

Differential diagnosis in autism spectrum disorder, psychosis and social phobia: A case report

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INTRODUCTION

Autism spectrum disorder, schizophrenia and social phobia are solid diagnosis included on the most important diagnostic manuals such as DSM and ICD. Nevertheless, as some studies have pointed out, there is an important comorbidity within all of them as well as an overlap of symptoms. In fact, social anxiety is among the most prevalent affective disturbances manifest in people with psychosis with prevalence rates ranging between 17-36% (Michail, 2013). On the other hand, a recent meta-analysis reported that 39'6% young people with ASD have at least one comorbid anxiety disorder (Steensel et al, 2011).

These comorbidities may difficult the diagnosis of a patient, slowing down the treatment process and therefore, the recovery.

The following case represents a good example of how important differential diagnosis is as well as the severe implications that might occur in social anxiety.

OBJECTIVE

To describe the procedure followed during the psychological assessment of a patient suffering from a severe isolation and social anxiety, as well as the differential diagnosis process.

METHOD

Psychiatric and psychological assessment of the patient through a battery of instruments to measure different aspects of mental disorders.

RESULTS

Description of the case:

Personal Data: 20-year old patient hospitalized in the Acute Psychiatric Unit in Hospital del Mar

Reason of consultation: Symptoms of extreme isolation, suicidal ideas and attempts, social anxiety and family relationship impairment.

Medical antecedents: No allergies. No medical conditions. No previous surgical interventions. No substance use.

Family history: No mental disorders in the family.

Social antecedents: School bullying suffered at the age of 13.

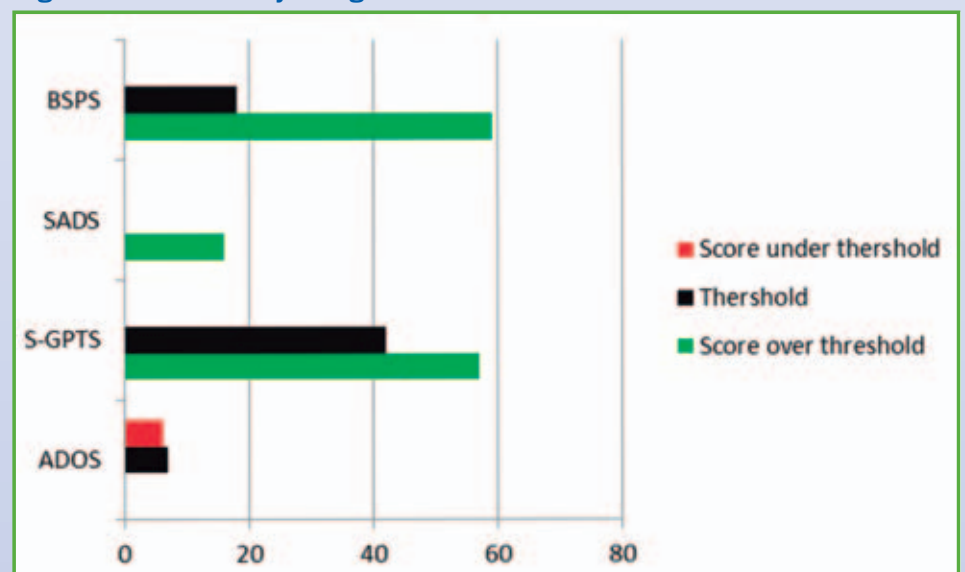
Psychopathology exploration: The psychopathology exploration laid out a group of symptoms that are usually presented in more than one diagnosis. (Figure 1)

Diagnostic hypothesis: Autism spectrum disorder, Social anxiety, Schizophrenia.

Medical treatment: Aripiprazole, Olanzapine, Clonazepam and Lormetazepam in the early stages. A month later, Paliperidone and Lormetazepam.

