

Diagnostic criteria for Asperger's Disorder

Diagnostic criteria for Asperger's Syndrome from DSM IV (1994):

- A. Qualitative impairment in social interaction, as manifested by at least two of the following:
 - (1) Marked impairment in the use of multiple non-verbal behaviors such as eye-to-eye gaze, facial expression, body postures and gestures to regulate social interaction.
 - (2) Failures 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 to other people).
 - (4) Lack of social or emotional reciprocity.

- B. Restrictive repetitive and stereotyped patterns of behavior, interests and activities, as manifested by at least one of the following:
 - (1) Encompassing pre-occupation 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 pre-occupation with parts of objects.

- C. The disturbance causes clinically significant impairment in social, occupational or other important areas of functioning.

- D. There is no clinically significant general delay in language (e.g. single words used by the age of 2 years, communicative phrases used by the age of 3 years).

- E. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than in social interaction), and curiosity about the environment in childhood.

- F. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia.

Diagnostic criteria for Asperger's Syndrome from ICD-10 (World Health Organization, 1993):

- A. There is no clinically significant general delay in spoken or receptive language or cognitive development. Diagnosis requires that single words should have developed by 2 years of age or earlier and that communicative phrases be used by 3 years of age or earlier. Self-help skills, adaptive behavior and curiosity about the environment during the first 3 years should be at a level consistent with normal intellectual development. However, motor milestones may be somewhat delayed and motor clumsiness is usual (although not a necessary diagnostic feature). Isolated special skills, often related to abnormal pre-occupations, are common, but are not required for the diagnosis.
- B. Qualitative abnormalities in reciprocal social interaction are manifest in at least two of the following areas:
- (1) Failure adequately to use eye-to-eye gaze, facial expression, body postures and gestures to regulate social interaction.
 - (2) Failure to develop (in a manner appropriate to mental age, and despite ample opportunities) peer relationships that involve a mutual sharing of interests, activities and emotions.
 - (3) Lack of social-emotional reciprocity as shown by an impairment or deviant response to other people's emotions, or lack of modulation of behavior according to social context, or lack of a weak integration of social, emotional and communicative behaviors.
 - (4) Lack of spontaneous seeking to share enjoyment, interests or achievements with other people (e.g. lack of showing, bringing or pointing out to other people objects of interest to the individual).
- C. The individual exhibits an unusually intense, circumscribed interest or restricted, repetitive and stereotyped patterns of behavior, interests and activities manifest in at least one of the following areas:
- (1) An encompassing pre-occupation with stereotyped and restricted patterns of interest that are abnormal in content or focus, or one or more interests that are abnormal in their intensity and circumscribed nature though not in the content or focus.
 - (2) Apparently compulsive adherence to specific, non-functional routines or rituals.
 - (3) Stereotyped and repetitive motor mannerisms that involve either hand/finger flapping or twisting, or complex whole body movements.
 - (4) Pre-occupations with part-objects or non-functional elements of play materials (such as their color, the feel of their surface or the noise/vibration that they generate).
- However, it would be less usual for these to include either motor mannerisms or pre-occupations with part-objects or non-functional elements of play materials.
- D. The disorder is not attributable to the other varieties of pervasive developmental disorder: simple schizophrenia, schizo-typal disorder, obsessive-compulsive disorder, anankastic personality disorder, reactive and dis-inhibited attachment disorders of childhood.