

American Psychiatric Association 著、高橋三郎・大野裕（監訳）DSM-5 精神疾患の診断・統計マニュアル（医学書院，2014）の《自閉スペクトラム症/自閉症スペクトラム障害 Autism Spectrum Disorder》の章に、誤訳ではないかと愚考する箇所がありますので（原文の下線部）、ご回答をお願いいたします。

P.50

Diagnostic Criteria

A. 2.

Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.

「まとまりのわるい言語的，非言語的コミュニケーション」⇒「音声言語的コミュニケーションと非音声言語的コミュニケーションとがうまく統合されていないこと」ではないでしょうか？

B. 4.

Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

「逆の反応」⇒「拒否反応」ではないでしょうか？

P.53 L.21

Diagnostic Features

The stage at which functional impairment becomes obvious will vary according to characteristics of the individual and his or her environment.

「障害が明らかとなる局面」⇒「障害が明らかになる時期」（直前の文を踏まえると「局面」より「時期」の方がよいのでは？

「個々の特性や環境」⇒「本人の特性や環境」ではないでしょうか？

P.53 L.33

Diagnoses are most valid and reliable when based on multiple sources of information, including clinician's observations, caregiver history, and, when possible, self-report.

「臨床医の観察」⇒「臨床家の観察」（clinician は doctor だけではないはずです）

P.53 L.42

Deficits in social-emotional reciprocity (i.e., the ability to engage with others and share thoughts and feelings) are clearly evident in young children with the disorder, who may show little or no initiation of social interaction and no sharing of emotions, along with reduced or absent imitation of others' behavior.

「対人的相互反応の模倣は」⇒「対人的相互反応の自発」（原文の initiation のすぐ下に imitation があるので、誤読されたのでしょうか）

P.54 L.6

Individuals may learn a few functional gestures, but their repertoire is smaller than that of

others, and they often fail to use expressive gestures spontaneously in communication. Among adults with fluent language, the difficulty in coordinating nonverbal communication with speech may give the impression of odd, wooden, or exaggerated "body language" during interactions. Impairment may be relatively subtle within individual modes (e.g., someone may have relatively good eye contact when speaking) but noticeable in poor integration of eye contact, gesture, body posture, prosody, and facial expression for social communication.

「自然に表現豊かな身振りを用いる」⇒「自発的に身振りで表現する」ではないでしょうか？

「会話に伴う非言語的コミュニケーションを会話と協調させる」⇒「非音声言語的コミュニケーションと音声言語とを統合する」(これは誤訳とまでは言えないでしょうが、この箇所以外にも nonverbal communication を非言語的コミュニケーションと訳されていますが、たとえばサイン言語は言語ですが、nonverbal ですので、非音声言語的とする方が正確ではないでしょうか？)

「個人的な状況下では」⇒「一つ一つの障害は」ではないでしょうか？

#### P.54 L.34

Excessive adherence to routines and restricted patterns of behavior may be manifest in resistance to change (e.g., distress at apparently small changes, such as in packaging of a favorite food; insistence on adherence to rules; rigidity of thinking) or ritualized patterns of verbal or nonverbal behavior (e.g., repetitive questioning, pacing a perimeter).

「同じ場所を行ったり来たりする」⇒「周辺や縁に沿って歩く」ではないでしょうか？

#### P.54 下から L.9

Extreme reaction to or rituals involving taste, smell, texture, or appearance of food or excessive food restrictions are common and may be a presenting feature of autism spectrum disorder.

「食事制限」⇒「偏食」とは違うのでしょうか？食事制限は通常支援者側の行為にとれます。

#### P.54 下から L.6

Many adults with autism spectrum disorder without intellectual or language disabilities learn to suppress repetitive behavior in public.

「公共の場」⇒「人前で」(「公共」では仰々しいのでは？別の箇所の in public は「人前で」と訳されていますのに)

#### P.55 L.6

Standardized behavioral diagnostic instruments with good psychometric properties, including caregiver interviews, questionnaires and clinician observation measures, are available and can improve reliability of diagnosis over time and across clinicians.

