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Asperger's Disorder

Asperger Syndrome or (Asperger's Disorder) is a neurobiological disorder named for a Viennese physician, Hans Asperger, who in 1944 published a paper which described a pattern of behaviors in several young boys who had normal intelligence and language development, but who also exhibited autistic-like behaviors and marked deficiencies in social and communication skills. In spite of the publication of his paper in the 1940's, it wasn't until 1994 that Asperger Syndrome was added to the DSM IV and only in the past few years has AS been recognized by professionals and parents.

Individuals with AS can exhibit a variety of characteristics and the disorder can range from mild to severe. Persons with AS show marked deficiencies in social skills, have difficulties with transitions or changes and prefer sameness. They often have obsessive routines and may be preoccupied with a particular subject of interest. They have a great deal of difficulty reading nonverbal cues (body language) and very often the individual with AS has difficulty determining proper body space. Often overly sensitive to sounds, tastes, smells, and sights, the person with AS may prefer soft clothing, certain foods, and be bothered by sounds or lights no one else seems to hear or see. It's important to remember that the person with AS perceives the world very differently. Therefore, many behaviors that seem odd or unusual are due to those neurological differences and not the result of intentional rudeness or bad behavior, and most certainly not the result of "improper parenting".

By definition, those with AS have a normal IQ and many individuals (although not all), exhibit exceptional skill or talent in a specific area. Because of their high degree of functionality and their naiveté, those with AS are often viewed as eccentric or odd and can easily become victims of teasing and bullying. While language development seems, on the surface, normal, individuals with AS often have deficits in pragmatics and prosody. Vocabularies may be extraordinarily rich and some children sound like "little professors." However, persons with AS can be extremely literal and have difficulty using language in a social context.

At this time there is a great deal of debate as to exactly where AS fits. It is presently described as an autism spectrum disorder and Uta Frith, in her book AUTISM AND ASPERGER'S SYNDROME, described AS individuals as "having a dash of Autism". Some professionals feel that AS is the same as High Functioning Autism, while others feel that it is better described as a Nonverbal Learning Disability. AS shares many of the characteristics of PDD-NOS (Pervasive Developmental Disorder; Not otherwise specified), HFA, and NLD and because it was virtually unknown until a few years ago, many individuals either received an incorrect diagnosis or remained undiagnosed. For example, it is not at all uncommon for a child who was initially diagnosed with ADD or ADHD be re-diagnosed with AS. In addition, some individuals who were originally diagnosed with HFA or PDD-NOS are now being given the AS diagnosis and many
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individuals have a dual diagnosis of Asperger Syndrome and High Functioning Autism.

Information from: Barbara L. Kirby, Founder of the OASIS Web site (www.aspergersyndrome.org)

Note: The remainder of this document was taken from a post on an Autism related list. This is for informational purposes.

ASPERGER's DISORDER (DSM IV Diagnostic Criteria)

DIAGNOSTIC FEATURES

The essential features of Asperger's Disorder are:

Criterion A. Severe and sustained impairment in social interaction
Criterion B. The development of restricted, repetitive patterns of behavior, interests, and activities
Criterion C. The disturbance must cause clinically significant impairment in social, occupational, or other important areas of functioning.
Criterion D. In contrast to Autistic Disorder, there are no clinically significant delays in language (eg: single words are used by age 2 years, communicative phrases are used by age 3 years).
Criterion E. There are no clinically significant delays in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than in social interaction), and curiosity about the environment in childhood.
Criterion F. The diagnosis is not given if the criteria are met for any other specific Pervasive Developmental Disorder or for Schizophrenia.

ASSOCIATED FEATURES AND DISORDERS

Asperger's Disorder is sometimes observed in association with general medical conditions. Various nonspecific neurological symptoms or signs may be noted. Motor milestones may be delayed and motor clumsiness is often observed.

PREVALENCE-Information on the prevalence of Asperger's Disorder is limited, but it appears to be more common in males.

COURSE-Asperger's Disorder appears to have a somewhat later onset than Autistic Disorder, or at least to be recognized somewhat later. Motor delays or motor clumsiness may be noted in the preschool period. Difficulties in social interaction may become more apparent in the context of school. It is during this time that particular idiosyncratic or circumscribed interests (eg: a fascination with train schedules) may appear or be recognized as such. As adults, individuals with the condition may have problems with empathy and modulation of social interaction. This disorder apparently follows a continuous course and, in the vast majority of cases, the duration is lifelong.

FAMILIAL PATTERN-Although the available data are limited, there appears to be an increased frequency of Asperger's Disorder among family members of individuals who have the disorder.

DIFFERENTIAL DIAGNOSIS-Asperger's Disorder is not diagnosed if criteria are met for another Pervasive Developmental Disorders or for Schizophrenia. Asperger's Disorder must also be distinguished from Obsessive-Compulsive Disorder and Schizoid Personality Disorder. Asperger's Disorder and Obsessive-Compulsive Disorder share repetitive and stereotyped
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patterns of behavior. In contrast to Obsessive-Compulsive Disorder, Asperger's Disorder is characterized by a qualitative impairment in social interaction and a more restricted pattern of interests and activities. In contrast to Schizoid Personality Disorder, Asperger's Disorder is characterized by stereotyped behaviors and interests and by more severely impaired social interaction.

