

# A User-Friendly Guide to DSM-5

## Part II

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# Neurodevelopmental Disorders

Intellectual developmental disorder (previously termed mental retardation)

Communication disorders

Autism spectrum disorder

Attention-deficit/hyperactivity disorder (ADHD)

Specific learning disorder

Motor disorders (e.g., Tourette's disorder)

# Intellectual Disability (Intellectual Developmental Disorder)

- Previously known as mental retardation
- Name changed due to negative connotations of “retardation”
- Diagnosis based upon having both:
  - deficits in cognitive functioning beginning in the developmental period
  - deficits in adaptive functioning
- Diagnosis made through standardized intelligence testing (IQ) plus test of adaptive functioning (e.g., Vineland Adaptive Behavior Scales)
- Problems usually noticed before the child begins elementary school

# Intellectual Disability (Intellectual Developmental Disorder)

- Severity determined by degree of deficits in adaptive functioning not IQ because adaptive functioning determines level of supports needed
- Adaptive functioning=ability to communicate, have appropriate social interactions, perform ADLs (activities of daily living such as dressing self, self care)
- The greater the degree of intellectual disability, the greater the chance of mental health or behavioral problems

# Mild Intellectual Disability

- Problems may not be identified until elementary school
- Difficulties learning academic skills (reading, writing, math)
- As adults, problems with abstract thinking, planning ahead, money management
- Immature in social interactions, acts younger than age
- Usually can perform ADLs as well as same age peers, but may have problems with more complex tasks (e.g. how to plan and cook a meal)
- As an adult will require some support in employment, health care decisions, legal decisions

# Moderate Intellectual Disability

- At preschool age has slower language and pre-academic skill development
- Development of reading, writing, math, understanding of time and money much slower than peers
- Academic skill development typically at an elementary level
- Will need ongoing support as an adult in managing employment, relationships, money
- Can learn all ADLs but will take more time to do so

# Severe Intellectual Disability

- Usually identified by toddler age
- Limited language e.g. single words or phrases, supplemented by gesturing
- Little understanding of written language or math
- Requires full support for all ADLs including meals, dressing self
- Cannot make responsible decisions regarding self/others
- Requires ongoing support in adulthood for work, house chores
- Significant minority have problems with maladaptive behavior

# Profound Intellectual Disability

- Usually identified in infancy
- Often has co-occurring physical and sensory problems
- Limited language development though can understand simple language
- Expresses needs nonverbally
- Usually enjoys relationships with known family/familiar others
- Dependent upon others for all aspects of care



# Global Developmental Delay

- Used for children under the age of 5
- Used when the clinical severity cannot be reliably assessed
- Child fails to meet expected developmental milestones in several areas of intellectual functioning

# Communication Disorders

- language disorder
  - Combines expressive d/o and receptive-expressive d/o
- speech sound disorder
  - Previously phonological disorder
- childhood-onset fluency disorder
  - Previously called stuttering
- social (pragmatic) communication disorder (new)
  - impaired social verbal and nonverbal communication
  - Cannot be used in someone with ASD
  - Some previously dx'd with PDD NOS may have this dx

# Language Disorder

- Difficulty acquiring and/or using language due to problems understanding or producing speech
- Reduced vocabulary
- Problems with sentence structure
- Impairments in verbal conversation
- Deficits are evident in spoken communication, written communication, or sign language
- May have problems understanding language (receptive) and/or producing language (expressive)
- Often co-occurs with other neurodevelopmental disorders

# Speech Sound Disorder

- Difficulty producing intelligible speech due to problems with speech sounds e.g., l,r, s, z, th, ch, dzh, zh
- At age 2, 50% of speech should be intelligible
- At age 4, overall speech should be intelligible
- Most speech sounds should be produced clearly by age 7
- When treated with speech therapy, most children respond well and problem resolves

# Childhood-Onset Fluency Disorder

- Previously called stuttering
- Onset age 2-7
- 65-85% of children recover

# Social (Pragmatic) Communication Disorder

- Difficulty in social use of verbal and nonverbal communication
- Problems greeting people, sharing information
- Problems changing speech to match the needs of the situation or listener
- Problems following the rules for conversation or storytelling e.g. taking turns
- Problems understanding non-literal use of language e.g. humor, sarcasm, things implied
- Previously, individuals might have been diagnosed with autistic disorder or PDD NOS rather than SCD but SCD is to be used if individual doesn't have restricted range of interests

