DSM V

Challenging DSM V Conference
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"There are in fact two things; science and opinion. The former begets knowledge, the latter ignorance." DSM 5V more opinion than science.

Glory be to God for dappled things –

Pied Beauty, Gerard Manley Hopkins (1889)

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Sabbagh

> "We all have a tendency to look for patterns in the world and make links where none exist".

Post ergo propter hoc.

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M. Twain.

"The trouble with the world is not that people know too little, it is that they know so many things that are not so."

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Autism Diagnostic Interview ADI-R

1. "Kanner's criteria as operationalised by Rutter", (Feinstein 2010).
2. Mantra for narrow autism.
3. Led to DSM V narrow autism.

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ADI-R

1. "Gold Standard" diagnosis of ASD.
2. In my experience ADI-R often misses Asperger's Syndrome mild Autism.
3. Did AdI-R lead to the mistakes in DSM V in relation to ASD and the exclusion of Asperger's Syndrome?

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DSM V Committee

Many of the major DSM V Committee Members were wedded to the ADI Instrument. They had total faith in the Instrument.

Faith is not a good criteria in science. Indeed in this country and many other countries anybody who did not use the ADI-R was a heretic.

It was the truth, the absolute truth and the ADI-R.

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ADI-R

"Missing many cases of Autism".

Expensive and "ineffective" instrument Professor Dorothy Bishop. (Feinstein 2010).

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Professor D. Bishop Professor Developmental Neuro Psychology, Oxford criticised the ADI-R as follows:-

(a) Expense.

(b) Time for training.

(c) Time of administration.

(d) Time for coding.

(e) No evidence of "real benefits in accuracy of diagnosis".

(f) Length is "article of faith" by developers of ADI-R.

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"There are plenty of children who come out meeting criteria on one instrument only. (ADI-R or ADOS), and there seems to be no sensible guidelines as to how to proceed other than to seek expert opinion." (Dorothy Bishop 2008).

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ADI-R/lADOS

(1) When used together 80.8% accuracy for Autism (Falmer et al 2013).

(2) ADI-R per ADI-R plus ADOS more accurate for Autism than ASD. (Well known). Narrow view of Autism.

(3) CARS (Childhood Autism Rating Scale). Autism 0.86 (correct classification). ASD 0.81 correct classification).

(4) GARS (Gillian Asperger Disorder Scale) 0.54 correct classification.

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(5) ASDS Asperger's Syndrome Diagnostic Test. Asperger's v Non AS 0.89. AS v Autism0.89.

(6) RADDS-R (Ritvo Autism Asperger Diagnostic Scale-Revised). 0.99 Correct Classification.

(7) 80% accurate "is considered gold standard for ASD" (Falmer et al 2013). Personal view 20% inaccurate classification is a disaster for parents.

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(8) (a) ADI-R = ADOS (Better than either alone).

(b) 2nd best ADOS

(c) 3rd place ADI-R.

(d) Very expensive to train and time consuming.

(e) Problems with "subjectivity and interpretive bias". (Falmer 2013).

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Conclusion (Falmer et al 2013)

(1) ADOS/ADI-R should be used as "information gathering instruments" for neophytes.

(2) NICE guidelines (2011) recommends no specific instrument.

(3) No study of the instrument could be classified as high quality (Falmer et al 2013).

(4) ADI-R = ADOS missing 50% of PDD.

(5) ADI-R negative does not rule out Asperger's Syndrome or Autism.

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Problems with ADOs at Cincinnati Children's Hospital

C. Molloy et al (2011) Autism

(1) "specificities were substantially lower than previously reported".

(2) "Using numeric scores alone resulted in misclassification".

(3) Conclusion "clinical populations for which ADOS is regularly used may be substantially different from research samples in which it was normed".

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(1) Gold Standard is a clinical diagnosis with multiple information sources. Diagnosis should not be based solely on ADI-R/ADOS.

