

Working with DSM 5

Jeff Dunn, MD

UNM Center for Rural and
Community Behavioral Health

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 responses or normal individual variation? (dropping of bereavement exclusion from MDD; binge eating d/o; DMDD; mild neurocognitive 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): replaced by WHO Disability Assessment Schedule and other assessment measures:
- * <http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures>

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 (aside: NOS replaced with *other specified disorder or unspecified disorder*)
- * Characterized by 1) deficits in social communication and social interaction and 2) restricted repetitive behaviors

ADHD

- * For children, onset has been changed from before 7 *years of age* to before 12 *years of age*
- * for adults, symptom cutoff is 5 symptoms instead of 6 symptoms
- * 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

Schizoaffective Disorder

- * Now requires that a major mood episode be present for a majority of the disorder's total duration

Delusional Disorder

- * Removes requirement that delusions be non-bizarre

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

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

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”

ANXIETY DISORDERS

- * Panic attack (*unexpected* and *expected*) can be added as a specifier to all DSM 5 diagnoses
- * Panic Disorder and Agoraphobia are now listed as two separate disorders
- * Requirement that individuals recognize their anxiety as excessive has been deleted
- * 6 month duration for agoraphobia, specific phobia, and social phobia

OBSESSIVE COMPULSIVE AND RELATED DISORDERS*

Hoarding Disorder*

- * Persistent difficulty discarding or parting with possessions due to a perceived need to save the items and distress associated with discarding them

Excoriation (Skin-Picking Disorder)*

- * Constant and recurrent skin picking, resulting in skin
 - lesions
- * Individuals have made repeated attempts to decrease or stop the skin picking
- * 2-4% of population?

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

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

- * Emphasizes *gender incongruence* rather than cross gender identification per se (as in DSM IV gender identity disorder)
- * Separate criteria sets for children and adults

DISRUPTIVE, IMPULSE CONTROL, AND CONDUCT DISORDERS

- * 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

NEW ADDITIONS

- * Gambling disorder (moved from Disorders of Impulse Control)
- * Tobacco Use Disorder
- * Cannabis withdrawal
- * Caffeine withdrawal

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

NEUROCOGNITIVE DISORDERS

Major and Mild Neurocognitive Disorder*

- * Major Neurocognitive Disorder replaces terms dementia and amnesic disorder
- * Mild Neurocognitive Disorder-a level of cognitive decline that goes beyond normal aging and requires the person be engaging in compensatory strategies to maintain independence