



DSM-5: What You Need to Know

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What is a diagnosis?

- Clinical short-hand
- Not destiny
- Only part of patient assessment
- Not a clinical formulation

DSM History

- 1917: *Statistical Manual for the Use of Institutions for the Insane And Standard Classified Nomenclature of Disease*
- 1952: *DSM-I*
- 1980: *DSM-III*
- 1994: *DSM-IV*. Culmination of a six-year effort that involved more than 1000 individuals and numerous professional organizations
- 2013: *DSM-5*. Process began in 1999 with a planning conference. Then, work groups, white papers, task forces and field trials

Do we really need a new DSM?

- Has sufficient new information arisen to warrant changes in diagnostic criteria again?

Overall Structure of DSM-5

- Section I: DSM-5 basics
- Section II: Diagnostic criteria and codes
- Section III: Emerging measures and models
- Appendix

Structural Changes

- Multiaxial Assessment – Gone!
- Dimensional assessments (Section III)
- NOS – Gone!

DSM-5 Mental Disorder

"A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above."

Neurodevelopmental Disorders

- “Intellectual Disability (Intellectual Disability Disorder)” replaces the term “Mental Retardation”, severity determined by adaptive functioning rather than IQ
- Communication Disorders renamed, introduction of Social (Pragmatic) Communication Disorder
- ADHD: onset of symptoms by age 12 (rather than 7), reduction in number of needed symptoms for adults
- Specific learning disorder merges several disorders from DSM-IV

Autism-Spectrum Disorder

- Consolidates prior diagnoses of autism, Asperger's disorder, PDD-NOS, childhood disintegrative disorder, Rett's disorder
- Deficits are now characterized in 2 domains: social communication and social interaction (previously separate domains), and repetitive behavior
- Deficits should be present "in the early developmental period" but cutoff of 3 years of age eliminated
- Severity included as specifier: "requiring support", "requiring substantial support", or "Requiring very substantial support"

Schizophrenia Spectrum and Other Psychotic Disorders

Schizophrenia

- Good-bye to special attribution of bizarre delusions and Schneiderian first-rank symptoms
- Individual must have one of these symptoms: delusions, hallucinations and disorganized speech (i.e. positive symptoms).

Schizophrenia Spectrum and Other Psychotic Disorders

Schizophrenia subtypes

- DSM-IV subtypes of schizophrenia (i.e., paranoid, disorganized, catatonic, undifferentiated, and residual types) eliminated.
- Dimensional approach to rating severity recommended.

Schizophrenia Spectrum and Other Psychotic Disorders

Schizoaffective Disorder

- The primary change is the requirement that a major mood episode be present for the majority of the duration of the disorder after Criterion A has been met.
- This is an attempt to make schizoaffective disorder a longitudinal instead of a cross-sectional diagnosis

Schizophrenia Spectrum and Other Psychotic Disorders

Delusional Disorder

- Criterion A for delusional disorder no longer has the requirement that the delusions must be non- bizarre.
- DSM-5 no longer separates delusional disorder from shared delusional disorder.

Catatonia

- Catatonia may be diagnosed as a specifier for depressive, bipolar, and psychotic disorders; as a separate diagnosis in the context of another medical condition; or as an “other specified diagnosis.”
- All contexts require three catatonic symptoms (from a total of 12 characteristic symptoms).

Bipolar and Related Disorders

Bipolar Disorders

- Emphasis on changes in activity and energy as well as mood.
- The DSM-IV diagnosis of bipolar I disorder, mixed episode, requiring that the individual simultaneously meet full criteria for both mania and major depressive episode, has been removed.

Bipolar and Related Disorders

Anxious Distress Specifier

- This specifier is intended to identify patients with anxiety symptoms that are not part of the bipolar diagnostic criteria.

Depressive Disorders

- New disorders!
- Disruptive Mood Dysregulation Disorder
- Premenstrual Dysphoric Disorder.

Depressive Disorders

Persistent Depressive Disorder

- Chronic major depressive disorder and dysthymic disorder are now persistent depressive disorder

Depressive Disorders

Bereavement Exclusion in Depression

- Omitted in DSM-5: exclusion criterion for a major depressive episode that was applied to depressive symptoms lasting less than 2 months following the death of a loved one (i.e., the bereavement exclusion).
- Now there is a detailed footnote.