DIAGNOSTIC CRITERIA FOR ASPERGER'S DISORDER (DSM IV)

A. Qualitative impairment in social interaction,  
   as manifested by at least two of the following:

   1) marked impairment in the use of multiple nonverbal behaviors such  
      as eye-to-eye gaze, facial expression, body postures, and gestures  
      to regulate social interaction;

   2) failure to develop peer relationships appropriate to developmental  
      level;

   3) a lack of spontaneous seeking to share enjoyment, interests or  
      achievements with other people (i.e: by a lack of showing, bringing,  
      or pointing out objects of interest to other people);

   4) lack of social or emotional reciprocity.

B. Restricted repetitive and stereotyped patterns of behaviour, interests,  
   and activities, as manifested by at least one of the following:

   1) encompassing preoccupation with one or more stereotyped and  
      restricted patterns of interest that is abnormal either in intensity  
      or focus;

   2) apparently inflexible adherence to specific, nonfunctional routines  
      or rituals;

   3) stereotyped and repetitive motor mannerisms (i.e.: hand or finger  
      flapping or twisting, or complex whole-body movements);

   4) persistent preoccupation with parts of objects

C. The disturbance causes clinically significant impairment in social,  
   occupational, or other important areas of functioning.

D. There is no clinically significant general delay in language  
   (i.e.: single words used by age 2 years, communicative phrases used by  
   age 3 years).

E. There is no clinically significant delay in cognitive development or in  
   the development of age-appropriate self-help skills, adaptive behavior  
   (other than social interaction), and curiosity about the environment in  
   childhood.

F. Criteria are not met for another specific Pervasive Developmental  
   Disorder, or Schizophrenia.
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DIAGNOSTIC CRITERIA FOR ASPERGER’S DISORDER (GILLBERG, 1991)

A. Severe impairment in reciprocal social interaction as manifested by at least two of the following four:
   1. Inability to interact with peers.
   2. Lack of desire to interact with peers.
   3. Lack of appreciation of social cues.
   4. Socially and emotionally inappropriate behavior.

B. All-absorbing narrow interest, as manifested by at least one of the following three:
   1. Exclusion of other activities.
   2. Repetitive adherence.
   3. More rote than meaning.

C. Speech and language problems, as manifested by at least three of the following five:
   1. Delayed development of language.
   2. Superficially perfect expressive language.
   3. Formal, pedantic language.
   4. Odd prosody, peculiar voice characteristics.
   5. Impairment of comprehension, including misinterpretations of literal/implied meanings.

D. Non-verbal communication problems, as manifested by at least one of the following five:
   1. Limited use of gestures.
   2. Clumsy/gauche body language.
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3. Limited facial expression.

4. Inappropriate expression.

5. Peculiar, stiff gaze.

E. Motor clumsiness, as documented by poor performance on neurodevelopmental examination.

DIAGNOSTIC CRITERIA FOR ASPERGER’S DISORDER (SZATMARI, ET AL. 1989)

A. Solitary, as manifested by at least two of the following four:

1. No close friends.

2. Avoids others.

3. No interest in making friends.

4. A loner.

B. Impaired social interaction, as manifested by at least one of the following five:

1. Approaches others only to have own needs met.

2. A clumsy social approach.

3. One-sided responses to peers.

4. Difficulty sensing feelings of others.

5. Detached from feelings of others.

C. Impaired non-verbal communication, as manifested by at least one of the following seven:

1. Limited facial expression.

2. Unable to read emotion from facial expressions of child.

3. Unable to give messages with eyes.

4. Does not look at others.

5. Does not use hands to express oneself.
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6. Gestures are large and clumsy.

7. Comes too close to others.

D. Odd speech, as manifested by at least two of the following six:

1. abnormalities in inflection.
2. talks too much.
3. talks too little.
4. lack of cohesion to conversation.
5. idiosyncratic use of words.
6. repetitive patterns of speech.

E. Does not meet criteria for Autistic Disorder.

DIAGNOSTIC CRITERIA FOR ASPERGER’S DISORDER (ICD-10, WHO, 1992)

A. A lack of any clinically significant general delay in language or cognitive development. Diagnosis requires that single words should have developed by two years of age and that communicative phrases be used by three years of age or earlier. Self-help skills, adaptive behavior and curiosity about the environment during the first three years should be at a level consistent with normal intellectual development. Motor milestones may be somewhat delayed and motor clumsiness is usual (although not a necessary feature).

B. Qualitative impairment in reciprocal social interaction. (Criteria as for autism, see above).

C. Restricted, repetitive, and stereotyped patterns of behavior, interests and activities. (Criteria as for autism, see above).