



Clinical characteristics of adults with Asperger's Syndrome assessed with self-report questionnaires

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ABSTRACT

Diagnosis of Asperger's Syndrome (AS) in adults is difficult, and clinical sample-based studies that systematically illustrate the clinical characteristics of adult AS patients are needed so that appropriate treatment can be provided. Here we examined the clinical characteristics of AS in 112 adults (median age, 28.0 years [range, 18–52]; 71 men and 41 women: 55 AS group (median age, 27.0 years [range, 18–49]; 36 men and 19 women), 57 control group (median age, 28.0 years [range, 20–52]; 35 men and 22 women) through administration of the Japanese version of the Autism-Spectrum Quotient (AQ) and the Japanese version of the Schizotypal Personality Questionnaire (SPQ), and the Eysenck Personality Questionnaire (EPQ). Scores on the AQ, SPQ, and the 'Neuroticism' and 'Psychoticism' scores of the EPQ were significantly higher in adults with AS than in controls. The 'Extraversion' and 'Lie' scores of the EPQ were significantly lower in adults with AS than in controls. The total score of the AQ was correlated with 3 subscale scores (unusual perceptual experiences, odd or eccentric behavior, and suspiciousness) of the SPQ in the AS group, but not in the control group. The findings demonstrated that AQ and other personality scales could be used to elucidate the clinical characteristics of AS in adults.

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1. Introduction

According to Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994) and the International Classification of Diseases (ICD-10; World Health Organization, 1993), Asperger's Syndrome (AS) is a subtype of autism spectrum disorders (ASD) or pervasive developmental disorders and is defined as a syndrome in which the individuals meet the criteria for autism but have no history of cognitive or language delay. Language delay is defined as not using single words by the age of 2 years or phrase speech by the age of 3 years. An epidemiologic study estimated that the population prevalence of AS is 0.7% (Ehlers & Gillberg, 1993). Adults with AS sometimes show an intense preoccupation and elaborate internal life around a particular area of interest. They also show repetitive maladaptive behaviors, stereotyped

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motor mannerisms, and rigid adherence to routines (Gaus, 2007). Other reported clinical traits include loneliness (Whitehouse, Durkin, Jaquet, & Ziatas, 2009), superior systemizing (Wakabayashi et al., 2007), problems organizing themselves in their environment (executive function deficits) (Happé, Booth, Charlton, & Hughes, 2006), understanding other people's feelings (theory of mind deficits) (Kaland, Smith, & Mortensen, 2007), and sympathizing with others (impaired empathy) (Baron-Cohen & Wheelwright, 2004).

Due to the relatively high population prevalence (0.7%) of AS, a precise diagnosis of AS is important in the clinical setting. Diagnosing AS is difficult, however, especially in adults (Ritvo et al., 2008). We hypothesized that assessing the traits of schizotypal personality disorder (SPD) might be helpful to aid in the diagnosis of AS because Gaus (2007) reported that AS and SPD share three similar traits: odd beliefs and mannerisms, few or no friendships, and social anxiety. To date, there has been only one published report of an association between the traits of AS and those of SPD in a large number of participants; Hurst, Nelson-Gray, Mitchell, and Kwapil (2007) demonstrated a strong association between the interpersonal domain of SPD and the social skills domain of AS in college students. Their finding was the first to demonstrate a link between the traits of the two disorders in the general population without AS. Clinical sample-based studies are needed to determine the link between the traits of AS and SPD.

In the present study, we examined the characteristics of personalities associated with AS in a normal sample and in AS to elucidate the clinical overlap between the autistic and schizophrenic spectrums based on administration of the Autism-Spectrum Quotient and other self-report personality scales.

Although the use of questionnaires such as the Autism-Spectrum Quotient (AQ; Baron-Cohen, Wheelwright, Skinner, Martin, & Clubley, 2001), Krug Asperger's Disorder Index (KADI; Krug & Arick, 2003), and Gilliam Asperger's Disorder Scale (GADS; Gilliam, 2001) is a well-established means to assess autistic traits, there are no Japanese versions of the KADI and GADS available. The AQ is designed to assess autistic spectrum traits in the general population. A series of validity studies for this instrument has been published, showing that adults with AS and high-functioning autism have higher scores on the AQ than normal controls. In addition, two other self-rated personality measurements were used to assess personality traits in the present study. The Schizotypal Personality Questionnaire (SPQ; Raine, 1991) for screening SPD, was used to assess traits of SPD because AS and SPD might have some clinical resemblance. The Eysenck Personality Questionnaire (EPQ; Eysenck & Eysenck, 1975) assessing neuroticism, psychoticism, and extraversion was also used to assess whether patients with AS show a bias in personality traits.

2. Methods

2.1. Participants and procedure

Participating patients and normal individuals provided written consent prior to completing the questionnaires and testing in the study, which was approved by the ethics committee of the Faculty of Medicine of Showa University.

The clinical group of this study comprised 55 outpatients at Showa University Hospital (median age, 27.0 years [range, 18–49]; 36 men and 19 women) attending a diagnostic outpatient clinic for adults aged 18 and over suspected of having ASD. All patients were referred by physicians from other clinics. Inclusion criteria were age of 18–65 years, no current use of psychotropic medications, and formal diagnosis of AS based on the DSM-IV. Exclusion criteria were a history of electroconvulsive therapy, alcohol or other drug abuse or dependence, or any neurologic illness affecting the central nervous system.

To evaluate the screening properties of the Japanese version of the AQ and other instruments, all patients were asked to complete an interview sheet and the AQ before clinical examination at the initial visit. The interview sheet comprised five main questionnaires: (1) major complaint; (2) history of visit to medical and educational organizations/consultation services; (3) problems in fetal and newborn period; (4) developmental delays (walking and language); (5) education and occupation of the patient and their parents. The patients were also required to bring records from elementary school to high school and a maternal and child health handbook. The maternal and child health handbook includes records of pregnancy, childbirth, and the neonatal and infant periods, and are provided by the local government office in Japan.

To confirm the diagnosis of patients being high-functioning, intellectual ability was assessed by experienced psychologists using the Japanese version of the National Adult Reading Test developed by Nelson and Willison (1991), which is composed of 25 Japanese irregular words as an estimate of pre-morbid or prior ability (JART-25). The JART-25 was used as an equivalent of the IQ test, because JART-25 has IQ prediction validity (IQ mean, 109.4 [10.1]) (Mastuoka & Kim, 2006).

Further diagnostic assessment was subsequently performed for all patients irrespective of the AQ scores. A team of three experienced psychiatrists and two clinical psychologists performed the assessment. The assessment consisted of two detailed interviews of the patients about development and behavior from their infancy to adolescence ((1) developmental history; (2) present illness; (3) past history), and family history performed independently by a psychiatrist and a clinical psychologist in the team. The patients were also asked to bring suitable informants who knew the patient in early childhood. At the end of the clinical interview, the patients were diagnosed by the psychiatrist according to the DSM-IV diagnostic criteria for AS based on consensus between the psychiatrist and the clinical psychologist. Approximately 3 h were required for the diagnostic process. After clinical examination, patients diagnosed with AS were asked by the psychologist to complete the SPQ and EPQ.

The normal control group comprised 57 adults, who were recruited by email, announcements, and acquaintances through Showa University Hospital, several drug companies, and Seishin Women's College (median age, 28.0 years [range,

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