

# Asperger syndrome: another challenge for the general psychiatrist

Slides at [www.aspergercounselling.net/Aspergersyndrome.info/lectures.htm](http://www.aspergercounselling.net/Aspergersyndrome.info/lectures.htm)

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# Abstract

- Asperger syndrome is NOT associated with learning difficulty and so cannot be dealt with by learning disability services
- Asperger syndrome is nearly as common as schizophrenia
- People with Asperger syndrome are at high risk of developing anxiety, depression, and other anxiety-related disorders
- --and at lower, but increased, risk of developing bipolar disorder and brief psychosis
- The disability associated with Asperger syndrome is at least as great as that associated with schizophrenia
- Many people with AS in contact with psychiatric services are inappropriately treated with antipsychotics causing a worsening of their symptoms
- Many parents, spouses, and people with AS simply want a diagnosis



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Manchester Medical Society

# Diagnosis

- Diagnosis at the moment is child-orientated
- There is a confusing plethora of terms including autism, autistic disorder, Asperger syndrome or disorder, high-functioning, pervasive developmental disorder (PDD), semantic-pragmatic disorder, pathological demand avoidance, PDD-NOS, atypical Asperger syndrome
- Adults may not have developmental history available
- (although many, surprisingly do)
- Rely therefore on habits, ways of thinking, activities
- Social impairment: no friends
- Observation of impaired NVE
- Inference of impaired NVI

## Basic facts about AS: 1.

- Asperger syndrome is a Pervasive Developmental Disorder/ on the autistic spectrum
- It was first recognized as a separate diagnosis in DSM-III-R in 1987 and then added to ICD-10 in 1992
- A disorder of non-verbal communication is a universal feature of the core syndrome

# Stopping, and looking

Look at each 'channels' of NVE in turn:

- Gaze linked to other's expression (NOT gaze aversion, difficult to distinguish from gaze avoidance)
- Postural expression
- Other directed gesture
- Voice prosody: rhythm, pitch, stress, accent
- Involuntary facial expression—play of face emotions

Look within each channel for:

- Reduced expression
- Idiosyncratic expression

# Atypical Asperger syndrome



- Primary abnormality is failure of non-verbal interpretation ('face blindness')
- Leading to a lack of empathy
- Ability to make relationships but not to keep them

# Prevalence in children

- (no prevalence studies after childhood, but life-long condition)
- Asperger syndrome official diagnosis not same as Asperger on the street
- In one recent US study of children aet 3-10 using DSM-IV criteria
- 0.67% children had PDD: 0.4% children with autistic disorder, 0.27% with AS or PDD-NOS.
- Proportion with AS increased with age
- One half of all children with an autistic spectrum disorder had IQs of 70 or above

# Have you always found it hard to make friends?

People with Asperger Syndrome find it hard to make friends even as children and sometimes have difficulties getting on with people.

Generally, people who suffer from Asperger Syndrome have had these difficulties from being a toddler. Many people with this condition have never been diagnosed.

## **Could this be YOU or SOMEONE you know or care for?**

If you are aged 13 or over and have had a diagnosis of Asperger Syndrome or think this sounds like you or someone you know and care for

## **we want to hear from you!**

We are carrying out a survey to identify the needs of sufferers. Please contact us and we will send you more information.

Contact: Mr. Ting Chen

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Community Health Sheffield



SHEFFIELD ADULT MENTAL HEALTH



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# Recruitment of undiagnosed participants

- 2 stage community study of Sheffield residents aged 13 and over

## Recruited by

- Articles in Sheffield Star; Newsletters of Sheffield City Council and Sheffield Carer Centre
- broadcast on BBC radio Sheffield and BBC web pages
- Printed posters in GP practices, shops/ supermarkets/post offices, libraries, community centres, schools/colleges/ universities
- Word of mouth, Sheffield Asperger Parents Action Group, Sheffield Autistic Society.