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Diagnosis

Cathy Lord challenges in the Archives of General Psychiatry (2008). The current "gold standard" "best-estimate clinical diagnosis for the diagnosis of Autism Spectrum Disorders", and she recommended to "simply report the results from agreed-upon-tests and scales".

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NICE to Fitzgerald (2013)

(1) They "recognise possible harms in the use of scores derived from diagnostic tools which may provide a false reassurance.

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Other criteria for Autism.

1. Kanner and Eisenberg 5.
2. Lack of affective contact.
3. Preservation of sameness.
4. Fascination for objects.
5. Mutism.
6. Savant features.

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Kanner's 2.

1. Profound lack of affective contact.
2. Repetitive, ritualistic behaviour.
3. Note deletion of language.

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1. Kanner's criteria (Wing 1993) can be seen best in children who are "mildly to moderately retarded" at age between four and twelve years of age.

2. Excludes many on the ASD spectrum.

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Narrow v Broad Autism

1. Kanner, (1965) criticised what is now called the broader autism phenotype.

2. Kanner, (1965) was incorrect.

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1. Autism Continuum v. Autistic Spectrum.
2. Continuum goes from mild to moderate to severe along a straight line.
3. Autistic spectrum "a spectrum of light with blurring". Lorna Wing to Feinstein 2010.

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Numbers meeting autism depending on autistic criteria. (Fitzgerald M., Matthews P., Birbeck G., O'Connor Jl., 1996)

Out of 309 which had autistic tendencies (and learning disabilities).

1. DSM 111-R 256.
2. ICD 144.
3. Kanner's Syndrome criteria 24.
4. Kanner and Eisenberg's criteria 220.
5. Asperger's Syndrome 0.
6. Triad N=239. (Wing and Gould 1979).

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- French classification Cftmea R-2000 (classification Francaise des Troubles Mentaux de L'enfant et de L'Adolescent.
- Psychodynamic orientation.
- Autism as psychosis (Feinstein 2010).

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Prevalence of ASD including Asperger's Syndrome. Baird et al 2006 (N=255).

1. Total 116/10,000 ASD.
2. 38.9/10,000 childhood Autism ICD10.
3. 77/10,000 other PDD's.

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4. 60% of PDD as a whole were atypical Autism (PDDNOS).
5. 7 diagnosed with Asperger's Syndrome.
6. ADI-R Autism 53/10,000. The best diagnostic assessment was a consensus diagnosis including an experienced clinician.

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My view anyone can diagnose classic autism at this stage and you don't need an esoteric instrument.

Is there an ethical issue with ADI-R? – devastation of parents told that they are ADI-R negative when child has ASD.

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Diagnostic Interview Social and Communication Disorders. DISCO

Dimensional approach to behaviour and problems and repetitive behaviour. (Lorna Wing).

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At the end of DISCO clinical judgment re

1. Social relationships.
2. Social communication.
3. Social imagination.
4. Patterns of activities.

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Mistakes in the diagnosis of Asperger's Syndrome (I see these often)

(a) Good eye contact does not rule out Autism or Asperger's Syndrome.
(b) Smiling and showing affection to family members does not rule out Autism or Asperger's Syndrome.
(c) Reported pretend play and normal language does not rule out Autism.

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Mistakes in the diagnosis of Asperger's Syndrome/Autism continued.

(d) Improvement in symptoms after treatment does not rule out Autism or Asperger's Syndrome.

(e) Losing symptoms does not rule out Autism or Asperger's Syndrome.

(f) Children may have an Autism diagnosis in childhood and Asperger's Syndrome in adulthood.

(g) Personally I have never seen all symptoms to disappear.

(h) Losing diagnosis has been reported.

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Maternal Depression and diagnosis of Asperger's Syndrome/Autism.

(1) Maternal depression may affect reporting of symptoms on some instruments e.g. Social Relationship Scale (SRS) (Bennett et al 2012).

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1. McPartland, Volkmar 2012 JAACAP showed that only 64% of 1993 DSM IV diagnosis would meet criteria for DSM V.

2. 28% of PDDNOS DSM IV would qualify for DSM V.

