

Differential diagnosis of autism-spectrum-disorder (ASD) in adults

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Aim

- To describe the most frequent differential diagnoses of autism-spectrum disorder (ASD) in a “real world data set”.
- To determine what disorder patients who present for diagnosis but do not have an ASD are suffering from.

Method

- We filtered the data bank for F84.x for the year 2017-2022
- 357 subjects were found
- Inclusion criterion was, presenting for diagnosing of ASD
- 29 subjects did not meet the inclusion criterion
- 335 were analyzed  Fig 1

Results

- 305 of the 335 patients (91%, 95% confidence interval (CI) 88-94.1%) did not meet DSM-V criteria for ASD (ASDno). ASD was confirmed in 26 individuals (7.8%, 95% CI 4.9-10.6%)(ASDyes). In four individuals, the diagnosis could not be excluded with certainty (1.2%).  Fig 2

- The cohort included 201 males (60.0%) and 134 females (40.0%).  Fig 2

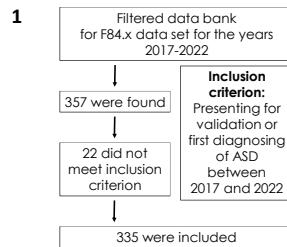
- The gender distribution among ASD patients was m:f = 2-3:1 (male 69.2%, 95% CI 51.5-86.9, female 30.8, 95% CI 13.0-48.5%).  Fig 2

- Cohort's mean age was 31.3 years (SD=11.2, range 16-65). The age group 16 to 29 years was overrepresented (54.3%), resulting in a left-skewed age distribution.  Fig 3

- The probability of ASD found was lower the older the patients were.  Fig 4

- The top 6 most frequently found differential diagnoses are

- Affective disorder
- AD(H)D
- Social Phobia
- Anxious Avoidant PD
- Panic Disorder with/without Agoraphobia
- Obsessive-Compulsive PD



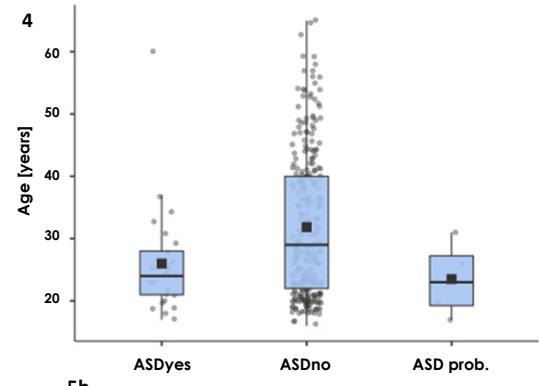
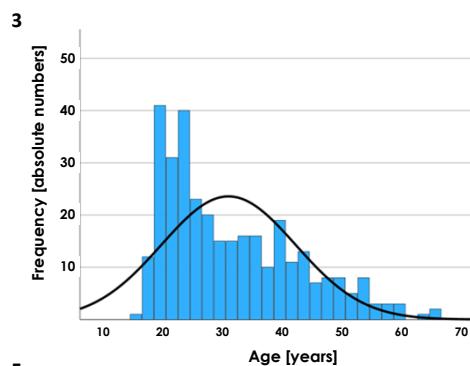
ICD-10 ASD Code	Gender		335
	male	Female	
none	181	124	
F84.0	8	1	
F84.1	2	1	
F84.5	8	6	
Probable	2	2	
	201 (60%)	134 (40%)	

Figure 1. Flow-Chart of the study. The inclusion criterion was patients with suspected or supposedly diagnosis of ASD from other institutions presenting to our center for validation or first diagnosing of ASD between 2017 and 2022. All included patients were thoroughly assessed according to the German S3-guidelines for diagnosing ASD according to the DSM-V criteria by an examiner experienced, certified, and trained in diagnosing ASD. The local ethics committee approved the study. A total of 357 patients were analyzed. Twenty-two were excluded from the study because they did not meet the inclusion criteria as they had been diagnosed before and were at the institute for treatment or had the diagnosis but were for treatment for co-morbidities.

Figure 2. Frequency of diagnoses of ASD. The table gives the number and gender distribution of the found ASD diagnosis, given for the different subtypes.

Figure 3. Description of the cohort. The age at first presentation was 31.45 (SD=11.21) years in the total sample. The youngest participant was 16 and the two oldest participants were 65 years old. The age group of 16 to 29 years is significantly overrepresented with 54.1%, resulting in a left-skewed age distribution. This is due to the fact, that at our center, in general, presentation was possible with a minimum age of 18 years.

Figure 4. Box-plots of the representation of age by diagnosis group (ASD_{yes} and ASD_{no} group). The box includes the data between the lower and upper quartile, the dash indicates the median, while the black square indicates the mean. The individual data points are also shown (jittered). Note that we were unable to definitely verify or exclude the diagnosis of ASD in 4 subjects. The older the patients were at presentation, the less probable was the diagnosis of ASD. The one patient with the age of 60 and the diagnosis of ASD was female. The diagnosis was never suspected before. Yet, the woman lived in an assisted housing and had no school graduation.



