



Review

Autism spectrum disorders: An historical synthesis and a multidimensional assessment toward a tailored therapeutic program



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ABSTRACT

Autism is a large group of disorders. From the first description in 1943 until now, attempts to propose nosological boundaries, through successive redefinitions of diagnostic criteria, have not succeeded in constraining the extensiveness nor in explaining the heterogeneity of autism. The failure of the categorical approach is revealed by several indices, including excessive comorbidity, the frequent use of Not Otherwise Specified categories and diagnostic uncertainty in borderline cases.

Several proposals have been formulated to categorize subgroups of children with complex severe developmental disorders but less severe trajectories than typical autism. The diversity and overlap in their clinical expression emphasize the importance of using a multidimensional assessment inscribed in a developmental perspective. In this way, clinicians could encompass the issues of the categorical approach, address the child holistically and then achieve a functional diagnosis enabling the elaboration of a tailored therapeutic proposal.

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1. Introduction

Autism is a heterogeneous group of disorders, defined on purely behavioral grounds (Cohen, Volkmar, & Paul, 1986) and underlined by multiple etiological and pathophysiological substrates (Betancur, 2011; Cohen et al., 2005; Guinchat et al., 2012). This lifelong condition reveals a vast clinical variability in terms of expression and symptom severity, and in terms of neural deficits or associated medical conditions (e.g. seizures and intellectual disability, Amiet et al., 2013). Thus, “The autisms” present a clinical and therapeutic challenge as well as a challenge in research.

From the first description in 1943 until now, successive attempts to propose nosological boundaries have been marked by a dialectical tension between a categorical approach (CA) and a developmental approach through a multidimensional point of view. Successive redefinitions of diagnostic criteria have not succeeded in constraining the extensiveness nor in explaining the heterogeneity of autism. Following the medical tradition, the CA, which is used in the DSM, is based on cut-off points. It involves the inclusion or exclusion of a symptom or syndrome into a diagnostic category, as demonstrated by Kanner in his first description of infantile autism. Conversely, a developmental approach considers there to be continuity between normal and pathological features, measuring the intensity of an element of a behavior by locating its place on a continuum, each point of which is assigned a value. In 1965, Hempel criticized the inadequacies of the CA at portraying clinical reality, preferring instead a “multidimensional space” in which individuals are situated along different characteristics axes in a continuous distribution. Similarly, Eysenck (1964), dealing with a typology of personality, emphasized the utility of considering personality as a continuous phenomenon (e.g. dimensionally), rather than a discrete one (e.g. categorically).

The failure of the CA is revealed by several indices, including excessive comorbidity, diagnostic uncertainty in borderline cases, and the frequent use of NOS (Not Otherwise Specified) categories (Weintraub, 2011). Excessive comorbidity can be seen as a result of the DSM’s focus on diagnostic accuracy (interrater reliability) rather than construct validity, thereby creating situations where the same patient can easily be classified under several comorbid diagnostic labels. Furthermore, as a consequence of strictly defined diagnostic categories, those patients who fall along the boundaries between diagnoses are considered to be borderline cases. These ambiguous cases, which are plentiful, contribute to the frequent use of NOS categories in which the clinician’s opinion can take refuge when a suitable category cannot be found.

The somewhat arbitrary choice of categorical cutoff points is illustrated by debates between the lumpers and the splitters which reveal the need to strike a subtle balance between being too broad and being too narrow when determining diagnostic boundaries. In the field of autism, a more balanced approach was initiated by Wing and Gould (1979) who first proposed an autism spectrum disorder consisting of multiple axes. In the first section of this article, “Historical Perspectives,” we will examine successive versions of the DSM and ICD, focusing on how they oscillate between the two approaches in an attempt to encompass the extensiveness and heterogeneity of autism. Then, to expand upon the points mentioned above concerning borderline cases and NOS categories, the second section of this paper will address the condition of PDDNOS, the most common diagnosis given to children on the autistic spectrum, yet a diagnosis which is not clearly clinically or psychopathologically individualized.

We will also discuss the issue of the categorization of PDDNOS children in the DSM-5, as well as the link between PDDNOS and other complex developmental disorders that share some of the same clinical features. The diversity of these disorders and the overlap in their clinical expression emphasize the importance of using a dimensional perspective. In the last section of this paper, we will highlight a multidimensional framework for addressing the Autism spectrum disorders in order to arrive at a functional diagnosis. By recognizing that no two cases of autism are the same and thus that one categorical diagnosis does not equal one “therapeutic package,” this framework could provide a useful way to constrain the complexity and comorbidity in autism. This will allow us to make progress in research as well as to help clinicians offer their patients a treatment plan that is tailored to the individual.

2. Historical perspectives

2.1. Pioneers of autism

While Kanner (1968) was the first to clearly define the autistic disorder, the knowledge of this pathology is much older, as is evidenced by certain clinical descriptions. In the medical literature, Itard (Malson, 1964) was the first to describe a clinical picture suggestive of autism in his account of Victor, a child found on January 8, 1800 in the Aveyron region of France. The child was found mute and naked with an animal-like comportment, having lived in complete isolation from people and society. Pinel (1800), the founding figure of French psychiatry and the first physician to examine Victor, pronounced that

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