

ASPERGER'S SYNDROME: A REPORT OF TWO CASES FROM MALAYSIA

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ABSTRACT

Asperger's Syndrome is a distinct variant of autism, with a prevalence rate of 10 to 26 per 10,000 of normal intelligence, and 0.4 per 10,000 in those with mild mental retardation. The syndrome now has its own clinical entity and diagnostic criteria. It is being officially listed in the ICD-10 under pervasive developmental disorder. Two such cases are described in this article. Case One lacked the ability to relate to others, was excessively preoccupied with the late actor P. Ramlee and demonstrated a peculiar behaviour of holding on to toothbrushes in his early childhood. Cognitively, he was unable to synthesise words into meaningful sentences. Similarly, Case Two was unable to relate well to others and was preoccupied with the planets and its constellations. Though he appeared intelligent with an IQ score of 101, he was unable to follow instructions at school. Both children had motor clumsiness and fulfilled the criteria for the diagnosis of Asperger's Syndrome.

Keywords: Asperger's Syndrome, autism, pervasive developmental disorder.

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INTRODUCTION

Asperger's Syndrome was first described by Hans Asperger, an Austrian psychiatrist in 1944⁽¹⁾. He used the term "autistic psychopathy" to describe the abnormality in the personality of the child as observed in contrast to Kanner's famous account in 1943 of eleven children with what he called "early infantile autism"⁽²⁾. The controversial issues regarding the classification of this disorder are still not resolved. Whether it is a schizoid personality trait, a developmental language disorder or a high functioning autistic child, many however tend to accept the latter category^(3,4). Gillberg and Gillberg⁽⁵⁾ suggested that their clinical findings fit the hypothetical construct of a continuum of disorders with at one extreme, severely or profoundly retarded children with the triad of impairments described by Wing followed by Kanner's Syndrome, then Asperger's Syndrome, and towards the mildly handicapped end of the scale, the DAMP (deficits in attention, motor control and perception) syndrome. Tatum⁽⁶⁾ felt that Asperger's Syndrome is best understood as one part of the spectrum of autistic disorders whose characteristics constitute a triad of impaired formation of social relationships and two way social interactions, impaired verbal and non-verbal communication, and impairment in imagination affecting play, interests and understanding of others. Frith⁽⁷⁾, in addition, is of the view that individuals with Asperger's syndrome seem to be distinguished from other autistic individuals by a desire to communicate and be part of the social world. They are better at communicating by virtue of their better language ability and are more likely to achieve successful adaptation. Nagy and Szatmari⁽⁸⁾ considered Asperger's Syndrome as similar to schizotypal personality disorder found in adults, but with onset in childhood. Bishop⁽⁹⁾ discusses possible differences between

semantic pragmatic disorder, autism and Asperger's Syndrome and disputes on the drawing of boundaries between Asperger's Syndrome and semantic pragmatic disorder.

DESCRIPTION OF THE SYNDROME

Asperger's Syndrome, is almost exclusively found in boys. Asperger's original description of the syndrome describes such children as having pedantic, lengthy, stereotyped and aprosodic speech. They also have impaired non-verbal communication and peculiar social interaction. They lack empathy with others, show repetitive activities, are resistant to change, are clumsy or have stereotyped motor movements, with circumscribed interests. Their special interest is often their sole topic of conversation. Asperger individuals seem to love talking about their interest regardless of whether one has heard it all before. Asperger described them as "eccentric professors". Wing⁽³⁾ further described such children as lacking normal interest in human company, and lacking imaginative play. They may walk at the usual age or even later and they tend to develop grammatical speech even before they could walk⁽¹⁰⁾.

Asperger's Syndrome is included in the ICD - 10 for the first time. It appears as a sub-group of the pervasive developmental disorders. The only essential diagnostic criteria listed are a lack of clinically significant general delay in language or cognitive development apart from possible motor delay and clumsiness and qualitative impairments in reciprocal interactions. Circumscribed intellectual interests are not mentioned specifically but are included by implication in a reference to abnormal preoccupations.

The diagnosis of Asperger's Syndrome has so far been based on behaviour rather than on tests that clearly identify underlying problems.

CASE REPORTS

Case 1

IMI is a 9-year-old Malay boy studying in Standard 4 in a normal government school. He was referred from the Autistic Educational Centre, Kuala Lumpur with the main complaint from his parents that he was excessively preoccupied with P Ramlee (the famous late movie actor/singer/director) over the last one year. This preoccupation is almost like an obsession. He would behave, talk and insist that his hair style should be exactly like P. Ramlee. He also demanded to be called P. Ramlee and became upset if others called him by his own name. He repeatedly watched P. Ramlee's movies and memorised the scripts. He spent

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a lot of time listening to the songs sung by P. Ramlee and drew pictures of P. Ramlee. This excessive preoccupation became worse over the last one year and had distressed the parents very much. Other peculiar behaviours included shying away whenever he was in front of the camera or covering his face for no apparent reason and walking sideways. He had always been considered by all who met him as rude and inconsiderate because of the way he worded his questions or comments to others. The school reported that he had poor academic functioning, was poor and clumsy in games but excellent in drawing pictures based on memory. He had poor social skills and was unable to make friends.