# Information collected

- Stage 1
  - 220 offers to participate, 153 from Sheffield, 122 screening questionnaires back, 112 eligible for inclusion
  - Biographical info about participant and carer
  - Schooling
  - Whether or not diagnosis had been made
  - AQ autism spectrum quotient (Baron-Cohen, S., et al. *Journal Of Autism And Developmental Disorders*, Vol 31, 5-17, 2001)  
<http://www.wired.com/wired/archive/9.12/aqtest.html>

# Prevalence in adults

- Unknown but less than children i.e. many become 'sub-clinical'
- Guesstimate, based on Sheffield study of 1 per 1000 adults

# Factors affecting diagnosis

- 60 had diagnosis of AS/HFA
- 52 did not
  - 7.6 Male:1 Female of diagnosed
  - 2.1 Male :1 Female of undiagnosed
  - Mean age of diagnosed 24.3, mean age of diagnosed 35.2

<b>Age</b>	<b>AS/HFA Group</b>	<b>Possible AS/HFA Group</b>
13-15	12	6
16-17	10	3
18-20	10	2
21-30	11	8
31-34	10	5
35-40	4	9
41-50	2	13
51+	1	3
<i>Mean AQ score</i>		
<i>Mean age</i>	24.3	35.2 *mean age for Sheffield population aged 15 to 64 is 37.9 (National Statistics Census 2001).

## What is the importance of diagnosis in adulthood?

- **Knowing how to respond to a crisis**
  - work problem or redundancy
  - Self-neglect after death of parents
  - relationship crisis
- **Avoiding inappropriate treatment**
- **Knowing what's wrong with me**
  - Reducing self-blame
- **Accessing help**
  - Through voluntary or non-statutory system
  - generic counselling only
  - psychology referral
- **Future provision?**
  - AS counselling network
  - Relate
  - Genetic counselling

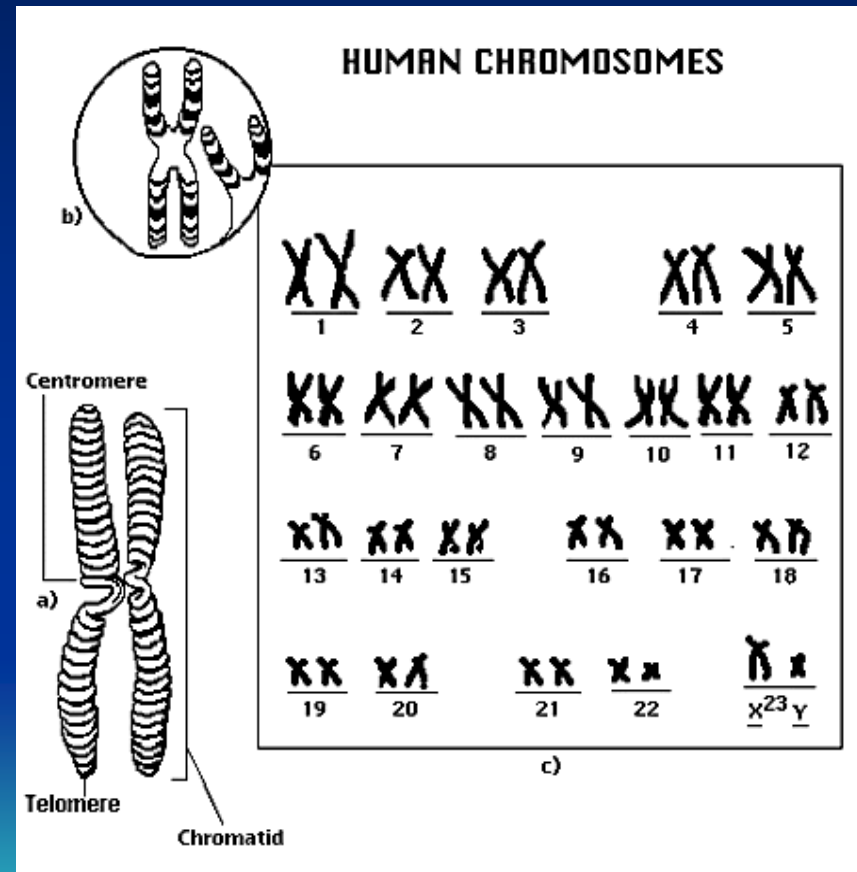
## Basic facts about AS: 2.

