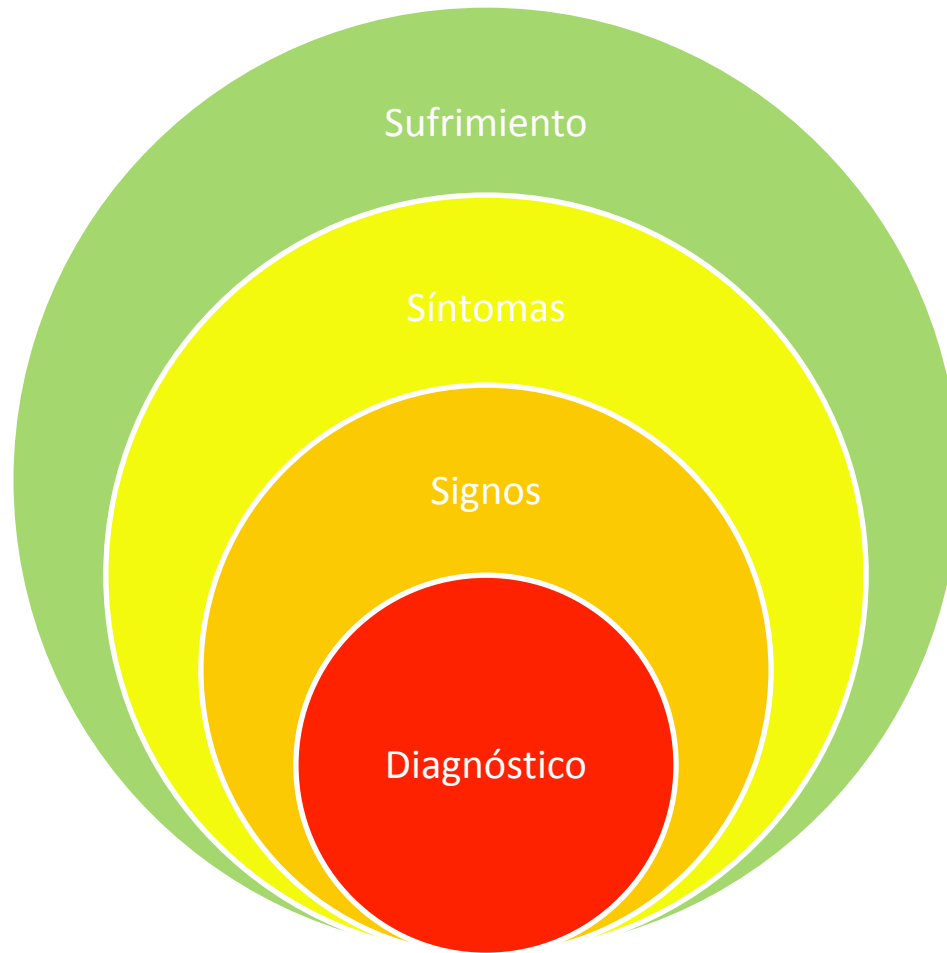


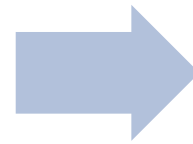
Diagnóstico diferencial del síndrome de Asperger en el Adulto

Pablo Pelayo
Psiquiatra
Departamento 19

Índice

- Introducción
- Trastornos depresivos
- Fobia social
- TOC
- Trastornos de personalidad
- Psicosis
- Conclusiones