# Autism Spectrum Disorders

- Characterized by BOTH:
  - deficits in social communication and social interaction
  - restricted repetitive behaviors, interests, and activities
- Previously children were diagnosed with autistic disorder, Asperger's disorder, CDD, PDD NOS
- DSM 5 states that these are all varying degrees of severity of the same condition
- May be associated with intellectual disability (more likely the more severe the autism)
- May be associated with language impairment (more likely the more severe the autism)

# Severity of Autism Spectrum Disorders

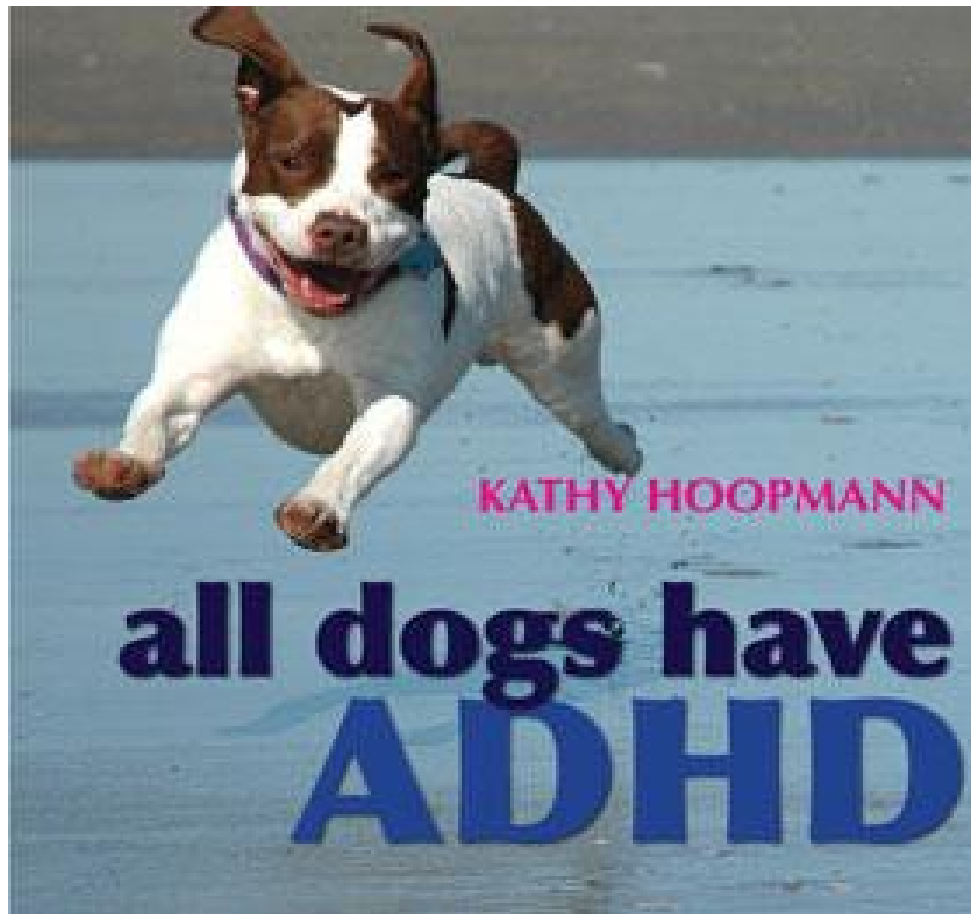
- Level I “Requiring Support”
  - Problems initiating social interactions, making friends
  - Difficulty switching between activities, inflexible behavior
- Level 2 “Requiring Substantial Support”
  - Marked deficits in verbal and nonverbal social communication
  - Social deficits even with supports
  - Restricted/repetitive behaviors interfere with functioning
  - Difficulty coping with change



# Severity of Autism Spectrum Disorders-

## Level 3

- Level 3 “Requiring very substantial support”
  - May have limited language
  - Rarely initiates or responds to social interaction
  - Extreme difficulty coping with change
  - Extremely restricted/repetitive behaviors interfere with functioning in all areas



