

## Further Reading

Attwood T (1998) *Asperger's Syndrome: A Guide for Parents and Professionals*. London Jessica Kingsley Publishers.

Frith U (1989) *Autism: Explaining the Enigma*. Oxford: Basil Blackwell.

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

Gillberg C, Coleman M (2000) *The Biology of the Autistic Syndromes*. London: MacKeith Press and Cambridge: Cambridge University Press.

Gillberg C, Peeters T (1999) *Autism: Medical and Educational Aspects*. Antwerp: Whurr Publishers.

Wing L (1996) *The Autistic Spectrum: A Guide for Parents and Professionals*. London: Constable and Company Limited.

### Contact details:

**Head Office:** Donard House, Knockbracken Healthcare Park,  
Saintfield Road, Belfast BT8 8BH  
Tel: 028 90 401729 Fax: 028 90 403467  
e-mail: [info@autismni.org](mailto:info@autismni.org) **Website:** [www.autismni.org](http://www.autismni.org)



This booklet has been published  
in a partnership between  
PAPA and the DHSSPS.



# Wake up to Asperger's Syndrome

## An Issue for Mental Health Services

This Booklet aims to

- Raise your awareness of Asperger's Syndrome as a mental health issue
- Inform mental health professionals about Asperger's Syndrome
- Provide basic information on diagnosis
- Provide information on treatment options
- Provide sources for further reading and information

# What is Asperger's Syndrome?

Asperger's Syndrome is an Autistic Spectrum Disorder (ASD), it is estimated that there is an incidence of between 4–7 individuals in 1000. Thus it is much more common than previously thought.

People with Asperger's Syndrome may have average or above average IQ but they will also retain the core impairments of autism.

These are:

- **Social Interaction**  
– Problems engaging in reciprocal social interactions
- **Social Communication**  
– A lack of appreciation of the social uses and the pleasure of communication is always present in some form or another
- **Imagination**  
– Inability to employ flexibility in cognitions, rigidity in thought

## Clinical Practice Point 1

People with Asperger's Syndrome have a heightened risk of developing mental health problems, especially anxiety and depression.

These may present unusually

## Clinical Practice Point 2

These patients are at a heightened risk of being misdiagnosed with Schizophrenia, Bi-Polar Disorder and /or OCD.

*"I was 42 years old when I was appropriately diagnosed with Asperger's Syndrome. I had always known that I was different from other children and had problems but this had been wrongly explained by a misdiagnosis of Schizophrenia"* **Wendy Lawson**

## Clinical Practice Point 3

Patients with Asperger's Syndrome may have significant Sensory problems. Hypersensitivity or Hyposensitivity this can cause significant distress and can lead to behavioural changes.

## SOCIAL INTERACTION

Patients with Asperger's Syndrome may have no ability to "mind read" or have any appreciation or understanding of how another person thinks or feels.

This will be demonstrated as a profound inability to empathise, poor social skills and oddness/eccentricity in their interactions with other people

## INTELLIGENCE

Patients with Asperger's Syndrome may have an average or above average IQ.

They may excel in a narrow esoteric subject and dedicate their lives to this pursuit.

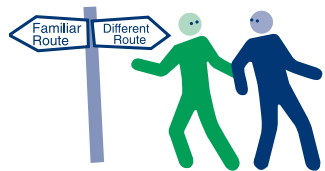
*"This disturbance results in considerable and very typical difficulties of social integration...in other cases this is compensated for by a particular originality of thought and experience, which may lead to exceptional achievements in later life"* **Hans Asperger**

Lorna Wing described the main clinical features of Asperger's Syndrome as :

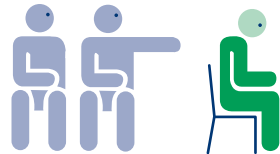
- Lack of Empathy
- Naive, inappropriate, one-sided interaction
- Little or no ability to form friendships
- Pedantic repetitive speech
- Poor non-verbal communication
- Clumsy and ill-coordinated movements and odd postures

To illustrate this are some examples of the ways the impairment of Asperger's Syndrome may be manifested:

- Talking incessantly and being oblivious to the attempts of others to comment, or change topic
- Having another way of viewing life, being intolerant of the conflicting wishes of others
- Being unable to accept being at fault
- Failing to complete work because nothing but perfection is acceptable
- Difficulty undertaking tasks that involve working with others
- Being compliant and easily led in an attempt to do as you are told



Desire for sameness



Loner



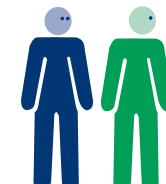
Socially inappropriate



Eccentric



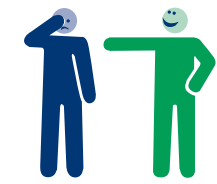
Stand offish manner



No eye contact



Uneven spread of abilities



Lack of empathy



Obsessions

## ANXIETY

Anxiety can be crippling in Asperger's Syndrome. It is often treatment for an anxiety disorder, which leads to the diagnosis of Asperger's Syndrome. There are numerous reasons for this –

- Social Anxiety
- Sensory issues
- Unexpected change
- Performance anxiety
- Recurring/obsessive thoughts
- Inability to relate to others
- Communication problems

One way of coping with anxiety is for the person to retreat into their particular interest. The level of preoccupation can be used as a measure of their degree of anxiety. Anxiety can also increase the rigidity in thought process, and insistence on routine. Thus the more anxious the person the greater expression of the Asperger's Syndrome. Anxiety can also have a physical manifestation such as vomiting or the patient may suffer from Irritable Bowel Syndrome.

