Commentary on the new DSM-5 criteria for ASD: Sue Leekam

Much controversy has surrounded the new DSM-5 criteria for Autism Spectrum Disorders (ASD). Our new study reported in the Journal of Child Psychology and Psychiatry (Rachel Kent, Sarah Carrington et al.) addresses some of the concerns linked to the new criteria, but also offers hope for future approaches to the autism spectrum.

Our study (click here to read) used different ways of combining the rules for a DSM-5 diagnosis. It also tested the DSM-5 criteria on children and adults with different ability levels. The results showed that regardless of age, there is consistency in outcome and a convergence between the previous criteria for ASD and the new criteria. Using the optimal rules for diagnosis described in the study, we found that of the 397 participants in the study, 93% of those who received a clinical diagnosis of ICD-10 (N=278) also received a diagnosis of ASD according to DSM-5. In addition, in a sample of 200 cases of varying age and ability, we found that 90% of the 89 individuals with a diagnosis of Gillberg’s Asperger’s syndrome (Gillberg et al., 2001), also qualified for a diagnosis of DSM-5 ASD (Kent, 2013).

Why is this important? The results confirm in a consistent way that the DSM-5 descriptions are very unlikely to miss anybody who would previously have received a diagnosis. This should help reassure many families waiting for diagnosis. The results also show that it is possible to use a single diagnostic interview method, the Diagnostic Interview for Social and Communication Disorders (DISCO), to collect information for the new DSM-5 criteria. The research enabled each individual description from DSM-5 to be mapped to specific DISCO items and enabled comparison of alternative diagnostic algorithms. This should reassure many clinicians waiting to give diagnoses of DSM-5.

But for me, what is also important is that the article throws a light on the concept of the spectrum of autism, which was originally described by Lorna Wing many decades ago. This concept that Wing described is not the description we are talking about based on the current DSM-5 criteria. Instead her original concept of autism spectrum was broader than the category descriptions of DSM and ICD classification systems which other diagnostic tools (e.g. ADI-R and ADOS) are designed around.

The DISCO, which Wing developed with Judith Gould, is based on her original concept. The DISCO was never designed simply to reflect and perpetuate the categorical diagnostic classification systems. Because of its breadth of content, however the DISCO has always had the flexibility to be used to run diagnoses with many diagnostic systems, both DSM, ICD and also Gillberg’s Asperger’s syndrome, Wing & Gould’s Autism Spectrum Disorder and Kanner’s and Eisenberg’s criteria. In published studies its validity is comparable with the ADI-R and ADOS. However diagnosing according to DSM or ICD is not its main purpose. The main purpose of the DISCO clinically is to provide a detailed picture of an individual’s profile of behaviours, development and needs. For research, its breadth and detail offers a wonderful opportunity to capture the similarities and differences of different genetic and neurodevelopmental diagnostic groups (the so-called ‘co-morbidity problem’). It offers an opportunity to study developmental trajectories and to tackle the ever-present issue of heterogeneity.

The new DSM-5 article is a triumph for the DISCO and for the Wing & Gould concept of an autism spectrum, which has been waiting in the wings for far too long. Hopefully, with the arrival of another recent publication, Thomas Insel’s NIMH blog of 29th April 2013 (Click here to read) the time is right for us to properly review our thinking about autism as a spectrum.

*ICD-10 criteria is equivalent to DSM-IV criteria. Most of the group had diagnosis of Childhood Autism with just a few having Atypical Autism