

Autism DSM 5 Dr Shahzad Shabir

Please document any other observations at the end of each criterion.

DSM 5: Autism Spectrum Disorder

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history.

A1. 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.

- Poor response to name when called.
 - Lack of / impairment in back-and-forth conversation

- Lack of showing or pointing out objects of interest
- Lack of bringing items of interest to show
 - Impairment in joint attention (initiating and responding)
- Lack of responsive social smile e.g. child does not respond when you smile at them
 - Failure to share enjoyment
 - Failure to respond to praise
 - Does not show pleasure in social interactions
- Failure to offer comfort to others
 - Indifference or aversion to physical contact / affection
 - Failure to engage in social or people games .e.g. peek-a-boo, hide-and-seek, chasey
- Failure to initiate or respond to social interactions e.g. greetings, farewells
 - Unable to follow point - if you point to a toy across the room, do they follow your point to look at it1
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- Unusual social initiations e.g. intrusive touching, licking, being too close
 - Use of others as tools e.g. takes hand and places it on toy to activate, hand leading to objects

A2. Deficits in nonverbal communicative behaviours 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.

- Poor eye contact.
- Poor body posture e.g. turning away from communication partner
- Poor use of gesture e.g. lack of pointing (proximal or distal), waving, nodding/shaking head
 - Abnormal volume, pitch, intonation, rate, rhythm, stress, prosody _____
 - Limited range of facial expressions
- Poorly integrated verbal and non-verbal communication e.g. unable to coordinate eye contact, gesture and spoken language (sounds/words)

A3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behaviour to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absences of interest in peers.

- Difficulty adjusting behaviour to suit social context e.g. laughing/smiling out of context; socially inappropriate comments/questions
- Unaware of other's distress
- Difficulties with pretend and imaginative play
- Difficulties with friendships
- Difficulties playing in groups
 - Does not play with children at the same chronological or developmental age
 - Poor/awkward response to the approach of peers

- Lack of interest in others
 - Withdrawn/aloof/ in own world
 - Does not try to attract attention of others
- Limited interaction with others
- Prefers solitary play

B. Restricted, repetitive patterns of behaviour, interests, or activities as manifested by at least 2 of 4 symptoms currently or by history

B1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).

Stereotyped or repetitive speech:

- Pedantic, formal language
- Echolalia
- Jargon
- 'Rote' language, chunks, perseveration
- Refers to self by own name
- Repetitive vocalisations e.g. humming, guttural sounds, clicks

Stereotyped or repetitive motor movements:

- Repetitive hand movements e.g. flapping, twisting, finger flicking
- Stereotyped whole body movements e.g. (shaking head from side to side)
- Toe walking
 - Body tensing
 - Facial grimacing
 - Teeth grinding

- Stereotyped or repetitive use of objects:
- Non-functional play e.g. waving sticks, dropping items
 - Lining up toys
- Repetitively opening and closing doors
 - Repetitively turning lights on / off

- B2.** Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behaviour (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).
- Specific and unusual routines
 - Insistence on routines (exclude bedtime routines unless atypical)
 - Repetitive questioning or verbal rituals
 - Compulsions
- Difficulty with transitions
- Limited diet
 - Inability to cope with change e.g. different way in the car, different coloured plate/cup
 - Inability to understand humour/ non-literal language
 - Rigid, inflexible, rule-bound behaviour

B3. 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).

- Preoccupations or obsessions
- Interests abnormal in intensity
- Narrow range of interests
- Preoccupation with numbers, letters, shapes, planets etc
- Excessive focus on non-relevant or non-functional parts of objects
- Attachment to inanimate objects e.g. carrying/holding string, chopsticks, paddle popsticks
- Unusual fears

B4. Hyper- or hyperactivity 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)

- High pain tolerance
 - Tactile defensiveness
- Aversion to having hair washed/cut, toe nails clipped, teeth brushed, showering
- Unusual visual exploration
 - Looking out corner of eye
 - Squinting
- Feeding or mealtime issues
 - Close visual inspection – holding things close to eyes or at unusual angle
 - Watching spinning wheels, ceiling fans, washing machine, flashing lights
- Extreme/unusual response to specific sounds e.g. vacuum, motor bikes, singing, clapping
- Sensory seeking behaviour e.g. swinging, bouncing, squeezing behind sofa, licking, smelling

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

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 development disorder) or global developmental delay.