New name for the category:

## Autism Spectrum Disorder- ASD

- ASD is **validly & reliably** differentiated from other disorders

Adapted to clinical presentation by :

- Clinical **specifiers** (*e.g., severity, verbal ability, IQ,...*)
- **Associated features** (*e.g., known medical disorder or genetic condition,...*)
- Providing **examples** for subdomains increases sensitivity



# Autistic Disorder (DSM-IV)

## A. Impairments in social interaction (2 of the following):

- Impairment in **nonverbal behaviors**
- Failure to develop **peer relationships**
- *Lack of sharing enjoyment, interests, or achievements with other people*
- Lack of **social or emotional reciprocity**



**B. Impairments in communication (1 of the following):**

- *Delay or lack of the development of **spoken language** without any compensation through alternative modes*  
**(specifier)**
- *Impairment in initiating or sustaining a **conversation***  
**(social-emotional reciprocity)**
- ***Stereotyped & repetitive use of language***  
**(stereotypies)**
- *Lack of **make-believe play** or **social-imitative play***  
**(relationship failure)**



**C. Restricted, repetitive & stereotyped behavior, interests, & activities**  
**(1 of the following):**

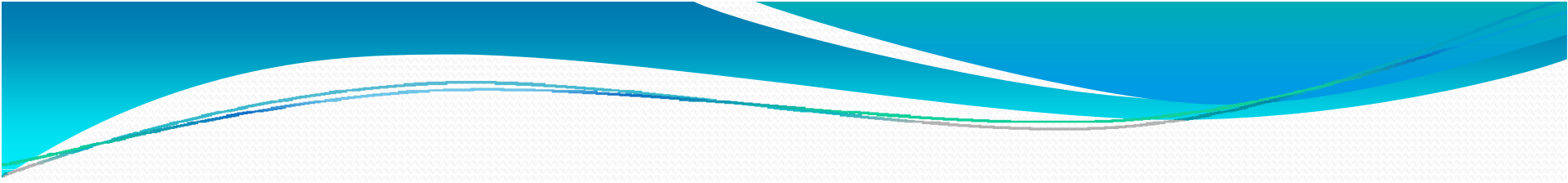
- Preoccupation with stereotyped & **restricted interests** that are abnormal in intensity & focus
- Compulsive **adherence to routines or rituals**
- **Stereotyped & repetitive motor mannerism**
- *Preoccupation with parts of objects*

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**D. Delays or abnormal functioning prior to *age 3***

## Three domains became 2:

- Deficits in **social interaction** & **communication** are **inseparable**
- **Delays** in **language** are **neither sensitive nor specific** in autistic disorder
  - It influences the **clinical symptoms** rather than the diagnosis
- Requiring both criteria to be fulfilled improves **specificity**

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- ❑ Data analyses were conducted to determine **most sensitive & specific cluster** of symptoms:
    - Requiring **all** symptoms for **social/communication** criteria
    - Requiring **2** symptoms for **repetitive behavior & fixated interests**, improves **specificity & stability** of diagnosis



❖ Symptoms must be presented in **early childhood**

- ASD is a **neurodevelopmental disorder** & must be present from **infancy or early childhood**
- But may not become fully manifested until **social demands exceed limited capacities**  
(because of *minimal social demands & support from parents in early years*)

## Autistic Spectrum Disorder-ASD (DSM-5):

- **A.** Persistent deficits in social communication & interactions (all of the following), currently or by history:
  - Deficits in **nonverbal** communication used for social interaction
  - Failure to develop, maintain, & understand **relationships**
  - Deficit in **social-emotional reciprocity**



- **Nonverbal communication:**

*Integrated verbal & nonverbal communication, body language, gestures (**understanding & use**), eye contact, facial expression*

- **Relationships:**

*Adjusting behavior to social contexts, sharing imaginative play, making friends, no interest in peers*

- **Reciprocity:**

*Initiate or respond to social interaction, back-and-forth conversation, sharing of interests & emotions (showing, bringing, or pointing out objects of interest)*





□ **B. Restrictive, repetitive patterns of behavior, interests, or activities** (**2** of the following):

- Restricted fixated **interests**, abnormal in **intensity** or **focus**
- Insistence on **sameness**, adherence to **routines**, or **ritualized** patterns of verbal or nonverbal behavior
- **Stereotyped** or repetitive **motor movements**, **use** of **objects**, or **speech**
- **Hyper/hyporeactivity** to **sensory input** or interest in **sensory aspects** of the environment



