

HGR 20 juni 2014




Autisme in beweging: van DSM-IV-TR naar DSM-5

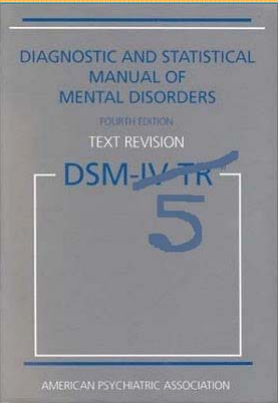



Ilse Noens
Onderzoekseenheid Gezins- en Orthopedagogiek
& Leuven Autism Research (LAuRes)

Inhoud



- Context
- Veranderingen in DSM-5
- Impact van de veranderingen



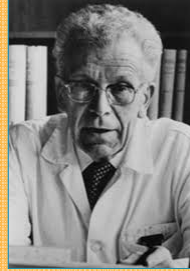
DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS
FOURTH EDITION
TEXT REVISION
~~DSM-IV-TR~~
5
AMERICAN PSYCHIATRIC ASSOCIATION

Context

KULEUVEN



Leo Kanner
'infantiel autisme'



Hans Asperger
'autistische psychopathie'

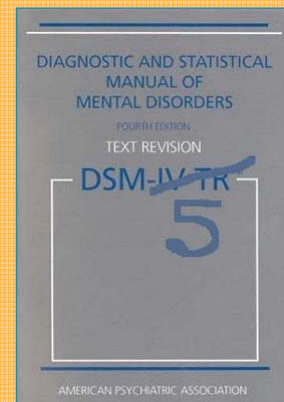
- Concept 'autisme' is voortdurend in beweging
- Vertaalt zich in officiële classificatiesystemen



Veranderingen in DSM-5: waarom?

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- Resultaten van empirisch onderzoek
- Aandacht voor externe validiteit
- Aandacht voor interne validiteit
- Toepasbaarheid van criteria
- Aandacht voor uiteenlopende fenotypes (jonge kinderen, volwassenen, hoog en laag niveau van functioneren, ...)
- Meer dimensionaliteit in categoriaal denkkader



Veranderingen: Algemeen

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DSM-IV-TR

- *Sectie:* Stoornissen in de **kinder**leeftijd
- *Classificatie:* **Pervasieve** ontwikkelingsstoornissen
- Categorieën mutueel exclusief



DSM-5

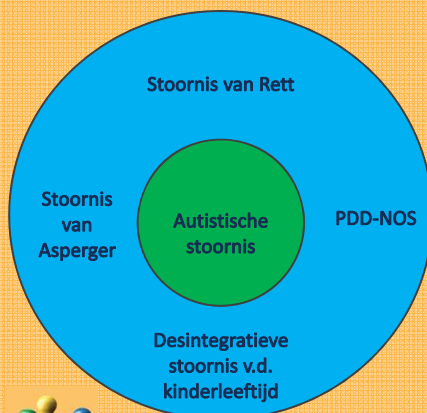
- *Sectie:* Neurobiologische ontwikkelingsstoornissen
- *Classificatie:* Autismespectrumstoornis
- Categorieën inhoudelijk onderscheiden, minder mutueel exclusief



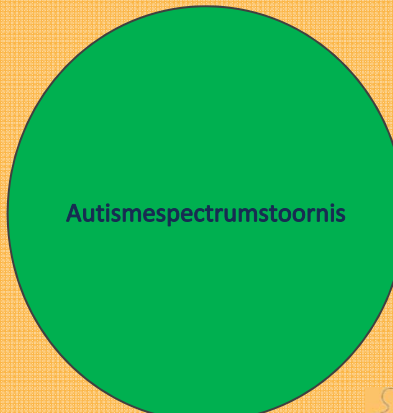
Veranderingen: Subclassificaties

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DSM-IV-TR





DSM-5



Veranderingen: Hoofdcriteria

KULLEVEN



DSM-IV-TR	DSM-5
<p><i>Hoofdcriteria</i></p> <ul style="list-style-type: none">• (A1) qualitative impairments in social interaction• (A2) qualitative impairments in communication• (A3) restricted, repetitive and stereotyped patterns of behavior, interests, and activities	<p><i>Hoofdcriteria</i></p> <ul style="list-style-type: none">• (A1) persistent deficits in social communication and social interaction across multiple contexts (currently or by history)• (A2) restricted, repetitive patterns of behavior, interests, or activities (currently or by history)



