Transcript of DSM-5 Video: Dr Giacomo Vivanti

The diagnostic and statistical manual of mental disorder is a publication of the American Psychiatric Association. It has been around for half a century now. The way t it works is a classification system, it describes mental disorders on the basis of symptoms, and it provides a specific definition which will inform policies, funding and research. Now, because of the way that we conceptualise disorder change over time, there will be different editions which reflect changes in the way that we define these disorders. Autism has been in the DSM starting from the third edition, and in the fourth edition, which was published in 1994, and is being used until now, this category of perverse mental disorder in which autism was part, was characterized by a number of different type of autism, which we can call sub-types; including autism, aspergers disorders and other disorders that were similar. What is happening in this new edition, which is coming up in 2013, all of these different subtypes are going to be merged in only one diagnosis, which will be autism spectrum disorders. So what happens is that children who now meet criteria for autism and children who meet criteria for aspergers’ disorder or the other autism sub-types, they are all going to have the same diagnosis which is Autism spectrum disorder.

The work conducted at the Olga Tennison Autism Research Centre, informed some of the most relevant and controversial changes in the DSM. In particular Associate Professor Cheryl Dissanayake published in the 90’s a number of works, and reviewed the literature about the differences between the different subtypes of Autism, finding that they are all more similar than different. And Professor Margot Prior and colleges, in the 90’s , found that the differences between different subtype, were quantitative difference, the degree, the severity of autism symptoms rather than qualitative differences. So, based on these studies, the DSM-5 committee made the decision to merge these different sub-types into one single diagnosis.

The Olga Tennison Autism Research Centre position is a pretty positive one, based on the fact that we believe that the changes that were introduced in the DSM-5 are motivated by research and evidence based findings , as opposed to lobbying and negotiations. This is one of the main concerns when you have new definition of autism or a new definition of any disorders is that changes are motivated by reasons other than results of research, for example changes in the policy or changing the access to funds and so on. We believe this was not the case, and each single decision that was made by the DSM-5 committee appears to be motivated by science. Having said that there are a few of those decisions that we believe are controversial and deserve some more thinking around and we are pretty critical around some of these decisions.

There is a possibility that people who currently do meet criteria for autism will not respond to a criteria for autism under DSM-5, and in fact there are preliminary studies that do suggest less people will have a diagnosis of Autism under the DSM-5. Now the point this is not a bad thing in itself if the numbers change, in fact if the DSM-5 was diagnosing the exact same amount of people with Autism then there should be no need for a new edition, a change in the classification. The fact is those that will be diagnosed are the ones that do need actual services and funds or are we not diagnosing children that do need funds. It’s the preliminary data that suggests the change will affect probably around ten per cent of the children, now what we really need to understand whether those children who don’t need criteria anymore are children who actually do need funds and at this point the debate is open. We do believe anyway that it is not that the instrument is good if it classifies as autistic a lot of children. It is good if does classify as autistic those who really need and in terms of rationalising resources is a good instrument if it does capture, if it does include those kids with autism who do need services, as opposed to lots of children.

We do believe there a few reasons of concerns. The first one is that there is a possibility that next edition of the ICD, which is the International Classification of Diseases, which is provided by the World Health Organisation will not be harmonized, will not use the same criteria that are used in the DSM-5. So there is a risk of having two different classification systems and this is due to the fact there might be reasons for the committee on the World Health Organisation Classification system not to agree with some of the changes operated by the DSM-5 committee. There is also some concern around the fact that the presence of repetitive behaviours becomes really really relevant at this point under the DSM-5 to diagnose children, under this new classification will have to show at least two instances of repetitive behaviours and well this is motivated by science again, and by the research identified this as a very relevant feature. It may be that clinicians, paediatricians, people doing diagnosis out there might have the training that is necessary to capture and to adequately recognise those behaviours. Another problem id the DSM-5 introduced a new category which is called social communication disorder; it is not part of the autism spectrum disorder but is very similar to autism because it does involve difficulties with the social views of communication. Now children that now meet the criteria for aspergers’ or autism or other sub types of autism, it might be that some of these children if they don’t show clear repetitive behaviours will be classified under this new label, this new diagnostic category. This does involve some risk because currently being a new condition, being introduced now, there is not legislation, there is no guidelines, there are no treatment policies that can guide the decisions on children who will be now categorized not under this new label. So these are all reasons of concern. At the same time it is really important to understand that every change in classification will have/ involve some problems until we find a way to define autism on the bases of genetic or biology or pathophysiology or understanding the nature of autism from a point of view that is explanatory, understanding whether the mechanisms underlying autism as oppose to how these children look like and putting together children who are similar in their symptoms and behaviour.