

SUB THRESHOLD DIAGNOSIS (PDD-NOS and Asperger's Disorder)

Efficacy Rating
NA

Pervasive Developmental Disorder Not Otherwise Specified (PDD/NOS)

A diagnosis of PDD/NOS is a 'sub-threshold' diagnostic category used in the DSM-IV to account for those children who appear to have the core features of autism but do not meet the full criteria for autism.

For a child to receive a diagnosis of PDD/NOS the following criteria have to be met:

- pervasive impairment in social interaction
- or pervasive impairment in communication skill
- or presence of stereotyped patterns of behavior, interests, and activities,
- and does not meet the criteria for Autistic Disorder or other Pervasive Developmental Disorders because of late age at onset, atypical symptoms, or sub-threshold symptoms.

Buitelaar, Van der Gaag, Klin and Volkmar (1999) suggest the most effective scoring rule, based on the DSM-IV and the ICD-10 criteria, might be a total of 3 items from the core deficit areas (social interaction, communication and behavior) with at least one of the items from social interaction.

It is not unusual for practitioners to identify four or five symptoms of Autistic Disorder and make a diagnosis of PDD-NOS and to later identify additional symptoms which provide a more convincing diagnosis of classic autism.

Asperger's Disorder.

This disorder was first described by Hans Asperger in 1944 independent of Kanner's description of autism. His subjects displayed pedantic or stereotyped speech, clumsiness, obsessive-type interests and deficient social behavior.

Some researchers view Asperger's Disorder not as a separate disorder but as a different level of severity than classic autism, (Howlin, 1987; Schopler, 1985; Tantam, 1988; Wing, 1981).

The DSM-IV field studies have yet to distinguish whether or not individuals diagnosed with Asperger's Disorder are distinctly different than those diagnosed with PDD-NOS or Autistic Disorder (Freeman & Cronin, 2002).

For a child to receive a diagnosis of Asperger's Disorder, the following criteria have to be met:

- no significant delays in language development
- no significant delays in cognitive development prior to age 3
- severe and sustained deficits in social interaction
- development of restricted repetitive and stereotyped patterns of behavior, interests or activities
- significant deficits in social, occupational or other areas of functioning

American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders*, 4th edition (DSM-IV). Washington, DC: Author.

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Resources & Information

Articles:

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Frith, U. (1991). *Autism and Asperger Syndrome*. Cambridge: Cambridge University Press.

Howlin, P. (1987). Asperger Syndrome: Does it exist and what can be done about it? In: Proceedings of the First International Symposium on Specific Speech & Language Disorders in Children. London: AFASIC.

Prelock, P. A. & Contompasis, S. H. (2006). Autism and related disorders: Trends in diagnosis and neurobiologic considerations. In P. A. Prelock, *Autism Spectrum Disorders: Communication Assessment and Intervention*. Austin, TX: Pro-Ed.

Schopler, E. (1985). Editorial: Convergence of learning disability, higher-level autism and Asperger's Syndrome. *Journal of Autism and Developmental Disorders*, 15, 359.

Tantam, N. (1988). Asperger's Syndrome. *Journal of Child Psychology & Psychiatry*, 29, 245-255.

Wing, L. (1981). Asperger's Syndrome: A clinical account. *Psychological Medicine*, 11, 115

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