



*San Diego's Voice On Mental Illness*

## Asperger Syndrome

***The Diagnostic and Statistical Manual of Mental Disorders (4th Edition), known as DSM IV, published in 1994, defines Asperger Syndrome (AS) as marked by "severe and sustained impairment in social interaction" along with restricted repetitive and stereotyped patterns of behavior."***

The more general traits that may be observed include awkwardness in social situations, an intense preoccupation with certain specific (often unusual) topics, self-directed orientation, a lack of understanding of social cues, and clumsiness caused by lack of motor coordination.

### **What is meant by "severe and sustained impairment in social interaction"?**

A child with AS often has problems with normally developed verbal as well as non-verbal interaction tools. The child may, for example, not meet the eyes of a person speaking, seem to lack facial expressiveness, or not use normal body posturing and gestures. This affects social interaction in a negative way.

### **What are "restricted repetitive patterns of behavior"?**

This kind of behavior is demonstrated by a preoccupation with certain actions or objects within a restricted range. Rather than applying an intense interest to a variety of subjects, the child with AS has interests of a rather narrow scope, like aliens or computers, bus routes or sports schedules, maps and charts.

This restricted repetitive behavior also is exhibited through a very rigid, non-negotiable adherence to specific nonfunctional routines or rituals. The child with this disorder may, for example, insist on walking a certain route to school without deviation. The child is inflexible about following a certain sequence of events--he or she may need to walk in a circle before sitting down or dress in a specific order.

### **How is Asperger different from autism?**

A child with Asperger experiences no clinically significant delay in cognitive development and does not experience a gross delay in developing language skills

#### **Other differences are:**

Children with autism tend to think concretely and have much difficulty with symbolic thinking and pretend play, whereas Asperger children can be quite imaginative although themes may be repetitive.

Asperger children tend to have motor coordination difficulties not seen in autism.

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## Course and Incidence

**Relationships with peers**—The child may not make friends easily, or at all, and may not seem interested in sharing experiences or interests with those around him. For example, a child developing normally may show his artwork to people around him or bring a toy to his sister or brother to look at, but a child with AS will not as readily do so. A child or adolescent with AS may seem unwilling or uninterested in responding to others in a socially or emotionally reciprocal way. For example, the child may ignore or seem to not notice when a person expresses affection toward him or prompts conversation. On the other hand, Asperger individuals may highly desire social interaction, but their poor social skills result in failure which can cause anxiety and depression.

**Course**—AS usually presents between ages 2 and 6 years, but is often not recognized until later. As far as doctors know, the disorder is present throughout the course of a person life. It has often been diagnosed as late as young adulthood.

**Incidence**—Not much is known about how common the syndrome is because few studies have been done. Prevalence rates range are estimated to from .024 percent to .36 percent based on studies in Canada and Goteborg, Sweden, respectively. Boys appear to have a higher incidence than girls at a 4:1 ratio. There is likely a genetic component which is thought by some to be related to the genetic deficit in autism. This is presently unclear.

## Diagnosis and Treatment

The diagnosis is based on the presence of signs and symptoms in the DSM-IV. Differential diagnosis includes autism, complex learning disabilities, schizophrenia-spectrum disorder and obsessive-compulsive about Asperger.

Educational interventions are often necessary and should be individual accommodations to the persons needs. Because these students generally do well with memory tasks, teaching in a rote fashion may help the individual to retain the information presented.

Depending on the presence and extremity of associated symptoms, psycho-pharmacological interventions may help. Examples of associated symptoms that may be effectively treated with medication are hyperactivity, impulsivity, inattention, mood instability, temper outbursts, depression, anxiety and obsessive-compulsive symptoms

## NAMI San Diego

NAMI San Diego, a non-profit organization, provides education, support services, and advocacy to improve the quality of life of everyone affected by mental illnesses. It is an affiliate of the National Alliance on Mental Illness (NAMI) and NAMI California. Its membership includes persons with brain disorders, their families, friends, mental health professionals and supportive members of the community.

NAMI offers monthly informational meetings, a monthly newsletter, free educational programs, a lending library of books and video-tapes, and support meetings for consumers and families throughout the county.

For information and support, call

**NAMI San Diego  
Helpline**

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