3. 12 of 48 (25%) of Asperger diagnosis would not qualify for DSM V Autism.

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(1) Mattila et al 2011 JAACAP "of 26 subjects with ASD DSM IV TR only one met the criteria for DSM V".

(2) Only 46% of the 26 children with DSM IV PDD (all with IQ higher than 50) were identified as ASD. (Matilla et al 2011).

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(1) Naud L. 2012 Linkedin "DSM V is a guide not a bible". To use DSM V best "simply ignore it's ten worst changes".

(2) Allen Frances (2013) "Irish Psychiatry should ignore DSM V". Irish Journal of Psychological Medicine.

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(1) DSM IV v. DSM V (Taheri and Perry 2012)

(a) Only 63% of DSM IV PDD met DSM V ASD criteria (and only 17% of PDDNOS).

(2) DSM IV v. DSM V (Huert et al 2012).

DSM V (Asd0 (0.23) PDDNOS

DSM V (ASD) (0.34) Asperger's Syndrome. This is extremely worrying from an Asperger's Syndrome point of view.

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DSM IV v. DSM V. (Matson et al 2012).

(1) PDDNOS (DSM IV) 88% reduction for ASD DSM V.

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1. You and Shen (2011) showed that only 60% of DSM IV diagnosis met criteria for DSM V.

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Sub threshold psychiatry (PDDNOS etc.).

Overlap: Not independent conditions. (Some overlap in genetic underpinnings).

Landstom S., et al (2012) demonstrated an aetiological similarity between ASD and Autistic like traits.

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Sub threshold issue

(1) Mental Disorders appear to be "continuous..with sub threshold states (PDDNOS DSM IV) or extended phenotype". (Van Os 2013 AGP).

(2) Van Os (2013) Points out that "normal variation and the extreme end of the distribution tend to share the same genetic and non genetic causes".

(3) Relatives can have sub threshold symptoms.

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Earliest expressions of psychopathology (Van Os 2013)

(1) Non specific –
- (a) Affective dysregulation
- (b) Aberrant salience (e.g. ADD)
- (c) Motivational alterations.
- (d) Anxiety states.

(2) Long term course due to –
- (a) Genetic and environmental factors
- (b) At a brain level neural circuitry dysfunction.

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What does DSM V do?

1. Common language on diagnosis.
2. Consistent and reliable diagnosis.
3. Evidence based manual.
4. Collective clinical knowledge of experts.

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Why DSM V (continued)

5. Advances in the science of mental disorders have been dramatic in the past decades (I don't agree).

6. DSM V to improve access to treatment. (No with ASD – reduces access).

7. I don't believe that DSM V will further research.

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Why DSM V now?

1. Two decades since last revision.

2. Wealth of new research making it necessary. (I don't agree).

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DSM V (Changes)

1. Change in format from multiaxial system of DSM IV-TR.

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DSM V (Cost)

1. 20-25 million dollars.

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After DSM V

1. Subject to continual updating based on new research via

   DSM 5.1
   DSM 5.2 etc.

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DSM V

1. No information on treatment.
2. Can help clinicians in measuring effectiveness of treatment, as dimensional assessments will assist clinicians in assessing changes in severity levels in response to treatment.

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Criticisms of DSM V

Reliability and Validity.

1. Validity remains a big issue.
2. Declining reliability in DSM V (Francis Allen) British Journal of Psychiatry.
3. DSM V probably lowers sensitivity and increased specificity.
4. Diagnosis of sub groups of ASD may vary in different centres. Children with social communication problems and low IQ may be more likely to be diagnosed with Autism.

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DSM V (Insel T. 2013)

"DSM diagnosis are based on consensus about clusters of clinical symptoms, not any objective laboratory measure. In the rest of medicine this would be equivalent to creating diagnostic systems based on the nature of chest pain or the quality of fever."

