A User-Friendly Guide to DSM-5
Part I

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DSM-5: Coding & Reporting Procedures

- NO multi-axial system in DSM-5. *First* list focus of treatment or reason for first visit
  - Exception: If a mental disorder is *caused by a medical condition* then list medical condition first (ICD coding rule).
- Other diagnosis codes are *listed in descending order of clinical importance* including psychosocial and contextual factors (V codes in DSM-5 / Z codes in ICD-10CM)

Suggested Use of WHODAS 2.0

WHODAS 2.0: World Health Organization Disability Assessment Schedule

36 item inventory of functionality: Understanding and communicating; Getting around (mobility); Self-care; Getting along with people; Life activities (household, school, work); and Participation in Society .

Can be self-administered by the client or proxy administered by the clinician.

http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures

or

http://www.who.int/classifications/icf/WHODAS2.0_36itemsINTERVIEW.pdf

DSM-5 Coding: An Example

V62.21 Problem Related to Current Military Deployment Status
301.89 Other Specified Personality Disorder (mixed personality features-dependent and avoidant symptoms)
327.26 Comorbid Sleep-Related Hypoventilation
300.4 Persistent Depressive Disorder (Dysthymia), With anxious distress, In partial remission, Early onset, With pure dysthymic syndrome, Moderate
V62.89 Victim of Crime (state the crime)
278.00 Overweight or Obesity
WHODAS: 63
(Cultural Formulation)

Diagnostic Groups Reviewed in Seminar 1

- Anxiety Disorders (Generalized Anxiety, Social Anxiety, Panic, Agoraphobia)
- Depressive Disorders (Seminar 2: Disruptive Mood Dysregulation)
- Bipolar and Related Disorders
- Schizophrenia Spectrum and Other Psychotic Disorders
- Neurocognitive Disorders

Diagnostic Groups Reviewed in Seminar 1

- Substance-Related and Addictive Disorders
- Medication-Induced Movement Disorders and Other Adverse Effects of Medication
- Personality Disorders
- Sexual Dysfunctions
- Paraphilic Disorders
- Other Conditions That May Be a Focus of Clinical Attention

Diagnostic Groups Reviewed in Seminar 2

- Neurodevelopmental Disorders (Intellectual Disabilities, Communication, Autism Spectrum, ADHD, Specific Learning, Motor)
- Anxiety Disorders (Separation Anxiety, Selective Mutism, Specific Phobia)
- Obsessive-Compulsive and Related Disorders
- Trauma- and Stressor-Related Disorders (Adjustment)
- Dissociative Disorders

Diagnostic Groups Reviewed in Seminar 2

- Disruptive, Impulse-Control, and Conduct Disorders
- Disruptive Mood Dysregulation Disorder
- Somatic Symptom and Related Disorders
- Sleep-Wake Disorders
- Feeding and Eating Disorders
- Elimination Disorders
- Gender Dysphoria

ANXIETY DISORDERS

- **PANIC DISORDER →** recurrent "unexpected" ***AND "EXPECTED***" panic attacks with worries about additional attacks and their implications as well as significant behavior change related to attacks. ***Panic attack***: (1) intense fear that occurs abruptly and peaks rapidly; (2) fear of "going crazy", losing control, dying; and (3) somatic symptoms such as racing heart, sweats, dizziness, trembling and chest pain

- **AGORAPHOBIA →** anxiety about or avoidance of situations where escape may be difficult or embarrassing (open spaces, public transit, being in a crowd, etc.)

- **SOCIAL ANXIETY →** fear and worry in performance, interaction, or observation situations as well as being humiliated, embarrassed, or rejected by others

- **GENERALIZED ANXIETY DISORDER →** excessive apprehensive expectation in discord with what's expected or occurs with inability to stop worry and tension

Anxiety Disorders Listed Developmentally

- Separation Anxiety Disorder
- Selective Mutism
- Specific Phobia
- **Social Anxiety Disorder (Social Phobia)**
- **Panic Disorder**
- **Panic Attack Specifier to other DSM-5 disorders**
- **Agoraphobia**
- **Generalized Anxiety Disorder**
- **Substance/Medication-Induced…, … Due to Another Medical Condition**

Anxiety and Fear Defined

- Anxiety is defined as "a state of intense apprehension, uncertainty, and fear resulting from the anticipation of a threatening event or situation, often to a degree that normal physical and psychological functioning is disrupted" (American Heritage Medical, 2007, p. 38).

