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# What is Asperger's Disorder?

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# **Background**

One year after Leo Kanner's original paper on autism, Hans Asperger published a paper in 1944 that formed the basis of what was to become known as Asperger's disorder. Both Kanner and Asperger trained in medicine in Vienna, but unlike Kanner, who moved to the USA, Asperger remained working in Europe. Asperger and Kanner were apparently unaware of each other's work, probably because of World War II. Asperger's paper remained relatively unknown as it was published in German and was not widely available in translation.

Asperger's paper described a group of children and adolescents who had deficits in communication and social skills, had obsessional interests and behaviour, disliked change and had a dependence on rituals and routines. In addition many were physically clumsy. Unlike the children described by Kanner, the children in Asperger's paper generally had no significant delays in early cognitive or language development. Asperger described this condition as autistic psychopathy.

There has been increasing interest in Hans Asperger and his syndrome over the past twenty years. In the early nineties, Asperger's paper was translated by Frith (Frith, 1991) and became more widely available. Since that time Asperger's disorder has been more frequently used to describe a group of children who presented with developmental deficits in social skills and behaviour but were difficult to classify.

### Is it different from Autism?

For the past decade or so there has been a continuing debate as to whether or not Asperger's disorder is a type of autism or whether it constitutes a separate disorder. Many publications have tried to delineate the boundaries, if any, between autism and Asperger's disorder. Despite the differences that can be seen when looking at the original cases described by both Kanner and Asperger, there is continuing confusion over the diagnostic criteria for Asperger's disorder, particularly as subsequent accounts and case studies have not necessarily adhered to the criteria suggested by Asperger himself. The principal areas of inconsistency relate to early development in the areas of cognition, motor skills and language.

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The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and the Classification of mental and behavioural disorders (ICD-10) have attempted to introduce a consistent international approach to diagnosis and specify that the key differentiation is that persons with Asperger's disorder do not have delayed language development which is a characteristic of Autistic disorder. Persons with Asperger's disorder have overall normal intellectual ability. Approximately 20% of persons with Autistic disorder also have IQ in the normal range and are referred to as high functioning.

# **Age of Onset**

Asperger's disorder tends to be diagnosed later than autism in young children. Neither ICD-10 nor DSM-IV stipulates the criteria for age of onset as they do for autism. However, in his original paper, Asperger described children as having difficulties by the age of two.

Parents of young children with autism often recognise problems with behaviour and in particular, language development by about 18 months to two years of age. Because children with Asperger's disorder do not have delayed early language, or problems with cognitive development, there are few early signs that all is not well. It is more usual for parents to become concerned about their child's emerging unusual or odd behaviour and social development but these tend to be identified later, usually from about 3 to 4 years of age. Diagnosis of Asperger's disorder may not occur until the child has attended pre-school or some other early childhood setting such as crèche. This is probably because the child's social and behavioural problems become more noticeable when the child is seen with peers in a more structured social setting where there are more demands for social interaction.

#### Causes

There is widespread agreement that genetic factors predominate as the primary cause of Asperger's disorder. Asperger himself noted that in all cases where he studied the family closely, similar traits were found to some degree in parents and other family members. Later studies have found similar autistic traits in the relatives of young people with Asperger's disorder.

## Some examples of how Asperger's disorder affects children

- Acquisition of language follows a normal or even accelerated pattern, but content of speech is abnormal - pedantic, and may centre on one or two favoured topics.
- Little facial expression, vocal intonation may be monotonous and tone may be inappropriate.
- Impairment in two-way social interaction including an inability to understand the rules governing social behaviour. May be easily led.
- Problems with social comprehension despite superior verbal skills.
- Very rigid, prefer structure.
- Well developed verbal memory skills, absorb facts easily, generally good level of performance at maths and science.
- Highly anxious with a dislike of any form of criticism or imperfection.

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 Most attend mainstream schools and are often victims of teasing which causes withdrawal into isolated activities.

• Are seen to be "odd" or "eccentric".

### References

American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders*. (4th ed.). Washington, DC: American Psychiatric Association Press.

Asperger, H. (1944). Die "Autistichen Psychopathen" in Kindersalter. *Archiv fur Psychiatrie und Nervenkrankenheiten*. 117, 76-136.

Frith, U. (Ed.). (1991). Autism and Asperger's disorder. London: Cambridge University Press.

World Health Organisation. (1992). *ICD-10: Classification of mental and behavioural disorders. Clinical description and diagnostic guidelines.* Geneva: World Health Organisation.

### **Useful Websites**

Online Asperger Syndrome Information & Support (www.aspergersyndrome.org)

National Institute of Child Health & Human Development (www.nichd.nih.gov/health/topics/asperger\_syndrome.cfm)

A4: Autism Aspergers Advocacy Australia (www.a4.org.au)