



Adult ASD

DDX and Gender Specific Presentations

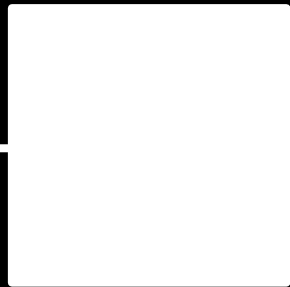
13th National Congress on Child and Adolescent Psychiatry



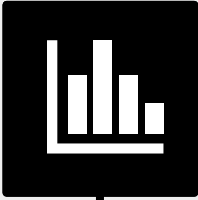
Hello! I'm...

Mahtab Motamed
Assistant Professor of Psychiatry
Tehran University of Medical Sciences

April 2024

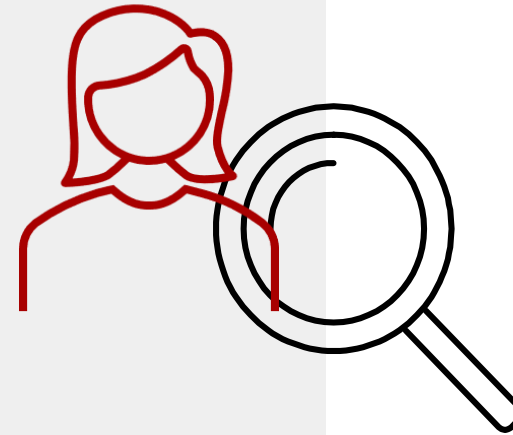


Gender Differences



Prevalence in Men and Women

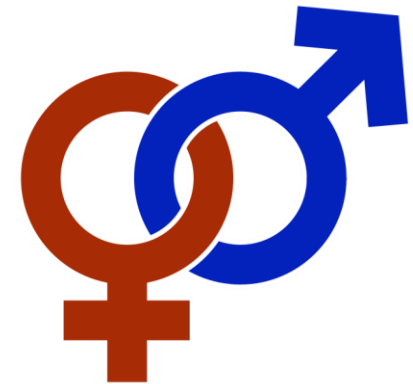
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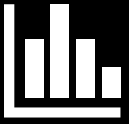




A **sex effect** in the prevalence and symptomatology

- Camouflaging
- Female protective effect
- Higher rate of comorbid conditions such as anxiety, tic disorder, depression or eating disorders





A **sex effect** in the prevalence and symptomatology

- Diagnostic assessments
- Differences in social norms and expectations from males and females



Female Phenotype

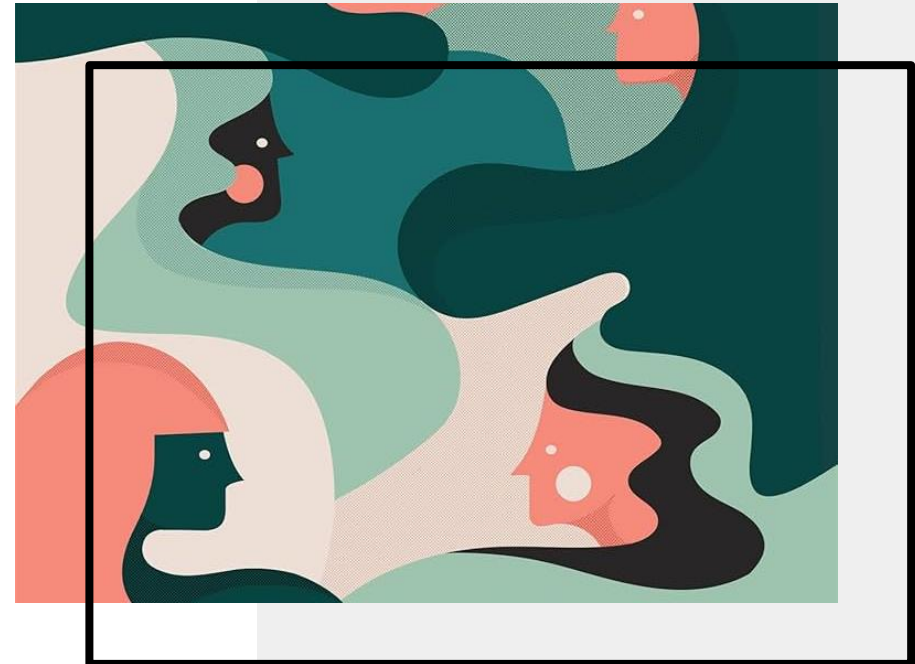
- Stronger desire to have social relationships, to have friendships, to be amongst their peers
- Less impaired behavior in play
- Superior imaginative abilities and very rich fantasy world
- More skilled at observing and imitating typical developing peers and mimicking their behaviors
- Less stereotyped, restrictive and repetitive behaviors
- Topics of interest are not traditionally linked with ASC in the cultural, social and developmental context





