

# Asperger's: is it autism by another name?

children with Asperger's syndrome usually begin speaking well at a normal age. Their grammar and vocabulary are very good, but their speech is stilted and repetitive, their voices tend to be flat and emotionless, and their conversations revolve around eccentric topics. Christopher Gillberg mentions that one mother described her child's speech as "so unlike normal speech, not because of any particular defect, but because it seems to be without joy and to lack life."

In addition, people with Asperger's syndrome have trouble using and understanding "body language." For instance, Derek Scott found that people with Asperger's had difficulty identifying emotions when they were shown photos of people who were angry, afraid, etc.

Routines, rituals and unusual interests are common to both Asperger's and classical autism, but these tend to be elevated to a higher level in Asperger's. Rather than arranging toys in rows, or being fascinated with cellophane or water, the person with Asperger's often becomes obsessed with more complex interests such as mathematical patterns, music, or weather reports. Larry Burd and Jacob Kerbeshian nicknamed one such young man the "pinball wizard," because of his fascination with drawing incredibly detailed pictures of pinball machines.

And unlike classically autistic children, many of whom are very graceful and coordinated, children with Asperger's syndrome tend to be "klutzy"; in fact, clumsiness was one of the six diagnostic features originally suggested by Asperger. However, while some people with Asperger's do have odd self-stimulating behaviors, they appear to be less bothered by the sensory problems that make most autistic children react strangely to sounds, smells, and touch.

While Asperger reported that all of his cases had normal or above-normal IQs, Wing has seen several mildly retarded people with Asperger's syndrome. In most cases, verbal IQs are higher than performance IQs. Dyslexia, writing problems, and difficulty with mathematics are commonly reported both in people with Asperger's and in their family members.

Like classical infantile autism, Asperger's syndrome affects boys much more often than girls.

## Psychiatric problems common

Suicide attempts, anti-social behaviors, and depression are reported fairly frequently in studies of people with Asperger's syndrome. Gillberg, for instance, describes one boy with recurrent episodes where he becomes totally passive and apathetic. "Sometimes he will sit for hours repeating the same words over and over again. His gaze becomes distant, his face tense, and his overall appearance 'almost evil'. . . the episodes always last 14 to 17 days and end as abruptly as they started."

Simon Baron-Cohen recently reported on a 21-year-old man with Asperger's syn-

drome who frequently hit his "girlfriend" (a 71-year-old woman) and others, and who shows "remarkably little awareness" of how his victims feel about his attacks. Wing says that some people with Asperger's commit crimes which "tend to be of an unusual or bizarre kind, such as attempting to drive away an unattended railway engine because of a fascination with trains, or causing explosions and fires because of an all-absorbing interest in chemical reactions."

Of 18 of Wing's subjects over the age of 16, eight had depression or depressive symptoms, one was psychotic with delusions and hallucinations, one had had a catatonic episode, one was schizophrenic, and two had attempted suicide.

## Is it Asperger's or autism?

Asperger felt that Asperger's syndrome and autism are clearly different disorders, and noted that people with Asperger's syndrome are less disturbed and more intelligent than typical autistic individuals; have special abilities; first show symptoms after the age of three; and develop highly grammatical speech very early. Asperger contended that autism is a "psychotic process," while Asperger's syndrome is a "stable per-

sonality trait."

While Wing notes that at its mildest "the syndrome shades into eccentric normality," she argues that "there are many cases in whom the problems are so marked that the suggestion of a distinct pathology seems a . . . more plausible explanation."

Wing believes that while Asperger's syndrome is related to autism, it should be considered a separate disorder. "The term [Asperger's] is helpful when explaining the problems of children and adults who have autistic features, but who talk grammatically and who are not socially aloof," she says. Digby Tantam agrees that the diagnosis of Asperger's syndrome "gives official recognition to the problems of children and adults with some autistic symptoms, who cannot be diagnosed as having infantile autism but who suffer from the same kind of social deficits."

Others, however, question whether Asperger's differs greatly from high-functioning autism. Gillberg, who notes that Asperger's and autism are similar in "clinical picture, course, prognosis to puberty, and certain neurobiological correlates," says that "it would be premature to conclude that the two syndromes represent distinct clinical entities."

Fred Volkmar, Rhea Paul and Donald Cohen agree that "at present there does not

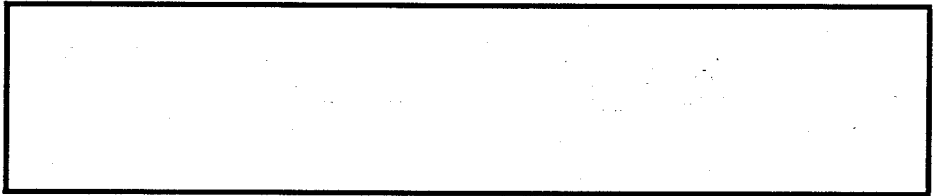
appear to be sufficient evidence to suggest that the two disorders are truly distinctive." They point out that while Asperger's syndrome appears to have a later age of onset, this may be because it involves "less substantial degrees of intellectual impairment;" and they believe the absence of obvious central nervous system (CNS) damage in people with Asperger's syndrome "may simply reflect current difficulties in evaluating subtle CNS impairment."

## Genetic factors?

Wing and Eyrena Burgoine reported on triplets with Asperger's syndrome, evidence that a genetic defect may be at least partly responsible for the disorder. However, since the triplets they studied had differing degrees of impairment, they believe that while genetic factors may contribute to Asperger's, "some additional pre-, peri- or post-natal influence" also was present.

They also found that five of 16 fathers and two of 24 mothers of children with Asperger's syndrome had some mild symptoms of the syndrome themselves.

Kenneth Bonnet studied six generations of a family with several cases of Asperger's syndrome, and suggests that the hereditary



pattern "strongly resembles that of hemophilia, with sons being most often affected and by transmission through their mothers. Thus a current model . . . is an autosomal dominant pattern with variable expression." They believe other factors, such as hypothyroid problems in the mother, may contribute to the disorder.

Laboratory tests conducted by Bonnet showed EEG and brainwave abnormalities which indicated that the development of the left brain hemisphere is abnormal in people with Asperger's syndrome. Tests conducted on unaffected family members showed no defects. Tantam, however, speculates that Asperger's syndrome may be linked to right-brain defects, which can cause gaze avoidance, poor interpretation of emotions, and loss of vocal expressiveness, while leaving grammatical functions intact.

Miles and Capelle found that one of their patients with Asperger's syndrome had amino-aciduria, a metabolic disorder. Burd and Kerbeshian found that three of their six subjects with Asperger's syndrome also developed Tourette syndrome, a disorder characterized by tics, uncontrolled utterances such as grunting or barking, learning and attention problems, compulsions, and depression or anxiety.

*Send self-addressed stamped envelope for list of references on Asperger's syndrome.*