# ADHD Overview

- The most common neurodevelopmental disorder
- Occurs in approximately 5% of children, 2.5% of adults
- Persistent pattern of problems in 3 domains:
  - Inattention (314.00 predominantly inattentive presentation)
  - Or: Hyperactivity & Impulsivity (314.01 predominantly hyperactive/impulsive subtype)
  - Or: inattentive and hyperactive/impulsive (314.01, combined presentation)
- Several of these symptoms were present before the age of 12
- Symptoms present in more than one domain (home, school, work)

# Inattentive Symptoms

- Careless mistakes
- Problems sustaining attention in tasks or play
- Doesn't seem to listen when spoken to
- Doesn't follow through/fails to finish things
- Difficulty organizing tasks and activities
- Dislikes tasks that require sustained mental effort
- Loses things necessary for tasks or activities
- Easily distracted
- Forgetful in daily activities

# Hyperactive & Impulsive Symptoms

- Fidgets or taps
- Leaves seat in situations where remaining seated is expected
- Runs or climbs in situations where this is inappropriate
- Unable to play or engage in leisure activities quietly
- “on the go” “driven by a motor”
- Talks excessively
- Blurts out answers
- Difficulty waiting his or her turn
- Interrupts or intrudes on others

# ADHD-Diagnosis

- For adults age 17+, cutoff for ADHD is 5 symptoms
- For children <17, 6 symptoms required
- Patients with diagnosis of autism spectrum disorder may be diagnosed with ADHD as well

# Specific Learning Disorder

- Persistent difficulties learning and using academic skills, below what is expected for age, IQ
- Replaces previous diagnoses of reading disorder, mathematics disorder, disorder of written expression
- Learning disorders often occur together, so are given as specifiers rather than separate diagnoses
- e.g. 315.0 Specific Learning Disorder with impairment in reading

# Developmental Coordination Disorder

- Motor skills are below that expected for chronological or mental age
- May see clumsiness, slowness or inaccuracy
- Shows in areas such as handwriting, using scissors, riding a bicycle or doing sports
- Usually not diagnosed before age 5 but onset is during the early developmental period



# Stereotypic Movement Disorder

- Hand shaking or waving, body rocking, head banging, self-biting, hitting self
- Onset during the early developmental period
- Simple stereotypic movements are normal in young children
- Can be associated with self injury
- More common in people with intellectual disability

# Tic Disorders

- Tourette's
  - Vocal and motor tics for more than a year
- Persistent motor or vocal tic disorder
  - Has either motor or vocal tics
- Provisional tic disorder
  - Present for less than a year

# Anxiety Disorders

Separation Anxiety Disorder

Selective Mutism

Specific Phobia

# Separation Anxiety Disorder

- Fear of separating from home or attachment figures
- Worry something will happen to attachment figures
- Can result in
  - Refusal to leave home e.g., refusal to go to school
  - Refusal to sleep alone or to stay at home without parent
  - Complaints of physical symptoms (e.g., stomach ache)
  - Nightmares

# Selective Mutism

## Specific Phobia

- Selective Mutism
  - Child speaks in some situations (e.g., at home with family) but not in others (e.g., at school)
  - Often associated with social anxiety
- Specific Phobia
  - Fear of specific object or situation
  - Usually develops in early childhood but can develop at any age, especially after a traumatic event

# Obsessive Compulsive Disorders

OCD

Body Dysmorphic Disorder

Hoarding

Trichotillomania

# Obsessive-Compulsive Disorder

- 2 main features, may have one or both:
  - Obsessions
    - Recurrent intrusive, unwanted thoughts, images, urges
    - Often about contamination, taboo thoughts, harm, symmetry
  - Compulsions
    - Repetitive behaviors or mental acts
    - Done in response to an obsession (e.g., hand washing to get rid of contamination) or due to rigid rules (e.g., go through a doorway multiple times until it feels “right”)

- Body Dysmorphic Disorder
  - Preoccupied with perceived imperfection in physical appearance
- Hoarding
  - Difficulty discarding possessions
- Trichotillomania
  - Hair-pulling disorder
  - Can be hair from any area on the body e.g. scalp, eyebrows, eyelids,



# Trauma and Stressor Related Disorders

Reactive Attachment Disorder (previously the inhibited subtype of RAD)