Camouflaging

- First shown to be a characteristic of autistic persons, who actively try to disguise and compensate for their autism features in social contexts in an effort to blend in socially better
- Copying behaviors and/or masking certain personality features with an adaptive role that aids changes to different situational demands





Camouflaging

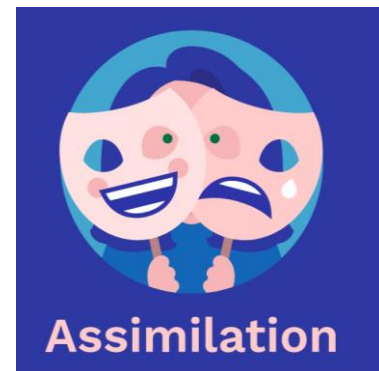
- Maintaining eye contact
- Copying behavior
- Being still
- Mimicking the facial expression
- Talking about popular topics



Compensation



Masking



Assimilation

WHAT BEHAVIORS DEFINE MASKING?



Hiding behavior that is viewed as socially unacceptable



Mimicking other people's social behaviour



Pre-preparing phrases, topics, or jokes for conversations



Forcing facial expressions, like smiles



Imitating eye contact during conversations



Imitating gestures



Reasons and motivations for camouflage

 **frontiers** | Frontiers in *Psychiatry*

TYPE Systematic Review
PUBLISHED 16 March 2023
DOI 10.3389/fpsyt.2023.1108110

Camouflage and masking behavior in adult autism

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- Helping them to access the social world and social opportunities and making friends
- Being accepted by others
- Maintaining safety
- Building resiliency



Impacts of camouflage behavior on mental health

 frontiers | Frontiers in Psychiatry

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Camouflage and masking behavior in adult autism

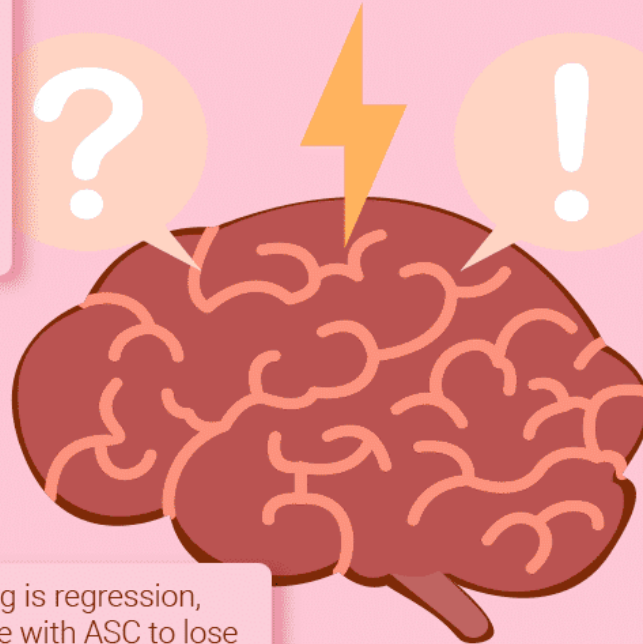
Javad Alaghband-rad¹, Arman Hajikarim-Hamedani² and Mahtab Motamed^{1*}

¹Department of Psychiatry, Tehran University of Medical Sciences, Tehran, Iran, ²Faculty of Medicine, Tehran Medical Sciences, Islamic Azad University, Tehran, Iran