T. Depresivos 53-70%

T. De Ansiedad 50%

Comorbilidad
Adultos

TDAH 43%

TP 43-61%

Trastornos depresivos

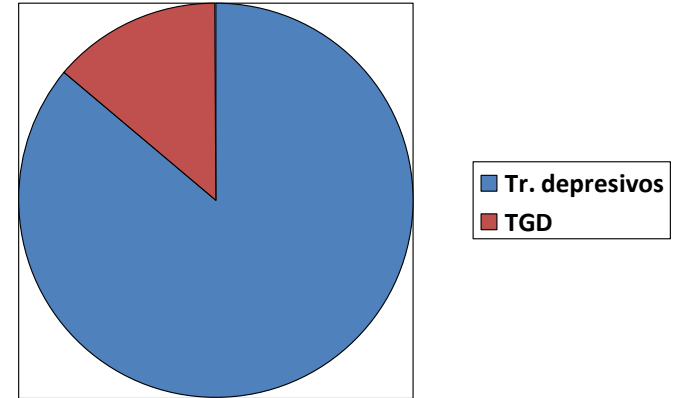


Trastornos depresivos

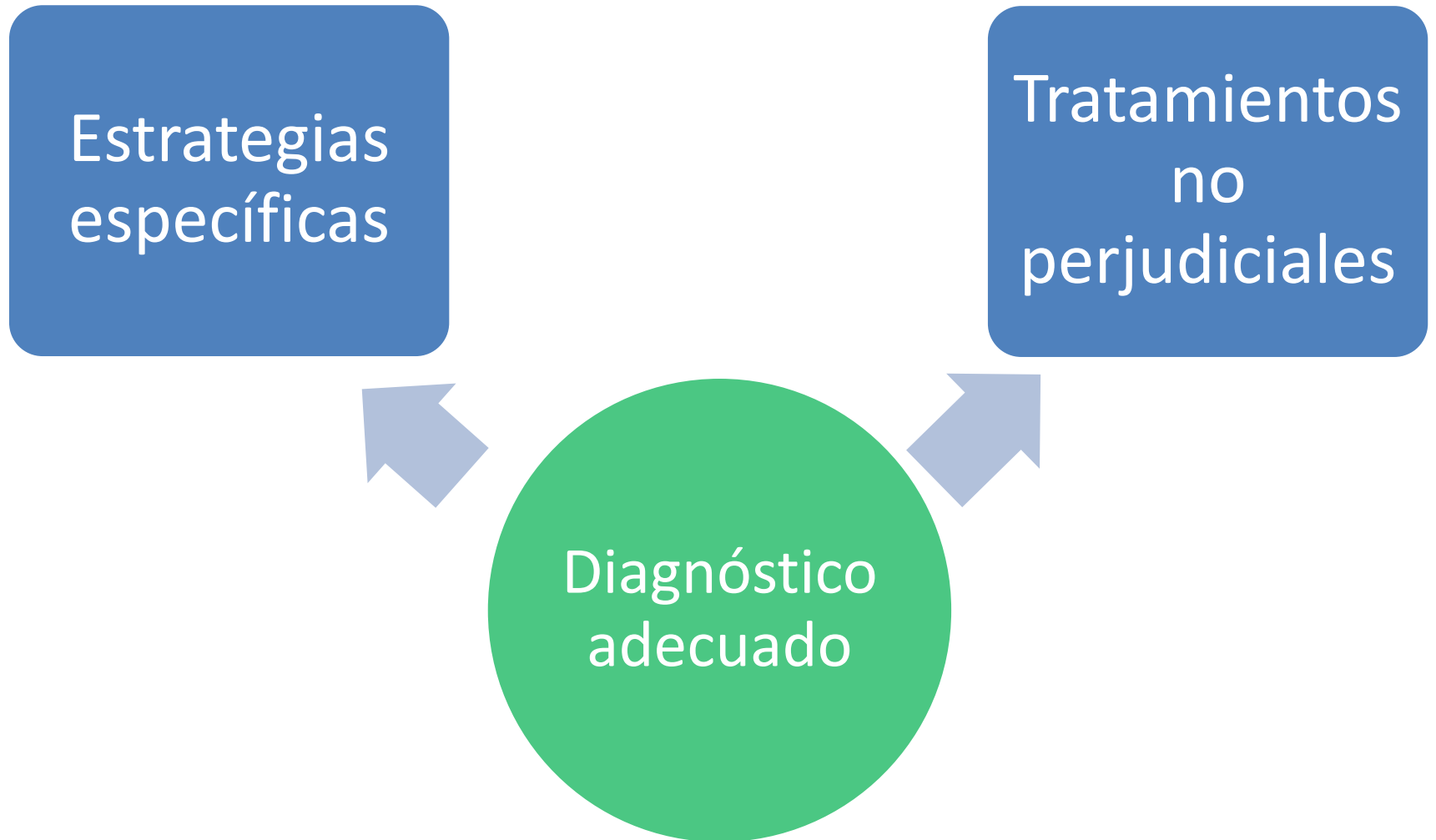
- Si los síntomas depresivos son prominentes pueden llegar a enmascarar la sintomatología del espectro autista
- Fatiga/ anhedonia-----Abandono social
- Inhibición motriz-----Alteraciones discurso

