

WHAT WILL BE THE IMPACT

OF THE DSM-5?

THE DIAGNOSTIC AND STATISTICAL MANUAL (DSM) IS THE MAIN ASSESSMENT TOOL FOR DIAGNOSING AUTISM SPECTRUM DISORDERS. IT IS USED WORLD-WIDE.

SUMMARY

- Under DSM-5, the categories of Autistic Disorder, Asperger's Disorder and Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS) that currently exist under DSM-IV-TR will no longer exist. There will be one diagnosis – Autism Spectrum Disorder.
- The terms “Autism Spectrum” and “Autism Spectrum Disorders” are commonly used to describe individuals who have a diagnosis of autism, Asperger syndrome or PDD-NOS. It is likely the terms “Asperger syndrome” and “PDD-NOS” will be phased out. It is anticipated that Autism Spectrum Disorder (ASD) will become the term commonly used.
- DSM-5 will no longer describe three distinct areas of functioning related to ASD. The three areas are currently Social Interaction, Communication and Restricted and Repetitive Interests Activities and Behaviour. The Social Interaction and Communication areas will be collapsed into one area called “Social Communication”. There will be a second area : Restricted and Repetitive Interests Activities and Behaviours.
- DSM-5 also requires that a severity rating be applied for each individual diagnosed with Autism Spectrum Disorder. There will be a severity rating for both areas ranging from Level 1 (Requiring Support) to Level 3 (Requiring Very Substantial Support).
- Some individuals who do not meet the criteria in DSM-5 for a diagnosis of Autism Spectrum Disorder may meet the criteria for a new diagnosis in DSM-5, referred to as Social Communication Disorder. Social Communication Disorder is not an Autism Spectrum Disorder.
- The impact of DSM-5 on the rate of diagnosis in South Australia has not yet been established. Some studies indicate diagnosis rates may fall [1-4], some studies indicate it may stay the same [5]. Most of the studies indicate those who did not obtain a diagnosis under the proposed DSM-5 criteria were diagnosed under DSM-IV with PDD-NOS. PDD NOS has not traditionally been diagnosed in South Australia so it is expected that overall the rate of new diagnoses of Autism Spectrum Disorder in South Australia and the client numbers at Autism SA will not decrease under the DSM-5.



AUTISM SA

FREQUENTLY ASKED QUESTIONS

WILL CURRENT CLIENTS OF AUTISM SA NEED TO BE REASSESSED UNDER THE REVISED DSM-5 CRITERIA?

For the vast majority of clients of Autism SA there is no requirement from Autism SA that their diagnosis be reconsidered under the revised DSM-5 criteria. They will continue to receive services and support from the organisation. Individuals whose diagnosis is due for review after May 2013 will be reassessed under the revised DSM-5 criteria. Similarly, individuals who request a reassessment that does not occur until after May 2013 will be reassessed under the revised DSM-5 criteria.

WHAT IMPACT WILL THE SEVERITY RATING HAVE ON ACCESS TO AUTISM SA SERVICES?

Autism SA will continue to offer services to individuals diagnosed with ASD regardless of the severity rating.

MY CHILD DOES NOT MEET THE REVISED DSM-5 CRITERIA FOR AN ASD BUT DOES MEET CRITERIA FOR A SOCIAL COMMUNICATION DISORDER (SCD), WHAT NOW?

The Social Communication Disorder diagnosis is not an Autism Spectrum Disorder. It is recommended that families of children who get a diagnosis of Social Communication Disorder investigate their child's eligibility through the appropriate education system, government, non-government or private provider.

CAN I STILL USE THE TERM ASPERGER SYNDROME TO DESCRIBE MY CHILD/MYSELF?

For some years now the terms Autism Spectrum or Autism Spectrum Disorders have been used by families and professionals to describe people who have a diagnosis of autism, Asperger syndrome or PDD-NOS. After the release of DSM-5, it is anticipated that Autism Spectrum Disorder will become the term commonly used by funding agencies, professionals and families. While others may still use Asperger syndrome, it is likely that it will be gradually phased out. However, we recognise and respect that it is culturally significant for the autism community.

REFERENCES

1. Worley, J. A. & Matson, J. L. (2012). Comparing symptoms of autism spectrum disorders using the current DSM-IV-TR diagnostic criteria and the proposed DSM-V diagnostic criteria. *Research in Autism Spectrum Disorders*, 6, 965–970. doi:10.1016/j.rasd.2011.12.012.
2. McPartland, J. C., Reichow, B., Volkmar, F. R. (2012). Sensitivity and Specificity of Proposed DSM-5 Diagnostic Criteria for Autism Spectrum Disorder. *Journal of the American Academy of Child & Adolescent Psychiatry*, 51, 368-383. doi: 10.1016/j.jaac.2012.01.007
3. Matson, J. L., Kozlowski, A. M., Hattier, M. A., Horovitz, M. & Sipes, M. (2012). DSM-IV vs DSM-5 diagnostic criteria for toddlers with Autism. *Developmental Neurorehabilitation*, 15, 185–190. doi: 10.3109/17518423.2012.672341
4. Matson, J. L., Belva, B. C., Horovitz, M., Kozlowski, A. M. & Bamburg, J. W. (2012). Comparing Symptoms of Autism Spectrum Disorders in a Developmentally Disabled Adult Population Using the Current DSM-IV-TR Diagnostic Criteria and the Proposed DSM-5 Diagnostic Criteria. *Journal of Developmental and Physical Disabilities*, 24, 403–414. doi 10.1007/s10882-012-9278-0
5. Mayes, S. D., Black, A., & Tierney, C. D. (2013). DSM-5 under-identifies PDDNOS: Diagnostic agreement between the DSM-5, DSM-IV, and Checklist for Autism Spectrum Disorder. *Research in Autism Spectrum Disorders*, 7, 298–306. doi. org/10.1016/j.rasd.2012.08.011
6. Huerta, M., Bishop, S. L., Duncan, A., Hus, V. & Lord, C. (2012). Application of DSM-5 Criteria for Autism Spectrum Disorder to Three Samples of Children with DSM-IV Diagnoses of Pervasive Developmental Disorders. *American Journal of Psychiatry*, 169, 1056-1064.