- "Fear is the emotional response to real or perceived threat, whereas, anxiety is anticipation of future threat" (APA, 2013, p. 189).

Characteristics of Anxiety Disorders

- Physiological symptoms include:
  - Muscle tension
  - Heart palpitations
  - Sweating
  - Dizziness
  - Shortness of breath
  - Sleep disturbance
- Emotional symptoms include:
  - Sense of impending doom
  - Fear of dying
  - Fear of embarrassment or humiliation
  - Fear of something terrible happening
  - Feeling restless, keyed up, on edge, easily startled

Depressive Disorders

- Disruptive Mood Dysregulation Disorder
- **Major Depressive Disorder**
- **Persistent Depressive Disorder**
- **Premenstrual Dysphoric Disorder**
- Substance/Medication Induced Depressive Disorder
- Depressive Disorder Due to Another Medical Condition
- Other Specified Depressive Disorder
- Unspecified Depressive Disorder

Depressive Disorders
Major Depressive Disorder

Major Depressive Episode

- **Depressed mood** and/or **anhedonia** (marked loss of interest or pleasure) <u>must</u> be present

- Also: loss or gain in weight; loss or excess of sleep; increased or decreased physical activity; fatigue or loss of energy; feelings of worthlessness or excessive or inappropriate guilt; poor concentration or indecisiveness; recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing

- May include *psychotic features* of hallucinations and/or delusions

Grief vs. Major Depression

Grief	Major Depression
Dominant affect is feelings of emptiness and loss	Dominant affect is a depressed mood
Dysphoria occurs in waves, vacillates with exposure to reminders and decreases with time	Persistent dysphoria that is accompanied by self-critical preoccupation and negative thoughts about the future
Capacity for positive emotional experiences	Limited capacity to experience happiness or pleasure
Self-esteem preserved	Worthlessness clouds esteem
Fleeting thoughts of joining deceased	Suicidal ideas about escaping life versus joining a loved one.

Bereavement, Suicidality, Mixed Features and With Anxious Distress

- **Bereavement**: DSM-5 allows clinician to exercise judgment as to whether someone who is grieving with symptoms of major depression should be diagnosed with depression.
- **Suicidality Specifier**: Highlights suicidal thinking, plans, and other risk factors
- **With Anxious Distress**: relevant to prognosis and treatment decision making
- **With Mixed Features**: The coexistence within a major depressive episode of 3+ manic symptoms (insufficient for manic episode) is now coded "with mixed features."

Persistent Depressive Disorder
Premenstrual Dysphoric Disorder

Persistent Depressive Disorder

- Incorporates both and Chronic Major Depressive Disorder and Dysthymic Disorder (mild chronic depression) 2 years +

Premenstrual Dysphoric Disorder

- In most menstrual cycles, symptoms emerge in week prior to menses and quickly start to improve a few days later
- Significant symptoms of affective lability; irritability or anger or increased conflicts with others; depressed mood, hopelessness, or self-deprecation; anxiety and tension; decreased interest in usual activities; difficulty concentrating; lack of energy; change in appetite; sleep disturbance; feeling overwhelmed or out of control; an other physical symptoms (breast tenderness or swelling, joint or muscle pain, a sensation of "bloating," weight gain)

Bipolar Disorders

- Bipolar I Disorder
- At least one manic episode along with major depressive and/or
- hypomanic episodes

- Bipolar II Disorder
- No manic episodes: only (at least one each) major depressive or
- hypomanic episodes

- Cyclothymic Disorder
- No mania or major depression: hypomanic episodes with
- depression below threshold for major depressive episodes

Bipolar Disorders
Manic Episode

- Mood abnormally elevated and expansive and/or irritable
- Heightened mood has existed for a minimum of one week.
- Mood change “*must be accompanied by abnormally and persistently increased goal-directed activity or energy*”
- Also: inflated self esteem/ grandiosity; decreased sleep; pressured speech; flight of ideas/racing thoughts; distractibility; and risk-taking behavior (acts with high potential for painful consequences

Bipolar Disorders
Hypomanic Episode

- Symptoms similar to mania, but less intense, severe, and dysfunctional
- Mania may present with psychosis and/or require hospitalization; hypomania cannot
- Euphoric mood, but without the driven quality present in mania
- Hypomanic mood must also be qualitatively different from normal non-depressed mood
- Hypomanic episodes are common in Bipolar I Disorder, but <u>not required</u> for a diagnosis of Bipolar I Disorder.