Trastornos depresivos

- Fricción interpersonal en trabajo o escuela.
 - Experiencias de acoso.
 - Fenómenos psicotiformes.
 - Edad por debajo de 32 años.
-
- La mayoría del 16% descrito presentaba esas características.



Primum non nocit

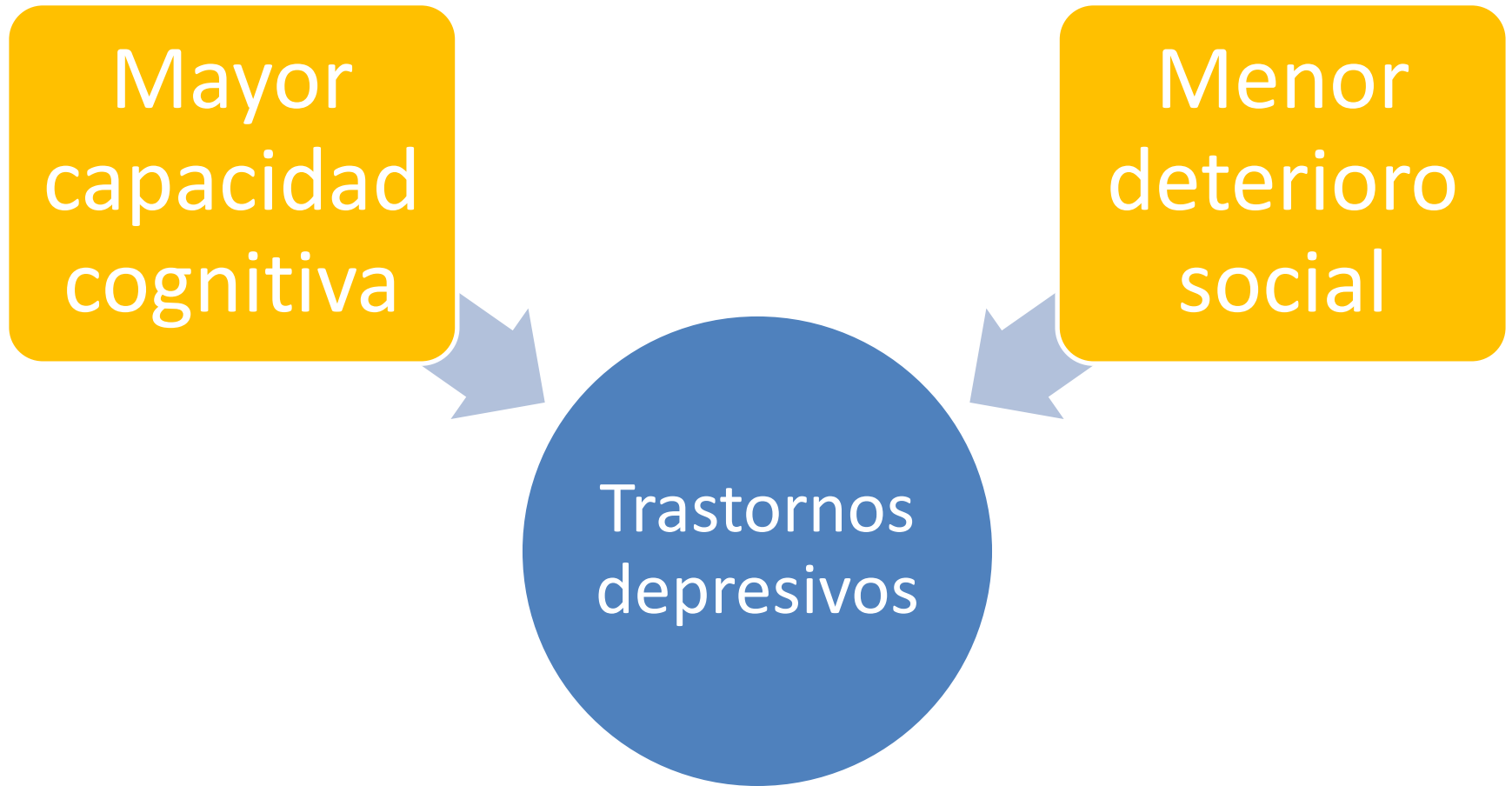


Depresión en TEA ya diagnosticado

Comorbilidad más frecuente dentro de los Trastornos del Espectro Autista con CI Normal.