Psychological Assessment:

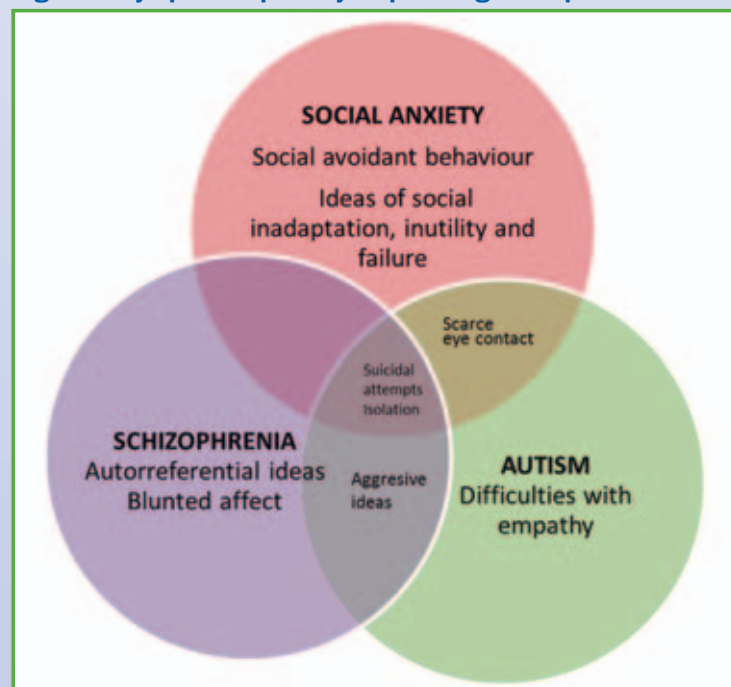
Figure 2. Results on Psychological Assessment



Score over the threshold on the instruments measuring Social Phobia: Social Anxiety and Distress Scale (SADS), Brief Social Phobia Scale (BSPS) and Autoreferential ideas: Spanish adaptation of the Green Paranoid Thought Scale (S-GPTS).

Score under the threshold on the instruments measuring Autism: Autism Diagnostic Observation Schedule (ADOS).

Figure 1. Symptoms upon Psychopathological Exploration.



DISCUSSION

Despite of the diagnosis criteria which seem to be clear theoretically, in daily practice there is an overlap of symptoms that might difficult the process of diagnosis. This particular patient presented symptoms such as: difficulties with empathy, aggressive ideas, extreme isolation which may address the diagnosis towards autism or psychosis.

However following the psychological assessment and evolution of the case, these symptoms were conceptualized as a part of an anxiety disorder.

Furthermore, social anxiety along with bullying episodes might present serious complications such as complete isolation or even suicidal attempts if it is not treated on time.

This particular patient presented also autoreferential ideas strongly related with these episodes. New studies are seeking for new mediator variables to explain the relation between social anxiety and suicide attempts (Rapp et al, 2016).

CONCLUSIONS

Differential diagnosis becomes crucial when symptoms overlap and there is a high rate of comorbidity among different entities.

Longitudinal study of the case as well as psychological instruments usually lays out more precise results and become highly important in cases where the diagnosis is not clear.

REFERENCES

- Van Steensel, F. J. A., Bögels, S. M., & Perrin, S. (2011). Anxiety Disorders in Children and Adolescents with Autistic Spectrum Disorders: A Meta-Analysis. *Clinical Child and Family Psychology Review*, 14(3), 302–317. DOI: 10.1007/s10567-011-0097-0
- Maria Michail (2013). Social Anxiety Disorder in Psychosis: A Critical Review, New Insights into Anxiety Disorders, Dr. Federico Durbano (Ed.), InTech, DOI: 10.5772/53053.
- Rapp, Amy M., Anna Lau, y Denise A. Chavira. «Differential Associations between Social Anxiety Disorder, Family Cohesion, and Suicidality across Racial/Ethnic Groups: Findings from the National Comorbidity Survey-Adolescent (NCS-A)». *Journal of Anxiety Disorders*, 20 de Septiembre de 2016. doi:10.1016/j.janxdis.2016.09.009.