

Adults with Asperger Disorder Misdiagnosed as Schizophrenic

Category: Diagnosis and Assessment

Psychologists have a prominent role in the diagnosis and treatment of developmental disorders. With the inclusion of Asperger disorder in the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 4th Edition: American Psychiatric Association, 1994), there is an explosion of interest in mild autistic disorders. This syndrome, which is characterized by problems in interpersonal relatedness, empathetic communication, and imagination, has only recently become known in this country. Practicing psychologists may encounter adult psychiatric patients who have erroneously been diagnosed as having chronic schizophrenia when a careful examination and history would reveal that they have lifelong deficit conditions within the autistic spectrum. Opportunities are available for psychologists to contribute to the proper diagnosis and treatment of these individuals. Some case illustrations and suggestions for the role of psychologists in providing more appropriate treatment of these individuals is provided.

Many psychologists have encountered patients diagnosed with chronic undifferentiated schizophrenia who do not properly fit the criteria for this disorder. Working in a day program for chronic psychiatric patients, I met several such individuals. They had the appearance of people with the negative symptoms of schizophrenia, for example, social withdrawal, apathy, lack of ambition, and communication difficulties. Yet their way of relating was curiously unlike that of the other schizophrenic patients. Their histories revealed a lifelong pattern of relational problems, without psychotic episodes or acute exacerbations. Furthermore, several of them did not take neuroleptic medications. Individuals who were not diagnosed with pervasive developmental disorders in childhood may subsequently be misdiagnosed as chronic, undifferentiated schizophrenics.

Individuals with Asperger disorder grow up experiencing the world in a quite different way from the rest of us. They are consistently handicapped in those developmental tasks that require affective attunement and social relatedness. Over the years, they often become aware of their differentness and develop defences against feelings of social isolation. Thus, secondary withdrawal and depression are commonly seen. These symptoms are well suited to psychological interventions. Accurate differential diagnosis is important because the more passive, high-functioning autistic people can easily be overlooked in an institutional setting. Maintenance on neuroleptic medication may be unnecessary for these patients because they do not manifest acute, positive symptoms and do not suffer from a deteriorative condition. It is fruitless to try to remove symptoms that are, in effect, their baseline functioning. On the other hand, they may experience tremendous anxiety in response to stress, which eventuates in their internal fantasy life spilling over into reality.

Author/s and Journal

Lawrence Perlman, *Professional Psychology: Research and Practice*, 2000, Vol 31, No. 2, 221-225.