

FAQs for Families

DSM-5 Autism Spectrum Disorder (ASD)

The *Diagnostic and Statistical Manual of Mental Disorders (DSM)* is the guidebook used by clinicians and researchers to diagnose mental disorders in children and adults. The new guidebook, *DSM-5*, contains significant changes to the criteria currently used to diagnose autism, including incorporating several diagnoses (Autistic Disorder, Asperger's Disorder, Pervasive Developmental Disorder Not Otherwise Specified) into the single diagnosis of autism spectrum disorder (ASD). The new criteria for ASD are based on research and expert opinion and are intended to more accurately and consistently diagnose children with autism.

AACAP has developed a list of Frequently Asked Questions about these changes to help families understand the impact they may have on children with autism. For more information, [click here](#) for AACAP's Autism Resource Center.

1) If my child has a current diagnosis of Autistic Disorder, Asperger's Disorder or Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS), will he/she need to be re-evaluated when the new *DSM-5* comes out?

No. The exception would be if there were reasons to reconsider the original diagnosis for your child. For example, re-evaluation is sometimes needed if treatment is not going as well as expected. In the absence of a reason to reconsider the original diagnosis, a diagnostic re-evaluation is not necessary.

2) How do I know if my child fits the new criteria for ASD? And, whom can I go to for a new evaluation?

The new criteria are intended to include individuals who currently have a diagnosis of Autistic Disorder, Asperger's Disorder, or PDD-NOS. If your child has not had a diagnostic evaluation, his or her physician or psychologist can help you to obtain one. Evaluations are best performed by a child and adolescent psychiatrist or psychologist who has experience in evaluating children for ASD and integrates information from a variety of sources.

3) If my child is currently in Special Education with an Asperger's Disorder or PDD-NOS diagnosis, will they keep this service until they can be re-evaluated?

As noted above, unless there is a clinical reason, your child should not require a re-evaluation. Because they account for both current and historical symptoms, the revised ASD criteria can help ensure that your child retains a diagnosis even if supports and services are effectively addressing symptoms. In other words, a clinician can support the continuation of services by documenting that the target ASD symptoms benefit from the service(s).

4) Can you tell us a bit more about the new Social (Pragmatic) Communication Disorder diagnosis?

Social Communication Disorder includes difficulties in verbal and non-verbal communication and is distinct from ASD. Some children, for example, have social communication difficulties including getting too close to people when they speak, not modulating their voice, and not taking turns in conversation. The diagnosis of Social Communication Disorder will allow these difficulties to be recognized as a focus of treatment. A diagnosis of Social Communication Disorder is only considered for children who have social communication problems, but do not meet the criteria for ASD.

5) Will there be criteria specifically reflecting how ASD manifests itself in girls?

No. The new criteria will not be different for girls versus boys, but they are designed to be more sensitive for detecting ASD in girls than the *DSM-IV-TR* criteria.

6) Will the *DSM-5* have any influence on the diagnostic tools that physicians or psychologists can use?

Yes, existing diagnostic tools will likely be updated.

7) Will the *DSM-5* better detect ASD in individuals from various ethnic and economic backgrounds, as well as persons presenting for evaluation later in life?

Yes, the *DSM-5* criteria were created to be more sensitive for detecting ASD in these populations. Larger-scale studies using the new criteria will be necessary to confirm whether the new criteria are more sensitive across diverse backgrounds. As with any disorder, the clinician should be sensitive to the culture of origin.

8) Are challenges in executive functioning, processing speed and other common characteristics of ASD included in the *DSM-5* definition?

No. Although these symptoms are common and concerning, they do not preclude the diagnosis of ASD per the *DSM-5* criteria. In other words, *DSM-5* diagnosis of ASD is independent of these variables (as were the *DSM-IV* criteria, with the exception of Asperger's Disorder).

9) Some parents of children with a seizure disorder (epilepsy) are wondering how their child's specific subtype of ASD might fit into these criteria. Please explain.

Children will be diagnosed based on the new ASD criteria; however, clinicians can now specify medical and neurological disorders that may explain a child's ASD diagnosis. Physicians can now specify, for example, whether ASD is associated with a genetic disorder.

10) Will the presence of other behavioral or psychiatric disorders influence the diagnosis of ASD for my child?

No. The *DSM-5* ASD criteria are designed to recognize ASD even in the presence of other disorders. Further, the *DSM-5* is more flexible than the *DSM-IV* with respect to diagnosing co-occurring disorders in children with ASD. For example, the new criteria permit the diagnosis of both Attention Deficit Hyperactivity Disorder (ADHD) and ASD in persons affected by both disorders.

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