Disinhibited Social Engagement Disorder (previously the disinhibited subtype of RAD)

Posttraumatic Stress Disorder

Acute Stress Disorder

Adjustment Disorders

# Reactive Attachment Disorder

- Onset before age 5
- Child has experienced insufficient care, neglect, or deprivation
- Child has inhibited, withdrawn behavior towards caregivers
- Child has social and emotional disturbances

# Disinhibited Social Engagement Disorder

- Child has experienced insufficient care, neglect, or deprivation (as in RAD)
- Child responds by being overly friendly with strangers, rather than by being inhibited

# Posttraumatic Stress Disorder (PTSD)

- Development of characteristic symptoms after exposure to
  - one or more traumatic events
- Clinical symptoms vary, and are different enough in young children that <6 year olds have their own diagnostic criteria (see DSM 5)
- Symptoms are described in clusters
  - Intrusive (memories, flashbacks, nightmares, etc.)
  - Avoidance
  - Negative mood or cognitions (poor memory,
    - numbness, etc.)
  - Changes in arousal and reactivity (startles easily, reckless behavior, etc.)

# PTSD in Children Under Six Years Old

- Intrusive memories may manifest as play reenactment
- Changes in arousal/reactivity may manifest as temper tantrums, verbal or physical aggression, sleep problems

# Acute Stress Disorder

- Similar to PTSD except that symptoms last at least 3 days but less than a month

# Adjustment Disorders

- Development of emotional or behavioral symptoms in response to a stressor
- Symptoms occur within 3 months of onset of the stressor, and go away within 6 months of the end of the stressor
- Symptoms can be depression, anxiety (or both), conduct problems, or both emotions and conduct

# Dissociative Identity Disorder

Dissociative Identity Disorder   Dissociative  
Amnesia   Depersonalization/Derealization  
Disorder



# Dissociative Disorders

- Dissociation is frequently a sequela of trauma
- Involves loss of continuity of subjective experience
- Dissociative Amnesia
  - Inability to remember important autobiographical information, usually something traumatic or stressful
  - E.g., loss of memory for a time of trauma (combat, child abuse), or partial memory of a traumatic time
- Dissociative Identity Disorder
  - Formerly known as multiple personality disorder
  - Two or more distinct personality states

# Dissociative Disorders continued

- Depersonalization/Derealization Disorder
  - Depersonalization: feels detached from self, numb, an outside observer
  - Derealization: surroundings feel and or look unreal

# Disruptive , Impulse Control, and Conduct Disorders

## Oppositional Defiant Disorder Conduct Disorders

# Oppositional Defiant Disorder (ODD)

- Frequent and persistent pattern of
  - angry or irritable mood
  - argumentative or defiant behavior
  - vindictiveness
- Persistence and frequency exceeds what is normal for a child's age and culture
- May be present only in one setting (usually home)
- Person tends to see these problems as due to others e.g. unreasonable demands by parents/teachers

# Diagnosing Oppositional Defiant Disorder

- Diagnosis requires four of the following symptoms:
  - Often loses temper
  - Is often touchy or easily annoyed
  - Is often angry and resentful
  - Argues with authority figures
  - Defies or refuses to comply with requests/rules
  - Deliberately annoys others
  - Blames others
  - Spiteful or vindictive

# Conduct Disorder

- Behavior that violates the rights of others, or violates age-appropriate norms or rules
  - Aggression to people or animals
  - Destruction of property
  - Deceitfulness or theft
  - Serious violation of rules
    - E.g., school truancy, running away, stays out at night
- Can be associated with lack of guilt or empathy
- Often preceded by ODD

# Depressive Disorders in Children and Adolescents

# A Note about Depression in Children & Adolescents

- Mood may be irritable, not sad/depressed
- In persistent depressive disorder, the depression needs to have been present for at least 1 year for diagnosis (not the 2 years required in adults)
- Otherwise, depression is diagnosed using the same symptoms as in adults



# Disruptive Mood Dysregulation Disorder (DMDD)

- Key symptom is chronic IRRITABILITY
  - Frequent temper outbursts (3+ times per week)
  - Chronic irritable or angry mood present between the temper outbursts
- Onset before age 10
- Irritable mood has been present for at least 1 year
- Irritability and outbursts are out of proportion to whatever provoked them
- Need to distinguish between DMDD, ODD, and pediatric bipolar disorder

