



Asperger's syndrome
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INFORMATION SHEET

Age Group: Adults

Sheet Title: Depression or Mental Health Problems

People with Asperger's Syndrome are particularly vulnerable to mental health problems such as anxiety and depression, especially in late adolescence and early adult life.

However, the inability of people with Asperger's Syndrome to communicate feelings of disturbance, anxiety or distress can also mean that it is often very difficult to diagnose a depressed or anxious state, particularly for clinicians who have little knowledge or understanding of developmental disorders.

Similarly, because of their impairment in non-verbal expression, they may not appear to be depressed. This can mean that it is not until the illness is well-developed that it is recognised, with possible consequences such as total withdrawal; increased obsessional behaviour; refusal to leave the home, go to work or college, etc, and threatened, attempted or actual suicide. Aggression, paranoia or alcoholism may also occur.

In treating mental illness in a patient with Asperger's Syndrome, it is important that the psychiatrist or other health professional has knowledge of the individual being assessed.

It is crucial that the physician involved is fully informed about the individual's usual style of communication, both verbal and non-verbal. In particular it is recommended, if possible, that they speak to the parents or carers to ensure that the information received is reliable, e.g. any recent changes from the normal pattern of behaviour.



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Psychiatrists should be aware of the signs of Asperger's Syndrome as they appear in adolescents and adults if diagnostic errors are to be avoided. Treatments for anxiety and depression that are effective for people without Asperger's Syndrome are also effective for people with Asperger's Syndrome.

Depression

Depression is common in individuals with Asperger's Syndrome. People with Asperger's Syndrome leaving home and going to college frequently report feelings of depression.

Depression in people with Asperger's Syndrome may be related to a growing awareness of their disability or a sense of being different from their peer group and/or an inability to form relationships or take part in social activities successfully.

Personal accounts by young people with Asperger's Syndrome frequently refer to attempts to make friends but "I just did not know the rules of what you were or were not supposed to do". Indeed, some people have even been accused of harassment in their attempts to socialise, something that can only add to their depression and anxiety.

The difficulties people with Asperger's Syndrome have with personal space can compound this sort of problem. For example, they may stand too close or too far from the person to whom they are speaking.

Other precipitating factors are also seen in many people without Asperger's Syndrome who are depressed and include: loneliness, bereavement or other form of loss, sexual frustration, a constant feeling of failure, extreme anxiety levels, etc.



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Childhood experiences such as bullying or abuse may also result in depression, as can a history of misdiagnosis. Another possibility is that the person is biologically predisposed to depression. However, there are, of course, many other factors that may trigger the depression and this list should not be taken as exhaustive.

Depression in someone with Asperger's Syndrome might show itself through a particular preoccupation or obsession, and care must be taken to ensure that the depression is not diagnosed as schizophrenia or some other psychotic disorder or just put down to Asperger's Syndrome.

It is important to assess the individual's depression in the context of their Asperger's Syndrome, i.e.: their social disabilities, and any gradual or sudden changes in behaviour, sleep patterns, anger or withdrawal should always be taken seriously.

Symptoms of depression can be:

- Psychological (poor concentration/memory, thoughts of death or suicide, tearfulness)
- Physical (slowing down or agitation, tiredness/lack of energy, sleep problems, disturbed appetite)
- Motivational – also affecting mood (low mood, loss of interest or pleasure, hopelessness, helplessness, worthlessness, withdrawal or bizarre beliefs).

People with depression can also experience periods of mania.

Three approaches need to be made in diagnosing depression in a person with Asperger's Syndrome:

1. Deterioration in cognition, language, behaviour or activity. The complaint is rarely couched in terms of mood.



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2. It is important to take the patient's history to establish their baseline, patterns of activity and interests. It is this pattern with which the presenting patterns can be compared.
3. An attempt should be made to assess the patient's mental state, both directly and through the parent or carer, if present. Examples would include reports of crying, difficulties in separating from their parent/carer for an interview, increased/ decreased activity, agitation or aggression.

There may be evidence of new or increased self-injury or worsening autistic features, such as increased proportion of echolalia or the reappearance of hand-flapping.

Some people with Asperger's Syndrome also have difficulty in expressing appropriate and subtle emotions. They may, for example, laugh or giggle in circumstances where other people would show embarrassment, discomfort, pain or sadness. It is stressed that this unusual reaction, for example, after bereavement, does not mean the person is being callous or is mentally ill. They need understanding and tolerance of their idiosyncratic way of expressing their grief.

In treating depression, medications used in general practice may be prescribed. It is important to realise, however, that such agents do not make an impact on the primary social impairments that underlie Asperger's Syndrome.

As with any treatment for depression, adjustments may have to be made to find the appropriate drug and dosage for that particular person. Side effects should also be monitored and effort made to ensure the benefits of the treatment outweigh the penalties.



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It is also important to identify the cause for the depression and this may involve counselling, social skills training, or meeting up with people with similar interests and values.

Anxiety

Anxiety is a common problem in people with Asperger's Syndrome.

It has been found that 84.1% of children with pervasive developmental disorder met the full criteria of at least one anxiety disorder (phobia, panic disorder, separation anxiety disorder, avoidant disorder, overanxious disorder, obsessive compulsive disorder).