### Obsessive Compulsive Disorder

Rigid repetitive and perfectionist behaviour are all parts of Asperger's Syndrome. A common mis-diagnosis is that of Obsessive Compulsive Disorder. (OCD) The key difference between the two is in the nature of the compulsions. In Asperger's Syndrome the ritual/compulsion will be calming, although the individual may have problems moving on to something else, and become anxious when the ritual is disturbed. A compulsion in OCD is not soothing in any way the individual appears unhappy and wishes to be free of compulsions. However co-morbidity is not uncommon.

## DEPRESSION

Depression is common in individuals with Asperger's Syndrome.

The reasons for this are numerous –

- Awareness of being significantly different to others.
- Social Isolation.
- Increased likelihood of adverse life events.
- Over sensitivity / obsessing about past events.
- Bullying/ Victimisation.
- Relationship issues.
- Poor self- esteem.

Lainhart and Folstien (1994) Suggest three approaches that need to be made in diagnosing depression in a person with Asperger's Syndrome

- Deterioration in cognition, language, behaviour or activity. The complaint is rarely presenting in terms of mood.
- Take the patient's history to establish their baseline, patterns of activity and interests. The presenting pattern should be compared to the historical patterns of behaviour.
- Assess the patient's mental state both through the patient, and **through the carer**. There may be evidence of increased crying, separation anxiety, agitation, anxiety, new or increased self-injurious behaviour, worsening autistic features, increased echolalia, or the reoccurrence of hand flapping.

*"I was very lonely and was increasingly suffering from it – not from my actual solitude, but more from comparing myself with others and wanting to be as normal, right and ordinary as they were."* **Gunilla Gerland**

## SCHIZOPHRENIA

Positive and Negative symptoms of Schizophrenia are sometimes observed in individuals with Asperger's Syndrome. For example Negative Symptoms such as poverty of speech, flattened affect and withdrawal. Positive symptoms of Schizophrenia that are occasionally also seen in people who suffer from Asperger syndrome include auditory hallucinations and rigidly held beliefs that are clearly false and not explained by cultural factors or severe intellectual impairment. These very clear-cut symptoms are unlikely to be confused with features of Asperger Syndrome. Equally an individual may present with what appears to be Positive Symptoms, but these may actually be literal interpretation of language, obsessions, and paranoia. All of which are associated with Asperger's Syndrome. If they occur together both conditions should be fully assessed and if necessary treated.

Reports suggest that a co-occurrence of psychoses and Asperger's Syndrome is not an uncommon phenomenon – the following factors may have contributed to this observation.

1. **Referral bias – Psychiatrists are likely to be referred, or become aware of people with psychiatric disorders in addition to Asperger's Syndrome.**
2. **Predisposition to psychotic illness – Arising for reasons other than the presence of Asperger's Syndrome.**
3. **Predisposition to psychosis – Arising from an underlying disease or disorder, which may predispose Asperger's Syndrome and related disorders.**
4. **Overlap of diagnostic groups- Schizoid personality has been described as a risk factor for the development of schizophrenia, there may be an overlap between the concepts of schizoid personality disorder and Asperger's Syndrome.**
5. **Misdiagnosis – the abnormally restricted, stereotyped repertoire of interests and activities and social impairments, characteristic of Asperger's Syndrome may be mistaken for psychotic illness.**
6. **A true and valid co-occurrence of both disorders.**

## BI-POLAR DISORDER

Bi-Polar Disorder should be considered as a possible diagnosis where there is deterioration in cognition, language, behaviour, or activity; where there is a clear pattern of fluctuation or cyclicity in activity, behaviour, and interests; and when observed behaviour indicates a mood problem.

Diagnosis can be complex however, as it has been noted that there are four specific domains of functioning in individuals with Asperger's that can be further affected by co-morbid affective illness. These are:

- Intellectual Distortion – emotional symptoms are difficult to elicit due to cognitive deficits.
- Psycho-Social Masking – Limited social experiences can influence the content of psychiatric symptoms
- Cognitive Disintegration – Decreased ability to tolerate stress, sometimes misinterpreted as psychosis.
- Baseline Exaggeration – Increase in severity or frequency of chronic maladaptive behaviour after onset of psychiatric illness,

It is worth bearing these in mind when considering a co-morbid affective disorder in an individual with Asperger's Syndrome.