Developmentally, he was a full term normal delivery. His gross motor development was normal. His speech developed late; in fact he was a good and quiet baby. Surprisingly at the age of 4 years he burst into normal well formed words. He was not a curious child. He had a peculiar behaviour of holding a toothbrush or comb with bristles in his hand all the time, even to bed in his early childhood years.

He was the youngest of three siblings and had a maternal cousin who was mentally retarded.

Clinically, he was a well nourished child, with normal physical features. There were no overt psychotic features. He was very motivated to enumerate the names of P. Ramlee's movies, songs, lyrics of his songs and personal details of the actor. He imitated the way P. Ramlee talked in his movies. He was unable to describe or elaborate the stories and had difficulty answering questions other than about P. Ramlee. He also had difficulty counting money and doing simple arithmetic, although he was able to spell and read. He had concrete thinking.

Weschler Intelligence Scale For Children-Revised (WISC-R) results showed a verbal IQ of 50, and performance score of 81. His full scale score was 64, which was within the mild mental retardation range. He was distractible during the tests and he lacked organisational skills. He was unable to conceptualise abstract thinking and to make use of symbols in the test materials. He was unable to synthesise words into meaningful sentences and could not do the tests which needed higher cognitive processing and organisational skills.

Raven's Progressive Matrices showed an average IQ range which was below the 25th percentile. His non-verbal IQ was below the median for the general population of children. The results thus complemented the performance score of the WISC-R.

Case 2

LKM was 7 years old when he was referred because of difficulty with his school work. He could not interact well with other children. His parents found him peculiar because he was fond of asking unusual questions. He spent most of his time reading about planets, its constellations and was very preoccupied with the galaxy. His parents could not tolerate his restlessness and was worried about his future because he was not paying attention to his school work and was not interacting with others as he should. At the time of the study, LKM was in Primary One. His teachers reported that he liked doing his own work and was easily bored with the school routine. He was noted to spend most of his time reading story books and the dictionary. The teachers felt that he had very good reading skills, even before receiving any formal education. He was also noted to talk to himself in the class, for example "LKM likes to eat rats" and he would laugh when questioned. He had few friends and preferred to be alone, observing fishes in the pond or plants and flowers in the school garden. The teachers also noted that he had problems in coordination. He could not follow instructions nor carry out simple routine exercises at his physical education classes. This

was confirmed by his father as LKM could not cycle.

LKM's developmental milestone showed that he "never crawled". He could sit up at 6 months and walked at 13 months. He spoke his first few words like "mama, papa, want apple" even before he could walk ie at 11 months of age. His parents reported that he rarely cried. He developed idiopathic thrombocytopenic purpura and bronchial asthma at 10 months and 3 years of age respectively. He was treated with steroids and had no further symptoms since then.

He attended kindergarten at the age of 3 for a 3-year period. His parents noted that he was always restless and unsociable but that did not bother them. His kindergarten teacher also reported that he seemed to enjoy talking and singing to himself and showed a lot of interest in his hands. At age 6 LKM entered a normal school and this was when his teacher found he was unable to follow instructions. This finally led to his referral to the hospital.

His parents complained that he had been going to bed late for the last one year, spending his time reading books. His main line of interest currently has been on planets and its constellations. He reads voraciously on the subject and always demanded his parents for more books on the same subject. His father said he used the encyclopaedia even much earlier but was not sure whether he really understood what he read. However LKM could give a good and accurate description about the planets when questioned.

Examination of the child on his first visit showed that he had very poor eye contact. He was restless, fidgety and had a short attention span. His speech was disjointed and he kept recalling personal incidents of the past and laughing. Occasionally he would mumble a few unintelligible words. Otherwise his pronunciation was clear and perfect. This made the parents feel he was a "gifted" child. He also asked questions like "Are you a carrot?" and showed inappropriate social behaviour which his parents found embarrassing.

A full medical work-up revealed that he was clumsy in all his movements. Other relevant examinations like CT scan and EEG were normal. He is right-handed. His writing was coarse and untidy and he showed poor coordination.

His WISC-R full scale score was 102 (performance 105 and verbal 101). His poorest performance was in arithmetic whilst his best was in picture completion and picture arrangement.

DISCUSSION

In both cases the children showed a "reduced capacity for conceiving other people as creatures who think and feel". Both were unable to interact with their peers and hence were socially impaired. Both had language problems with regard to semantics, pragmatics and comprehension. With regard to language development, Case 1 showed late speech development while Case 2 spoke even before he could walk. These indicate that speech and language issues are variable but what need to be present are the oddities. In fact, one departmental member even felt that Case 2 might have semantic pragmatic disorder! Both displayed odd all absorbing interests - one with P. Ramlee, and the other in the planets - and they were very good in the subject of their interest. The other important feature is the motor clumsiness, the lack of coordination of movements and the awkward gait as in Case 1. Should a child with Asperger's Syndrome attend a normal school? There are advantages and disadvantages⁽⁶⁾. Their social and emotional needs in the school may not be recognised. They may be the target of bullying and teasing by peers. This may lead to both emotional and conduct problems especially in the adolescent years.

Finally, the family of a child with Asperger's Syndrome evidently needs support to cope with the unique problems. The teachers should be educated in and made aware of the handicaps

in the child so that there will be less frustration to both parties.

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