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Insel 2013 notes that –

1. "While DSM has been described as a 'bible' for the field, it is, at best, a dictionary, creating a set of labels and defining each".
2. Symptom based diagnosis of DSM V is flawed. (Insel).
3. Symptoms based diagnosis replaced in medicine because symptoms really indicate the best choice of treatment. (Insel 2013)
4. Recommendation to "build psychiatric disease diagnosis from the brain up". (Insel).

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Rogelio Garza 2012. New DSM V criteria will –

(a) Jeopardise services.

(b) Impair tracking/will dismiss previous research studies.

(c) Disrupt research.

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Wendy Fournier, National Autism Association President writes about "unintended consequences" of DSM V.

Deprive children of early intervention treatment for Autism.

Best diagnosis a clinical diagnosis by a clinician with long experience in diagnosing Autism.

ASD DSM V contains –

- Asperger's Syndrome and Child Disintegrative Disorder.
- PDDNOS
- Autism

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Criticism of DSM V.

DSM V decisions (Frances 2013).

1. "Secretive and closed process that minimises risks while over valuing hypothetical benefits".
2. DSM V missed out on it's 'badly needed quality control step'.
3. DSM V 'poorly conceived'.
4. DSM V 'missed all it's production deadlines'.
5. Divergence in past ICD and DSM – "the differences are relatively trivial yet big enough to cause confusion".

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Criticism of DSM V.

DSM V decisions (Frances 2013).

6. In ICD 11 I hope they will keep Asperger's Syndrome.
7. DSM V has many controversial suggestions "that have weak scientific support and insufficient risk-benefit analysis." (Frances 2013).
8. "the results of DSM v field testing for reliability were abysmally low by historical standards. (Frances et al 2013).
9. "Hurried to press prematurely".
10. Number of people meeting diagnosis in DSM V expanded "reckless hyper inflation" but in my view there will be reduction in Autism and Asperger diagnosis.

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My personal view

- DSM V was premature.
- Might be more appropriate to have waited ten to twenty years.

No need for further revisions until we have many biological markers for psychiatric conditions.

Next edition of DSM V should reinstate Asperger's Syndrome.

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DSM IV TR was okay.

PDDNOS (sub threshold ASD) is clearly part of the spectrum.

We are in a worse position now than twenty years ago diagnostically.

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School

1. Diagnosis versus educational need.
2. Now it's educational need.
3. These two issues are complimentary that is diagnosis and educational need.
4. Its ridiculous to eliminate one.

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Research Diagnostic Criteria (NIMH)

1. Five broad mental domains.
   (a) Negative emotionality;
   (b) Positive emotionality;
   (c) Cognitive processes;
   (d) Social processes;
   (e) Arousal/regulatory system.
2. Linked to particular neural circuits.
3. OK for research. Bridge too far for clinicians.

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Problems with biomarkers for Asperger's Syndrome.

1. There are none.
2. In relation to genetics Nature Editorial 2010 asked how much human genome work contributed and they answered "not much".
3. Is modern genetics a blind alley? British Medical Journal (010).
4. Complexity and medicine – The Elephant in the Waiting Room. Alexander 2010.
5. Journal of the American Medical Association 2007 Fools Gold (Genetics).
6. Genetics: noise rules. (Nature 2011).

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7. One genetic autistic screening instrument gives about 70% accuracy. (No Value).

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Copy Number Variations

1. CNV – implication for clinical psychiatry "only modest" St. Clair 2013 British Journal of Psychiatry.

2. Genomewide association Studies "Disappointing" McTellant and King 2010 Jama.

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Biological Research in Psychiatry over the past 25 years.

Has not yielded major new clinical treatments and few biological treatment principles are in sight. British Journal of Psychiatry. Linden 2013.

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Differential Diagnosis Asperger's Syndrome (ICD10) and Autism DSM IV.

The new diagnosis of Social Communication Disorder DSM V is part of ASD. (The goal here is to reduce the number of ASD diagnosis). This will have the consequence of not allowing these people be treated with ASD until they are probably properly diagnosed with ASD later in life.

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Mild Autism (Tangua 2011)

Social Pragmatic Disorder.