Affective Disorders can exacerbate the underlying Asperger's Syndrome, and the presenting symptoms may well reflect this.

# Diagnostic Criteria of Asperger's Syndrome. Gillberg 1989

## **1. Severe impairment in reciprocal social interaction**

*(at least two of the following)*

- (a) inability to interact with peers
- (b) lack of desire to interact with peers
- (c) lack of appreciation of social cues
- (d) socially and emotionally inappropriate behaviour

## **2. All-absorbing narrow interest**

*(at least one of the following)*

- (a) exclusion of other activities
- (b) repetitive adherence
- (c) more rote than meaning

## **3. Imposition of routines and interests**

*(at least one of the following)*

- (a) on self, in aspects of life
- (b) on others

## **4. Speech and language problems**

*(at least three of the following)*

- (a) delayed development
- (b) superficially perfect expressive language
- (c) formal, pedantic language
- (d) odd prosody, peculiar voice characteristics
- (e) impairment of comprehension including Misinterpretations of literal/implied meanings

## **5. Non-verbal communication problems**

*(at least one of the following)*

- (a) limited use of gestures
- (b) Clumsy/gauche body language
- (c) limited facial expression
- (d) Inappropriate expression
- (e) peculiar, stiff gaze

## **6. Motor clumsiness:**

Poor performance on neurodevelopment examination

# TREATMENT

## MEDICATIONS

No one specific pharmacological treatment for Asperger's Syndrome is available. However there are treatments available for the depression, anxiety, OCD, social phobia, attention deficits and mood swings which can accompany Asperger's Syndrome. These treatments are not syndrome specific, rather are targeted at particular symptoms and may be helpful across a range of clinical syndromes.

### SSRIs

Are effective in the treatment of mild-moderate depression, obsessive-compulsive symptoms, and social phobia. These problems are very common in Asperger's Syndrome and the SSRIs are useful in reducing suffering. Although there have been no definitive clinical trials, there is considerable clinical experience suggesting that some of the SSRIs can be used to affect depression, and obsessive – compulsive behaviours in Asperger's Syndrome. Some clinicians also feel that the use of SSRIs may contribute toward the alleviation of the underlying social deficits in Asperger's Syndrome and High Functioning Autism.

### Tricyclic Anti Depressants

Particular Tricyclic medications appear to have a particularly marked effect on obsessive-compulsive symptoms and drugs in this class of medications can be very helpful in cases of severe depression or very handicapping obsessive-compulsive symptoms. Moderately severe and severe side effects are relatively common and can limit the clinical usefulness of these drugs.

### Neuroleptics

Are helpful in reducing aggression and can be indicated in Asperger's Syndrome for this reason. Dosage should be kept to a minimum, for the most part medication should not be continued for periods longer than a few months – usually so as to accomplish the breaking of a “vicious circle”. Drowsiness, weight gain, and concerns around the affect on blood cell counts all limit the usefulness of these.

The “older” Neuroleptics (also referred to as “typical Neuroleptics”) are useful in the reduction of stereotypies and social withdrawal in autism, but are rarely used in Asperger's Syndrome. In cases of Asperger's Syndrome where tics are severe or debilitating these drugs can be very effective.

### Central Stimulants

New studies show that these can be very effective in the treatment of severe ADHD in High Functioning Autism. Recommended doses for ADHD are appropriate and should be tried in individuals with Asperger's Syndrome who have severely handicapping problems in the field of attention, hyperactivity and impulsivity.

### Antiepileptic Drugs

Drugs from the barbiturate and benzodiazepine groups can lead to hyperactivity, aggression, cognitive behavioural blunting, and even increase autistic symptoms. However in general the same principles that apply in the treatment of epilepsy in individuals without Asperger's Syndrome should apply to individuals with Asperger's Syndrome.

### Lithium

As in the use of Antiepileptic drugs principals developed for the treatment of bi-polar disorder generally apply in Asperger's Syndrome.

### General

The prescribing physician should keep an open mind regarding matters such as dosage and with “unexpected” or “impossible descriptions” by patients with Asperger's Syndrome treated with these medications.

## PSYCHOTHERAPY

Autistic Spectrum Disorders are neuro-developmental in origin, and thus psychodynamic therapy is not an appropriate intervention for dealing with the impairments inherent in this. Historically the use of the psychodynamic approach has caused unnecessary distress to the individual and the family. Cognitive Behavioural, Behavioural and Personal Construct Therapy have proven to be helpful in addressing problems within Asperger's Syndrome. It is advised that the therapist is familiar with the communication deficits in Asperger's Syndrome.

## OTHER INTERVENTIONS

Problems with clumsiness fine and gross motor movement can be helped by Occupational Therapy and Physiotherapy. Speech Therapists can provide interventions to address communication and prosody problems. Social Skills training and group work can also be helpful.