

Diagnostic Criteria for Autistic Disorder through the years

DSM I (1952)

000-x28 Schizophrenic reaction, childhood type

Here will be classified those schizophrenic reactions occurring before puberty. The clinical picture may differ from schizophrenic reactions occurring in other age periods because of the immaturity and plasticity of the patient at the time of onset of the reaction. Psychotic reactions in children, manifesting primarily **autism**, will be classified here.

DSM II (1968)

[autism was not mentioned; the word appears only under the following category]

295.8 Schizophrenia, childhood type

This category is for cases in which schizophrenic symptoms appear before puberty. The condition may be manifested by **autistic**, atypical and withdrawn behavior; failure to develop identity separate from the mother's; and general unevenness, gross immaturity and inadequacy of development. These developmental defects may result in mental retardation, which should also be diagnosed.

DSM III (1980)

Diagnostic criteria for **Infantile Autism**

A. Onset before 30 months of age

B. Pervasive lack of responsiveness to other people (autism)

C. Gross deficits in language development

D. If speech is present, peculiar speech patterns such as immediate and delayed echolalia, metaphorical language, pronominal reversal.

E. Bizarre responses to various aspects of the environment, e.g., resistance to change, peculiar interest in or attachments to animate or inanimate objects.

F. Absence of delusions, hallucinations, loosening of associations, and incoherence as in Schizophrenia.

DSM III-R (1987)

Diagnostic Criteria for Autistic Disorder

At least eight of the following sixteen items are present, these to include at least two items from A, one from B, and one from C.

A. Qualitative impairment in reciprocal social interaction (the examples within parentheses are arranged so that those first listed are more likely to apply to younger or more disabled, and the later ones, to older or less disabled) as manifested by the following:

1. Marked lack of awareness of the existence or feelings of others (for example, treats a person as if that person were a piece of furniture; does not notice another person's distress; apparently has no concept of the need of others for privacy);
2. No or abnormal seeking of comfort at times of distress (for example, does not come for comfort even when ill, hurt, or tired; seeks comfort in a stereotyped way, for example, says "cheese, cheese, cheese" whenever hurt);
3. No or impaired imitation (for example, does not wave bye-bye; does not copy parent's domestic activities; mechanical imitation of others' actions out of context);
4. No or abnormal social play (for example, does not actively participate in simple games; refers solitary play activities; involves other children in play only as mechanical aids); and
5. Gross impairment in ability to make peer friendships (for example, no interest in making peer friendships despite interest in making fiends, demonstrates lack of understanding of conventions of social interaction, for example, reads phone book to uninterested peer).

B. Qualitative impairment in verbal and nonverbal communication and in imaginative activity, (the numbered items are arranged so that those first listed are more likely to apply to younger or more disabled, and the later ones, to older or less disabled) as manifested by the following:

1. No mode of communication, such as: communicative babbling, facial expression, gesture, mime, or spoken language;
2. Markedly abnormal nonverbal communication, as in the use of eye-to-eye gaze, facial expression, body posture, or gestures to initiate or modulate social interaction (for example, does not anticipate being held, stiffens when held, does not look at the person or smile when making a social approach, does not greet parents or visitors, has a fixed stare in social situations);
3. Absence of imaginative activity, such as play-acting of adult roles, fantasy

character or animals; lack of interest in stories about imaginary events;

4. Marked abnormalities in the production of speech, including volume, pitch, stress, rate, rhythm, and intonation (for example, monotonous tone, question-like melody, or high pitch);

5. Marked abnormalities in the form or content of speech, including stereotyped and repetitive use of speech (for example, immediate echolalia or mechanical repetition of a television commercial); use of "you" when "I" is meant (for example, using "You want cookie?" to mean "I want a cookie"); idiosyncratic use of words or phrases (for example, "Go on green riding" to mean "I want to go on the swing"); or frequent irrelevant remarks (for example, starts talking about train schedules during a conversation about ports); and

6. Marked impairment in the ability to initiate or sustain a conversation with others, despite adequate speech (for example, indulging in lengthy monologues on one subject regardless of interjections from others);

C. Markedly restricted repertoire of activities and interests as manifested by the following:

1. Stereotyped body movements (for example, hand flicking or twisting, spinning, head-banging, complex whole-body movements);

2. Persistent preoccupation with parts of objects (for example, sniffing or smelling objects, repetitive feeling of texture of materials, spinning wheels of toy cars) or attachment to unusual objects (for example, insists on carrying around a piece of string);

3. Marked distress over changes in trivial aspects of environment (for example, when a vase is moved from usual position);

4. Unreasonable insistence on following routines in precise detail (for example, insisting that exactly the same route always be followed when shopping);

5. Markedly restricted range of interests and a preoccupation with one narrow interest, e.g., interested only in lining up objects, in amassing facts about meteorology, or in pretending to be a fantasy character.

D. Onset during infancy or early childhood

Specify if childhood onset (after 36 months of age)

DSM-IV (1994) and DSM-IVR (2000)

299.00 Autistic Disorder

1. *A total of six (or more) items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3):*
 1. Qualitative impairment in social interaction, as manifested by at least two of the following:
 1. marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.
 2. failure to develop peer relationships appropriate to developmental level
 3. a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
 4. lack of social or emotional reciprocity
 3. Qualitative impairments in communication as manifested by at least one of the following:
 1. delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
 2. in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
 3. stereotyped and repetitive use of language or idiosyncratic language
 4. lack of varied spontaneous make-believe play or social imitative play appropriate to developmental level
5. Restricted, repetitive, and stereotyped patterns of behavior,

interests, and activities, as manifested by at least of one of the following:

1. encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
 2. apparently inflexible adherence to specific, nonfunctional routines or rituals
 3. stereotyped and repetitive motor mannerisms (e.g. hand or finger flapping or twisting, or complex whole body movements)
 4. persistent preoccupation with parts of objects
3. *Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play.*
4. *The disturbance is not better accounted for by Rett's disorder or childhood disintegrative disorder.*