- AS is a neurodevelopmental disorder resulting probably from a failure of neuronal apoptosis during intra-uterine development and a consequent disruption of neural networks
- It may be associated with other developmental disorders
- It may be complicated by co-existing physical disorders
- Emotional and social factors affect the course of Asperger syndrome

# Asperger syndrome may be genetically determined

In families where this is one member with AS, there is also increased risk of:

- autistic disorder
- Asperger syndrome
- 'broad autistic phenotype'
- Chromosomes implicated: 1, 2, 4, 5, 6, 7, 10, 13, 15, 16, 17, 18, 19, 22, and X



# Associated developmental disorders

- Dysexecutive syndrome (planning)
- Dyslexia (writing and spelling)
- Dyscalculia (maths)
- Attention deficit/ hyperactivity disorder (attention, impulsivity)
- Aggression and conduct problems

## Emotional problems associated with AS

- Surge of anxiety-related problems aet 11-13 including OCD, dysmorphophobia
- Secondary depression, social phobia
- Progressive social withdrawal often attributed to schizophrenia
- Late adolescence bipolar disorder, brief psychosis
- Catatonia

## But whose are the problems of Asperger syndrome?

- People with AS are different, but may not be disabled
- Disability may be a failure of society to enable
- Functional neurological differences do not constitute disability
- Diagnosis can lead to a reduction in interpersonal problems
- Diagnosis can spoil identity and increase stigma

## The ups and downs of living with someone with Asperger syndrome

- Sexual problems/ offences
  - Internet addiction
- but also lack of sexual demandingness
- Aggression
- but also an aversion to violence
- Conflicts with older children
- but also great playing with younger children
- Lack of empathy
- but also highly responsive to others expressed feelings

## What motivates aggression in AS?

- Misunderstanding
- Having an impact, any impact
- Revenge or restitution
- Wanting to be accepted even in a deviant group
- Tension relief
- Habitual comfort



## The ups and downs of living with someone with Asperger syndrome

- Intolerance of change, of departure from schedules, or of deviation from 'good manners'
- but also laissez-faire
- Obsessive routines and procedures
- But also great at pub quizzes and general knowledge

# Associated psychiatric disorders recognized by professionals

Anxiety	43	55.8%
Depression	35	45.5%
Suicide	14	18.2%
Panic attacks	20	26.0%
Schizophrenia	2	2.6%
Psychosis	6	7.8%
Obsessive-compulsive	13	16.9%

# Suicidality and violence

- Thoughts of suicide only 29%
- Attempts 21%
- Problems with aggression 82%
- Violence 36%

# Outstanding areas for concern

- Reduction of available support in adulthood
- Lack of paid work (36%, 6% of whom supported)
- Lack of independence
  - 60% living with parents
  - 21% living independently
  - 56% thought they could be more independent with support
- Victimization 90% said they had been bullied

# Outstanding areas of medical concern

- 55% received psychotropic medication, 67% of them with side-effects
- 65% were poor at reading feelings (half described 'family problems'), 31% had received help for this mainly from teachers
- 79% had problems with planning and time management (36% had received help)
- 17% had associated neurological problem and were, unusually, dissatisfied with the help they received

# Conclusions

- Women and adult men not being diagnosed
- No specific services for AS e.g. dysexecutive and empathy problems
- Extensive users of psychotropics but low expectations of psychiatric services
- Generally satisfied with services when they do receive them, unless there is an associated neurological problem
- What happens when parents' advocacy ends?