Diagnosis (N=883), %	Total (N = 335)	Yes (N = 26)	No (N = 305)	Probable (N = 4)	p ^a
Depression (22.3%)	Yes 197 (58.8%)	8 (30.8%)	189 (62.0%)	4 (100%)	<.001
AD(H)D (15.2%)	Yes 134 (40.0%)	5 (19.2%)	126 (41.3%)	1 (25.0%)	.031
Social Phobia (10.8%)	Yes 95 (28.4%)	59 (31.1%)	27 (9.2%)	0 (0%)	<.001
Anxious Avoidant PD (8.2%)	Yes 72 (21.5%)	26 (100%)	72 (23.6%)	0 (0%)	.001
Panic Disorder with/without Agoraphobia (5.8%)	Yes 51 (15.2%)	1 (3.8%)	50 (16.4%)	0 (0%)	.161
Obsessive-Compulsive PD (5.8%)	Yes 51 (15.2%)	0 (0%)	50 (16.4%)	1 (25.0%)	.071
Diagnosis <15%					
Combined PD (4.6%)	Yes 41 (12.2%)	0 (0%)	40 (13.1%)	1 (25.0%)	.108
Other PD (3.4%)	Yes 30 (9.0%)	0 (0%)	29 (9.5%)	1 (25.0%)	.140
Specific Phobia (3.1%)	Yes 305 (91.0%)	26 (100%)	276 (90.5%)	3 (75.0%)	
OCD (2.9%)	Yes 26 (7.8%)	0 (0%)	26 (8.5%)	0 (0%)	.250
Borderline PD (2.6%)	Yes 23 (6.9%)	0 (0%)	23 (7.5%)	0 (0%)	.297
Eating Disorder (1.8%)	Yes 6 (1.8%)	0 (0%)	6 (2.0%)	0 (0%)	.414
Substance Use Disorder (illegal Substance) (1.9%)	Yes 17 (5.1%)	0 (0%)	17 (5.6%)	0 (0%)	.414
PTSD (1.8%)	Yes 16 (4.8%)	0 (0%)	16 (5.2%)	0 (0%)	.438
Other neurotic, stress-related and somatoform disorders (1.6%)	Yes 319 (95.2%)	26 (100%)	289 (94.8%)	4 (100%)	
Substance Use Disorder (Alcohol) (1.5%)	Yes 13 (3.9%)	0 (0%)	13 (4.3%)	0 (0%)	.514
Schizophrenia Spectrum Disorder (1.5%)	Yes 13 (3.9%)	3 (11.5%)	10 (3.3%)	0 (0%)	.103
Intellectual Disability (1.5%)	Yes 11 (3.3%)	3 (11.5%)	8 (2.6%)	0 (0%)	<.001
Specific Developmental Disorders (Lernbehinderung) (1.2%)	Yes 11 (3.3%)	3 (11.5%)	8 (2.6%)	0 (0%)	.047
Generalized Anxiety Disorder (0.9%)	Yes 8 (2.4%)	0 (0%)	8 (2.6%)	0 (0%)	.668
Transsexualism (0.8%)	Yes 7 (2.1%)	0 (0%)	7 (2.3%)	0 (0%)	.704
Bipolar Disorder (0.3%)	Yes 3 (0.9%)	0 (0%)	3 (1.0%)	0 (0%)	.862
Tourette Spectrum Disorder (0.2%)	Yes 2 (0.6%)	0 (0%)	2 (0.7%)	0 (0%)	.906
Narcissistic PD	Yes 2 (0.6%)	0 (0%)	2 (0.7%)	0 (0%)	.906

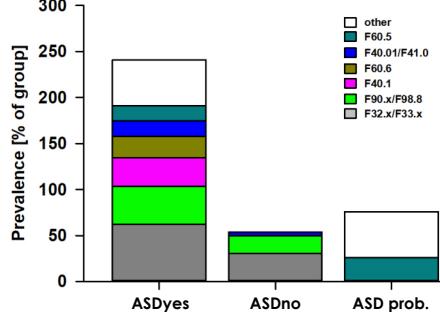


Figure 5. The differential diagnosis in our sample. The table gives the diagnoses found in our sample. We believe some of the found diagnoses are indeed differential diagnoses rather than comorbidities. However, as the sample was analyzed retrospectively, and the patients initially presented at our center for diagnostic purposes, we focused on explaining patients' suffering. This approach might have led to an underestimation of the comorbidities in the ASD group, as this was not in the scope of the original task.

Figure 5b shows the stacked bars of the most frequently found diagnoses by diagnosing group (ASDyes and ASDno). For detailed information, see Table 5a (left).

Conclusion

- We conclude that ASD in adults is suspected considerably too frequent.
- ADHD, Personality disorders, and conditions from the group of phobic and anxiety disorders are more often differential diagnosis than comorbidities
- These data might be particularly relevant from a patient management perspective.