DSM-V Changes for Autism Spectrum Disorder (ASD): Implications for Diagnosis, Management, and Care Coordination for Children With ASDs

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ABSTRACT

The purpose of this article is to highlight issues about diagnosis and management of autism spectrum disorders (ASDs) in all settings, along with care coordination for all children with ASDs. The article outlines differences between the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, revised (DSM-IV-TR) and the newer version (DSM-V) for ASDs. These changes may limit the eligibility of some children for services in school, leading to poorer social/academic outcomes, lower rates of employment, and decreased assistance in eventual independent living. Primary care providers identified a lack of knowledge regarding ASDs before the DSM-V was published, describing difficulty in making ASD diagnoses, recognizing early symptoms of developmental concern, and managing care. Care coordination is part of the role of the advanced practice nurse, and lack of understanding of ASD changes in the DSM-V may diminish the ability of advanced practice nurses to screen for ASDs and make the appropriate referrals. J Pediatr Health Care. (2016) *30*, 359-365.

KEY WORDS

Asperger syndrome, autism spectrum disorder, *Diagnostic and Statistical Manual of Mental Disorders*, DSM, nurse practitioner, Individualized Education Plan

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The Centers for Disease Control and Prevention (CDC) continues to report alarming increases in the numbers of children across the United States who are diagnosed with autism spectrum disorder (ASD). It was estimated that 1 in 68 children were diagnosed with an ASD in 2010 (Baio, 2014), a 30% increase from 2008, when the incidence was 1 in 88, and a 60% increase from 2006, when the incidence was reported to be 1 in 110 children. Some authors have suggested that the "autism epidemic" has less to do with a true rise in prevalence than with greater awareness, clarification and/or expansion of the idea of what constitutes an ASD, overidentification of the disorder, and/or use of the ASD label to establish service eligibility (McPartland, Reichow, & Volkmar, 2012).

As a result of the increased incidence and concerns about overdiagnosis, in May 2013, new guidelines for identification of ASDs were introduced in the fifth edition of the *Diagnostic and Statistical Manual of*

Mental Disorders (DSM-V) by the American Psychiatric Association (APA). However, rather than increasing specificity for diagnosis and limiting overdiagnosis, these guidelines may only serve to decrease eligibility for services for some children who may previously have been considered to be on the autism spectrum and are still in need of services (Volkmar & McPartland, 2014).

Will, Barnfather, and Lesley (2013) stated that a primary care provider will encounter at least 11 children with ASD for every 1,000 children they see in their practice. A lack of understanding of the nuance of behaviors associated with an ASD and use of the new DSM-V criteria may lead to the failure of advanced practice nurses in primary care to fully identify children in need of intervention. The 126 nurse practitioners who were providers of primary care to pediatric patients younger than 18 years in the study by Will et al. (2013) described a significant lack of competency and barriers to providing care to children with ASDs. The purpose of this article is to highlight issues related to the new DSM V criteria that relate to the diagnosis and management of ASDs in all settings and to discuss care coordination for all children with ASDs, but especially for children previously considered to be higher functioning or having Asperger disorder (syndrome).

A COMPARISON OF THE DSM-IV-TR AND DSM-V CRITERIA FOR DIAGNOSING ASDS

Prior to 2013, clinicians used the DSM-IV-TR as a primer for the diagnosis of ASDs. In that version of the manual, several disorders were seen as part of a group of pervasive developmental disorders (PDDs) that later became known as the autism spectrum of disorders. These disorders included autistic disorder, Asperger disorder, and general PDD. A number of criteria for ASD and specific categories have been altered for the DSM-V criteria (Volkmar & McPartland, 2014).

A major change from the DSM-IV-TR to the DSM-V was that the overarching umbrella term of PDD was changed for the DSM-V criteria. What was previously characterized in the DSM-IV-TR as an "umbrella" of PDDs with subcategories (APA, 2000) is now a broader concept of a "spectrum" of disorders. This change adds to the notion that ASDs are not discrete disorders under one umbrella term but are on a spectrum of similar disorders with varying presentations and severity of behavior. Concern about limitations in identifying the subcategories reliably was of concern to many diagnosticians, thus prompting this change (Volkmar & McPartland, 2014). With this change from categorical description of discrete disorders to the spectrum, diagnosticians were expected to view ASD as a continuum of mild to more severe symptoms (APA, 2013).

Many clinicians found that identifying persons with autism or ASD was difficult given the many variations in symptoms and behaviors, especially considering the complications brought about by the numerous comorbid conditions described for children considered to have ASDs, which occur at varying times and at different developmental levels for children (Levy, Mandell, & Schultz, 2009). This problem continues even after the introduction of the DSM-V, because the newer criteria mandate that symptoms be present from early childhood, even if the child does not have clear symptoms until social demands exceed his or her ability to respond to situations. Unfortunately, it is often difficult to identify or describe social inadequacy in early childhood, and although the criteria changes in the DSM-V encourage earlier diagnosis, these criteria may lack the specificity for higher functioning children (especially if they have comorbid disease) to be diagnosed even as they grow older.

The DSM includes core symptom domains and diagnostic features. A change from the DSM-IV-TR to the DSM-V was a reduction in the core symptom domains. The core symptom domains for ASD were reduced from the previous three to two: (1) impaired social communication and social interaction and (2) restricted, repetitive behaviors, interests, or activities (APA, 2013). Autistic disorder, Asperger syndrome, and pervasive developmental delay were consolidated into a single ASD classification as well. This change oversimplifies the core symptom identification, making it more difficult to determine just what behaviors may constitute an ASD and confusing providers. The description of the criteria does take the variability of functional impairment into consideration by warning of the effects of context such as environment and developmental stage. Behaviors indicative of these core symptoms may be present but may be difficult to discern in certain contexts, or the individual characteristics may be less obvious in certain environments or during certain developmental stages. Thus manifestations of the disorder are exceptionally varied.

The diagnostic features related to an ASD in the DSM-V have four major criteria: (a) continuous impairment in interaction and communication that are reciprocal and social in nature; (b) patterns of activities, interests, and behaviors that are restricted and repetitive; (c) symptoms that are persistent from early childhood; and (d) symptoms that interfere with everyday functioning. These criteria also include a requirement that characteristics of the individual's symptoms impede functioning, especially in social and occupational areas. In addition, social communication deficits should not be related to the individual's level of development. There should be an assessment of whether impairments to functioning exceed any problems expected based on developmental level (APA, 2013).

Children with characteristics associated with an ASD lack the ability to interact with others in positive ways, according to the DSM-V. At home, children with characteristics of an ASD may not do well with a lack of order