AUTISM SPECTRUM DISORDERS IN ADULTHOOD: DIFFERENTIAL DIAGNOSIS AND COMORBIDITY

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INTRODUCTION

There is little awareness of Autism Spectrum Disorders (ASD) in adult clinical practice. Usually patients come into contact with psychiatric services presenting varied psychopathology and often persisting years without the ASD being diagnosed. It exists a high comorbidity with other psychiatric disorders such as depression, anxiety, ADHD, tics, psychotic symptoms or emotionally unstable syndromes in high-functioning variants of the disease.

OBJECTIVES

- Description of a clinical case.
- Reflect on differential diagnosis and ASD comorbidity in the adult population.

MATERIAL AND METHODS

Presentation of a diagnosed case of ASD, Unespecified Psychotic Disorder and Alcohol Abuse that received treatment in a Day Hospital during 6 months.

CASE

40-year-old male referred to the Day Hospital with a diagnostic orientation of unspecified psychosis, cluster A personality traits and alcohol abuse. The presence of psychotic symptomatology, aggressive impulse phobias (fear of harming others), cleaning and checking rituals, as well as alcohol abuse made it difficult to make an accurate diagnosis.

The first contact with psychiatric services occurred at the age of 18, because of an alcoholical intoxication and psychotic symptomatology. He did not follow the prescribed treatment or attend outpatient appointments. It was not until he was 40 that he went to the ER again, presenting isolation behavior, tendency to remain in bed, mutism, not wanting to go to work and possible paranoid delusions. The episode was oriented as a psychotic episode and was referred to the day hospital for a further evaluation and more accurate diagnostic orientation.

The patient's family referred he had interpersonal difficulties and tendency to isolation since childhood, particularly with peers failing to engage in typical back-and-forth play. Apparently, psychomotor and language development were normal, but parents referred selective eating and bizarre behavior since the early development period. In this case, doing interviews with relatives helped in making a differential diagnosis. The rigid facial expression, the monotone speech melody, the avoidance of eye contact, the absence of reciprocated affective modulations, as well as persistent deficits in social comunication and social interaction across multiple contexts made us think about a diagnosis of ASD. In this case, the pacient associated the alcohol abuse with the elevated anxiety that interpersonal contexts caused him.

DISCUSSION

Few studies about autism spectrum disorders in the adult population are published. The typical symptoms of ASD result in particular problems regarding to pacients' lives in adulthood (including dating, sex, relationships, job). We would like to highlight the importance of a careful and detailed exam of the exclusion criteria for adult pacients with ASD. More research on the diagnosis and treatment of ASD in adults is needed.

Table 1. Differential diagnosis in ASD

Disorder	Psychopatological characteristics
OCD	Routines and rituals as a core features of ASD are often misjudged as obsessions or compulsions, but may be present in a comorbid way.
Psychotic disorders	The autistic stress reaction incluyes phenomena of severe sensory overload, perceptual distortions (that may be misjudged as hallucinations) and withdrawal into a phantasy world (often misjudged as delusions).
Schizotipal disorder	The developmental history will detect specific abnormalities in case of AS.

BIBLIOGRAPHY

- Roy M., et al. (2009). Asperger's Syndrome in Adulthood. Dtsch Arztebl Int., 106(5), 59–64.
- Tebartz van Elst L., et al (2013). High-functioning autism spectrum disorder as a basic disorder in adult psychiatry and psychoterapy: psycopathological presentation, clinical relevance and therapeutic concepts. Eur Arch Psychiatry Clin Neurosci, 263 (Suppl2), S189-S196.

DISCLOSURE: There are no potential conflicts of interest.

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