

Postponing the Proposed Changes in DSM 5 for Autistic Spectrum Disorder Until New Scientific Evidence Adequately Supports Them

Edward R. Ritvo

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Dear Editor,

We write to express the following concerns about the proposed DSM 5 criteria for ASD and the inclusion of a new disorder (Social Communication Disorder).

First, it is crucial to note that the proposed changes for the diagnosis of ASD are not based on new empirical evidence. There is no scientific rationale for a change at this time. The fact that DSM 5 is scheduled to be published next year does not, in and of itself, necessitate a change.

Second, it is crucial to note that the proposed changes may cause harm in many areas of clinical practice and research. Some of these potential harms are:

1. Preliminary studies comparing the current and proposed criteria indicate that approximately 20–40 % of those patients currently diagnosed by DSM IV-TR criteria will not be diagnosed by the new criteria. **These patients who “drop out” will lose access to services causing untold hardship to them and their families.**
2. **The vast body of research data and results published since 1994 using the DSM IV criteria and the screening instruments based on them will not be straightforwardly compatible with the data or results produced using the new DSM 5 criteria.** Thus, **all on going longitudinal and clinical state studies** currently under way will be disrupted as the old and new data cannot be simply “pooled”. (This is the “mixing apples and oranges” problem that is the nightmare of statisticians.)

3. **Clinicians worldwide will have to be retrained to use the new criteria, which can take many years.** Meanwhile there will be much confusion and disruption of services as the DSM IV-TR criteria will continue to be widely used.
4. **To meet administrative requirements, many treatment and support programs will require patients to be re-diagnosed according to DSM 5 criteria if they are to continue to receive services. This will further needlessly burden already overburdened patients and families.**

The other major area of concern we have is with the DSM 5 proposal to add a new diagnostic category, **Social Communication Disorder (SCD)**. As proposed, this disorder has vague criteria, has never been field tested, and has never been compared in studies to ASD. It is likely that it will be used for patients with minimal symptoms who do not meet the new cut off point for ASD. In that event they will “drop out” of the ASD category, although they may have a mild form and not be able to continue or to obtain services for those with ASD. They will “be dropped out”.

In conclusion we suggest that the proposed changes be postponed until new scientific evidence adequately supports them.

Barnhill, Jarrett, USA
Berckelaer-Onnes, I.A. van, The Netherlands
Begeer, Sander, Australia
Beversdorf, David, USA
Bitsika, Vicky, Australia
Brereton, Avril, Australia
Bull, Kerry, Australia
Diehl, Joshua John, USA
Fiard, Dominique, France
Fuentes, Joaquin, USA

E. R. Ritvo (✉)
Professor Emeritus, UCLA School of Medicine, 11941 Saltair
Terrace, Los Angeles, CA 90049, USA
e-mail: eritvo@aol.com

Gilberg, Christopher, Sweden
Ghaziuddin, Mohammad, USA
Guthrie, Don, USA
Harris, Sandra, USA
Hu, Valerie, USA
Mataix-Cols, David, England
Matson, Johnny, USA
Montgomery, Janie, Canada
Peterson, Australia
Ploog, Bertram, USA

Prior, Margot, Australia
Rinehart, Nicole, Australia
Rojahn, Johannes, USA
Ritvo, Edward R., USA
Ritvo, Riva Ariella, USA
Stoesz, Brenda, Canada
Tonge, Bruce, Australia
Van Bergeijk, Ernst, USA
Woodbury-Smith, Marc, Canada
Yoo, J. Helen, USA