Depressive Disorders

Specifiers for Depressive Disorders

- Guidance on assessment of suicidal ideation
- New specifier to indicate the presence of mixed symptoms
- The “with anxious distress” specifier

Anxiety Disorders

- OCD, PTSD and acute stress disorder are no longer in this chapter
- Separation anxiety disorder and selective mutism are included
- Specific phobia and social anxiety disorder no longer include criteria that adults recognize anxiety is unreasonable
- Panic disorder and agoraphobia are no longer linked in a single diagnosis
- Panic attacks may be applied to any DSM-5 disorder

Trauma- and Stressor-Related Disorders

Acute Stress Disorder

- Reactions are very heterogeneous and that DSM-IV's emphasis on dissociative symptoms is overly restrictive
- Individuals may meet diagnostic criteria in DSM-5 for acute stress disorder if they exhibit any 9 of 14 listed symptoms in these categories: intrusion, negative mood, dissociation, avoidance, and arousal.

Trauma- and Stressor-Related Disorders

Adjustment Disorders

- Reconceptualized as a heterogeneous array of stress-response syndromes
- Not a residual category of clinically significant distress (DSM-IV).

Trauma- and Stressor-Related Disorders

Posttraumatic Stress Disorder

- more explicit about “traumatic” events
- “Subjective reaction” has been eliminated
- four symptom clusters in DSM-5
- persistent negative alterations in cognitions and mood.

Dissociative Disorders

- depersonalization/derealization disorder,
- dissociative fugue is now a specifier of dissociative amnesia
- dissociative identity disorder: symptoms may be reported and that gaps in the recall may be everyday events.

Substance-Related and Addictive Disorders

- **Gambling Disorder included**

Substance-Related and Addictive Disorders

Criteria and Terminology

- Substance abuse and dependence not separate
- substance use disorder, intoxication, withdrawal, substance/medication-induced disorders, and unspecified

Substance-Related and Addictive Disorders

Substance Use Disorder

- Recurrent legal problems deleted
- Craving added
- Threshold at two or more criteria
- Severity criteria

Substance-Related and Addictive Disorders

- No more Polysubstance Dependence
- “in a controlled environment”
- “on maintenance therapy”

Somatic Symptom and Related Disorders

- Somatic Symptom Disorder
 - From somatization disorder or undifferentiated somatoform disorder; only one somatic symptom required but then multiple levels of severity
 - Can also have “with predominant pain” specifier, then from pain disorder
- Illness Anxiety Disorder
 - From hypochondriasis
- Psychological Factors Affecting Other Medical Conditions
 - “Psychological or behavioral factors adversely affect the medical condition...”
 - Includes poor adherence to treatment regimen
 - Severity specifier relates to degree of associated medical risk

Obsessive-Compulsive and Related Disorders

- New chapter including OCD, hoarding disorder, excoriation (skin-picking) disorder, trichotillomania, body dysmorphic disorder, medication/substance-induced OCD, OCD due to a general medical condition
- Insight criteria for OCD now more refined
 - Good, fair, poor, absent/delusional
 - Also now included for body dysmorphic disorder and hoarding
- Body dysmorphic disorder now includes “muscle dysmorphia” specifier
- BDD also includes repetitive behavior criterion

Disruptive, Impulse-Control, and Conduct Disorders

- New chapter, includes Oppositional Defiant Disorder, Intermittent Explosive Disorder, Conduct Disorder, Antisocial Personality Disorder, Pyromania, Kleptomania
- Oppositional Defiant Disorder: three types
 - Angry/irritable mood
 - Argumentative/defiant behavior
 - Vindictiveness
- Intermittent Explosive Disorder may include verbal outbursts instead of only physical violence

Neurocognitive Disorders

- Dementia and Amnestic Disorder now combined
- Major and Mild Neurocognitive Disorders
- Major NCD has severity specifiers:
 - Mild: Difficulties with iADLs
 - Moderate: Difficulties with ADLs
 - Sever: Fully Dependent

Personality Disorders

- The criteria for the personality disorders themselves have not changed in the standard section (Section II) of the DSM-5
- An “Alternative Model for Personality Disorders” is presented in Section III (“Emerging Methods and Models”)
- In this alternative model, disorders are characterized by their pathological personality traits, which are in turn grouped into 5 categories:
 - Negative Affectivity, Detachment, Antagonism, Disinhibition, Psychoticism

DSM-5 Criticisms

- Nondisclosure agreement
- Industry ties
- Over-diagnosis
- Biological underpinnings
- Specific criticism of gender dysphoria and bereavement

The future?

- Research Domain Criteria (RDoC)