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ORIGINAL ARTICLE

Psychiatric comorbidities in autism spectrum disorder: A comparative study between DSM-IV-TR and DSM-5 diagnosis

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KEYWORDS

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Abstract *Background/Objective:* The heterogeneous clinical presentations of individuals with Autism Spectrum Disorders (ASD) pose a significant challenge for sample characterization. Therefore the main goal of DSM-5 must be to identify subgroups of ASD, including comorbidity disorders and severity. The main goal of this study is to explore the psychiatric comorbidities and the severity of symptoms that could be relevant for the phenotype characterization in ASD and also to compare these results according to the different classification criteria between the DSM-IV-TR and the DSM-5. *Method:* A comparative study of severity and psychiatric comorbidities was carried out between a sample of participants that only met criteria for Pervasive Developmental Disorder (PDD) according to the DSM-IV-TR and a sample of participants that also met ASD criteria according to DSM-5 classification. The recruitment of children was via educational ($N = 123$). The psychiatric symptoms, comorbid disorders and severity of symptoms were assessed through *The Nisonger Child Behavior Rating Form*, clinical interview and *The Inventory of Autism Spectrum Disorder*, respectively. The psychiatric comorbidities considered

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were: anxiety, eating behavioural problems, self-aggressiveness, hetero-aggressiveness, self-harm, obsessive compulsive disorder and attention deficit and hyperactivity disorder. *Results:* Statistically significant differences between both groups were found regarding obsessive compulsive disorder, eating behavioural problems and severity. *Conclusions:* The results support the hypothesis that patients who meet the DSM-5 criteria have more severe symptoms, not only regarding the core autistic symptoms but also in relation with psychiatric comorbidities.

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PALABRAS CLAVE

Trastorno del Espectro Autista; DSM-IV-TR; DSM-5; comorbilidades psiquiátricas; estudio descriptivo

Comorbilidades psiquiátricas en los trastornos del espectro autista: estudio comparativo entre los criterios DSM-IV-TR y DSM-5

Resumen *Antecedentes/Objetivo:* Los Trastornos del Espectro Autista (TEA) incluyen un grupo heterogéneo en cuanto a su presentación clínica, que supone un desafío a nivel de caracterización diagnóstica. Por consiguiente, el objetivo principal de la clasificación DSM-5 debería de ser identificar subgrupos de TEA incluyendo severidad y comorbilidades psiquiátricas. El objetivo principal de este estudio es explorar las comorbilidades diagnósticas que pueden ser relevantes como descriptores de fenotipos autistas así como la severidad de los síntomas de autismo y comparar los resultados de las diferentes criterios de clasificación entre el DSM-IV-TR y el DSM-5. *Método:* Se realiza un estudio comparativo de severidad y comorbilidades psiquiátricas entre una muestra con diagnóstico de Trastorno Generalizado del Desarrollo, según criterios DSM-IV-TR, y una muestra que cumplía también criterios para TEA según la clasificación DSM-5. La muestra fue obtenida en centros educativos ($N=123$). Las comorbilidades psiquiátricas y la severidad de los síntomas se evaluaron a través del *The Nisonger Child Behavior Rating Form*, entrevista clínica y el *Inventario de Trastorno del Espectro Autista*, respectivamente. Las comorbilidades estudiadas fueron ansiedad, alteraciones de la conducta alimentaria, auto-agresividad, hetero-agresividad, autolesiones, trastorno obsesivo-compulsivo y déficit de atención e hiperactividad. *Resultados:* Se encontraron diferencias estadísticamente significativas entre ambos grupos para trastorno obsesivo-compulsivo, alteraciones de la conducta alimentaria y severidad. *Conclusiones:* Se apoya la hipótesis de que los individuos que cumplen criterios diagnósticos según DSM-5 tienen mayor severidad sintomática, no sólo con respecto a los síntomas autistas centrales, sino también en relación con comorbilidades psiquiátricas.

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Autism Spectrum Disorder (ASD) is characterized by deficits in social interaction and communication, as well as the presence as stereotyped behaviour and restrictive interests ([American Psychiatric Association, APA, 2013](#)). In the past, all psychiatric problems in children and adults with autism used to be attributed to autism itself. However, an increasing number of studies are arguing for accepting behaviours and symptoms that had been considered additional or associated features of ASD as potentially indicating the presence of comorbidities warranting additional diagnosis. Individuals diagnosed with ASD often present other psychiatric disorders, such as attention deficit and hyperactivity disorder (ADHD), anxiety disorders, mood alterations, etc. ([Simonoff et al., 2008](#)). It has been suggested that comorbidity will generally lead to more severe impairments as a result of the cumulative effects of having more than one disorder ([Gadow, Guttman-Steinmetz, Rieffe, & Devincent, 2012](#)). Autism is generally a lifelong condition beginning

in childhood and with pathological outcomes in adulthood. Outcomes are often described as difficulties or issues in finance, employment and socialization ([Fountain, Winter, & Bearman, 2012](#)). When other problematic symptoms are recognized as manifestation of comorbid psychiatric disorders, rather than just isolated symptoms, more specific treatment is possible. For this reason, comorbidity identification should include those symptoms which are sufficient for a comorbidity diagnosis and those isolated symptoms which can be relevant as descriptors of individual phenotypes such as eating behaviour problems, behaviour difficulties such as self-aggression or hetero-aggression.

One of the goals of the new classification (DSM-5) must be to identify subgroups of ASD, including comorbidity disorders, which may be important to understand the biological mechanisms, the clinical results and the reactions of the individuals with ASD to the treatment. It has been proposed a phenotypic characterization to improve the classification

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