

DSM 5 for Kids

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Criticisms/Controversies

- Lack of transparency? (non-disclosure agreements)
- Low reliability (kappa) in field trials
- Ties to pharmaceutical industry? (70 % of task force members)
- “Medicalization” of normal individual variation? (e.g., Disruptive Mood Dysregulation Disorder)

Elimination of Multi-axial System

- “To remove artificial distinctions between medical and mental disorders”
- Axis IV: a number of psychosocial and environmental conditions can be coded as V Codes
- Axis V (GAF): can be replaced by WHO Disability Assessment Schedule and other assessment measures:
- <http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures>

NOS

- Replaced by:
- *Other Specified Mental Disorder*: to be used when the clinician wants to specify why the presentation does not meet criteria for a specific disorder
- *Unspecified Mental Disorder*: to be used when the clinician does not want to specify or there is insufficient information to make a definite diagnosis

NEURODEVELOPMENTAL DISORDERS

Intellectual Disability

- Intellectual Disability (Intellectual Developmental Disorder) replaces the term Mental Retardation
- Severity is determined by adaptive functioning rather than cognitive capacity (IQ)

Autism Spectrum Disorder

- Encompasses autism, Asperger's disorder, childhood disintegrative disorder and pervasive developmental disorder NOS
- Characterized by 1) deficits in social communication and social interaction and 2) restricted repetitive behaviors
- Severity coded by levels (1: "requiring support"; 2: "requiring substantial support"; 3: "requiring very substantial support")

Social Communication Disorder*

- Persistent difficulty with verbal and nonverbal communication that cannot be explained by low cognitive ability
- The child's acquisition and use of spoken and written language is problematic, and responses in conversation are often difficult

ADHD

- For children, onset has been changed from before *7 years of age* to before *12 years of age*
- Symptoms continue to be drawn from inattention cluster and hyperactivity/impulsivity cluster
- Co-morbid diagnosis of ASD now allowed

PSYCHOTIC DISORDERS

Schizophrenia

- Schizophrenia subtypes have been dropped
- Individual must have at least one of the following: delusions, hallucinations, disorganized speech
- Bizarre delusions or “first rank” hallucinations no longer given special weight

BIPOLAR AND RELATED DISORDERS

Bipolar Disorder

- Emphasizes changes in activity and energy during a manic or hypomanic episode, as well as mood
- “Mixed Episode” has been removed; replaced with specifier “with mixed features” (can also be applied to MDD)
- A specifier for “anxious distress” has also been added

DEPRESSIVE DISORDERS

Major Depressive Disorder

- Criteria largely unchanged, with important exception of elimination of the “bereavement exclusion”
- Formerly, MDD could not be diagnosed within 2 months following the death of a loved one
- Guidelines for distinguishing grief from MDD given in a footnote (eg, grief: occurs in “pangs”, positive emotion still present, self esteem preserved)

Persistent Depressive Disorder

- Includes dysthymic disorder (dropped from DSM 5) and chronic major depressive disorder
- “depressed mood for most of the day, on more days than not...for at least 2 years”

Premenstrual Dysphoric Disorder

- Moved from Appendix to “main body”
- “in the majority of menstrual cycles, at least 5 symptoms must be present in the final week before the onset of menses”

Disruptive Mood Dysregulation Disorder*

- “To address concerns about potential overdiagnosis and overtreatment of bipolar disorder in children.”
- For children 6-18 years old who exhibit persistent irritability and frequent episodes of extreme behavioral dyscontrol (temper outbursts)
- Symptoms present for at least 12 months in at least 2 settings

TRAUMA AND STRESSOR-RELATED DISORDERS*

Disinhibited Social Engagement Disorder*

- Once a subtype of reactive attachment disorder (indiscriminately social/disinhibited vs emotionally withdrawn/inhibited), now a separate diagnosis

Posttraumatic Stress Disorder

- Criteria A explicit regarding whether individual has experienced trauma directly, witnessed trauma, or experienced indirectly
- Subjective reaction (“fear, helplessness, horror”) has been eliminated
- Expansion to 4 symptom clusters: intrusion, alterations in arousal and reactivity, avoidance, persistent alterations in cognition and mood

PTSD for Children 6 yrs and Younger

- Lower threshold for making the diagnosis:
- 2 arousal symptoms
- 1 intrusion symptom
- *1 symptom of either avoidance or negative alteration of mood/cognition*

SOMATIC SYMPTOM AND RELATED DISORDERS

- Somatic symptom disorder (individuals with somatic symptoms—who may or may not have a diagnosed medical condition—plus maladaptive thoughts, feelings and behaviors) replaces somatization disorder and undifferentiated somatoform disorder
- Hypochondriasis has been dropped—cases now to be diagnosed with SSD or illness anxiety disorder (the latter if no somatic symptoms present)

FEEDING AND EATING DISORDERS

- For anorexia, requirement for amenorrhea has been dropped
- For bulimia, threshold has been lowered from 2 episodes per week to 1
- BINGE EATING DISORDER*- recurring episodes of bingeing (minimum: once weekly for 3 months) accompanied by feelings of guilt or embarrassment

Gender Dysphoria

Gender Dysphoria in Children

- Replaces term Gender Identity Disorder
- Gender non-conformity not in itself a mental disorder
- Must be associated with significant distress
- Marked difference between a child's experienced gender and the gender others would assign to him or her
- The desire to be of the other gender must be verbalized

- Oppositional Defiant Disorder-three subtypes: angry/irritable; vindictiveness; argumentative/defiant; conduct disorder exclusion removed
- Intermittent Explosive Disorder-physical aggression was required in DSM IV, whereas verbal aggression and non-destructive/non-injurious physical aggression now suffice

SUBSTANCE RELATED AND ADDICTIVE DISORDERS

Criteria/Terminology Changes

- Abuse and dependence no longer separated; subsumed under category *Substance Use Disorder*
- Criteria nearly identical, with two exceptions: “recurrent legal problems” dropped; craving or strong desire to use substance added
- Threshold is two criteria; severity is based on the number of criteria: 2-3 mild; 4-5 moderate; 6 or more severe
- Substance, rather than category, should be specified