- **Interests:**

*Attachment to unusual objects, circumscribed or perseverative interests*

- **Sameness, routines, rituals:**

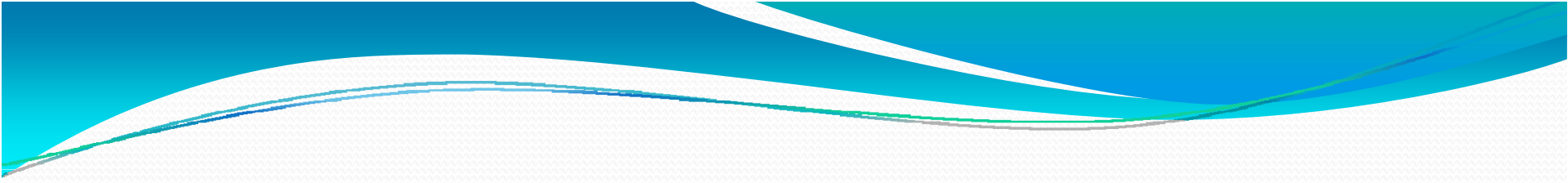
*Distress in changes, difficulties with transitions, rigid thinking patterns, greeting rituals, same route or same food every day*

- **Stereotyped:**

*Lining up or flipping objects, echolalia, idiosyncratic phrases, hand or finger flapping or twisting, body movements*

- **Reactivity to sensory inputs:**

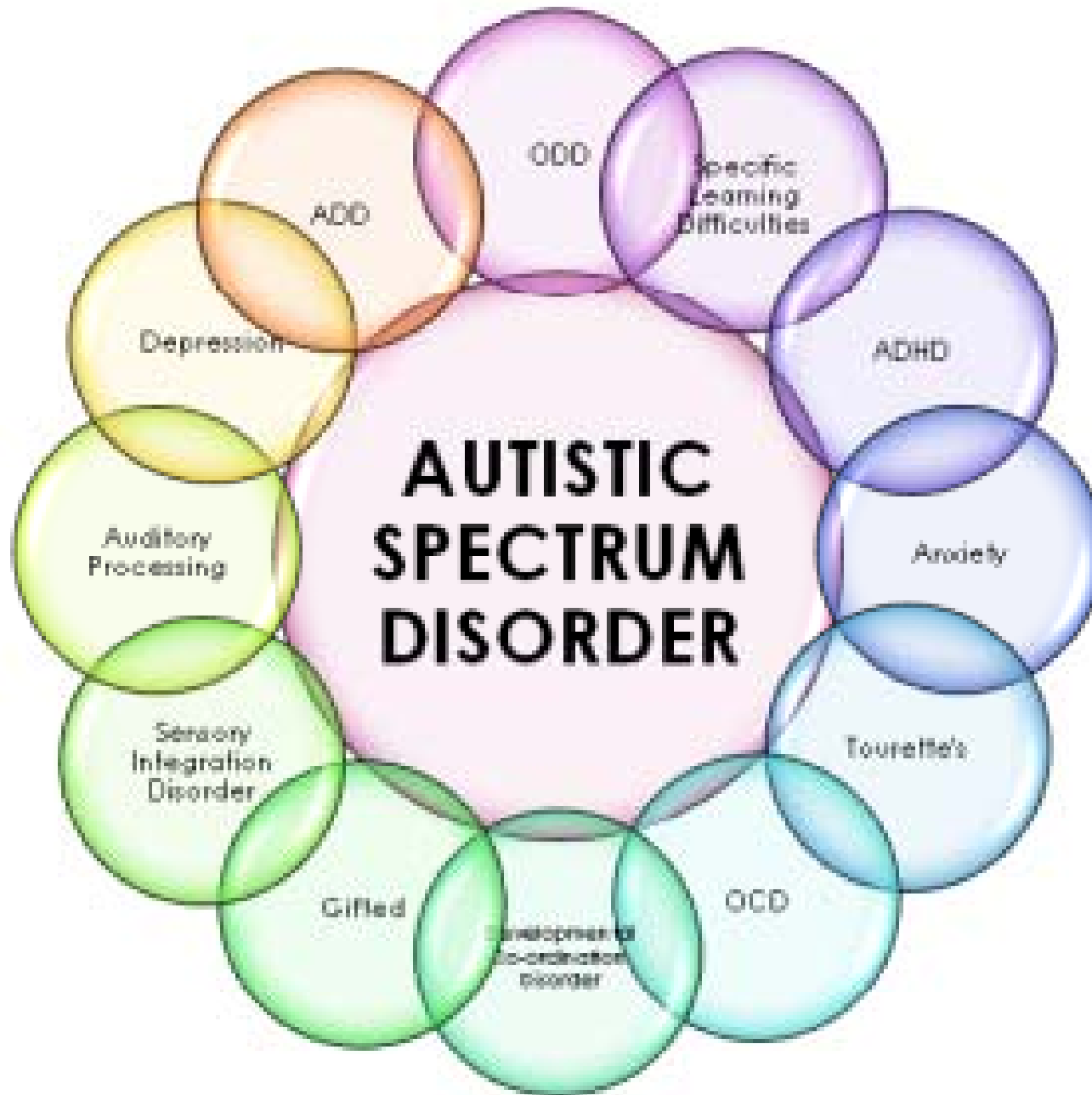
*Indifference to pain/temperature, adverse response to sounds or textures, smelling or touching of objects, visual fascination with lights or movements*

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- ❑ **C.** Symptoms present in **early developmental period**
  - ❑ **D.** Significant **impairment** in functioning
  - ❑ **E. Not** better explained by *intellectual disability, global developmental delay*



□ **\*Specify :**

- With or without accompanying **intellectual impairment**
- With or without accompanying **language impairment**
- Associated with a **known medical** or **genetic** condition or **environmental factor**
- Associated with another **neurodevelopmental, mental, or behavior disorder**
- With **catatonia**





□ **\*Specify current severity:**

Based on:

- **Social communication**
- **Restricted, repetitive patterns of behavior**



□ Level 1.