- Psychological distress
- Suicidality
- Generalized anxiety, social anxiety
- Depression
- Exhaustion
- Feeling of deception

HOW MASKING AFFECTS THE INDIVIDUAL

'Autistic burnout', defined as the long-term psychological exhaustion of trying to immitate the behaviors of neurotypical people, can cause depression and other mental health issues



Masking requires substantial cognitive effort, and individuals with ASC who mask can end up with sensory or emotional overload that can cause stress and lead to meltdowns

One effect of masking is regression, which can cause people with ASC to lose the ability to speak or perform executive functions, cause a reduction of memory capacity, a loss of social skills, or a reduced ability to tolerate sensory or social overload

Regression can also refer to the general loss of the ability to cope or to accomplish daily tasks



Impacts of camouflage behavior on mental health

Females with ASD exhibit **superficial social skills** and gender related normative behaviors and have more tendency to make relationships to appear socially and sexually competent

As a result, they are exposed to situations ill equipped for and may be **victim of sexual abuse and harassments**



Neuroanatomical correlates of camouflage

- Positive correlation between camouflage and **activation of the ventromedial prefrontal** region during self-representation
- **Smaller volumes in the medial temporal and cerebellum** were associated with higher camouflaging in autistic women



Difference in Cognitive Ability

- **Better processing speed** abilities and worse visuospatial abilities
- No differences in planning abilities
- More perseverative errors
- Sorting more categories
- **Worse working memory** performance
- Producing more names of animals

Current Psychiatry Reports (2019) 21: 22
<https://doi.org/10.1007/s11920-019-1006-3>

AUTISM SPECTRUM DISORDERS: TREATMENT, SERVICES, OUTCOMES, AND COMMUNITY
FUNCTIONING IN ADOLESCENTS AND ADULTS (ES BRODKIN, SECTION EDITOR)



Women and Autism Spectrum Disorder: Diagnosis and Implications for Treatment of Adolescents and Adults

Renée M. Green^{1,2} · Alyssa M. Travers^{1,2} · Yamini Howe^{1,2} · Christopher J. McDougle^{1,2}



- Altered connectivity, generally **hyperconnectivity**, consistent with patterns of **neural masculinization**, a pattern not observed in males
- Sex-by-diagnosis interactions in mental rotation test across occipital, temporal, parietal, and middle frontal regions with greater activation in males with ASD compared to females.


No conclusive evidence of gender differences

- **IQ** (Lehnhardt et al., 2016; Nydén et al., 2010; Wilson et al., 2016)
- **Executive function** (Lehnhardt et al., 2016; Nydén et al., 2010)
- **Psychosocial functioning** (Baldwin & Costley, 2016; E. Rydén & Bejerot, 2008)
- **Mental illness** (Geurts & Jansen, 2012; Russell et al., 2016; Wilson et al., 2016).

Diagnosis of autism in adulthood: A scoping review

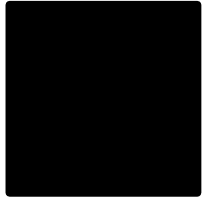
Yunhe Huang^{1,2} , Samuel RC Arnold^{1,2} ,
Kitty-Rose Foley^{1,3}  and Julian N Trollor^{1,2}



Autism
1–17
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- Two studies with moderately small numbers of female participants ($n = 45$ and $n = 41$, respectively) have reported on **a possible overlap between autism and borderline PD in women** (E. Rydén & Bejerot, 2008; G. Rydén et al., 2008).



