

Editorial

DSM-5 and the Controversy of Social (Pragmatic) Communication Disorder

Prior to the advent of the diagnostic and statistical manual of mental disorders (DSM-5),¹ there were a number of terms used to describe and diagnose a group of children, whose primary disturbance was severe impairment of social reciprocity, inability to understand social situation, and to develop interpersonal relationships. They also had a disturbance in pragmatic language, thereby making social adaptability extremely difficult. These children who diagnosed with various terms, like infantile autism, autistic disorder-childhood/adult onset and pervasive developmental disorder (PDD).



They had a poor prognosis, and as of today there is no specific pharmacotherapy for them. Also, there were attenuated forms of this disorder, with better prognosis which were classified as Asperger's syndrome. In DSM-5, all these syndromes, including Asperger's syndrome, were lumped together, and a single diagnosis of autism spectrum disorder (ASD) was introduced. Further, an entirely new diagnostic term called social (pragmatic) communication disorder (SPCD) was introduced. Quite surprisingly, children so diagnosed, were very similar to those with ASD.

Diagnostic criterias for SPCD in DSM-5:

- A. Persistent difficulties in the social use of verbal and nonverbal communication as manifested by the following:
 1. Deficits in using communication for social purposes, such as greeting and sharing information in a manner, i.e., appropriate for the social content.
 2. Impairment of the ability to change communication to match content or the needs of the listener, such as speaking differently in a classroom than on a playground, talking differently to a child than to an adult, and avoiding use of overly formal language.
 3. Difficulties following rules for conversation and story telling, such as taking turns in conversation, rephrasing when misunderstood, and knowing how to use verbal and nonverbal signals to regulate interaction.
 4. Difficulties in understanding what is not explicitly stated (e.g., making inferences) and nonliteral or ambiguous language (e.g., idioms, metaphors, multiple meanings that depend on the context for interpretation).
- B. The deficits result in functional limitations in effective communication, social participation, social relationships, academic achievement, or occupational performance, individually or in combination.
- C. The onset of symptoms is in the early developmental period (but deficits may not become fully manifest until social communication demands exceed limited capacities).
- D. The symptoms are not attributable to another medical or neurological condition or to low abilities in the domains of word structure and grammar, and are not better explained by ASD, intellectual disability (intellectual developmental disorder), global developmental delay, or another mental disorder.

Clearly, except for the absence of repetitive and restrictive behavior, the above criterias are very similar to those of ASD. Currently, DSM-5, which was introduced in May 2013, is in use. Many child and adolescent psychiatrists complain, that in the clinical setting, it is quite difficult to decide, whether the diagnosis of ASD or that of SPCD, is more appropriate.

The not otherwise specified (NOS) category has been removed from the entire DSM-5. It was found that a large number of children had a diagnosis of PDD-NOS, did not fit in any DSM-5 category. One of the main reasons for creating the new category SPCD was to include many of these children with PDD-NOS.

Social (pragmatic) communication disorder is a term, never used before, including all classificatory systems across the world, in the history of psychiatry. This new nosological term has created a controversy, because many psychiatrists fail to agree, the logic used to explain this. There are compelling reasons as to why there is opposition among child and adolescent psychiatrists to this category.

The debate on creation of the category SPCD:

- A. The rationale for the addition of SPCD to DSM-5 communication disorders arose from literature supporting the impairment in pragmatics, in individuals with significant social and communication deficit. The impairment in pragmatics can be differentiated from the structural and formulation difficulties that characterize language disorder. Social (pragmatic) communication disorder gives researchers a tool, with which to develop empirical evidence, regarding disorders having various forms of communication difficulties. One study found that all but 2 of 66 children (mean age: 9 years) diagnosed with PDD-NOS, had one distinct symptom pattern namely, social impairment without signifying repetitive and stereotyped behavior.²
- B. In a study that compared the occurrence of repetitive and restrictive behaviors in ASD and SPCD, it was found that they occurred much less commonly in the SPCD group.³
- C. The inclusion of SPCD was partially driven by the loss of DSM-IV PDD-NOS category and was to facilitate inclusion of patients into a DSM-5 category.⁴ In addition to the question of overlap between various disorders where language is impaired, an important question exists surrounding the practice of ruling out ASD when SPCD is diagnosed.⁵
- D. Semantic deficits may not always co-occur with pragmatic deficits. The boundaries of pragmatic impairment have not been consistently defined in the literature; there is considerable debate about whether pragmatic language impairment can be fully separated from the social communication impairment of other language disorder.⁶
- E. One longitudinal study suggested that children with pragmatic language impairment performed better in academics. Though they continue performing better academically their pragmatic difficulties persists.⁷
- F. Diagnostic and statistical manual of mental disorders field trials indicated that a decrease in DSM-IV ASD diagnoses was accounted for by movement to SPCD diagnostic category.⁸
- G. Five criterias have been proposed to establish validity of psychiatric diagnosis:
- H. Clinical description, laboratory studies, delimitation from other disorder (exclusion criteria), follow-up studies, family studies. Future studies need to focus on these criterias to establish the validity of SPCD.⁹
- I. One recent study used rating scales and found that ASD and SPCD differed in the severity of social and communication deficit (more in ASD), but did not differ significantly on measures of repetitive and restrictive behavior.¹⁰
- J. Even if children with SPCD do not exhibit enough restrictive and repetitive behavior to meet the threshold for ASD, they are elevated compared to peers. It may therefore, not possible to distinguish ASD and SPCD on basis of behavioral profile alone. Logically this leads to the question: Is SPCD a milder form of ASD?¹¹

In conclusion, DSM-5 has introduced a new clinical diagnosis, SPCD, for children who do not meet criteria for ASD, but who exhibit social communication and pragmatic language impairment. The diagnosis of SPCD is currently challenged by a lack of culturally valid tool and paucity of research evidence that diagnostic criteria identify coherent and persistent clinical condition.³

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