

POST-TRAUMATIC STRESS DISORDER IN AN ADOLESCENT WITH ASPERGER SYNDROME

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INTRODUCTION

Post-traumatic stress disorder (PTSD) is relatively common but often unrecognized in primary care settings. Being a disabling psychiatric disorder, identifying and treating PTSD may be important. Additionally, it had been reported that persons with autistic traits may be at elevated risk of PTSD symptoms after the trauma (Roberts et al. 2015). Being one of the autism spectrum disorders, Asperger Syndrome (AS) thus may have higher PTSD risk subsequent to trauma. Here, we report one case to highlight clinical wisdom. Informed consent from this case report had been received.

CASE PRESENTATION

A 16-year-old high school girl visited the psychiatric clinic for being difficult in concentration and in falling asleep. Besides, nightmares, depression and angry easily outbursts were also mentioned. A detailed interview was performed and revealed that she performed well academically from elementary to junior high. However, there started the problem of social interaction since the final year of elementary school which she contributed to her lack of interests in common topics such as popular idols and TV series. Thereafter, she became isolated from social groups and got a nickname of “test machine” from her classmates. One month before visiting the clinic, she was hit severely by her father after an intense argument resulting in minor brain concussions and retinal edema. After that, she suffered from several PTSD symptoms including re-occurring image of her father’s domestic violence, nightmares, persistent anger and horror toward her father, and having difficulty in concentration and in falling asleep. There also existed the behavior of self-talking to criticize her as useless and she started to find various excuses to escape from the school. Besides, the angry outburst increased remarkably accompanied with more and more severe verbal and behavioral violence. She was then brought to the clinic for help.

RESULTS

The relevant physical examination, laboratory testing and imaging showed no specific abnormality. In the psychological assessment, she achieved extraordinary results on the Wechsler Adult Intelligence Scale-III but the scores showed a significant gap between the verbal and performance ability (VIQ=144, PIQ=119). During the evaluation, we noted her persistent pre-occupation with parts of objects contributing to overlook the generality.

At the same time, she was also noted of impairments in nonverbal behaviors which made her difficult in social interaction and failure to develop peer relationships. Besides, she presented with a fairly straightforward and apparently inflexible thinking process that she rarely hid or disguised her feelings and thoughts. She was highly suspected to be a case of Asperger syndrome.

In the following time, she was treated with antidepressant (sertraline, 25 mg/day) and hypnotics (lorazepam, 0.5 mg before sleep) daily. At the same time, cognitive behavioral therapy was also arranged. The status of anxiety, sleep quality and nightmare improved significantly after 2 months of treatment. According to her mother, her hostility toward father also decreased gradually. In the following half year, no further episode had happened.

AS is a neuro-developmental defect characterized by impairments in emotion regulation, social interaction and communication. It had been suggested that the effects of trauma will be greater for those who has difficulty in emotion regulation and inter-personal interactions (Cloitre et al. 2005). making AS a higher risk of developing PTSD. Besides, biological evidences had reported amygdala dysfunction to be a critical feature of AS (Kleinhans et al. 2009) while amygdala and its functional interactions with the ventromedial prefrontal cortex had been proposed to be associated with PTSD (Stevens et al. 2013), suggesting the connection between AS and PTSD. However, literature about the comorbidity of AS and PTSD is still limited.

Our opinion is that, the post-traumatic responses of AS should get more attention. In our case, the treatment included not only medications but also the psychotherapy. We suggest that the identification of PTSD in the AS and the correlated therapeutic strategy may be an issue worth investigation.

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