

## Differential Diagnosis in Autism Spectrum Disorders

*By Laurie Stephens, Ph.D., Director of Autism Spectrum Disorders Programs, The Help Group*

One of the most controversial topics in the field of autism spectrum disorders currently is what guidelines should be used to distinguish "high-functioning autism" from Asperger's Disorder. Researchers and clinicians are debating whether such a distinction even needs to be made. That is, is Asperger's Disorder simply the "highest" form of autism, or is it a separate and unique diagnostic disorder? Unfortunately, there is no clear answer to this question.

Regardless of what science may eventually tell us about the true nature of autism and Asperger's Disorder, there are some solid guidelines that can be followed when attempting to make a differential diagnosis within the spectrum. These guidelines are based on current research, the criteria listed within the Diagnostic and Statistical Manual IV (DSM IV) and clinical experience.

The first step in making a differential diagnosis is to understand the three main diagnostic categories under the umbrella of Pervasive Developmental Disorders (PDD). The first disorder under PDD is Autism. Autism is defined by children who display a triad of deficits, including delayed and deviant language development, lack of social reciprocity or social interest and a limited behavioral repertoire. In other words, autistic children are those who talk late, who develop echolalia (repeating what is said to them), have poor understanding of language, have little to no social interest, are inflexible, resistant to change, perseverative, engage in self-stimulatory behaviors (e.g. hand-flapping) and often have significant sensory issues, such as being over-sensitive to lights, sounds, touch or smells.

Autistic children tend to be very good at visual-spatial skills, and struggle with language-based tasks. In order to receive a diagnosis of autism, the symptoms must have been evident prior to the child's third birthday. Parent's initial first concerns often are related to the child's lack of language development.

The second of the PDD's is Asperger's Disorder. Asperger's Disorder defines a group of children who have similar social and behavioral difficulties to the autistic child; however their language developed within the average range. The language of a young Asperger's child is likely to develop in a deviant pattern, such that their first words, at age 12 to 18 months, may be "clock" or "sheetrock." Such words are highly unlikely to appear in a typically developing child's vocabulary until much later on.

Regarding the social and behavioral issues, Asperger's children show more social interest. Parents and teachers often report that the child "wants to make friends but doesn't know how." This is in contrast to the more limited social interest displayed by an autistic youngster. Children with Asperger's may be highly rigid, routinized and have overly narrow and restricted interests. These interests can be unusual, such as an "obsession" with wood chippers, the ability to distinguish architectural details and periods (by the age of 4) or acquiring extensive knowledge on manta rays.

Children with Asperger's Disorder tend to get "identified" later in life, as they do not show the same early developmental delays as children with autism. Often, these children are seen as "gifted but

unique" or "marching to their own drummer." It is not until the child reaches school age, and social interaction, higher level pragmatic language and the ability to "go with the flow" are expected, do many of the parents develop their initial concerns.

The following chart provides more detail into what may be the most telling characteristics of autistic and Asperger's people:

The third category of PDD's that needs to be addressed is that of Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS). This is what is defined as a "sub threshold category. That means that children who fall within the diagnostic criteria for PDD-NOS have the same triad of difficulties as an autistic children, but they are not sufficient enough to warrant an autistic diagnosis. What this means is that there are children who may have significantly delayed language abilities, be socially isolative, but be less rigid or routinized than is seen in autism. Thus, the child does not mean the specified criteria for autism. However, what does this mean? Does this mean that child has a mild form of autism? Does it mean the child has a completely separate diagnosis? These questions have yet to be answered. This is why the PPD-NOS category was developed. It is a diagnostic category that indicates the child has related, but not "full-blown" autistic pathology. These children are generally responsive to the same therapeutic interventions as autistic and Asperger's children, and often require the same educational services.

The final issue in differential diagnosis is what defines "high-functioning autism" (HFA). This term is used quite often; however it is unclear what it actually means. Some clinicians believe that HFA is the same disorder as Asperger's Disorder and they use the terms interchangeably. Other clinicians would argue that HFA defines a group of children who meet the clear criteria for autism, but have an IQ above 70. Still others will say that HFA should be used to describe any autistic child who shows strength in any one area (such as being able to draw maps from memory despite an inability to talk.). Since there does appear to be distinctions that can be drawn between autism and Asperger's Disorder, HFA may not actually be synonymous with Asperger's. It does appear fair to use the term HFA to describe children who meet all the criteria for autism, but who show Full Scale IQ's above 70. As there is no diagnostic criteria for HFA, this term should be used sparingly until is it better understood.

*This article is reprinted from the Summer/Fall 2003 issue of The Help Group's HelpLetter.*