

Asperger's Syndrome: The Invisible Disorder

Many children with Asperger's Syndrome find the social world traumatic, confusing and anxiety provoking. Unfortunately, their social struggle may largely go unnoticed. Some children with this condition clearly look and sound different from the 'normal' population, however, most do not. Ironically, they may be noted and appreciated for their high intelligence, artistic flair or talent/strengths in certain areas, while their social weaknesses are ignored. Research has now shown that early intervention can improve long-term outcomes for children with autistic spectrum disorders, thus early and appropriate diagnosis is paramount.¹

Dr Hans Asperger, an Austrian Paediatrician, originally described Asperger's Syndrome in 1944. The syndrome has more recently been identified and classified as an autistic spectrum disorder. The exact prevalence rates have yet to be determined, however research suggests that it is at least as common as one in 250 and the incidence is higher in males than females.

Children and adults with Asperger's Syndrome have an intellectual capacity that is within the normal range and often have above average intelligence. As listed in the DSM-IV, the profile includes the following characteristics:

A qualitative impairment in social interaction: Children with Asperger's Syndrome may fail to develop friendships at an appropriate developmental level, so they may find socialising with younger children or adults easier. They usually have impaired non-verbal behaviour and body language regarding social interactions, for example, eye gaze or lack of facial expression. There is frequently a lack of social and emotional reciprocity, empathy and an impaired ability to identify social cues and conventions.

A qualitative impairment in subtle

communication skills: Although their speech is often fluent, children with Asperger's Syndrome may have difficulties with conversational skills. They may talk tangentially, have a tendency to be pedantic, have unusual prosody and commonly make literal interpretations.

Restrictive interests: Individuals with Asperger's Syndrome have special interests that are unusual because of the intensity or focus. They have a preference for routine and consistency and often experience distress when there is sudden or unexpected change.

It is also important to be aware of the many other characteristics often associated with the above profile. In younger children, other signs may be more salient than their social difficulties. For example, young children with Asperger's Syndrome often experience separation anxiety, emotion dysregulation (e.g. increased anger, frustration, tantrums), toilet training difficulties, (especially enuresis) and symptoms associated with arousal dysregulation (e.g. oesophageal reflux, stomach aches, headaches, stutter and sleep disturbances).

The disorder may also include motor clumsiness, problems with handwriting and other fine motor difficulties. There may be sensory sensitivities, so often these children are highly visual and have a hypersensitivity to auditory and tactile experiences. Vitamin deficiencies may result from "fussy" eating. There is an increased incidence of epilepsy, attention-deficit/hyperactivity symptoms and mood disorders, social phobias, obsessional-compulsive disorders and depression. There may also be a delay in the acquisition of independent living skills, as well as problems with organisation and time management difficulties. Many individuals with Asperger's Syndrome have a good long-term memory but a relatively

poor short-term memory. For many affected children the 'absent-minded professor' is an apt description.

Formal diagnosis of Asperger's Syndrome requires a multi-disciplinary approach and uses various standardised diagnostic assessment tools and clinical rating scales. The assessment process should include clinical observations gained through interactions with the child, a comprehensive clinical interview regarding the child's developmental history. Observations should be made from a range of settings (school and home), from feedback from parents, teachers and other key professionals, and via clinical assessment gained through self-report measures. Screening tests include the Social Communication Questionnaire,² the Australian Scale for Asperger's Syndrome,^{3,4} the Autism Spectrum Screening Questionnaire⁵ and various measures of social skills and anxiety.

Fortunately, the constellation of comorbidities that often accompany Asperger's Syndrome provide an additional opportunity for General Practitioners to explore the possibility of the syndrome as an underlying condition. Early identification increases the likelihood of early intervention and consequent long-term improvements.

References available at request.

No conflict of interest declared.



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