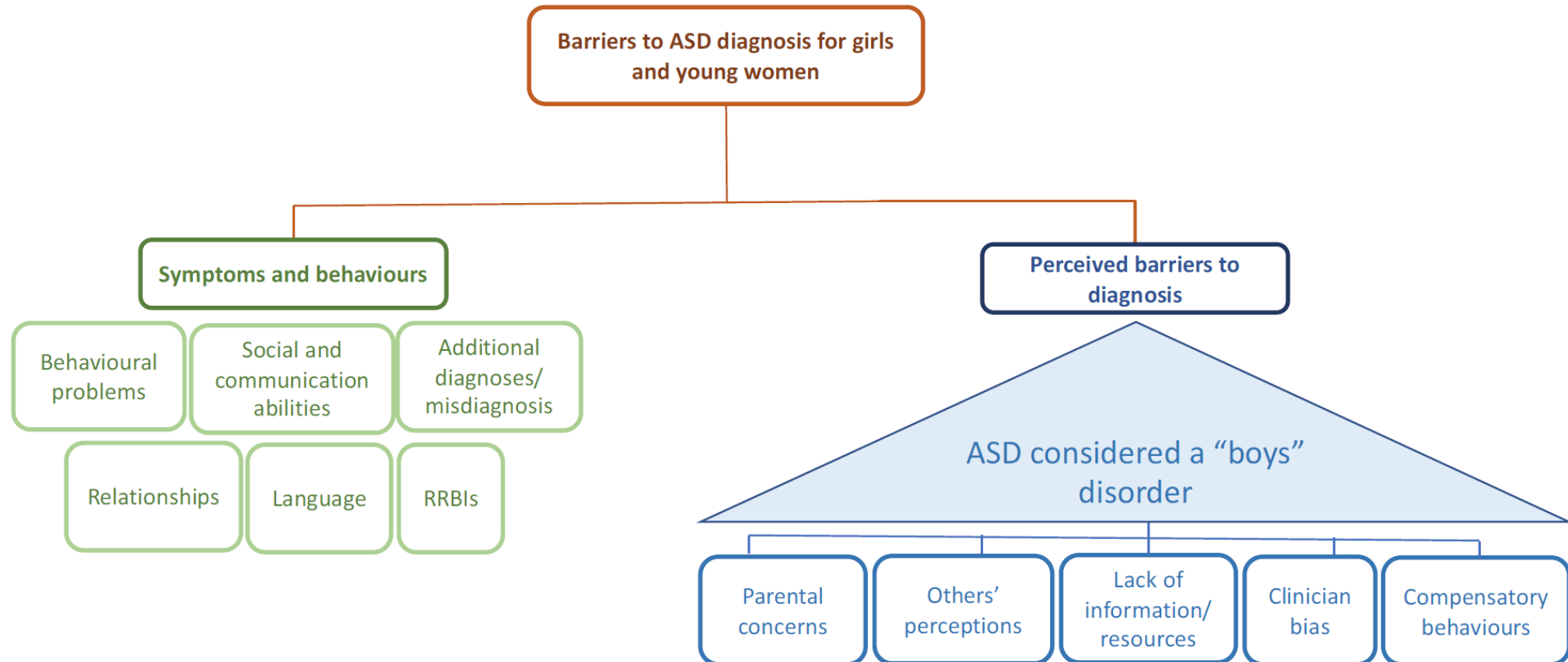
Late Diagnosis

Misdiagnosis



Barriers to Autism Spectrum Disorder Diagnosis for Young Women and Girls: a Systematic Review

Georgia Lockwood Estrin¹ · Victoria Milner² · Debbie Spain² · Francesca Happé² · Emma Colvert²



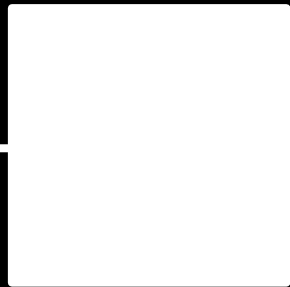


Treatment Considerations

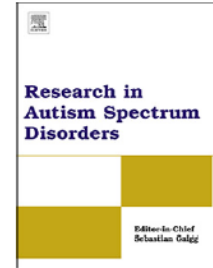
- Missed opportunities for early intervention
- Complex social and cultural expectations for females in everyday life



- Cognitive behavioral therapy
- Direct teaching of both self-advocacy and safety skills



Comorbidities



Prevalence of psychiatric disorders in adults with autism spectrum disorder: A systematic review and meta-analysis



