

Psychosis, Affective Disorders and Anxiety in Autistic Spectrum Disorder: Prevalence and Nosological Considerations

Norbert Skokauskas^a Louise Gallagher^b

^aDepartment of Child Psychiatry, St. James's Hospital, and ^bDepartment of Psychiatry, School of Medicine, Trinity Centre for Health Sciences, St. James's Hospital, Dublin, Ireland

Key Words

Autistic spectrum disorders • Asperger's syndrome • Co-morbidity • Psychosis • Mood and anxiety disorders

Abstract

Background: This review aimed to find relevant published studies on the co-morbidity of autism and Asperger's syndrome with psychotic, anxiety and/or mood disorders, assess them, synthesize the findings, present an overview and make recommendations for future research. **Methods:** Systematic literature searches were performed using several databases. Selected articles had to describe an original study that provided prevalence and/or incidence estimates on autism and/or Asperger's syndrome co-morbidity with psychotic, anxiety and/or mood disorders. **Results and Conclusion:** There is conflicting evidence regarding the frequency of schizophrenia in this population. Depression appears to be common, although most individuals with autism do not have sufficient language skills to verbalize changes in mood. Anxiety disorders represent the most common psychiatric co-morbidity in this population.

Copyright © 2009 S. Karger AG, Basel

Autistic spectrum disorders, classified as pervasive developmental disorders in ICD-10 and DSM-IV, are relatively common social communication disorders that affect up to 0.5% of individuals. Autistic disorder, atypical autism and Asperger's syndrome (AS) are all autistic spectrum disorders (ASDs). The essential features of autistic disorder are the presence of markedly abnormal or impaired development in social interaction and communication and a markedly restricted repertoire of activity and interests. Severe and sustained impairment in social interaction and the development of restricted, repetitive patterns of behaviour, interests and activities are the essential features of Asperger's disorder [1].

In the past there was a tendency to attribute all psychiatric problems in children and adults with autism to autism itself [2]. Possible reasons were that the diagnosis of these disorders encompasses such a severe and comprehensive label that secondary, tertiary or subsequently appearing psychiatric problems were not viewed as pivotal [3]. However, an increasing number of investigators are arguing for accepting behaviours and symptoms that had been considered additional or associated features of ASDs as potentially indicating the presence of co-morbidities warranting additional diagnosis [4]. Despite the recent increase in studies on the occurrence of medical and neu-