

# EARLY DIAGNOSIS

## Early Diagnosis of Autism

(Adapted from: *New Study Shows Half of Children with Autism can be Accurately Diagnosed at Close to 1 Year of Age*, Kennedy Krieger Institute, 2007; summary based on publication: **Social and Communication Development in Toddlers With Early and Later Diagnosis of Autism Spectrum Disorders**, *Archives of General Psychiatry*, July 2007)

Researcher Dr. Rebecca Landa (*Archives of General Psychiatry*, 2007) found that autism can be diagnosed at close to one year of age, which is the earliest the disorder has ever been diagnosed.

The study looked at 107 infants at high risk for ASD (siblings of children with autism), as well as 18 infants at low- risk for ASD (no family history of ASD).

Researchers assessed each child's development at 14, 18, and 24 months. Researchers were able to diagnose about half of the children who went on to have a diagnosis of ASD by 14 months by looking for the following:

- **Abnormalities in initiating communication with others:** Rather than requesting help to open a jar of bubbles through gestures and vocalizations paired with eye contact, a child with ASD may struggle to open it themselves or fuss, often without looking at the nearby person.
- **Compromised ability to initiate and respond to opportunities to share experiences with others:** Children with ASD infrequently monitor other people's focus of attention. Therefore, a child with ASD will miss cues that are important for shared engagement with others, and miss opportunities for learning as well as for initiating communication about a shared topic of interest. For example, if

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**Educational criteria for autism are listed at Wisconsin DPI: Autism Eligibility Checklist <http://dpi.wi.gov/sped/pdf/elg-aut-001.pdf>**

The following is from the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV)*:


### DIAGNOSTIC CRITERIA FOR Autistic Disorder

- A. A total of six (or more) items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3)
1. qualitative impairment in social interaction, as manifested by at least two of the following:
    - a) marked impairments in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body posture, and gestures to regulate social interaction
    - b) failure to develop peer relationships appropriate to developmental level
    - c) a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people, (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)
    - d) lack of social or emotional reciprocity ( note: in the description, it gives the following as examples: not actively participating in simple social play or games, preferring solitary activities, or involving others in activities only as tools or "mechanical" aids )
  2. qualitative impairments in communication as manifested by at least one of the following:
    - a) delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
    - b) in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
    - c) stereotyped and repetitive use of language or idiosyncratic language
    - d) lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
  3. restricted repetitive and stereotyped patterns of behavior, interests and activities, as manifested by at least two of the following:
    - a) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
    - b) apparently inflexible adherence to specific, nonfunctional routines or rituals
    - c) stereotyped and repetitive motor mannerisms (e.g hand or finger flapping or twisting, or complex whole body movements)
    - d) persistent preoccupation with parts of objects
- B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years:
1. social interaction
  2. language as used in social communication
  3. symbolic or imaginative play
- C. The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder

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a parent looks at a stuffed animal across the room, the child with ASD often does not follow the gaze and also look at the stuffed animal. Nor does this child often initiate communication with others. In contrast, children with typical development would observe the parent's shift in gaze, look at the same object, and share in an exchange with the parent about the object of mutual focus. During engagement, children have many prolonged opportunities to learn new words and new ways to play with toys while having an emotionally satisfying experience with their parent.

- **Irregularities when playing with toys:** Instead of using a toy as it is meant to be used, such as picking up a toy fork and pretending to eat with it, children with ASD may repeatedly pick the fork up and drop it down, tap it on the table, or perform another unusual act with the toy.
- **Significantly reduced variety of sounds, words and gestures used to communicate:** Compared to typically developing children, children with ASD have a much smaller inventory of sounds, words and gestures that they use to communicate with others. ☎

ARCHIVED Birth to 3  
WISLINE  
from August 9, 2007:   
*One Developmental  
Pediatrician's Perspective on  
Autism*  
Tina Iyama, M.D.  
[http://www.uwex.edu/ics/  
stream/waisman/BT3/  
index.htm](http://www.uwex.edu/ics/stream/waisman/BT3/index.htm)

## DIAGNOSTIC CRITERIA FOR Asperger Syndrome from DSM IV

- A. Qualitative impairment in social interaction, as manifested by at least two of the following:
1. marked impairments in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
  2. failure to develop peer relationships appropriate to developmental level
  3. a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g. by a lack of showing, bringing, or pointing out objects of interest to other people)
  4. lack of social or emotional reciprocity
- B. Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:
1. encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
  2. apparently inflexible adherence to specific, nonfunctional routines or rituals
  3. stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
  4. persistent preoccupation with parts of objects
- C. The disturbance causes clinically significant impairments in social, occupational, or other important areas of functioning
- D. There is no clinically significant general delay in language (e.g., single words used by age 2 years, communicative phrases used by age 3 years)
- E. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than social interaction), and curiosity about the environment in childhood
- F. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia

## DIAGNOSTIC CRITERIA FOR Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS) from DSM IV

This category should be used when there is a severe and pervasive impairment in the development of reciprocal social interaction or verbal and nonverbal communication skills, or when stereotyped behavior, interests, and activities are present, but the criteria are not met for a specific Pervasive Developmental Disorder, Schizophrenia, Schizotypal Personality Disorder, or Avoidant Personality Disorder. For example, this category includes atypical autism — presentations that do not meet the criteria for Autistic Disorder because of late age of onset, atypical symptomatology, or subthreshold symptomatology, or all of these.

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<http://www.waisman.wisc.edu/cshcn/TRAININGS.HTML>