Bipolar Disorders: Key Diagnostic Principles

- Is depression unipolar or bipolar?
- Rule out medical disorders or substance abuse
- Search for periods of hypomania in client's history
  - Hypomania can "look like" normal happiness, but if it happens repeatedly without sleep, and the client has more energy but with less sleep, or these times are preceded/followed by rapid bouts of depression, think hypomania.
- Assess multiple criteria
  - Symptoms are important, but also look at course of symptoms, family history, and client response to medication.

Quinn, B. (2008). Bipolar disorder: The latest innovations in assessment and treatment

Bipolar and Depressive Disorders Specifiers

- With anxious distress
- With mixed features
- With rapid cycling
- With melancholic features (little mood reactivity)
- With atypical features (significant mood reactivity)
- With mood-congruent psychotic features
- With mood-incongruent psychotic features
- With catatonia
- With peripartum onset (*during* pregnancy or in *the 4 weeks following* delivery)
- With seasonal pattern

Schizophrenia Spectrum and Other Psychotic Disorders

“The voices that patients hear (called auditory hallucinations) most often talk about them. Hallucinations may also be of strange sensations in the body. Patients often develop powerful fixed beliefs (delusions) to explain these hallucinations and they frequently involve a sense of persecution (paranoid delusions). They can drive the sufferer to hide from, or even attack, their imagined persecutors. Schizophrenia patients often attach enormous significant to otherwise prosaic events or objects. Such “ideas of reference” may lead them to believe that a radio or television news broadcast is about them. Obviously this can be very frightening.”

(Tom Burns, pp. xxx, “Our Necessary Shadow; The Nature and Meaning of Psychiatry”, 2014)

Schizophrenia Spectrum and Other Psychotic Disorders

- Schizotypal (Personality) Disorder
- Delusional Disorder (hallucinations not prominent)
- Brief Psychotic Disorder (less than 1 month)
- Schizophreniform Disorder (1-6 months)
- SCHIZOPHRENIA (6 months or more)
- Schizoaffective Disorder (mood episode majority of illness)
- Catatonia Associated With Another Mental Disorder (Catatonia Specifier)
- Catatonia Disorder due to Another Medical Condition

Schizophrenia

*1. Delusions

*2. Hallucinations

*3. Disorganized Speech

4. Disorganized or Catatonic Behavior

5. Negative symptoms

Restricted Emotional Expression

Avolition (decreased motivation)

Anhedonia

Asociality (lack of interest in socializing)

Active Phase / Positive Symptoms

Negative Symptoms

TWO symptoms required and at least ONE symptom must be 1 of the first 3

Catatonia

3 or more of the following:

- **Catalepsy**: passive induction of a posture held against gravity
- **Waxy flexibility**: slight and even resistance to positioning by examiner)
- **Stupor**: no psychomotor activity, not actively relating to environment
- **Agitation** not influenced by external stimuli
- **Mutism**: no or very little verbal response (in absence of aphasia)
- **Negativism**: opposing or not responding to instructions/ external stimuli
- **Posturing**: spontaneous & active maintenance of posture against gravity
- **Mannerisms**: odd caricature of normal actions
- **Stereotypies**: repetitive abnormally frequent non-goal directed movements
- **Grimacing**
- **Echolalia**: mimicking another's speech
- **Echopraxia**: mimicking another's movements

Substance-Related & Addictive Disorders

Substance Use Disorders

- Abuse and dependence seen as a single diagnosis: "Substance Use Disorder" (e.g., Cocaine Use Disorder, Alcohol Use Disorder) with a continuum of severity.

- Criteria for intoxication, withdrawal, substance/medication-induced disorders, and unspecified substance-induced disorders

- Threshold Criteria: *Impaired Control Over Substance Use; Social Impairment (work, school, home); Risky Use (physically or psychologically hazardous); Pharmacological criteria (tolerance & withdrawal); and* ***Craving or Strong Desire or Urge to Use a Substance***

Personality Disorders

"A *personality disorder* is an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has onset in adolescence or in early adulthood, is stable over time, and leads to distress or impairment." (APA, 2013, p. 645).