53%

Trastornos depresivos



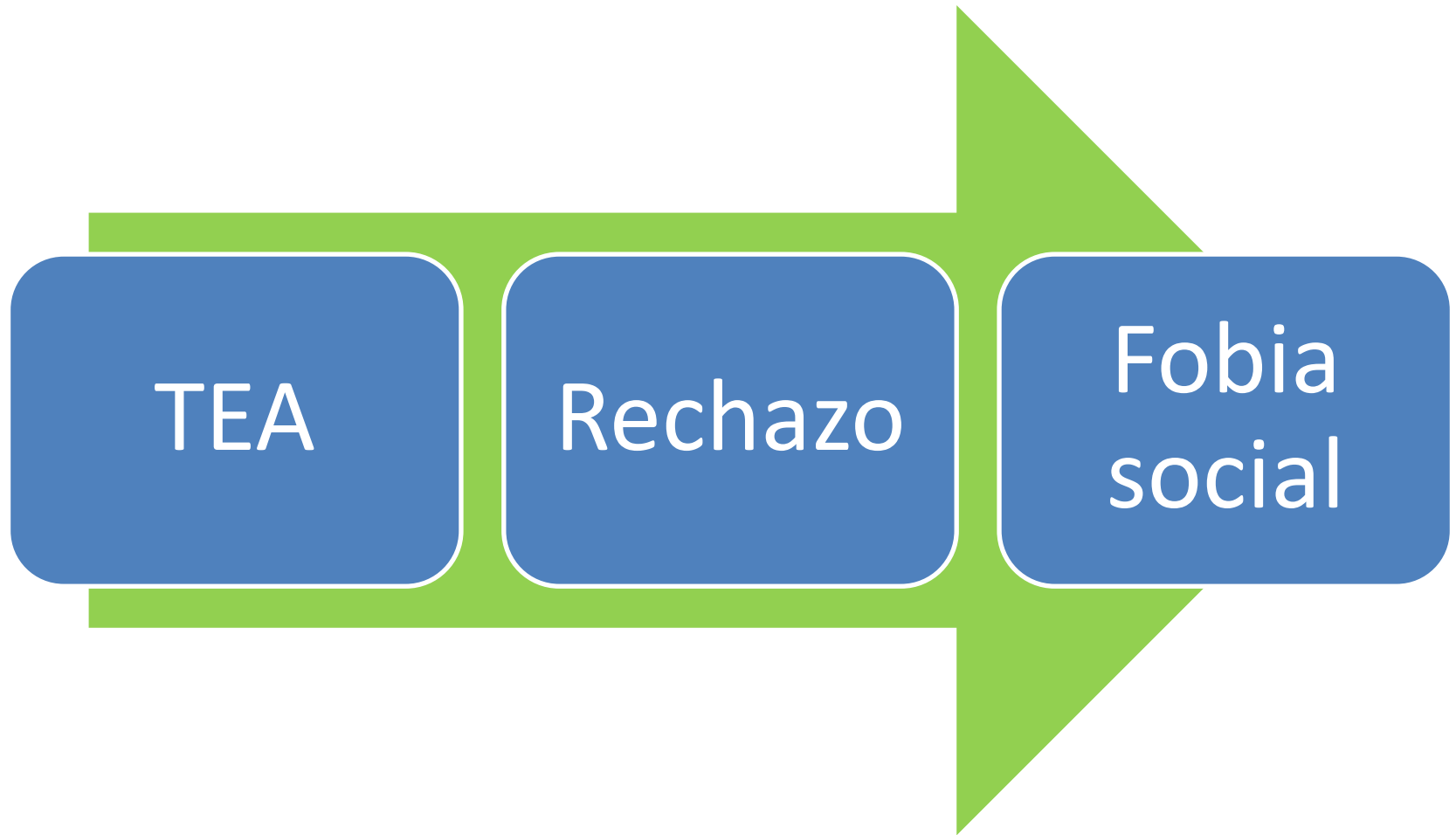
La depresión en TEA

- Línea basal tanto de actividades como de expresividad
- Cambios en entorno que precipiten depresión e historia familiar de depresión
- Entrevistas semiestructuradas modificadas
- Consensuar conceptos clave (culpa, placer, pesimismo)
- Información de los familiares puede ser imprecisa

Fobia social

- Miedo intenso a la evaluación negativa y a la humillación con evitación activa de las situaciones sociales.
- Un 22% de las personas con TEA cumplen criterios de ansiedad/fobia social.

Fobia Social



Pistas

- Mayor prevalencia de Activación fisiológica
- Fluidez de la entrevista individual
- Empleo de cuestionarios de cribado (RAADS-14)
- Presencia de habilidades sociales, pero consciencia o no de las mismas.

Bejerot, 2014

TOC

TOC	Conductas e intereses restrictivos y repetitivos (TEA)
Vivencia: Intrusivas, inaceptables, generan malestar, resitencia. Egodistónicas	Vivencia: Los intereses repetitivos y restringidos no generan malestar.
Contenido: Duda, contaminación, violencia, religión, sexualidad.	Contenido: Mundo físico, aficiones, áreas de conocimiento.
Función de la conducta: Aliviar sufrimiento	Función de la conducta: Gratificación, relajación.

Trastornos de personalidad

- Experiencia interna y conducta notablemente desviada que se manifiesta en cognición, afectividad, relación interpersonal o control de impulsos .
- No se debe a otro trastorno (Ej: TEA).

Trastornos de personalidad excéntricos

- Esquizoide-----distanciamiento en las relaciones sociales, pobreza expresión de afectos.
- Esquizotípico----- extravagante, creencias sobrenaturales.

Psicosis

Esquizofrenia paranoide vs.
Esquizofrenia simple.

Un porcentaje de paciente en
las unidades de salud
mental presentan un