「診察医」⇒「臨床家」

「臨床医」⇒「臨床家」

#### P.55 L.10

Many individuals with autism spectrum disorder also have intellectual impairment and/or language impairment (e.g., slow to talk, language comprehension behind production). Even those with average or high intelligence have an uneven profile of abilities. The gap between intellectual and adaptive functional skills is often large. Motor deficits are often present, including odd gait, clumsiness, and other abnormal motor signs (e.g., walking on tiptoes). Self-injury (e.g., head

banging, biting the wrist) may occur, and disruptive/challenging behaviors are more common in children and adolescents with autism spectrum disorder than other disorders, including intellectual disability. Adolescents and adults with autism spectrum disorder are prone to anxiety and depression. Some individuals develop catatonic-like motor behavior (slowing and "freezing" mid-action), but these are typically not of the magnitude of a catatonic episode. However, it is possible for individuals with autism spectrum disorder to experience a marked deterioration in motor symptoms and display a full catatonic episode with symptoms such as mutism, posturing, grimacing and waxy flexibility. The risk period for comorbid catatonia appears to be greatest in the adolescent years.

「話し方が遅い」⇒「ことばが遅い」ではないでしょうか？

「挑発的な行動」⇒「対応困難な行動」（こういう場合の challenge は「挑発」「挑戦」とすべきではないと思います）

「中間動作」⇒「動作途中で」ではないでしょうか？

「姿勢保持」⇒「常同姿勢」ではないでしょうか？

P.55 下から L.3

Such losses are rare in other disorders and may be a useful "red flag" for autism spectrum disorder.

「自閉スペクトラム症に対して有用な“警告”」⇒「自閉スペクトラム症についての有用な“警告”」ではないでしょうか？

P.56 下から L.20

Where clinical observation suggests criteria are currently met, autism spectrum disorder may be diagnosed, provided there is no evidence of good social and communication skills in childhood.

「臨床的な観察によって現時点で診断基準を満たしている場合、幼小児期に良好な社会的およびコミュニケーション技能の証拠がなければ、自閉スペクトラム症の診断がなされるかもしれない。」

⇒「児童期に対人スキルおよびコミュニケーション・スキルの良好だったという証拠がない場合、臨床的な観察によって現時点で診断基準を満たしていれば、自閉スペクトラム症と診断してもよい。」の方が分かりやすいのでは？

P.58 L.14

Individuals with intellectual disability who have not developed language or symbolic skills also present a challenge for differential diagnosis, since repetitive behavior often occurs in such individuals as well.

「鑑別診断が負担となる」⇒「鑑別診断は難しい」ではないでしょうか？

P.58 下から L.13

However, clinicians must take into account the potential for individuals with autism spectrum disorder to be concrete in their interpretation of questions regarding the key features of schizophrenia (e.g., "Do you hear voices when no one is there?" "Yes [on the radio]")

「臨床医」⇒「臨床家」

「統合失調症の重要な特徴に関する質問だと解釈する場合、それが具体的である可能性を考慮しなければならない」

⇒「統合失調症の重要な特徴に関する質問を、具体的に [字義通りに] 解釈する可能性があることを考慮しなければならない」ではないでしょうか？

P.58 下から L.7

Many individuals with autism spectrum disorder have psychiatric symptoms that **do not form part of** the diagnostic criteria for the disorder (about 70% of individuals with autism spectrum disorder may have one comorbid mental disorder, and 40% may have two or more comorbid mental disorders).

「の一部となっている」⇒「の一部ではない」です

P.59 L.2

Among individuals who are nonverbal or have language deficits, **observable** signs such as changes in sleep or eating and increases in challenging behavior should trigger an evaluation for anxiety or depression.

「観察不能の」⇒「観察可能な」です

以上です。私の考えが間違っている場合は是非ご指摘ください。