

DIAGNOSTIC CRITERIA FOR AUTISM



How is a child diagnosed with Autism?

To be diagnosed with autism, children must meet specific developmental and behavioral criteria. A medical work up will help rule out any other conditions that could cause autism-like symptoms. Your medical provider will obtain a detailed history and will closely observe your child during evaluation for autism.

The criteria for diagnosis of autism are outlined in the Diagnostic and Statistical Manual-V (DSM-V), a publication of the American Psychiatric Association that describes and classifies all developmental and behavioral health disorders. The recently published DSM-V eliminated subgroups of autism (such as Asperger's syndrome, pervasive developmental disorder, classic autism, and childhood disintegrative disorder), and placed all children with autism-related diagnoses under the umbrella term Autism Spectrum Disorder (ASD). Children with ASD are further classified by severity of symptoms. Children who don't meet criteria for ASD should also be evaluated for Social Communication Disorder.

DSM-V Criteria for Autism Spectrum Disorder (ASD)

- A. Persistent deficits in social communication and social interaction** across multiple contexts, as manifested by all three of the following, currently or by history:
1. **Deficits in social-emotional reciprocity**, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
 2. **Deficits in nonverbal communicative behaviors** used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.

3. **Deficits in developing, maintaining, and understanding relationships**, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

The clinician is to specify the severity of the symptoms in group A, using guidelines provided in the DSM-V.

- B. Restricted, repetitive patterns of behavior, interests, or activities**, as manifested by at least two of the following, currently or by history (examples are not an exhaustive list):
1. **Stereotyped or repetitive motor movements, use of objects, or speech** (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
 2. **Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior** (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
 3. **Highly restricted, fixated interests** that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interest).
 4. **Hyper- or hypo-reactivity to sensory input** or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

The clinician is to specify the severity of the symptoms in group B, using guidelines provided in the DSM-V.

- C. Symptoms must be present in the early developmental period** (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).



DIAGNOSTIC CRITERIA FOR ADHD



- D. Symptoms cause clinically significant impairment** in social, occupational, or other important areas of current functioning.
- E. These disturbances are not better explained by intellectual disability** (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make co-morbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

Note: Individuals with a well-established DSM-IV diagnosis of autistic disorder, Asperger's disorder, or pervasive developmental disorder not otherwise specified should be given the diagnosis of autism spectrum disorder. Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for autism spectrum disorder, should be evaluated for social (pragmatic) communication disorder.

References and Resources

<http://www.autismspeaks.org/what-autism/diagnosis/dsm-5-diagnostic-criteria>

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