diagnóstico de psicosis que
podria ser erroneo.





Espectro
autista

Trastornos
psicóticos

Conclusiones

- Sd. Asperger comparte características con población típica y con algunos trastornos mentales.
- El diagnóstico es útil para disminuir incertidumbre ,recomendar tratamientos validados y no recomendar otros.
- Mejor esperar o pedir ayuda que hacer un diagnóstico erróneo
- Los cuestionarios ayudan, pero son limitados.

AQ-10

Autism Spectrum Quotient (AQ)

A quick referral guide for adults with suspected autism who do not have a learning disability.

Please tick one option per question only:

		Definitely Agree	Slightly Agree	Slightly Disagree	Definitely Disagree
1	I often notice small sounds when others do not				
2	I usually concentrate more on the whole picture, rather than the small details				
3	I find it easy to do more than one thing at once				
4	If there is an interruption, I can switch back to what I was doing very quickly				
5	I find it easy to 'read between the lines' when someone is talking to me				
6	I know how to tell if someone listening to me is getting bored				
7	When I'm reading a story I find it difficult to work out the characters' intentions				
8	I like to collect information about categories of things (e.g. types of car, types of bird, types of train, types of plant etc)				
9	I find it easy to work out what someone is thinking or feeling just by looking at their face				
10	I find it difficult to work out people's intentions				

SCORING: Only 1 point can be scored for each question. Score 1 point for *Definitely* or *Slightly Agree* on each of items 1, 7, 8, and 10. Score 1 point for *Definitely* or *Slightly Disagree* on each of items 2, 3, 4, 5, 6, and 9. If the individual scores more than 6 out of 10, consider referring them for a specialist diagnostic assessment.