1. May have good effective and joint attention skills.
2. But poor mentalising and pragmatic skills.
3. Arcane interests.

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4. Lectures endlessly on interests.

5. Not taking listener into account.

6. Persons with Autism little interest in making friends but people with Asperger's Syndrome want to make friends but lack social know how.

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7. Central Issue - failure of "Social Communication Development".
8. No repetitive and restrictive behaviours.
9. Asperger's Syndrome would include Social Pragmatic Disorder that is people with Asperger's Syndrome and good IQ.
10. Autism Spectrum Disorder would include those with lower IQ and language problems.
11. PDDNOS DSM IV TR.

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Neurodevelopmental Disorders

Differential diagnosis ASD DSM V versus Asperger's Syndrome ICD 10.

(a) Limit effective communication.

(b) Limit social participation.

(c) Limit social relationships.

(d) Limit academic or occupational performance.

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1. Semantic (pragmatic) Communication Disorder.
2. Speech sound Disorder. Problems speech sounds interfering with speech intellibility.
3. Language Disorder. Problems with vocabulary and sentence structure.

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Differential Diagnosis ASD DSM V versus ICD 10 Asperger's Syndrome

Developmental Co-Ordination Disorder (DSM V)

- Interferes with daily living.
- Interferes with self care.
- Interferes with self maintenance.
- Interferes with social performance.

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Asperger's Syndrome ICD 10 versus Personality Disorder

Personality Disorder enduring patterns of inner experience.

Unusual ways of perceiving.
Problems with interpersonal functioning.
Problems impulse control.

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- Inflexible
- Pervasive
- Enduring
- Causing significant distress.

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Paranoid Personality Disorder

Mistrust

Suspiciousness

Other's motives interpreted as malevolent.

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Schizoid Personality Disorder

- Social detachment.
- Restricted range of emotional expression.

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Schizotype Personality Disorder DSM V

- Discomfort in close relationships.
- Perceptual distortions.
- Eccentricity of behaviour.

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Antisocial Personality Disorder

Criminal Autistic Psychopathy (Fitzgerald 2011)

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Borderline Personality Disorder (DSM V)

- Instability in interpersonal relationships.
- Self image problems.
- Problems with affects.
- Impulsivity.

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Avoidant personality Disorder (DSM V0.

- Patterns of social inhibition.
- Feelings of inadequacy.
- Hyper sensitivity.
- Negative evaluation.

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Obsessive Compulsive Personality Disorder DSM V

- Pre-occupied with orderliness.
- Perfectionism and control.

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Reactive Attachment Disorder

Criteria for ASD not met (Hierarchical rule DSM V).

- Problems social interaction.
- Withdrawn.
- Rarely seeks comfort.

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Alexithymia (Fitzgerald Belgrove).

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Asperger's Syndrome and Schizophrenia

1. Asperger correctly said "no clear dividing line from schizophrenia, the main symptoms of which being symptom of which is autism, too, in the sense of loss, of any contact with the environment". (Asperger 1938).

2. Multiple Complex Developmental Disorder (Dahl, Cohen, 1986).

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History of DSM

DSM 1. 1952 Autism classified under childhood schizophrenia, psychodynamic influence.

DSM 2. 1968 under psychodynamic influence.

DSM 3. Rutter's 1978 criteria influenced DSM 3 classification.

(a) Lack of responsiveness to others.

(b) Language absence or abnormality.

(c) Resistance to change.

(d) Onset before 30 months.

Note: Term PDD introduced.

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History of DSM

Excluded from Autism –

(a) Listening attitudes.
(b) Thought Disorder.
(c) Incongruent laughing or crying.
(d) Schizophrenic feelings.

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History of DSM

DSM 3-R

1. Included (Feinstein 2010) "passive acceptance of social approaches" in addition to "aloof" and indifference to people. This greatly widened the spectrum.
2. Infantile autism changed to autistic disorder to deal with adults.
3. Sub types autistic disorder and PDDNOS.

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History of DSM

DSM IV based on empirical research for the first time introduced Asperger's Syndrome after it had already been introduced by ICD 10.