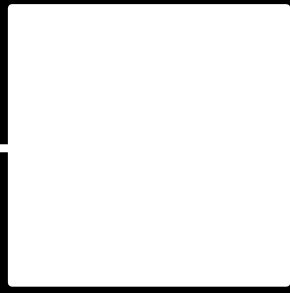
Jorge Lugo-Marín^a, María Magán-Maganto^b, Amado Rivero-Santana^c,
Leticia Cuellar-Pompa^c, Montserrat Alviani^a, Cristina Jenaro-Rio^b, Emiliano Díez^b,
Ricardo Canal-Bedia^{b,*}

^a Hospital Universitario Nuestra Señora de Candelaria, Tenerife, Spain

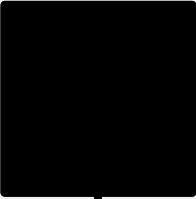
^b Instituto universitario de Integración en la Comunidad (INICO), Universidad de Salamanca, Spain

^c Fundación Canaria de Investigación Sanitaria (FUNCANIS), Tenerife, Spain

- Schizophrenia spectrum disorders **11.8%**
- Mood disorders **18.8%–21.2%**
- Anxiety disorders **17.8%–27.2%**
 - Social anxiety disorder ,obsessive-compulsive disorder ,and adjustment disorder
- Substance use disorders **8.3%**
- Eating disorders **3.6%**
- Personality disorders **12.6%**
 - schizoid ,antisocial and obsessive-compulsive
- Attention deficit and hyperactivity disorder (ADHD) **25.7%**
- Any psychiatric disorder **54.8%**



Differential Diagnosis

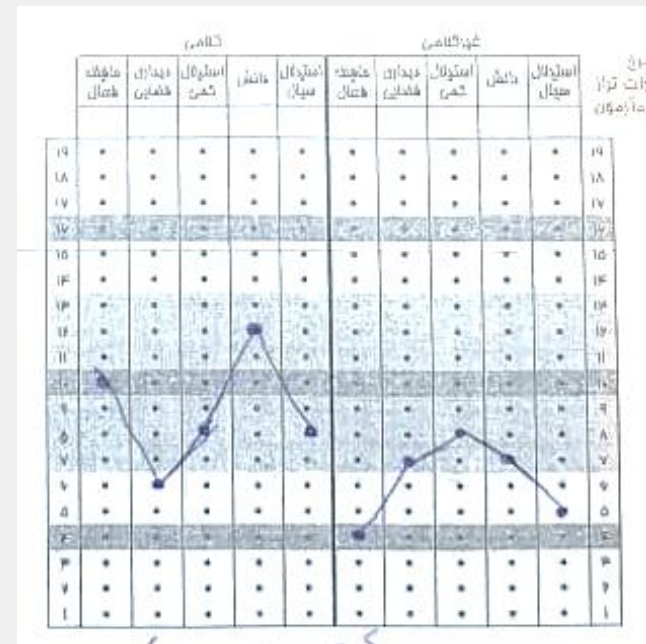
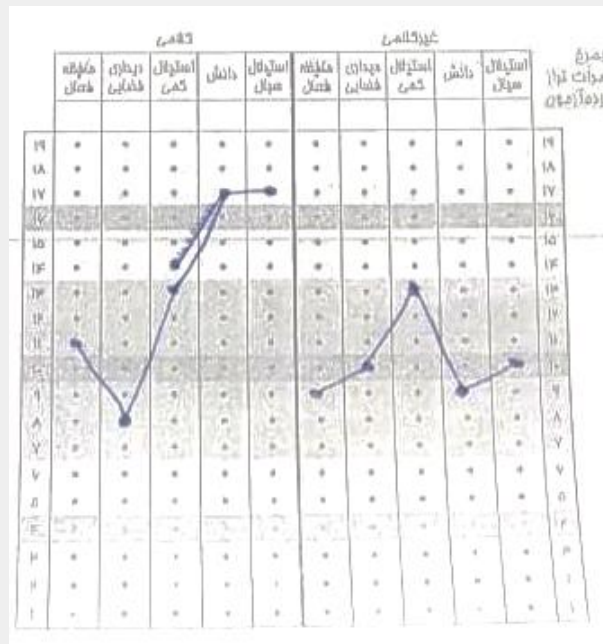
- 
- Intellectual Disability
 - ADHD
 - Mood Disorders
 - Anxiety Disorders
 - OCD
 - Personality Disorders



