

## Comparison of Three Major Classification Systems for Asperger's Syndrome

DSM-IV TR	ICD-10	Gillberg's Criteria
Qualitative impairment in social interaction (A)*	Qualitative abnormalities in reciprocal social interaction (B)*	Social impairment with extreme egocentricity (A)*
Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction (A1)*	Failure to adequately use eye-to-eye gaze, facial expression, body posture, and gesture to regulate social interaction (B1)*	Poor appreciation of social cues (A2)*
Failure to develop peer relationships appropriate to developmental level (A2)*	Failure to develop (in a manner appropriate to mental age, despite ample opportunities) peer relationships that involve mutual sharing of interests, activities and emotions (B2)*	Inability to interact with peers (A1)*
A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (A3)*	Lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., a lack of showing, bringing or pointing out to other people objects of interest to the individual) (B4)*	Inappropriate social and emotional responses (A3)*
Restricted repetitive and stereotyped patterns of behavior, interests, and activities (B)*	The individual exhibits an unusually intense, circumscribed interest or restricted, repetitive and stereotyped patterns of behavior, interests, and activities (C)*	Limited interests and preoccupation (B)*
Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus (B1)*	An encompassing preoccupation with stereotyped and restricted patterns of interest that are abnormal in contents or focus; or one or more interests that are abnormal in their intensity and circumscribed nature though not in the content or focus (C1)*	More rote than meaning (B1)*

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Apparently inflexible adherence to specific, nonfunctional routines or rituals (B2)*	Apparently compulsive adherence to specific, nonfunctional routines or rituals (C2)*	Repetitive routines or rituals (C)* Imposed on self (C1)* Imposed on others (C2)*
Stereotyped and repetitive motor mannerisms (B3)*	Stereotyped and repetitive motor mannerisms that involve hand/finger flapping or twisting or complex whole-body movements (C3)*	
Persistent preoccupation with parts or objects (B4)*	Preoccupation with part-objects or non-functional elements of play materials (such as their color, the feel of their surface, or the noise/vibration that they generate) (C4)*	
The disturbance causes clinically significant impairment in social, occupation, or other important areas of functioning (C)*		Inappropriate social and emotional responses (A)*
There is no clinically significant delay in language (D)*	There is no clinically significant general delay in spoken or receptive language. Diagnosis requires that single words should have developed by 2 years of age or earlier and that communicative phrases be used by 3 years of age or earlier (A)*	Impaired comprehension, especially with literal and implied meanings (D4)*
Criteria not met for another specific Pervasive Development Disorder or Schizophrenia (F)*	The disorder is not attributable to the other varieties of pervasive developmental disorder: simple schizophrenia, schizo-typal disorder, obsessive-compulsive disorder, anankastic personality disorder, reactive and disinhibited attachment disorders of	

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	childhood (D)*	
	Motor milestones may be somewhat delayed and motor clumsiness is usual, although not a necessary diagnostic feature (A)*	Motor clumsiness may not always be seen (F)*
		Speech and language peculiarities (D)*  Superficially perfect expressive language (D2)*  Odd prosody, peculiar voice (D3)*
		Nonverbal communication problems (E)  Limited use of gestures (E1)  Clumsy body language (E2)  Inappropriate facial expression (E3)  Difficulty with physical proximity (E4)
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\*Letters and numbers in parentheses in this table refer to the corresponding outline designations on pages 12-17. The DSM-IV TR column follows the original order of this information.