Requiring **support**

□ Level 2.

Requiring **substantial** support

□ Level 3.

Requiring **very substantial** support



## □ Level 1 : Requiring support

- Able to speak in full sentences & engages in communication but **to-&-fro conversation** with others **fails**
- Attempts to make friends are **odd** & typically **unsuccessful**
- Difficulty **switching** between activities
- Problems of **organization** & **planning** hamper independence





## □ Level 2 : Requiring substantial support

- Marked deficit in communication
- Social impairments even with support
- Speaks simple sentences
- Interaction limited to narrow special interests
- Markedly odd nonverbal communication
- Difficulty coping with change
- Frequent restricted/repetitive behaviors obvious to casual observer
- Distress/difficulty changing action



❑ Level 3 : Requiring very substantial support

- Severe deficits in communication
- Severe impairment in functioning
- Few words of intelligible speech
- Rarely initiates interaction
- Unusual approaches to meet needs
- Responds to only very direct social approaches
- Extreme difficulty coping with changes
- Great distress/difficulty changing action

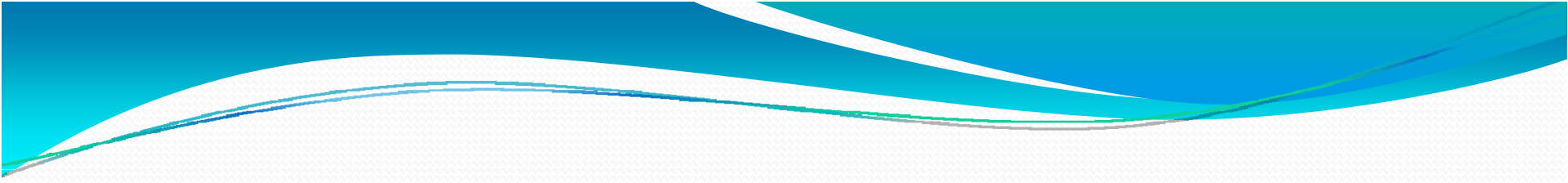


□ *Specify severity:*

*e.g., requiring very substantial support for deficits in social communication & requiring substantial support for restricted, repetitive behaviors*

□ *Specify if:*

- *e.g., ASD without accompanying intellectual impairment*
- *e.g., ASD with accompanying language impairment - no intelligible speech*
- *e.g., ASD associated with Rett syndrome*
- *e.g., ASD associated with avoidant-restrictive food intake disorder*
- *e.g., ASD with catatonia*

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- Severity can vary by context and fluctuate over time
  - Intellectual impairment:  
separate estimates of verbal & nonverbal skill are necessary
  - Language impairment:  
*e.g., no intelligible speech, single words only, phrase speech,..*
  - Without language impairment:  
*e.g., speaks in full sentences, has fluent speech,..*
  - Receptive & expressive language should be considered separately



❑ **Genetic disorder:**

*e.g., Rett syndrome, fragile X syndrome, Down syndrome,..*

❑ **Medical disorder:**

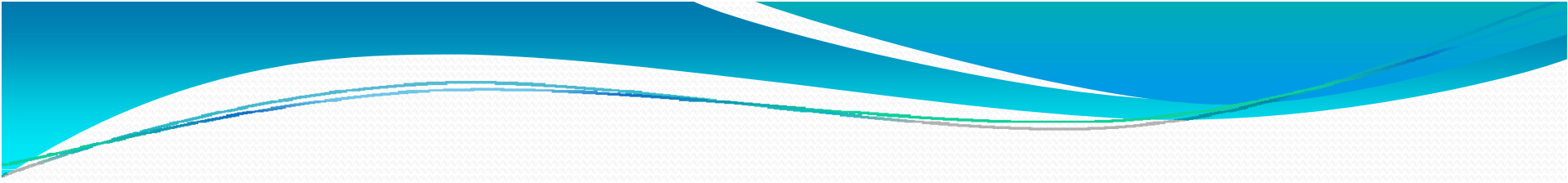
*e.g., epilepsy,..*

❑ **Environmental factor:**

*e.g., valporate, fetal alcohol syndrome, very low birth weight,..*

❑ **Neurodevelopmental, mental, or behavioral conditions:**

*e.g., ADHD, coordination disorder, ODD, impulse control disorder, CD, MDD, BD, Tourette's disorder, feeding disorders, sleep disorders, elimination disorders,..*

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- ASD is frequently associated with intellectual impairment & structural language disorders which should be noted under the relevant specifiers
  - ASD: 70% have 1 comorbid mental disorder
  - ASD: 40% have 2 or more comorbid mental disorders
  - Can be comorbid with ADHD