

Autistic Spectrum Disorder: differential diagnosis in adulthood

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Introduction

Autism Spectrum Disorder (ASD) describes a group of complex disorders of brain development. 1.1% of the adult's population suffers from it. These disorders are characterised, in varying degrees, by difficulties in social interaction and communication, occurring with rigid and repetitive behaviours. It is known that for every three cases diagnosed of autism spectrum, there may be two further cases that are undiagnosed. It is especially difficult to identify high-functioning autism before adulthood. It is also crucial not to confuse it with other common disorders such as depression, personality disorders or psychosis.

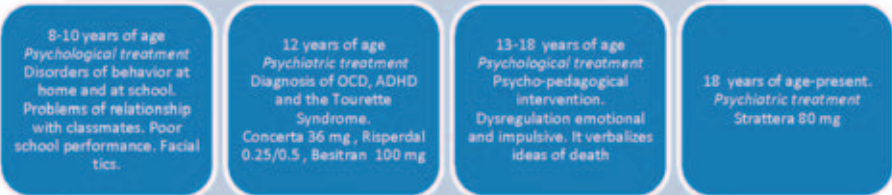
Aim

Raising awareness of the need to include ASD as a differential diagnosis in adults.

Method

We present the case of a 20-year-old male, admitted involuntarily to our Acute Unit of Psychiatry for a diagnostic study related to important behavioural disorders with hetero-aggressiveness at home and difficult ambulatory management.

Background



Description of problem-behaviour

His parents report that the patient, after having experienced a sentimental breakup, threatens to commit suicide, as well as harassing his ex-partner (100 phone calls a day). They also report disturbances at home by verbal and physical hetero-aggressiveness against objects as a response to refusals or small frustrations. He looks cold and distant; he does not share meals with them and isolates himself in his bedroom.

Evolution

During his hospitalization he was not very communicative. He looked distant and prone to isolation. He showed fixated interests with an obsessive component. He remarkably showed a tendency to minimize problems as well as a lack of awareness of illness.

Treatment

The Psychological treatment has focused on the emotional impact of income, promoting awareness of the disease, need treatment and self-responsibility. In this patient the differential diagnosis arises mainly between three categories: Incipient Psychotic Disorder, Autism Spectrum Disorder and Antisocial personality. Medication: Aripiprazole 15 mg/day.

Results

Clinical interviews, conducted from a developmental perspective, and association with direct observation and neuropsychological evaluation of intellectual disabilities and autism, led to a diagnosis of ASD.

• DSM-V Diagnostic Criteria

- A.** Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history:
1. Deficits in social-emotional reciprocity*
 2. Deficits in nonverbal communicative behaviours used for social interaction*
 3. Deficits in developing, maintaining, and understanding relationships*
- B.** Restricted, repetitive patterns of behaviour, interests, or activities, as manifested by at least two of the following, currently or by history:
1. Stereotyped or repetitive motor movements, use of objects, or speech *
 2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal non-verbal behaviour *
 3. Highly restricted, fixated interests that are abnormal in intensity or focus*
 4. Hyper- or hypo-reactivity to sensory input or unusual interests in sensory aspects of the environment *
- C.** Symptoms must be present in the early developmental period *
- D.** Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.*
- E.** These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay.*
- Present in the subject*

• Theory of mind (Happe's Stories and Schubi's cards)

Difficulties to attribute feelings and intentions to others, as well as to interpret and understand some social situations

• Wechsler Adult Intelligence Scale (WAIS III)

Intellectual capacity in the normal levels. It is remarkable his high performance on the arithmetic sub-test and his low performance on the comic subtest

• Personality Diagnostic Questionnaire (PDQ-4)

Obsessive, avoidant and narcissist personality traits



Conclusions

- This case report highlights the importance of keeping an open mind when formulating a differential diagnosis, including one like ASD in adult patients.
- Lack of a good diagnosis will probably lead to inappropriate treatment, repeated referrals, and subsequently, a worse prognosis for the patient. Likewise, being diagnosed of ASD in the adulthood can result in a significant impact on the patient's life and on people close to them.

References

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