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ICD History

ICD 9

1. Infantile autism separated for the first time from schizophrenia.

2. Asperger's Syndrome is defined as under "other specific pervasive developmental disorders".

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DSM V and The History of Asperger's Syndrome

Autism and Schizophrenia

Minkowski (1927)

(a) Rich autism (Asperger's Syndrome).

(b) Fantasies intense.

(c) Capable of achievement.

(d) B. Pauvre Autism – absence of fantasies (ASD DSM IV).

L. Wing disagrees – I agree – creativity associated with Rich Autism.

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Autism and Schizophrenia

1. The word 'autism' first used by Eugene Bleuler 1911

   (a) By Autistic thinking – i.e. Meant dreams-pretend play-reveries-delusions-fantasies.

   (b) The other type of thinking was : logical or reality thinking.

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Autism and Schizophrenia

Journal of Autism and Child Schizophrenia changed it's name. (Done prematurely).

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Autism and Schizophrenia

The Four A's.

1. Autism.
2. Autism Ambivalence.
3. Association Disturbance.
4. Affective Disturbance.

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Asperger's Autism

Asperger took the word autism from Bleuler because of the "withdrawal". (Hippler Feinsten 2010).

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Autism and Schizophrenia

"Autism showed lack of contact from the start". Asperger (1944) noted that schizophrenia show "a progressive loss of contact". He said autism is not "disintegrative". (Wrong by disintegrative autism.).

Asperger pointed out that "autism is the paramount feature in both cases. It totally colours affect, will and action". (overlap).

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Meaning of word Autism

Frith (Feinstein, 2010) "autistic thinking in Bleuler's a sense has nothing to do with autism as we know it".

I disagree/overlap.

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Asperger's Syndrome and Humour

Asperger (1944) noted the autistic patient had "humourlessness". Not correct, see Lyons and Fitzgerald.

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Autism/Asperger's Syndrome and Schizophrenia

L. Despert (1947) described children with "acute schizophrenia" and "insidious schizophrenia". (Wing and Feinstein 2010). The insidious group showed autistic features. (Feinstein 2010). Autism and schizophrenia were first separated in a paper by Nesnidalova and Fiaca 1961 in Czechoslovakia.

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Autism/Asperger's Syndrome and Schizophrenia

Rimland (1964) believed autism and schizophrenia were separate.
Eisenberg (Feinstein 2010) noted "lack of hallucinations in autism".

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Autism/Asperger's Syndrome and Schizophrenia

Earl (1934)
Catatonic Schizophrenia.
Lorna Wing – Catatonic Autism.

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Autism/Asperger's Syndrome and Schizophrenia

Overlaps

Ornitz and Ritvo 1968 (Feinsten 2010) described early infantile autism, atypical development, symbiotic psychosis and some cases of childhood schizophrenia as being in Kanner's words "essentially variants of the same disease".

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Autism/Asperger's Syndrome and Schizophrenia

Hippler (Feinstein 2010) pointed out that Asperger's Syndrome had "nothing to do with psychosis". Dr. Hippler is an Austrian Medical Health Worker.

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Autism/Asperger's Syndrome and Schizophrenia

Minkowski (1927) Autism in schizophrenia is "a deficit in the basic, non-reflective atunement between the person and this world, that is a lack of "vital contact" with reality, or a "defence mechanism".

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Asperger's Syndrome/ Autism and Aggression

Sula Wolf, founding mother of British child psychiatry. Wolf noted that Asperger had studied children who were "abnormally sensitive or callous" (Feinstein, 2010) and who could show "malice.

Certainly Asperger recognised evidence of aggression and Wolf recognised evidence of "malice" and "callous".

Young, Violent and Dangerous to Know (Nova Science, New York, Fitzgerald 2013).

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Jonathan Swift

"Falsehood flies, in truth comes limping; so that when men come to be undeceived it is too late; the best is over and the tale has it's ideal effect".

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Trinity College Dublin 8th-9th November 2013

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