

Autism Spectrum Disorder Case

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Case: A 13-year-old girl is brought to the physician by her parents because of difficulty at school. She prefers to work alone and does not interact with her classmates. She avoids eye contact when spoken to by the physician and rocks rhythmically. The girl also ignores her parents. Throughout the visit, she only will speak about her interest in anime when asked a question. Physical and neurological examination shows no abnormalities. Which of the following is the most likely diagnosis?

- a. ADHD
- b. ODD
- c. ASD
- d. Age-appropriate behavior

Answer: ASD

Recent estimations state that 1 in 59 children are diagnosed with autism spectrum disorder (ASD).⁴ The reported prevalence has increased over the last ten years. The increased prevalence can be partially attributed due to the change from DSM-4 to DSM-5 criteria. The DSM-5 replaced autistic disorder, Asperger syndrome and pervasive developmental disorder not otherwise specified from the DSM-4 with a broader definition of autism spectrum disorder.

DSM-5 Criteria¹ for ASD requires: (A) persistent deficits in social communication/interaction across contexts in all three areas; plus (B) restricted ,repetitive patterns of behavior, interests, or activities in at least two of four areas.

- (A)
 - Deficits in social-emotional reciprocity
 - Deficits in non-verbal communicative behaviors used for social interaction
 - Deficits in developing and maintaining relationships, appropriate to developmental level
- (B)
 - Stereotyped or repititive speech, motor movements, or use of objects
 - Strict adherence to routines, ritualized patterns of verbal or nonberbal behavior or excessive resistance to change
 - Highly restricted, fixated interests that are abnormal in intensity or focus
 - Hyper- or hypo-reactivity to sensory input or unusual unterest in sensory aspects of enviroment
- (C)
 - Symptoms present in early development.
- (D)
 - Symptoms impair social, occupational, or other areas of functioning.
- (E)
 - These disturbances are not better explained by intellectual disability or global developmental delay. Intellectual disability and autism spectrum disorder

frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

The AAP recommends that all children be screened for ASD at ages 18 and 24 months.² Early intervention has shown to be successful and there is research into developing new tools for earlier detection.² Studies have shown that white, non-Hispanic children are 20% more likely to be diagnosed with ASD and that an earlier diagnosis of ASD is associated with higher socioeconomic status.³

Adolescents with ASD are more likely to have at another psychiatric condition as studies have estimated the prevalence of concurrent conditions to be 70%.⁴ Samples of adolescents with level 1 ASD are estimated to have 49% concurrent diagnoses of social anxiety disorder.⁴ It is suggested that limited development of social skills cause the adolescents to avoid social situations. Research study in Australia designed a modified group CBT to target both social anxiety and social functioning. Results showed that social anxiety symptoms decreased ($p < .001$) and improvements in social motivation ($p = .032$) and restricted interests and repetitive behaviors ($p = .025$).⁵

Resources for Adolescents with ASD in KY

<https://www.kyaca.org/resources-for-teenagers/>

- Assessment/Diagnosis
 - [Norton Children's Autism Center](#)
 - [UK Behavioral Health](#)
 - [Eastern Kentucky University Psychology Clinic](#)
 - [Murray State University Center for ASD](#)
 - [Office for Children with Special Health Care Needs](#)
 - [Regionally Based Centers](#)
 - [Community Mental Health Centers](#)

- Support Groups and Resources
 - <https://ukhealthcare.uky.edu/kentucky-childrens-hospital/services/developmental-behavioral-pediatrics/autism-resources>

Works Cited

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