# Somatic Symptom and Related Disorders

Somatic Symptom Disorder

Illness Anxiety Disorder

Conversion Disorder

Factitious Disorder

+Others

# Somatic Symptom Disorders

- Disorders characterized by distress and impairment due to somatic (bodily) symptoms
- Patients are usually seen first in primary care rather than behavioral/mental health settings
- Patients may or may not have another diagnosed medical disorder

# Specific Somatic Symptom Disorders

- Somatic Symptom Disorder
  - Most people with hypochondriasis have this diagnosis
  - One or more somatic symptoms that are distressing and disrupt a person's life, can be predominantly pain
- Illness Anxiety Disorder
  - Worry about having an illness, but no sx of the illness
- Conversion Disorder
  - 1 or more symptoms of altered motor or sensory function (e.g., paralysis, weakness, seizures, speech)
- Factitious Disorder
  - Falsification of symptoms, or injuring self or a child or pet

# Sleep/Wake Disorders

Insomnia Disorder

Hypersomnolence Disorder

Narcolepsy

Obstructive Sleep Apnea Hypopnea

Circadian Rhythm Sleep-Wake Disorders

Parasomnias

+Others

# Sleep-Wake Disorders

- Consider medical and neurological conditions that can affect sleep (e.g., heart or breathing problems, dementia, seizures)
- Also consider psychiatric conditions that can affect sleep (e.g., depression, mania)
- Is someone sleeping too little, too much, or having odd
  - sleep problems?
- Consider whether a patient needs to be referred to a sleep specialist, a primary care provider, a psychiatrist, or just improve sleep hygiene

# Obstructive Sleep Apnea

## Hypopnea

- Occurs in adults and children
- In children is most frequently due to obstruction by large tonsils
- Usually involves audible snoring, and waking up unrefreshed, with daytime sleepiness,
- Can also include headaches, high blood pressure
- In children, can manifest as behavior problems
- Is diagnosed by polysomnogram
- More common in obese individuals
- Treatable!

# Feeding and Eating Disorders





# Feeding Disorders

- Pica
  - Persistent eating of nonfood substances e.g. paint, paper, hair, ice
- Rumination disorder
  - Repeated regurgitation of food, which may be re-swallowed
- Avoidant/restrictive food intake disorder
  - Lack of interest in food (not hungry), or avoiding food due to the taste/texture of the food
  - Results in weight loss or nutritional deficiency

# Eating Disorders

- Anorexia Nervosa
  - Significantly low weight due to restricted eating
  - Intense fear of gaining weight
  - Disturbance in thoughts about weight
  - In women, diagnosis doesn't require lack of menses
- Bulimia Nervosa
  - Recurrent binge eating
  - Recurrent inappropriate compensatory behaviors (purging, laxatives, overexercising)
- Binge Eating Disorder
  - Recurrent binge eating without compensatory behaviors

# Elimination Disorders

Enuresis

Encopresis

# Elimination Disorders

- Enuresis (urine)
  - Can be primary (never dry) or secondary (dry, then began having accidents)
  - Chronological age 5+ or equivalent developmental level
  - Can occur only at night (bedwetting) or during day and night
- Encopresis (feces)
  - Chronological age 4+ or equivalent developmental level
  - Often occurs with constipation and overflow incontinence

# Gender Disphoria



# Gender Dysphoria

- In children:
  - Marked incongruence between experienced/expressed gender and assigned gender
  - Strong desire to be of the other gender, or insistence that one is the other gender
- In adolescents/adults:
  - Marked incongruence between experienced/expressed gender and primary or secondary sex characteristics
  - Strong desire to be of the other gender, or to be rid of one's primary or secondary sex characteristics or to have primary and/or secondary sex characteristics of other gender

# Sources for this talk

- APA Highlights of Changes from DSM-IV-TR to DSM-5
    - Available online at [www.psychiatry.org/dsm5](http://www.psychiatry.org/dsm5)
  - [Medscape Psychiatry](#) A Guide to DSM-5, Bret S. Stetka, MD, Christoph U. Correll, MD, May 21, 2013
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- A Guide to DSM-5