"[Personality]…is a combination of temperament (outgoing, timid flamboyant, careful) and character (rigid, tolerant, seductive, thorough) and it is pretty permanent." (Tom Burns, p.xxxvii, "Our Necessary Shadow", 2014)

10 Personality Disorders

Paranoid Personality Disorder
Schizoid Personality Disorder
Schizotypal Personality Disorder
Antisocial Personality Disorder
Borderline Personality Disorder
Histrionic Personality Disorder
Narcissistic Personality Disorder
Avoidant Personality Disorder
Dependent Personality Disorder
Obsessive-Compulsive Personality Disorder

Cluster A: odd

Cluster B: dramatic

Cluster C: anxious

Cluster B (Dramatic) Personality Disorders

- **Antisocial**: disregard for and violation of rights of others
- **Borderline**: unstable relationships, self-image, identity, behavior and affects often leading to self-harm and impulsivity
- **Histrionic**: attention-seeking behavior and excessive emotions
- **Narcissistic**: grandiosity, need for admiration, exploitative and envious of others

General Personality Disorder Diagnosis Criteria

No significant changes to personality disorder criteria in the DSM-5!

NEW: Culture Related Diagnostic Issues: More predominantly culturally aware in the DSM-5

Examples in Personality Disorders:

- Schizotypal: Voodoo, speaking in tongues, belief in an afterlife.
- Antisocial: tends to be over-diagnosed in clients from lower SES.
- Avoidant: Acculturation issues
- Dependent: Some cultures foster this
- Obsessive Compulsive: Work and productivity in some cultures vary

Other Conditions That May Be a Focus of Clinical Attention

- Relational Problems
- Abuse and Neglect
- Educational and Occupational Problems
- Housing and Economic Problems
- Other Problems Related to the Social Environment
- Problems Related to Crime or Interaction With the Legal System
- Other Health Service Encounters for Counseling and Medical Advice
- Problems Related to Other Psychosocial, Personal, and Environmental Circumstances
- Other Circumstances of Personal History

Neurocognitive Disorders

- Delirium
  - Sudden, abrupt, short-lived fluctuating consciousness and attention
- Major Neurocognitive Disorder
  - Significant cognitive decline from previous level of performance in attention, executive function, learning, memory, language, perceptual-motor or social cognition based on (1) Concern of individual, informant, or clinician and (2) Substantial impairment in cognitive performance
    - Cognitive deficits interfere with independence in everyday activities
    - Dementia used in subtypes where that term is standard.
- Mild Neurocognitive Disorder
- Cognitive decline that requires compensatory strategies & accommodations
  - to help maintain independence and perform activities of daily living

Sexual Dysfunction Disorders

- **Delayed Ejaculation**: marked difficulty or inability to achieved desired ejaculation during partnered sexual activities
- **Erectile Disorder**: Failure to obtain or maintain erection during partnered sexual activities
- **Female Orgasmic Disorder**: Delay, infrequency or absence of orgasm or reduced intensity of orgasm sensations
- **Female Sexual Interest/Arousal Disorder**: Absent/reduced interest/arousal related to sexual activities, thoughts, encounters, cues, etc.
- **Genito-Pelvic Pain/Penetration Disorder**: Difficulties with vaginal penetration during intercourse, pain during intercourse, fear or anxiety about pain or penetration, or contraction of pelvic floor muscles during sex
- **Male Hypoactive Sexual Desire Disorder**: Persistent deficient or absent sexual thoughts, fantasies or desires
- **Premature (Early) Ejaculation**: during partnered sexual activity

Paraphilic Disorders

- Personal distress (not resulting from societal disapproval)
- Sexual desire or behavior that involves another person's psychological distress, injury, or death, or a desire for sexual behaviors involving unwilling persons or persons unable to give legal consent

- Voyeuristic Disorder
- Exhibitionistic Disorder
- Frotteuristic Disorder
- Sexual Masochism Disorder
- Sexual Sadism Disorder
- Fetishistic Disorder
- Transvestic Disorder

References

- Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5 by American Psychiatric Association http://amzn.com/0890425558
- http://www.dsm5.org
- DSM-5 Made Easy: The Clinician's Guide to Diagnosis by James Morrison http://amzn.com/1462514421