

# ASPERGER'S SYNDROME 2.0

## Contact Hours

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### **Objectives:**

1. Define "Asperger's Syndrome".
2. Recognize signs and symptoms associated with Asperger's Syndrome.
3. Indicate how a person is diagnosed with Asperger's Syndrome.
4. Discuss treatment options for a person diagnosed with Asperger's Syndrome.
5. Identify the prognosis for a person diagnosed with Asperger's Syndrome.

### **Overview**

In 1944, an Austrian pediatrician named Hans Asperger observed four children in his practice who had difficulty socializing. They had normal intelligence, the children lacked nonverbal communication skills, failed to demonstrate empathy with their peers, and were physically clumsy. Their way of speaking was either disjointed or overly formal, and their all-absorbing interest in a single topic dominated their conversations. Dr. Asperger called the condition "autistic psychopathy" and described it as a personality disorder primarily marked by social isolation.

Asperger's Syndrome became a distinct disease and diagnosis in 1992, when it was included in the tenth published edition of the World Health Organization's diagnostic manual, *International Classification of Diseases* (ICD-10). In 1994 it was added to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-4), the American Psychiatric Association's diagnostic reference book.

Asperger's syndrome is also called: Asperger disorder,

Asperger syndrome, or AS. Asperger's syndrome is characterized as one of the autism spectrum disorders. As of spring 2013, Asperger's syndrome was removed from the new APA's DSM-5 and instead placed under the umbrella of the term "autism spectrum disorder," with the intention of providing more accurate diagnoses to affected children and adults and thus, more appropriate treatment options. However, this has been controversial, as a leading advocacy group for the issues of those affected by autistic conditions, Autism Speaks, protested their concerns that this would lead to the denial of autism-related services to those in need.

Children with Asperger's syndrome are typically educated in a mainstream setting but sometimes require special education. Experts estimate that 2-6 out of every 1,000 children have AS. Boys are three to five times more likely than girls to have AS.

### **Definition**

Asperger's syndrome is an autism spectrum disorder (ASD), which is a neurological condition characterized by impairment in language and communication skills as well as repetitive or restrictive patterns of thought and behavior.

Parents usually notice unusual things about their child by the age of three years. Some notice it in infancy. Parents usually first notice motor development delays such as crawling or walking late and clumsiness. They later notice problems with socialization and communication. Those issues continue into adulthood. Sadly, some children develop additional psychiatric symptoms and disorders in adolescence and adulthood. Conditions that often co-exist with AS include: ADHD, tic disorders (such as Tourette syndrome), depression, anxiety disorders, and OCD. However, having AS does not have to come with psych conditions.

Although AS is usually diagnosed in childhood, adults are now being diagnosed who seek medical help for mental health conditions such as depression, obsessive-compulsive disorder (OCD), and attention deficit hyperactivity disorder (ADHD).

## **Signs and Symptoms**

The core symptoms of AS are: poor communication skills, obsessive or repetitive routines, and physical clumsiness. The most distinguishing symptom of AS is a child's obsessive interest in a single object or topic to the exclusion of any other. Children with AS will gather enormous amounts of factual information about their favorite subject and will talk constantly about it, but the conversation may seem like a random collection of facts or statistics with no point or conclusion. Their poor social skills and narrow interests cause them to be socially isolated.

An individual's symptoms and level of functioning can range from mild to severe.

An individual may have all or only some of the symptoms:

### **Social problems**

- Difficulty in making and keeping friends
- Socially inappropriate behavior for their age
- Lack of understanding of age appropriate social cues
- Difficulty judging personal space
- Difficulty understanding others' feelings or showing empathy
- Rigid social behavior due to an inability to spontaneously adapt to variations in social situations

### **Abnormal communication patterns**

- Awkward or inappropriate body language
- Limited use of gestures
- Absent or inappropriate facial expressions
- Unusual, formal style of speaking
- Difficulty understanding non-literal and implied communication
- Impairments in the modulation of volume, intonation, inflection, rate, and rhythm of speech

- Speech may be tangential (consisting of unconnected topics) and circumstantial (giving significantly excessive detail about a topic), often including irrelevant comments
- Conversation style characterized by marked wordiness
- Difficulty with “give and take” of conversation
- Lack of sensitivity about interrupting others

## **Activities**

- Intense interest in a particular, often very restricted, or immature subject that dominates the individual’s attention
- Inflexible adherence to routines; has repetitive routines or rituals
- Apprehensive about change, may have difficulty transitioning from one activity to another

## **Sensory sensitivity in some individuals with Asperger’s syndrome**

- Excessive sensitivity to sound, touch, taste, light, sight, smell, pain, and/or temperature
- Excessive sensitivity to the texture of foods

## **Motor skill delays in some individuals with Asperger’s syndrome**

- History of delayed development of motor skills
- Visible clumsiness and poor coordination
- Deficits in visual-motor and visual-perceptual skills, including problems with balance, manual dexterity, handwriting, rapid movements, rhythm, and imitation of movements

## Cause of Asperger's Syndrome

The exact cause of Asperger's syndrome is unknown at this time though current research shows brain abnormalities to be a cause of AS. Using advanced brain imaging techniques, scientists have revealed structural and functional differences in specific regions of the brains of normal versus AS children.

Although a specific gene for AS has not been identified, there appears to be a genetic component as it runs in families. It is also likely that environmental influences play a role. There has been no proof showing a correlation between vaccines and AS.

## Diagnosing Asperger's Syndrome

There is not a standardized diagnostic test to determine if a child or adult has AS. A comprehensive assessment is usually done by an interdisciplinary team and includes: a psychological assessment, a communication evaluation, and a neurological, psychiatric, and medical evaluation. Intellectual (IQ) testing may also be done to compare verbal IQ scores to performance IQ scores.

Some doctors, however, believe that AS is not a separate and distinct disorder. Instead, they call it "high-functioning autism" (HFA), and view it as being on the mild end of the ASD spectrum with symptoms that differ – only in degree – from classic autism. Some clinicians use the two diagnoses, AS or HFA, interchangeably.

Most doctors rely on the presence of a core group of behaviors to alert them to the possibility of a diagnosis of AS. These are:

- Abnormal eye contact
- Aloofness
- The failure to turn when called by name
- The failure to use gestures to point or show
- A lack of interactive play

- A lack of interest in peers

## Treatment for AS

The ideal treatment for AS coordinates therapies that address the three core symptoms of the disorder: poor communication skills, obsessive or repetitive routines, and physical clumsiness. Most professionals agree that the earlier the intervention can begin, the better. Types of therapy include:

- Social skills training- a form of group therapy that teaches children with AS the skills they need to interact more successfully with other children
- Cognitive behavioral therapy- a type of “talk” therapy that can help the more explosive or anxious children to manage their emotions better and cut back on obsessive interests and repetitive routines
- Medication- for co-existing conditions such as depression and anxiety
- Occupational or physical therapy, for children with sensory integration problems or poor motor coordination
- Specialized speech/language therapy- to help children who have trouble with the pragmatics of speech – the give and take of normal conversation
- Parent training and support- to teach parents behavioral techniques to use at home

## Prognosis

There is no cure for AS but with treatment, people can learn to cope with their disabilities. They may always find social situations and personal relationships challenging but many are able to work in mainstream jobs. They usually need encouragement and moral support to maintain an independent

life.

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