This test is recommended in 'Autism: recognition, referral, diagnosis and management of adults on the autism spectrum' (NICE clinical guideline CG142). www.nice.org.uk/CG142

Key reference: Allison C, Auyeung B, and Baron-Cohen S, (2012) *Journal of the American Academy of Child and Adolescent Psychiatry* 51(2):202-12.

RAADS-14 Screen

Name:	Patient ID:
Date:	Clinician:

Please choose one of the following alternatives:
This is true or describes me now and when I was young.
This was true or describes me only now (refers to skills acquired).
This was true only when I was young (16 years or younger).
This was never true and never described me.

Please answer the questions according to what is true for you. Check only one column per statement!

Some life experiences and personality characteristics that may apply to you	True now and when I was young	True only now	True only when I was younger than 16	Never true
1. It is difficult for me to understand how other people are feeling when we are talking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Some ordinary textures that do not bother others feel very offensive when they touch my skin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. It is very difficult for me to work and function in groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. It is difficult to figure out what other people expect of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I often don't know how to act in social situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.* I can chat and make small talk with people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When I feel overwhelmed by my senses, I have to isolate myself to shut them down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How to make friends and socialize is a mystery to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. When talking to someone, I have a hard time telling when it is my turn to talk or to listen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Sometimes I have to cover my ears to block out painful noises (like vacuum cleaners or people talking too much or too loudly).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. It can be very hard to read someone's face, hand, and body movements when we are talking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I focus on details rather than the overall idea.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I take things too literally, so I often miss what people are trying to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I get extremely upset when the way I like to do things is suddenly changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conclusiones

- Primum non nocit
- Prevención (educativa, social)
- Lo que marca el pronóstico es la soledad, importancia de generar redes.

TABLE 4

Phenomenological overlap of relevant differential diagnoses of AS that involve abnormal social interaction

	AS	Schizoid PD	Schizotypal PD	Avoidant PD	Social phobia	Obsessive PD	OCD	ADHD
Social interaction	●	●	●	●	●	●	●	●
Core manifestations of autism								
– verbal communication	●	●	●	●	●	●	●	●
– facial expression/gestures/prosody	●	●	●	●	●	●	●	●
– eye contact	●	●	●	●	●	●	●	●
– theory of mind	●	●	● ^{*1}	● ^{*4}	● ^{*4}	●	●	● ^{*7}
– empathy	●	● ^{*2}	●	●	●	●	●	● ^{*7}
– interests/rituals/compulsions	●	● ^{*3}	● ^{*3}	●	●	● ^{*5}	● ^{*6}	●
Accompanying manifestations								
– attention	●	●	●	●	●	●	●	●
– psychomotor function	●	●	●	●	●	●	●	●
– self-injurious behavior	●	●	●	●	●	●	●	●
– psychotic manifestations	●	●	●	●	●	●	●	●
Long-term manifestations								
– social interaction in childhood	●	●	●	●	●	●	●	●
– biographical stress factors	●	●	●	●	●	●	●	●

● usually abnormal; ● usually normal; ● potential accompanying manifestation;

^{*1} suspicious-paranoid misattributed; ^{*2} markedly restricted affect; ^{*3} e.g., intense preoccupation with fantasy, magical thinking, or violent scenarios;

^{*4} hypermentalization of other persons' irritation, criticism, or rejection; ^{*5} intense preoccupation with order, lists, and formal aspects; ^{*6} egodystonic character; ^{*7} due to attention deficit.

AS, Asperger syndrome; PD, personality disorder; OCD, obsessive-compulsive disorder; ADHD, attention deficit-hyperactivity disorder;

Se debe tratar a la persona, no al diagnóstico. El individuo y su entorno ofrecen muchos más retos y oportunidades.

Lo primero es no hacer daño.

¡MUCHAS GRACIAS!



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