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ADOS-2 u kliničkoj dilemi: kad protokol vidi ono čega nema, a propušta ono što postoji

/ *ADOS-2 in a Clinical Dilemma: When the Protocol Sees What Is Not There and Misses What Is*

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ADOS-2 jedan je od najčešće korištenih opservacijskih instrumenata u procjeni simptoma iz spektra autizma. Iako može biti vrijedan dio dijagnostičkog procesa, njegova interpretacija zahtijeva oprez kod pacijenata sa složenom kliničkom slikom u odrasloj dobi, ali i dječjoj. Oprez je posebno važan kada ADOS-2 upotrebljavaju stručnjaci koji nemaju šira klinička znanja, poput socijalnih pedagoga, logopeda i edukacijskih rehabilitatora, zbog čega je nužna integracija nalaza sa psihološkim i psihijatrijskim aspektima procjene. Pozitivan ADOS-2 nalaz nije sam po sebi dovoljan za dijagnozu autizma kao što ni negativan nalaz ne isključuje autizam, osobito u osoba s razvijenim kompenzacijskim strategijama, urednim intelektualnim funkcioniranjem ili atipičnom kliničkom slikom. Cilj je ovoga prikaza istaknuti

The ADOS-2 is one of the most commonly used observational instruments for assessing autism spectrum symptoms. Although it can be a valuable part of the diagnostic process, its interpretation requires caution in patients with a complex clinical picture in adulthood as well as in childhood. Caution is especially important when ADOS-2 is used by professionals who do not have broader clinical expertise, such as social pedagogues, speech and language therapists, and educational rehabilitators, which is why it is necessary to integrate the findings with psychological and psychiatric aspects of assessment. A positive ADOS-2 result is not in itself sufficient for an autism diagnosis, just as a negative result does not rule out autism, particularly in individuals with well-developed compensatory strategies, intact intellectual functioning, or an atypical clinical presentation. The aim of this report is to high-

ograničenja protokola ADOS-2 u diferencijalnoj dijagnostici autizma u odnosu na druga stanja. U izlaganju su prikazana četiri klinička slučaja u kojima je odnos između ADOS-2 nalaza i kliničke slike bio dijagnostički netočan. Prikazani su slučajevi graničnog poremećaja ličnosti, psihotičnosti i izbjegavajućeg poremećaja ličnosti koji su interpretirani kao autizam, kao i slučaj pacijentice s autizmom, neuropsihološkim kontinuitetom teškoća i nalazima prisutnima od najranije dobi kod koje ADOS-2 nije detektirao autizam. Prikazani slučajevi naglašavaju da se ADOS-2 ne smije upotrebljavati kao samostalan dijagnostički dokaz, nego kao dio šire multidisciplinarne procjene te je preporuka napraviti neuropsihološku procjenu i psihijatrijski pregled te prema potrebi neurološku obradu, a ako ostane nejasnoća ADOS-2, ali ADOS-2 nikako ne bi trebao biti prva obrada. Diferencijalna dijagnostika autizma mora uključivati detaljnu razvojnu anamnezu, heteroanamnestičke podatke, školsku i medicinsku dokumentaciju, procjenu ličnosti, psihopatologije, intelektualnog i neuropsihološkopg profila (pažnja, verbalne i nevebalne sposobnosti, različite vrste pamćenja, izvršne funkcije, govorno-jezične sposobnosti, brzina obrade informacija, motorička brzina, perceptivne funkcije). Takav pristup smanjuje rizik od lažno pozitivnih i lažno negativnih zaključaka te omogućuje preciznije razlikovanje autizma od stanja koja imaju problema sa socijalnom kognicijom.

light the limitations of the ADOS-2 protocol in the differential diagnosis of autism in relation to other conditions. The presentation includes four clinical cases in which the relationship between ADOS-2 findings and the clinical picture was diagnostically inaccurate. The cases presented are borderline personality disorder, psychoticity, and avoidant personality disorder that were interpreted as autism, as well as a case of a patient with autism, neuropsychological continuity of difficulties, and findings present since early childhood, in whom ADOS-2 did not detect autism. The cases presented emphasize that ADOS-2 must not be used as a stand-alone diagnostic proof, but rather as part of a broader multidisciplinary assessment. It is recommended to carry out a neuropsychological assessment and a psychiatric examination and, where necessary, neurological work-up, and, if ambiguity remains, ADOS-2 may be added — but ADOS-2 should by no means be the first assessment. The differential diagnosis of autism must include a detailed developmental history, collateral (heteroanamnestic) information, school and medical documentation, assessment of personality, psychopathology, intellectual and neuropsychological profile (attention, verbal and nonverbal abilities, different types of memory, executive functions, speech and language abilities, processing speed, motor speed, perceptual functions). Such an approach reduces the risk of false-positive and false-negative conclusions and enables a more accurate distinction between autism and conditions that involve problems with social cognition.