



# ***1st Meeting “what is autism?”***

## **LECTURE 4:**

# **Clinical manifestations**

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Description by standard classification  
DSM V, ICD-11

Clinical characteristics (social  
communication, repetitive stereotyped  
behavior, sensory deficits)

Description of low, moderate, high  
functionality in ASD

# Outline

# ***LEARNING OUTCOMES***



- **Familiarise with the essential clinical manifestations of ASD**
- **Become aware of the ASD diagnostic criteria based on current classification systems.**
- **Develop understanding of the manifestations between different grades of functionality and IQ Levels**



# Common Elements

- Developmental basis
- Impaired Social Interaction / Transaction
- Impaired Social Communication
- Limited, Repetitive Interests, behaviours or movements

Two main classification systems used by clinicians:

a) DSM -5 Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013)

b) ICD-11 - International Classification of Diseases, (WHO 2018)

✓ Classifications and terms are constantly revised, by taking into account developments in research, socio-cultural, clinical contexts etc.



# DSM-5 - «Autism Spectrum Disorder»

1. Deficits in social communication and social interaction and
2. Limited Repetitive Behaviors, Interests, and Activities (RRBs)

## **A. Persistent deficits in social communication and social interaction in multiple situations, as shown by the following, in the present time or in the past:**

- 1. Deficits in social-emotional reciprocity.**
- 1. Deficiencies in non-verbal communication behaviors used for social interaction.**
- 1. Deficiencies in the development, maintenance, understanding of relationships.**

## **Examples**

# DSM-5 - «Autism Spectrum Disorder»

**B. Limited, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, in the present or in the past:**

- 1. Stereotyped or repetitive movements, use of objects, or speech.**
- 1. Persistence in resemblance, rigid obsession with routines, or ritual patterns of verbal or non-verbal behavior.**
- 1. Extremely limited, rigid interests that have an abnormal intensity or focus.**
- 1. Hyper- or hypo-reactivity to sensory stimuli or unusual interest in sensory aspects of the environment.**

[Examples](#)

# DSM-5 - «Autism Spectrum Disorder»

C. Symptoms should be present in the early developmental period.

D. Symptoms cause a clinically significant reduction in social, occupational, or other important areas of current functioning.

E. These disorders are not better explained by mental disability (mental developmental disorder) or generalized developmental delay.

**Clinicians identify whether ASD is present**

- ✓ **With or without coexisting Mental Disability**
- ✓ **With or without language disorder.**
- ✓ **In relation to a known medical or genetic condition or environmental factor**
- ✓ **In relation to another neurodevelopmental, mental, or behavioral disorder**
- ✓ **With Catatonia**

**Examples**

# Functionality/support needs in ASD: Characteristics



## Low Functionality/high support needs:

- **Early indicators:** delay in motor skills development like sitting up, crawling and walking, difficulties with speech and learning to speak or maintain a fluent conversation.
- **Struggle to make eye contact**
- As they **get older** they will usually be behind their peers in their **ability to complete daily activities** like brushing their teeth and getting dressed.
- **Behavioural problems** are also a sign of **intellectual** disability, as well as difficulty following **social rules** and an **inability to adjust to new situations**.



# Moderate functionality/moderate support needs

- **More help with communication skills**, abilities to **adapt to new situations**, broaden their interests and **carry out daily responsibilities**.
- **More difficulty focusing on something new**. For example, they may get very upset when they must switch from one activity to another or leave school at the end of the day.
- **May or may not interact with peers**.
- They **generally struggle** to make **eye contact**, **interpret body language** and **emotions** and **understand figures of speech**,
- **Tends** to speak in **simple sentences** and also have **difficulty** understanding **non-verbal forms** of communication. They may simply walk away from conversations that don't involve their favourite topics or interests.

# High functionality/ low support needs



- **Usually** normal or high intelligence,
- Milder autism symptoms such as lack of adaptability or **difficulty** in **interpersonal relationships**. **Focus on Self**: may spend an excessive amount of time talking about themselves
- **Emotional Sensitivity**: For example, a frustrating morning experience like running out of milk or being cut off while driving can cause irritability and difficulty concentrating for the rest of the day
- **Fixation on Particular Subjects or Ideas**: Continually discussing the same topics in conversation, obsessively playing the same song repeatedly, or reading every article written about a certain topic are some ways that autistic fixations can manifest

**Obviously, functionality in ASD is not necessarily associated with IQ!**

# High functionality/ low support needs



- **Linguistic Oddities:** often display an impressive vocabulary. They may find conversations with others boring or difficult to follow and may avoid speaking with their peers. Diverse vocabularies, frequent interruptions or focus on particular topics seem like oddities rather than neurological symptoms.
- **Social Difficulties:** limited social circle, problems sharing toys or materials, and difficulty completing group work.
- **Problems Processing Physical Sensations:** They may find specific noises, tastes, smells, or feelings intolerable. Noisy public places can lead to emotional distress, as can uncomfortable clothing or unwanted touches.
- **Devotion to Routines** e.g. reading for exactly 15 minutes before going to bed or brushing their teeth exactly five minutes after eating a meal.

# High functionality/ low support needs

- **Repetitive or Restrictive Habits** e.g. tie and untie their shoes multiple times before they are satisfied and are able to start walking or leave the house.
- **Dislike of Change:** might eat the same meal every day for breakfast, and they may eat it in the same quantity, on the same dish, and in the same place.
- **Unusual Movement Patterns:** the person may walk on their toes or the ball and the toes of the feet without putting much body weight on the other parts of the foot - may experience more foot injuries, such as blisters, calluses etc.



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