

Asperger's Disorder

The essential features of Asperger's Disorder are:

- Severe and sustained impairment in social interaction.
- Development of restricted, repetitive patterns of behavior, interests and activities.
- The disturbance must cause clinically significant impairment in social, occupational, or other important areas of functioning.
- In contrast to Autistic Disorder, **there are no clinically significant delays in language** (eg: single words are used by age 2 years, communicative phrases are used by age 3 years).
- There are no clinically significant delays in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than in social interaction), and curiosity about the environment in childhood.
- The diagnosis is not given if the criteria are met for any other specific Pervasive Developmental Disorder or for Schizophrenia.

COURSE

Asperger's Disorder appears to have a somewhat later onset than Autistic Disorder, or at least to be recognized somewhat later. Motor delays or motor clumsiness may be noted in the preschool period. Difficulties in social interaction may become more apparent in the context of school. It is during this time that particular idiosyncratic or circumscribed interests may appear or be recognized. As adults, individuals with Asperger's may have problems with empathy and modulation of social interaction. The disorder follows a continuous course and, in the vast majority of cases, the duration is life long.

DIAGNOSTIC CRITERIA FOR ASPERGER'S (DSM IV)

A. Qualitative impairment in social interaction as manifested by at least two of the following:

- 1) Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction;
- 2) Failure to develop peer relationships appropriate to developmental level;
- 3) A lack of spontaneous seeking to share enjoyment, interests or achievements with other people (e.g. by a lack of showing, bringing, or pointing out objects of interest to other people);
- 4) Lack of social or emotional reciprocity.

B. Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:

- 1) Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus;
- 2) Apparently inflexible adherence to specific, nonfunctional routines or rituals;
- 3) Stereotyped and repetitive motor mannerisms (e.g.: hand or finger flapping or twisting, or complex whole-body movements);
- 4) Persistent preoccupation with parts of objects.

C. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.

D. There is no clinically significant general delay in language (e.g.: single words used by age 2 years, communicative phrases used by age 3 years).

E. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than social interaction), and curiosity about the environment in childhood.

F. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia.

DIAGNOSTIC CRITERIA FOR ASPERGER'S DISORDER (GILLBERG, 1991)

A. Severe impairment in reciprocal social interaction as manifested by at least two of the following four:

1. Inability to interact with peers.
2. Lack of desire to interact with peers.
3. Lack of appreciation of social cues.
4. Socially and emotionally inappropriate behavior.

B. All-absorbing narrow interest, as manifested by at least one of the following three:

1. Exclusion of other activities.
2. Repetitive adherence.
3. More rote than meaning.

C. Speech and language problems, as manifested by at least three of the following five:

1. Delayed development of language.
2. Superficially perfect expressive language.
3. Formal, pedantic language.
4. Odd prosody, peculiar voice characteristics.
5. Impairment of comprehension, including misinterpretations of literal/implied meanings.

D. Non-verbal communication problems, as manifested by at least one of the following five:

1. Limited use of gestures.
2. Clumsy/gauche body language.
3. Limited facial expression.
4. Inappropriate expression.
5. Peculiar, stiff gaze.

E. Motor clumsiness, as documented by poor performance on neuro-developmental examination.

**DIAGNOSTIC CRITERIA FOR ASPERGER'S DISORDER
(SZATMARI, ET AL. 1989)**

A. Solitary, as manifested by at least two of the following four:

1. No close friends.
2. Avoids others.
3. No interest in making friends.
4. A loner.

B. Impaired social interaction, as manifested by at least one of the following five:

1. Approaches others only to have own needs met.
2. A clumsy social approach.
3. One-sided responses to peers.
4. Difficulty sensing feelings of others.
5. Detached from feelings of others.

C. Impaired non-verbal communication, as manifested by at least one of the following seven:

1. Limited facial expression.
2. Unable to read emotion from facial expressions of child.
3. Unable to give messages with eyes.
4. Does not look at others.
5. Does not use hands to express oneself.
6. Gestures are large and clumsy.
7. Comes too close to others.

D. Odd speech, as manifested by at least two of the following six:

1. Abnormalities in inflection.
2. Talks too much.
3. Talks too little.
4. Lack of cohesion to conversation.
5. Idiosyncratic use of words.
6. Repetitive patterns of speech.

E. Does not meet criteria for Autistic Disorder.

DIAGNOSTIC CRITERIA FOR ASPERGER'S DISORDER (ICD-10, WHO, 1992)

A. A lack of any clinically significant general delay in language or cognitive development. Diagnosis requires that single words should have developed by two years of age and that communicative phrases be used by three years of age or earlier. Self-help skills, adaptive behavior and curiosity about the environment during the first three years should be at a level consistent with normal intellectual development. Motor milestones may be somewhat delayed and motor clumsiness is usual (although not a necessary feature).

B. Qualitative impairment in reciprocal social interaction.

C. Restricted, repetitive, and stereotyped patterns of behavior, interests and activities.