This does not necessarily go away as the child grows older. Many young adults with Asperger's Syndrome report intense feelings of anxiety, an anxiety that may reach a level where treatment is required. For some people, it is the treatment of their anxiety disorder that leads to a diagnosis of Asperger's Syndrome.

People with Asperger's Syndrome are particularly prone to anxiety disorders as a consequence of the social demands made upon them. Any social contact can generate anxiety for example, how to start, maintain and end the activity and conversation. Changes to daily routine can exacerbate the anxiety, as can certain sensory experiences.

One way of coping with their anxiety levels is for persons with Asperger's Syndrome to retreat into their particular interest. Their level of preoccupation can be used a measure of their degree of anxiety. The more anxious the person, the more intense the interest.

Anxiety can also increase the rigidity in thought processes and insistence upon routines. Thus, the more anxious the person, the greater the expression



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of their Asperger's Syndrome. When happy and relaxed, it may not be anything like as apparent.

One potentially good way of managing anxiety is to use behavioural techniques. For children, this may involve teachers or parents looking out for recognised symptoms, such as rocking or hand-flapping, as an indication that the child is anxious.

Adults and older children can be taught to recognise these symptoms themselves, although some might need prompting. Specific events may also be known to trigger anxiety e.g. a stranger entering the room. When certain events (internal or external) are recognised as a sign of imminent or increasing anxiety, action can be taken. For example, relaxation, distraction or physical activity.

The choice of relaxation method depends very much on the individual and many of the relaxation products available commercially can be adapted for use for people with Asperger's Syndrome.

Young children may respond to watching their favourite video. Older children and adults may prefer to listen to calming music. There is much music on the market, both from specialist outfits and regular music stores, that is written specifically to bring about a feeling of tranquillity.

It is important the person does not have social demands, however slight, made upon them if they are to benefit. It is also important that they have access to a quiet room. Other techniques include massage (this should be administered carefully to avoid sensory defensiveness), aromatherapy, deep breathing and using positive thoughts. It has been suggested that the use of photographs, postcards or pictures of a pleasant or familiar scene can help. These need to be small enough to be carried about and should be laminated in order to protect them.



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It is also stressed that there is a vital need to practice whichever method of relaxation is chosen at frequent and regular intervals, in order for it to be of any practical use when anxieties actually arise.

An alternative option, particularly if the person is very agitated, is to undertake a physical activity. Activities may include using the swing or trampoline, going for a long walk perhaps with the dog, or doing physical chores around the home.

Whatever method is chosen to reduce anxiety, it is crucial to identify the cause of the anxiety. This should be done by careful monitoring of the precedents to an increase in anxiety and the source of the anxiety tackled.

Obsessive compulsive disorder

Obsessive compulsive disorder (OCD) is described as a condition characterised by recurring, obsessive thoughts (obsessions) or compulsive actions (compulsions).

Obsessive thoughts are ideas, pictures of thoughts or impulses, which repeatedly enter the mind, whereas compulsive actions and rituals are behaviours which are repeated over and over again.

It is thought that the stereotypic obsessive action seen in children with Asperger's Syndrome differs from the child with OCD. The child with Asperger's Syndrome does not have the ability to put things into perspective.

Although terminology implies that certain behaviours in Asperger's Syndrome are similar to those seen in OCD, these behaviours fail to meet the definition of either obsessions or compulsions. They are not invasive, undesired or annoying, a prerequisite for a diagnosis of OCD. The reason for



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this is that people with (severe) Asperger's Syndrome are unable to contemplate or talk about their own mental states.

However, OCD does appear often to coincide with Asperger's Syndrome, although there is very little literature examining the relationship between the two.

People with Asperger's Syndrome can sometimes respond to conventional behavioural treatment to help reduce the symptoms of OCD. However, as with anyone, this will only be effective if the person wants to stop their obsessions. An alternative is use medication to reduce the anxiety around the obsessions, thus enabling the person to tolerate the frustration of not carrying out their obsession.

Schizophrenia

There is no evidence that people with autistic conditions are any more likely than anyone else to develop schizophrenia.

It is also important to realise that people have been diagnosed as having schizophrenia when, in fact, they have Asperger's Syndrome. This is because their odd behaviour or speech pattern, or the persons strange accounts or interpretations of life, are seen as a sign of mental illness, such as schizophrenia. Obsessional thoughts can become quite bizarre during mood swings and these can be seen as evidence of schizophrenia rather than the mood disorder that actually are.

Psychological Treatments

A primary psychological treatment for mood disorders is Cognitive Behavioural Therapy, as it is effective in changing the way a person thinks



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and responds to feelings such as anxiety, sadness and anger, addressing any deficits and distortions in thinking.

This therapy can be adapted for use with people with Asperger's Syndrome:

- have a clear structure, e.g. protocols of turn-taking
- adapt the length of sessions. Therapy might have to be very brief, e.g. 10-15 minutes long
- the therapy must be non-interpretative
- the therapy must not be anxiety provoking as any arousal of emotion during therapy may be very counterproductive
- group therapy should not be used

It is also important that the therapist has a working knowledge and understanding of Asperger's Syndrome in a counselling setting, i.e. the difficulty people with AS have dealing with things emotionally, finding it best to deal with things intellectually.

The therapist and client can work towards explicit operational goals, the focus being on concrete and specific symptoms.