Diagnosis and cognitive assessment of the patient group

The diagnosis of autistic-spectrum disorder was based on the Japanese version of the Autism Diagnostic Interview–Revised (ADI–R).¹ One of the authors (K.J.T.), having established the diagnostic reliability of this tool, along with the authors who devised the original English version, interviewed all participants. The scores on the ADI–R sub-scales were obtained by interviewing the mothers of patients. The mean scores on the ADI–R sub-scales were: 22.2 (s.d.=4.9, range 14–29) for domain A (developmental impairments of social interaction in childhood), 15.7 (s.d.=5.7, range 7–21) for domain B (developmental impairments of verbal communication in childhood); 5.0 (s.d.=1.5, range 3–8) for domain C (stereotyped behaviours); and 3.6 (s.d.=1.1, range 1–5) for domain D (age at onset).

All 15 participants met the criteria for DSM–IV autistic disorder.² Each patient was confirmed to be high-functioning (IQ > 70) using the Wechsler Adult Intelligence Scale–Revised.³ Patients had a mean Yale–Brown Obsessive Compulsive Scale⁴ score of 11.4 (s.d.=5.9, range 2–26), a mean Aggression Questionnaire⁵ score of 49.9 (s.d.=12.8, range 34–69), and a mean Faux Pas test⁶ score of 23.4 (s.d.=9.4, range 3–34).

References


The serum level of sP-selectin in men with high-functioning autism (HFA) was significantly lower than that of controls: with a median of 71.7 ng/ml (mean=67.1 ng/ml, s.d.=14.4) and of 122.0 ng/ml (mean=121.8 ng/ml, s.d.=33.0) respectively (Mann–Whitney U=27, P<0.001). ADI–R, Autism Diagnostic Interview–Revised.

Fig. DS1 Serum levels of sP-selectin in men with (n=15) and without (n=22) high-functioning autism (HFA)