Asperger’s disorder, more commonly referred to as Asperger’s syndrome, is a chronic developmental disorder characterized by severe and pervasive social dysfunction and the presence of restricted, repetitive patterns of interests, behavior, and activities (American Psychiatric Association, 1994). Asperger’s disorder is a pervasive developmental disorder distinguished from other such disorders by the presence of intact language and cognitive functions. Hans Asperger first described it in the literature in 1944 as a developmental disorder involving autistic psychopathy. Asperger’s disorder was only officially recognized in the most recent revisions of the ICD-10 (World Health Organization, 1992) and DSM-IV (American Psychiatric Association, 1994). Impairment and abnormalities are quite pervasive in Asperger’s disorder. In addition to the core characteristics, there are many other features that are common but not necessary for diagnosis.

Individuals with Asperger’s disorder demonstrate severe impairment in reciprocal social interaction. This impairment may consist of an inability or a lack of desire to interact with peers, an inability to recognize social cues, and a lack of empathy or sensitivity. Although they may express interest in making friends, their approaches tend to be inappropriate and peculiar. They often appear to be unaware of social conventions and they rely on formalistic rules to govern their behavior. They are often perceived as socially awkward, eccentric, or strange. Because they have difficulty understanding the motivations of other people, individuals with Asperger’s are socially naive and can be victimized by peers. These difficulties usually result in a lack of close peer relationships, social isolation, and peer rejection.

Individuals with Asperger’s disorder have intense interests in unusual, circumscribed subject matter, such as elevators or movie schedules. Younger children with Asperger’s may be preoccupied with parts of objects, such as wheels, and they may be overly interested in the mechanics of things. They spend large amounts of time engaged in activities related to their interests, such as amassing knowledge about the topic, collecting memorabilia, or talking unremittingly about their interests. They usually spend so much time involved in the topic which preoccupies them that there is little time to learn about more socially relevant topics. The actual subject matter often changes over time, but the intensity of their interest is an enduring characteristic.

DSM-IV and ICD-10 diagnostic criteria specifically exclude individuals from having Asperger’s disorder if they had an early language delay (failure to use meaningful words by age 24 months and combined words and phrases by 36 months). However, various speech and communication abnormalities are noted in AS including idiosyncratic facial and gestural expressions, highly literal and concrete verbal expression and interpretations, extreme verbosity, a lack of conversational reciprocity, pedantic style of speaking, lack of eye-to-eye gaze, and poor modulation of volume, pace and tone of speech.

Individuals with Asperger’s disorder often present with clumsy movement, unusual posture and gait, delayed acquisition of motor skills, and poor graphomotor
abilities, although these characteristic are not necessary for diagnosis. Stereotypic movement may also be present, particularly in young children with Asperger’s disorder.

BASIC FACTS ABOUT ASPERGER’S DISORDER

Prevalence. Few studies have examined the prevalence of Asperger’s disorder and therefore epidemiological data are scarce. Prevalence estimates of Asperger’s disorder vary widely resulting primarily from methodological differences among studies. The limited data suggest rates of ranging from .3 to 48.4 in 10,000 children. In a review of the epidemiological research, Fombonne and Tidmarsh (2003), concluded that the prevalence of AS is approximately 2 per 10,000 children.

Gender. Epidemiological data suggest that Asperger’s disorder is more common in males than females with a male: female ratio of 4:1 (Khouzan, El-Gabalawi, Pirwani, & Priest, 2004).

Comorbidity. There has been little systematic research about comorbidity in Asperger’s disorder. The limited available data and clinical reports suggest that it may coexist with several psychiatric disorders. It has been associated with obsessive-compulsive disorder (Thomsen, 1994). Clinically significant levels of depression and generalized anxiety occur at higher rates in populations of children with Asperger’s disorder (Towbin, 2003; Kim, Szatmari, Bryson, Streiner, & Wilson, 2000). Problems with stress management and anger have also been reported in adolescents and young adults with Asperger’s disorder (Ghaziuddin, Weidmar-Mikhail, & Ghaziuddin, 1998). Several earlier studies have found an association between Tourette’s Syndrome and Asperger’s disorder although more recent studies have not replicated this finding (Klin & Volkmar, 1997). Hyperactivity and inattention are common in children with Asperger’s disorder (Towbin, 2003; Yoshida & Uchiyama, 2004). One study suggests that individuals with Asperger’s disorder often received diagnoses of ADHD at some point during childhood (Martin, Scahill, Klin, & Volkmar, 1999) although it is unclear whether these diagnoses were accurate.

Onset. The symptoms of Asperger’s disorder are usually apparent in preschool or grade school years. Wing (1981) suggested that abnormalities are apparent as early as the first two years of life including decreased interest in people, limited babbling, and reduced sharing of interests. Early fascination with letters and numbers and precocious decoding skills have also been noted as features of early development in children with Asperger’s disorder (Klin & Volkmar, 1997). Delays in the development of motor skills, such as pedaling a bicycle, playing ball, and climbing, often occur in the preschool years (Khouzam et al., 2004) of children with Asperger’s disorder. One study reported that the average age of diagnosis is 11 years, despite the fact that parents of these children begin to have concerns when their children are on average 30 months of age (Howlin & Asgharian, 1999). Although a clear pattern of difficulties in peer relationships and unusual, intense interests are present in the early school years, it has been estimated that 50% of children with Asperger’s disorder reach adulthood without receiving a diagnosis or treatment (Szatmari, Archer, Fisman, Streiner, & Wilson, 1995).

Course. Asperger’s disorder is a lifelong, enduring condition. The presentation of the disorder typically changes from childhood to adolescence and adulthood. Stereotypy, reduced sharing of interests, and preoccupation with parts of objects typically disappear by adolescence (Tantum, 2003). Adults with Asperger’s disorder present with obsessive interests, a lack of empathy, social awkwardness and isolation,