

Asperger Syndrome: Differential Diagnosis

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Asperger syndrome (AS) is a disorder in development characterized by social interaction difficulties and repetitive patterns of behavior and activities. Although AS is on the autism spectrum, it is different from other autism spectrum disorders (ASD)—autism, Rett syndrome, childhood disintegrative disorder, and pervasive development disorder-not otherwise specified (PDDNOS; “DSM-IV-TR®”, 2000, p. 74). As well, AS is often mistaken for other language and learning disabilities that do not fall under the autism spectrum.



AS shares many traits with other childhood disorders which makes it challenging to identify. This is why professionals use *differential diagnosis*—comparing signs and symptoms of different disorders to distinguish between them. The following chart pinpoints the differences that you may notice between AS and other (childhood) disorders.

| Asperger Syndrome | Autism |
|---|---|
| No significant language delay | Significant language delay—difficulty understanding and using language |
| No significant delay in cognition—no mental retardation | May or may not have cognitive delays—problems with thinking or mental retardation |

| Asperger Syndrome | Speech/Language Disorders |
|--|---|
| Difficulty with social language and interaction | Problems with understanding and using the structures of language, such as grammar, and/or sound production issues |
| More frequently occurs in males | Not gender specific |
| IQ may be normal to above average | Students may present with a wide range of IQ scores from low average to above average |
| Difficulty with motor (movement) planning; issues sequencing motor movements both <i>gross</i> —large muscles groups (running) and <i>fine</i> —small muscles groups (writing) | No major motor movement issues |
| Unimaginative speech—speaking extensively on a favorite topic, such as a TV show | Difficulty putting parts of sentences together for extensive discussion or writing |

| Asperger Syndrome | Attention Deficit Hyperactivity Disorder (ADHD) |
|--|---|
| Attention problems may be because of social communication difficulty | Attention problems due to lack of impulse control |
| Difficulty reading and interpreting body language and facial expressions | Normal ability to read and interpret body language and facial expressions |

| Asperger Syndrome | Obsessive-Compulsive Disorder (OCD) |
|---|--|
| Repetitive and limited interests | Variety of interests and flexibility/shifts in focus |
| Significant social-interaction difficulties | May have social-interaction difficulties |
| Often identified by the age of three | Often identified at five years or older |

| Asperger Syndrome | PDD-NOS |
|---|---|
| Language develops normally | Delayed onset of language skills |
| Interest but difficulty with social communication | Lack of or limited interest in social communication |

| Asperger Syndrome | Schizophrenia |
|---|---|
| Often identified by the age of three | Not identified until late teens to mid-30s |
| Poor coordination can persist throughout life | Poor coordination may occur secondary to medication |
| Often normal verbal skills | Disorganized speech and inconsistent language use (“DSM-IV-TR [®] ”, 2000) |

Resource

“DSM-IV-TR[®]” American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.) Washington, DC: Author.

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