

NEWS

New global diagnostic manual mirrors U.S. autism criteria

BY LINA ZELDOVICH

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Starting next year, clinicians worldwide may be using a new, streamlined set of criteria to diagnose autism.

The criteria are part of a highly anticipated update to the “**International Classification of Diseases**,” a diagnostic manual produced by the World Health Organization (WHO). The latest draft of the manual, dubbed ICD-11, collapses autism, **Asperger syndrome** and pervasive developmental disorder-not otherwise specified (PDD-NOS) into a single diagnosis of ‘autism spectrum disorder.’

This change **mirrors the criteria** in the ICD’s U.S. counterpart, the fifth edition of the “Diagnostic and Statistical Manual of Mental Disorders” (**DSM-5**), released in 2013.

“I think that this is good news,” says **Catherine Lord**, founding director of the Center for Autism and the Developing Brain at New York-Presbyterian Hospital. Lord was in the working group for the DSM-5 but was not involved in the ICD update. “It will make life simpler for people making diagnoses.”

The ICD-11 is scheduled to roll out in May 2018. The changes seem unlikely to provoke the controversy that accompanied the DSM-5 draft prior to its release. Some researchers worried at the time that people classified as having Asperger syndrome or PDD-NOS would **lose access to services**. Those concerns seem to **have waned**, and experts say that they don’t expect a similar reaction to the ICD-11.

“I’d be very surprised if there would be a battle,” says **David Skuse**, professor of behavioral and brain sciences at University College London, who is on the ICD-11 draft committee. “DSM-5 was conceptually correct and ICD-11 is following a similar view.”

Better book:

Autism features outlined in the ICD-11 fall into the same two categories as those in the DSM-5: difficulties in initiating and sustaining social communication and social interaction, and restricted interests and **repetitive behaviors**. Previous versions of each manual included a third category for language problems.

Both of the new manuals allow clinicians to diagnose autism alongside other conditions, such as **anxiety** or attention deficit hyperactivity disorder; previous versions instructed clinicians to **choose one of these diagnoses**.

But there are notable differences between the two manuals, too. The ICD-11 provides detailed guidelines for distinguishing between autism with and without intellectual disability. The DSM-5, by contrast, simply acknowledges that autism and intellectual disability can co-occur.

Both the DSM-5 and ICD-11 subsume **childhood disintegrative disorder**, a regressive condition that surfaces in late childhood, into the autism spectrum, despite its **distinct features**. The DSM-5 does not include regression as a criterion for an autism diagnosis, however, whereas the ICD-11 lists “loss of previously acquired skills” as a feature on which doctors can base a diagnosis.

“[ICD-11] is taking some of the better parts of DSM without falling into the same pitfalls,” says **Fred Volkmar**, professor of child psychiatry, pediatrics and psychology at the Yale Child Study Center, who was a **vocal critic of the DSM-5**.

Unlike the DSM-5, the ICD-11 does not stipulate that a person must have a certain number or combination of features to meet the threshold for autism. Instead, it lists various defining features and lets a clinician decide whether a person meets the bar.

“The flexibility allows clinicians to make the diagnosis upon the clinical judgment and common sense, as long as you follow the concepts in the guidelines,” says **Michael B. First**, professor of clinical psychiatry at Columbia University, who serves as an editorial consultant to WHO.

Broad criteria:

Typical children might pick up a banana and use it as a phone, but many children with autism do not show this sort of ‘symbolic play,’ which is among the criteria for autism in the ICD-10.

But the way children play **varies across cultures**. The ICD-11 puts less emphasis on type of play and focuses more on whether children follow or impose strict rules while playing — a behavior that can show up in any culture. An insistence on rules and on imposing those rules on others could be a sign of **inflexible thinking**, which is common among people with autism.

(The DSM-5 also moves away from symbolic play, but does include some play-based criteria as “difficulties sharing imaginative play or in making friends; to absence of interest in peers.”)

The new manual is intended to embrace criteria that translate across cultures.

“What we are trying to do with ICD-11 is to create a set of criteria that are so broad that they could be applied anywhere in the world,” says Skuse.

Like the DSM-5, the new draft emphasizes the importance of testing for **unusual sensory sensitivities**, which are common among people with autism. It also alerts clinicians to the fact that some people on the spectrum try to **mask their autism features**.

“Many adults report using conversational strategies and coping mechanisms to mask their difficulties in public, but suffer from the stress of maintaining a socially acceptable facade,” Skuse says. “This is particularly true for girls.”

A draft version of the ICD-11 is **available online** with registration and is open for comment.