The Diagnosis of Autism in Women and Girls

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DSM-V - Autism Spectrum Disorders (PDD-NOS in ICD-10)

- Two broad areas of impairment: social interaction and communication (regarded as one conjoined problem) and restricted behaviour.

BUT

- there is a wide spectrum of individual differences
- and a wide range of needs, requiring different service responses.

Gender Gap

- The most commonly cited ratio of males to females with ASD is 4:1
- At the severe end of the ID spectrum the ratio is closer to 2:1, and at the higher functioning end of the spectrum the ration may be higher than 8:1

Gender Gap Reasons

- Effect of Fragile X Syndrome?
- Higher rates of all neurodevelopmental disorders in boys (ID, SCZ etc.)?
- More mutations required for clinical diagnosis of ASD in women

Gender Gap Reasons

- Male vulnerability?
- Or female protection?
- "Extreme male brain" hypothesis?
- Higher rates of recovery in affected girls?
- Missed diagnosis?

Missed Diagnosis?

- Clinical Schema
- Triggers for assessment
- Overshadowing
- Diagnostic Tools

Clinical Differences – Behaviour Gap

- Masking of symptoms
- Girls with high IQ are more able to follow and engage in social actions by delayed imitation because they observe other children and copy them. Pretending to be socially competent may come easier to these girls, who are also more likely to apologise for lapses in social behaviour.

Clinical Differences – Behaviour Gap

- More social interaction (even if aberrant)
- Girls are often more internally aware of social forces and more likely to feel a need to interact socially. They may be involved in social play but led by their peers rather than initiating social contact, or have one intense friendship.

Clinical Differences – Behaviour Gap

- More social expectations
- The expectations for a girl to be social and interact with others may result in a girl acquiring higher skills in this area than an equally affected boy. More female-oriented extracurricular activities such as drama may also improve skills in these areas.

Clinical Differences – Behaviour Gap

- Fantasy worlds
- Evidence suggests that girls have more active imaginations and more pretend play (Knickmeyer et al, 2008).

Clinical Differences – Behaviour Gap

- Nature of special interests
- The special interests of girls with ASD may align more closely with their peers (horses, pop singers, TV shows), possibly due to their greater social awareness, but may still be highly abnormal in the restricted and repetitive nature.

Clinical Differences – Behaviour Gap

- Better language skills
- More functional echolalia, a higher incidence of hyperlexia etc may mask a lack of underlying comprehension and social understanding.

Implications

- Early intervention
- Specific interventions for girls/women
- Female ASD peer group learning

- Boys fixate on *things*
- Girls fixate on *people*

ASD and BPD – Case Study of K

- 23 years old, diagnosed with Asperger's Syndrome at 11
- Life long history of poor social interaction, preference for solitary activities , intolerance of physical contact, strict reality-based thinking, preference for routine, inflexibility.
- Liked staying at home and watching documentary TV, did not enjoy going out, no close friends and did not relate to the interests of others her age. No D&A.
- IQ normal range, highly verbal

ASD and BPD – Case Study of K

- Few but intense interests. Loves the idea of prison work, wants to be a prison officer.
- Studied for a Justice Services diploma.
- Deeply engaged with endurance cycling until ?sexually assaulted by a sports coach on a long event (+5 days)
- Very good at fishing

ASD and BPD – Case Study of K

- Life long history of emotional instability, impulsivity, anger with chronic passive suicidal thoughts and recurrent deliberate self-harm. Transient psychotic periods and a dissociative state at times of stress. Recurrent life crises involving threats of suicide and police involvement in the context of perceived abandonment and injustice by people around her.

ASD and BPD – Case Study of K

- Highly focused on 'justice'
- Anger outbursts usually set off by perceptions of injustice
- Enjoys contact with people involved with justice (police)
- Separation anxiety AND poor tolerance for prolonged contact with others.
- Strong need for external purpose – all most severe behaviours in context of losing jobs in 'unfair' circumstances

ASD and BPD – Case Study of K

- Sensory hypersensitivities
- Social awareness
- ‘Reading the mind’ and intent
- Roles of special interest
- Problems with mentalisation
- Trauma issues
- Regression under stress
- Concrete understanding of therapy
- Intolerance of ‘fantasy’

ASD and BPD – Case Study of K

- Similarities
- Significant deliberate self-harm
- Inexplicable episodes of rage
- Black-and-white thinking
- Problems with mentalisation, executive functioning, stress tolerance and social and occupational functioning.

Management

- Both aspects of the presentation are best managed in a supportive and consistent environment, with clear lines of communication and an individualised management plan.
- Countertransference issues are likely and need to be planned for e.g. eye contact, length of sessions.