DDX

Intellectual Disability

- The clinician should consider whether social communication delays have always been approximately **commensurate with other domains** of development, or whether social communication delays have at times been an **isolated** or more significant impairment



ADHD

- Positive correlation between ASD and ADHD traits in general population
- Higher AQ scores in individuals with ADHD
- Higher CAARS scores in individuals with ASD

Symptom Overlap

	ADHD	Behavior	ASD	
CORE FEATURES OF ADHD	LIKELY REASON FOR BEHAVIOUR		LIKELY REASON FOR BEHAVIOUR	CORE FEATURES OF ASD
Easily distracted	Too impulsive & hyperactive but interested in others & can share	Not dealing well with others	Lacks interest in others & poor social reciprocity	Poor eye contact
Find it difficult to remain still	Lacks listening attention & too impulsive to wait for turn to speak	Difficult to have a conversation with	Lacks skills and understanding of social norms of conversation	Poor use of gestures
Poor at organising activities	Attention is mostly poor, though can improve with structure, praise & reward	Hyperactive & poor attention	Lacks social participation but can focus well on own interests	Unusual sensory interests
	May know the risk, but acts before thinking due to impulsivity & poor self-control	Poor awareness of danger	Lacks understanding of social & physical risks	Repetitive behaviours
				Prefer structure & consistency



The trick to differentiating between them is to
determine the **reason behind the
behavior**

Symptom Overlap

Inattentiveness



Symptom Overlap

Attention to detail

Trying to compensate for their attention deficits by focusing on patterns and details



ADHD



ASD

Distress is decreased when focusing on logical sequences, such as patterns, telephone numbers, or car license plates

Symptom Overlap

Abnormal social reciprocity

over-talkative and
dominate a conversation
speaking with energy and
passion
speak too loud
stand too close
be tangential and frequently
change the topic
lose their train of thought
interrupt people's
conversations

ADHD

over-talkative and
dominate
a conversation regarding a
special interest
dogmatically
stick to that topic
bring the conversation back
to it when the other person
tries to talk about something
else.
lack awareness of
social rules and cues

ASD

Social Cognition

- Social Perception Abilities



Social Interactions

Low levels of reciprocal friendships

Performance Deficit

Intact social knowledge
impaired social interactions



ADHD

Knowledge Deficits

More likely to respond to
clinic-based social skills
training interventions



ASD

Social Difficulties

- **ASD**: the **absence of positive behaviors** (e.g., social approach, eye contact) rather than the presence of negative behaviors.
- **ADHD**: the **presence of negative behaviors** such as interrupting and intruding on conversations

Executive Function

Inhibition
Planning/problem solving



Cognitive flexibility



Intellectual Abilities

Uneven cognitive profiles

To discriminate better to focus on

- Verbal abilities
- Performance Abilities
- Working memory
- Processing speed

Lower Perceptual Organization
Lower Freedom from
Distraction
Lower Digit Span
Lower Picture Completion

ADHD

Lower Perceptual Organization
Lower Picture Completion

ASD



Mood Disorders

Depression

Social detachment or reduced social motivation and sharing of emotions may be difficult to distinguish from psychomotor symptoms of depression and social phobia in individuals with ASD

Mania

Socially inappropriate relationships mistaken for being too outgoing or socially disinhibited and having higher sexual desire.
Being too talkative or clingy and not appreciating the social situation may mimic pressure of speech in bipolar disorder