Veranderingen: Hoofdcriteria

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DSM-IV-TR	DSM-5
<p><i>Hoofdcriteria</i></p> <ul style="list-style-type: none">• (B) Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play	<p><i>Hoofdcriteria</i></p> <ul style="list-style-type: none">• (B) 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)• (C) Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning



Veranderingen: Hoofdcriteria

DSM-IV-TR



Hoofdcriteria

- (C) The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder

DSM-5

Hoofdcriteria

- (D) These disturbances are not better explained by intellectual disability (IDD) or global developmental delay. Intellectual disability and ASD frequently co-occur; to make comorbid diagnoses of ASD and intellectual disability, social communication should be below that expected for general developmental level

Veranderingen: Subcriteria

DSM-IV-TR

A total of six (or more) items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3)

1) Qualitative impairments in social interaction - at least **TWO**:

- a) Marked impairment in the use of multiple nonverbal behaviors
- b) Failure to develop peer relationships appropriate to developmental level
- c) A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people
- d) Lack of social or emotional reciprocity

2) Qualitative impairments in communication - at least **ONE**:

- a) Delay in or total lack of the development of spoken language
- b) In individuals with adequate speech, marked impairment in the ability to initiate or sustain conversation with others
- c) Stereotyped and repetitive use of language or idiosyncratic language
- d) Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

3) Restricted, repetitive and stereotyped patterns of behavior, interests, and activities - at least **ONE**:

- a) Encapsulating preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
- b) Apparently inflexible adherence to specific, nonfunctional routines or rituals
- c) Stereotyped and repetitive motor
- d) Persistent preoccupation with parts of objects

DSM-5



A) Persistent deficits in social communication and social interaction, currently or by history:

- 1) Deficits in socio-emotional reciprocity
- 2) Deficits in nonverbal communicative behaviors used for social interaction
- 3) Deficits in developing, maintaining, and understanding relationships

B) Restricted, repetitive patterns of behavior, interests, or activities, currently or by history:

- 1) Stereotyped or repetitive motor movements, use of objects, or speech
- 2) Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior
- 3) Highly restricted, fixated interests that are abnormal in intensity or focus
- 4) Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment

Delay in or lack of spoken language becomes a specifier

Naar: Kaufmann (2012)

DSM-5 Specifiers

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- Severity specifiers
 - Requiring very substantial support
 - Requiring substantial support
 - Requiring support
- With or without intellectual impairment
- With or without language impairment
- Associated with a known medical or genetic condition or environmental factor
- Associated with another neurodevelopmental, mental, or behavioral disorder
- With catatonia



Bezorgdheden in diverse media

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- Uniciteit van Asperger syndroom miskend
- Sensitiviteit opgeofferd voor specificiteit
- Positie van PDD-NOS
- Moeilijkere toegang tot voorzieningen
- Vergelijking van studies voor en na DSM-5 moeilijk



Naar: Kaufmann (2012)



Social (pragmatic) communication disorder

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- **Persistent difficulties in the social use of verbal and nonverbal communication** – ALL of the following:
 - Deficits in using communication for social purposes
 - Impairment of the ability to change communication to match context or the needs of the listener
 - Difficulties following rules for conversation and storytelling
 - Difficulties understanding what is not explicitly stated and non-literal or ambiguous meanings of language
- The difficulties result in functional limitations
- The onset of the symptoms is in the early developmental period
- **The symptoms are not** attributable to ... or **better explained by ASD**; SCD should be considered **only if the developmental history fails to reveal any evidence of RRBI**



Impact van de veranderingen

KULLEVEN

J Autism Dev Disord
DOI 10.1007/s10803-014-2065-2

ORIGINAL PAPER

How Will DSM-5 Affect Autism Diagnosis? A Systematic Literature Review and Meta-analysis

Kristine M. Kulage · Arlene M. Smaldone · Elizabeth G. Cohn

- ASD DSM-5 t.o.v. DSM-IV-TR: reductie 7– 68%
- Vooral bij PDD-NOS, jonge kinderen
- Deels (minderheid) opgevangen door SCD

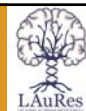


Implicaties voor beleid

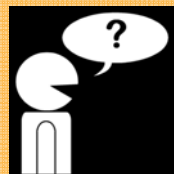
KULEUVEN

- Toegang tot voorzieningen?
- SCD toegang tot voorzieningen?
- Subklinische problematiek toegang tot voorzieningen?

- Aandacht voor jonge kinderen met subklinische problematiek vereist!



KULEUVEN



Hartelijk dank voor uw aandacht!



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