

CHILD HEALTH NOTES

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What *Is* Autism Now? The New DSM-5

Promoting partnerships between primary health care providers, families & the community to support early identification of children with special needs and comprehensive care within a primary care medical home.

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The new Diagnostic and Statistical Manual-5 (DSM-5) was published in May 2013. Asperger disorder, Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS), and autism were replaced by the term, “autism spectrum disorder.”¹



WHY THE CHANGE? According to Dr. Bryan King, the impetus for the most recent change was that “**There wasn’t any evidence after 17 years that [the DSM-IV diagnoses] reflected reality. There was no consistency in the way Asperger’s or PDD-NOS was applied.**”² Dr. King serves as program director of the Seattle Children’s Hospital Autism Center and was a member of the American Psychiatric Association Task Force charged with revamping the diagnosis.

4 MAJOR CHANGES in the DIAGNOSIS OF AUTISM with the DSM-5:

- 1) Rett disorder was included in the DSM-IV diagnosis of autism, but was eliminated from the DSM-5 definition.
- 2) PDD-NOS, Asperger disorder, and childhood disintegrative disorder from DSM-IV were collapsed into one descriptive term: *autism spectrum disorder* in the DSM-5
- 3) The DSM-IV involved three categories of symptoms: (1) language, (2) social, and (3) repetitive /restrictive behavior, whereas the DSM-5 involves only 2 categories: (1) social communication / interaction, and (2) repetitive/restrictive behavior. Severity levels are included now.
- 4) Unusual sensory behaviors were not part of the DSM-IV diagnosis but they are part of the DSM-5 diagnosis.³



See details of the new DSM-5 definition of autism spectrum disorder in this link to the full criteria:
<https://www.autismspeaks.org/what-autism/diagnosis/dsm-5-diagnostic-criteria>³

A 2012 study of physicians revealed that only 55% routinely screen for autism spectrum disorders at the 18-month visit.⁴ The good news is that this is up from 8% prior to the AAP recommendation to screen for autism at 18 and 24 months in 2007.^{3,4} The bad news is that it’s still 45% too low.

3 SCREENING TOOLS: The American Academy of Pediatrics (AAP) recommends screening 18 and 24-month olds for autism. The AAP Autism Toolkit was designed to screen, identify, and treat children with autism spectrum disorders.³ The Toolkit includes screening tools for three age groups:



- 1) For babies less than 18 months: **Communication and Symbolic Play Behavior Scales and Developmental Profile** <http://firstwords.fsu.edu/pdf/checklist.pdf>
- 2) For 18-30 month olds, the **Modified Checklist for Autism in Toddlers-Revised with Follow-up (M-CHAT-R/F):** [Available at Autismspeaks.org](http://www.autismspeaks.org)
- 3) Preschool and Elementary school children: the **Childhood Autism Spectrum Test.** http://www.autismresearchcentre.com/arc_tests)

2 HELPFUL HINTS

- Individuals with well-established DSM-IV diagnoses of autistic disorder, Asperger's disorder, or pervasive developmental disorder not otherwise specified should be given the DSM-5 diagnosis of autism spectrum disorder. There is no need to review the diagnosis again to see if those individuals still qualify by DSM-5.¹
- Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for autism spectrum disorder, should be evaluated for the new DSM-5 diagnosis of **social (pragmatic) communication disorder (SCD)**.¹ The SCD diagnosis was created to ensure the unique needs of affected individuals are met. While autism spectrum disorder (ASD) does encompass communication problems, it also includes restricted, repetitive patterns of behavior, interests, or activities and gives equal weight to both communication issues and repetitive behaviors. ASD must be ruled out for SCD to be diagnosed. Many individuals with such symptoms previously were given the diagnosis of *pervasive development disorder not otherwise specified*. This led to inconsistent treatment and services in across clinics. Communication disorders are treatable, so identifying distinct communication problems is important for getting people appropriate care.⁶

1 LAST THING... Centers of Excellence in Washington State

The Washington State Health Care Authority offers an Applied Behavior Analysis (ABA) therapy benefit to all Medicaid clients with a diagnosis of autism spectrum disorder. In order for a child to be eligible for ABA therapy through Medicaid, a recognized Center of Excellence (COE) must have conducted a comprehensive evaluation, and written an order for ABA within the last two years. Find Centers of Excellence near you:

http://www.hca.wa.gov/medicaid/abatherapy/Documents/HCA_Centers_of_Excellence_for_ASD.pdf⁷

More information about the ABA benefit: <http://www.hca.wa.gov/medicaid/abatherapy/Pages/index.aspx>⁷

References / Resources

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7. Health Care Authority of Washington state website: <http://www.hca.wa.gov/medicaid/abatherapy/Pages/index.aspx>
8. Autism Speaks Family Services Tool Kit by the Autism Treatment Network. <http://www.autismspeaks.org/family-services/tool-kits>
9. Harrington JW, Allen K. The clinician's guide to autism. *Pediatrics In Review* 2014; 35; 62-113.