Mood Disorder

Miscommunication

Confusion

Isolation

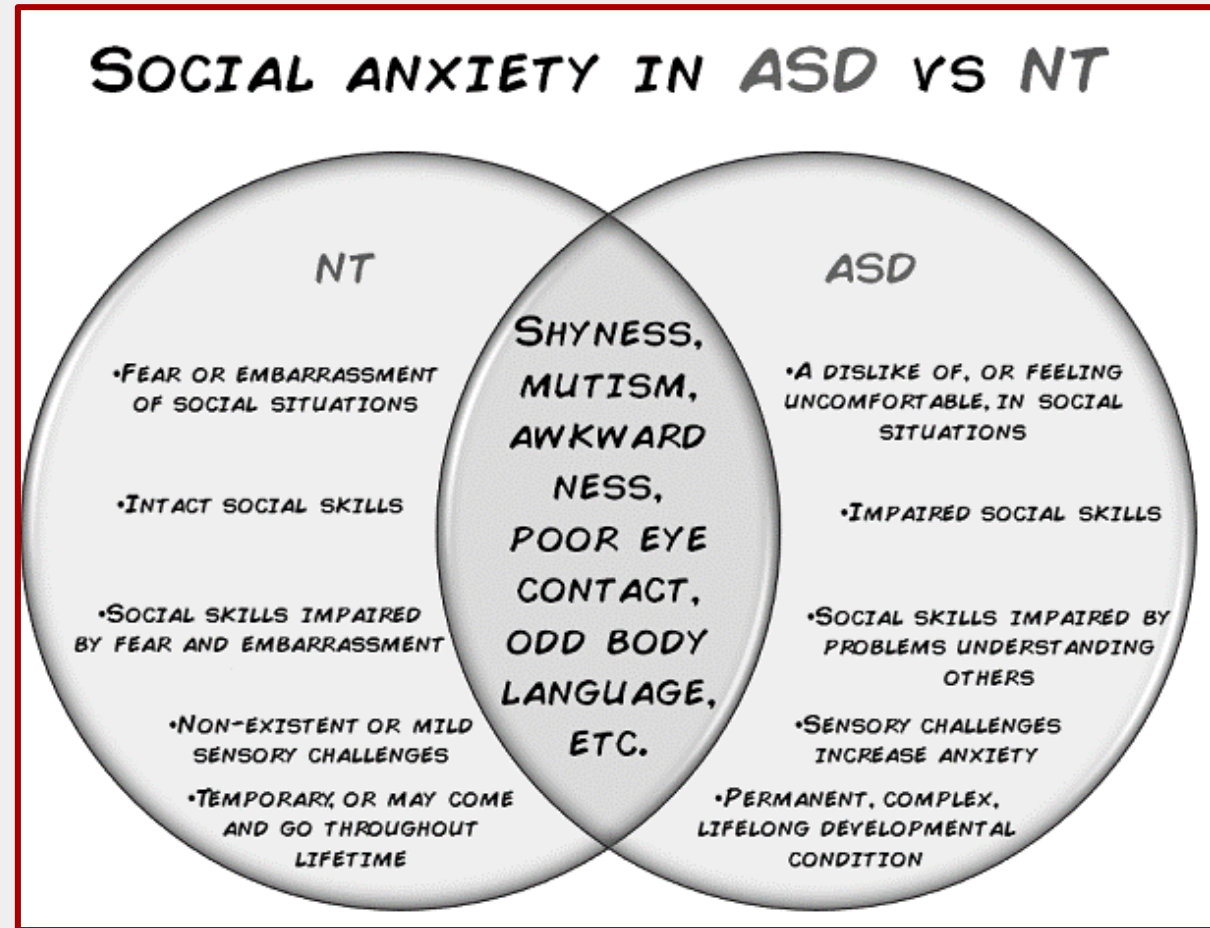
Loneliness

Depression

Anxiety Disorders

Focus on

- Reasons of Anxiety
- Social Interests
- Social Cognition
- Restricted Interest



OCD

Autism is the Arena and OCD is the Lion



Patients with ASD have some rituals and stereotyped which may be similar to or be mistaken with compulsions

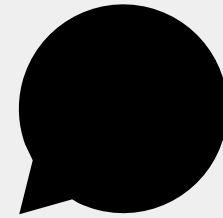
Someone with OCD experiences intrusive thoughts, feelings and urges, whereby they feel an overwhelming urge to perform some behaviour to **reduce unwanted feelings**, whereas someone with Autism is likely to **enjoy their routines**, and in many cases it will help them organize and make sense of the world

Personality Disorders

- Schizoid Personality Disorder
- Obsessive Compulsive Personality Disorder
- Avoidant Personality Disorder
- Borderline Personality Disorder



Thank you!



Do you have any questions?

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Editable Icons

