

PSYCHOPATHOLOGICAL REPRESENTATION AND TREATMENT IN ASPERGER'S SYNDROME IN POLISH OUT-PATIENTS

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Asperger's Syndrome often comorbid with depression, anxiety, seizures, sleep problems, ADHD, OCD, and oppositional disorder. Pharmacological interventions are used because of particular symptoms.

The purpose of the study was to evaluate symptoms of Asperger's Syndrome and treatment rendered according to patient's age.

The goal was to advance a comprehensive understanding of changing symptoms in Asperger Syndrome during life and choosing medications in situations of comorbidity.

The subject group consisted of 72 patients aged 5-45 (mean age = 13.90, $SD = 6.75$) diagnosed with Asperger's Syndrome according ICD-10. Symptoms were estimated with the Australian Scale for Asperger's Syndrome (ASAS, reliability $\alpha = .81$), BPRS-C ($\alpha = .77$), BPRS ($\alpha = .77$), CGI-S (single-item scale), CGI-I (single-item scale).

There were no differences in psychopathological symptoms of Asperger's Symptoms in subgroups aged 5-12 (51.4% all patients), 13-18 (30.6% all patients), above 18 (18.1% all patients) (ANOVA, $F(2, 69) < 1$, $p = .857$). The mean score in ASAS correlated with the mean score in BPRS-C/BPRS and CGI-S ($r = .36$ $p = 0.031$). There was no differences in the mental state between age groups (5-12 vs. 13-18 vs. above 18 years old), ($2, 69$) = 2.75, $p = .110$. Most often the comorbidity was Attention deficit hyperactivity disorder (observed in 51% of patients). Polipharmacotherapy depended on the mean score in ASAS and was indifferent on age, $\chi^2(12) = 13.08$, $p = .367$.

Mental state, comorbidity, and medications were connected with social and emotional abilities and specific interests in ASAS indifferent on age.