Psychiatry Research

CAUTION NEEDED IN ASCRIBING SUBTHRESHOLD SYMPTOMS AS AUTISM SPECTRUM DISORDER: COMMENTARY ON "AUTISTIC TRAITS DISTRIBUTION IN DIFFERENT PSYCHIATRIC CONDITIONS: A CLUSTER ANALYSIS ON THE BASIS OF THE ADULT AUTISM SUBTHRESHOLD SPECTRUM (Adas Spectrum) QUESTIONNAIRE"

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Response to reviewers

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Declaration of Interest Statement

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The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Dear Editor,

The article by Dell'Osso and colleagues (Dell'Osso et al., 2023) examines the co-occurrence of psychiatric disorders among adults with autistic traits (ATs) or those with subthreshold autism spectrum disorder without intellectual and communication impairments using the Adult Autism Subthreshold Spectrum (AdAS) questionnaire. We would like to highlight several important limitations of this line of research on psychiatric comorbidity in autism spectrum disorders (ASD). First, as the authors themselves acknowledge, cross-sectional research does not allow temporal and causal inferences to be established in postulating a true relationship between AdAS Spectrum and psychiatric disorders of interest. Second, the study's developmental approach to ASD is insufficient; as a neurodevelopmental disorder, ASD has by definition an early onset in childhood, and the AdAS Spectrum does not include a reference neither to this point nor to the extent it impacts on early adaptive functioning. Third, there are considerable gender and age variations among the study's five groups that bias outcomes. Fourth, the AdAS Spectrum at best emerge as a vulnerability framework masking and unmasking of symptoms with psychiatric comorbidity as well as nonpathological characteristics. In fact, all study participants enrolled as controls have resulted to be classified through cluster analysis into ASD, "low or medium autism cluster", and none to any degree of ASD at all. The AdAS Spectrum questionnaire is a self-administered instrument leading to subjective reporting that is not validated by clinical assessment with limited specificity and sensitivity of a diagnostic threshold. Further AdAS questionnaire broadens the content of other ASD questionnaires used in screening, e.g., the Autism Spectrum Quotient, by inclusion of questions on empathy and other phenomenological dimensions not included in DSM-5-TR. The correspondence of AdAS items to established ASD, at best, remains presumptive. Although the AdAS Spectrum questionnaire includes the DSM's term 'spectrum,' the DSM-5 and DSM-5-TR ASD is based on a categorical definition with inclusion, exclusion, onset, and impairment criteria. Fifth, with respect to the domain of restricted interests, the use of the term 'rumination' is phenomenologically additive. Further, the repetitive behaviour trait tends to be uniquely inherited (Ronald et al., 2006), with most ATs focusing on the social communication skills, and not repetitive behaviours. Indeed, it is as yet questionable whether any single trait can have the same pathognomonic value associated with ASD diagnosis, meaning when fewer specific traits are taken out of context or outside the full constellation of features that define ASD, they may represent a variety of conditions other than ASD. Although there is continuity in the distribution of ATs (Robinson et al., 2011), there is also evidence of separate domain heritability (Williams et al., 2019). Sixth, the concept of subthreshold ASD is a fundamental taxonomic question; it is not only relevant in assessment of co-occurring psychiatric disorders. Seventh, nevertheless, the increased broadening of ASD and the AdAS Spectrum bring psychiatric over attention to an unchartered territory that otherwise requires much greater precision. Moving away from categorical diagnosis towards dimensional approaches without substantive information about contextual background risks prematurely pathologizing normal human psychological frailty, diminishes diagnostic meaning, and compromises appropriateness of therapeutic considerations, as well as diverting health system resources. The AdAS Spectrum approach de-emphasizes the study of psychiatric co-occurrence patterns with emphasis of those adults with ASD without cognitive and adaptive impairments. It diverts the focus of care away from adults with established ASD, a state of affairs that is already severely constrained in many countries worldwide. Finally, the AdAS Spectrum approach, understandably, is a consequence of the insufficiency of unitary approaches in DSM-5-TR classification, that include the ASD and intellectual developmental disorders (Salvador-Carulla, Bertelli, 2008) that require a more enhanced approach to

capture the highly complex and diverse neurodevelopmental conditions, neurodevelopmental differences and functioning, and associated co-occurring psychiatric disorders.

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