

# Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition (DSM-5) Update

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## How the DSM 5 was developed

- First full revision since 1994
- Contributions from more than 1,500 experts
- Work began in 1999, followed by research planning conferences in 2002
- 13 Diagnostic work groups, each co-chaired by a US and international expert
- Proposals made by outside organizations
- Draft criteria published providing opportunity for public input



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## Criticisms and controversy

"Except for autism, all the DSM 5 changes loosen diagnosis and threaten to turn our current diagnostic inflation into diagnostic hyperinflation...Many millions of people with normal grief, gluttony, distractibility, worries, reactions to stress, the temper tantrums of childhood, the forgetting of old age, and 'behavioral addictions' will soon be mislabeled as psychiatrically sick and given inappropriate treatment...DSM 5 will make this worse by diverting attention and scarce resources away from the really ill and toward people with the everyday problems of life who will be harmed, not helped, when they are mislabeled as mentally ill."

Allen Francis,  
Chair DSM-IV Task Force



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## Criticisms and controversy DSM-5

- Francis argues that with new diagnoses and criteria, expanding disorders will include "worried well"
  - New diagnoses are a problem because they influence whether people will be put on medication.
  - Normal human ups and downs become diagnoses
- Others argue: Milder, less debilitating cases may be more common
  - But even these cases are associated with an increased risk of long-term problems compared with people with no diagnosis at all

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## Criticisms and controversy Thomas Insel at NIMH:

- Goal of any diagnostic system is to improve treatment outcomes
- DSM is dictionary, not "bible"
  - Common language providing labels and definitions
- Strength is reliability
  - Ensures clinicians use same terms in same ways
- Weakness is validity
  - Diagnoses based on consensus about clinical symptoms
  - Not objective measures of disorders
- Symptom-based diagnosis, once common in other areas of medicine, has been largely replaced
- ***"That is why NIMH will be re-orienting its research away from DSM categories"***

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## Criticisms and controversy NIMH Research Domain Criteria (RDoC)

- Instead, NIMH will be using Research Domain Criteria (RDoC) for mental health research
  - Diagnostic approach based on biology, genetics, and symptoms not constrained by DSM categories
- New systems will look across categories
- For example, substantial overlap between anxiety and mood disorders
  - Most patients with depression also show some anxiety
  - RDoC criteria will study all patients in a mood clinic, rather than just people with diagnosis of "depression"
- System does not yet exist but this is framework for collecting data for new diagnostic symptom based on research, rather than symptom based categories

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## DSM-5 Use

- Axis I , II (personality), III (medical) combined
- Begin using immediately clinically
  - Some insurers may require DSM-IV for awhile
  - Full transition by January 1, 2014
- Billing will require ICD-10 Oct 2014
  - ICD9 and ICD-10 codes listed next to DSM codes
  - Clinicians use DSM 5 for diagnosis and “crosswalk” to appropriate ICD code for billing

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## Diagnoses relevant to pediatrics

(Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence chapter has been eliminated)

- Neurodevelopmental Disorders
  - Intellectual Disability
  - Communication Disorders
  - Autism Spectrum
  - ADHD
  - Specific Learning Disorder
  - Motor Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Trauma and Stressor-Related Disorders
- Somatic Symptom and Related Disorders
- Feeding and Eating Disorders
- Sleep-Wake Disorders
- Gender Dysphoria
- Disruptive, Impulse-Control and Conduct Disorders

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## DSM 5 Changes

### Neurodevelopmental Disorders

New Chapter

- Intellectual Disability (intellectual developmental disorder)
- Communication Disorders
- Specific Learning Disorder
- ADHD
- Motor Disorders
- Autism Spectrum Disorders (next talk)

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## Intellectual Disability

- Replaces Mental Retardation
- Emphasizes need for IQ and adaptive behavior
- Severity determined by adaptive functioning
- ICD-11 will use term “disorder” in 2015
  - Intellectual Developmental Disorder

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## Communication Disorders

- Language Disorder
  - Combines expressive and mixed receptive-expressive disorder
- Speech Sound Disorder
  - New name for phonological disorder
- Childhood-Onset Fluency Disorder
  - New name for stuttering
- Social (Pragmatic) Communication Disorder
  - New condition, similar to ASD but without repetitive behaviors

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## Specific Learning Disorder

- Combines previous reading disorder, mathematics disorder, disorder of written expression and learning disorder NOS (no more NOS)
- Persistent difficulties in the acquisition of reading, writing, arithmetic or mathematical reasoning skills
  - 4 diagnostic criteria, 1<sup>st</sup> criteria has 8 academic symptoms
  - Coded specifiers for the deficit types in each area
- Unable to perform academically at level appropriate to intelligence and age
- Not the same as Learning Disability as defined in Special Education Regulations

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## ADHD

### Unchanged:

- Same lists of symptoms, 9 each for hyperactivity/impulsivity and inattention/distractibility
- Children must show 6 out of 9 from at least one list
- Must have symptoms in 2 or more settings (strengthened to 'several' symptoms in each setting)

### Changed:

- Symptoms must be present prior to age 12 rather than age 7 years
- Above age 17 years need only 5 criteria from each list
- No exclusion criteria for autism
- Subtypes have been replaced with presentation specifiers that map directly to prior subtypes

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## Motor Disorders

(included in Neurodevelopmental Disorders)

- Developmental coordination disorder
- Stereotypic movement disorder
- Tourette's disorder
- Persistent (chronic) motor or vocal tic d/o
- Provisional tic d/o
- Other specified tic d/o
- Unspecified tic d/o

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## No more NOS

- NOS (Not Otherwise Specified) has been replaced with
  - Other specified disorder: used to communicate the reason criteria are not met for a specific category. Record the name of the category, followed by the specific reason criteria are not met, eg- "other specified depressive disorder, depressive episode with insufficient symptoms" (lasts long enough but symptoms fall short of diagnostic threshold)
  - Unspecified disorder: used when the clinician chooses not to specify the reason criteria are not met for a specific disorder

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## Developmental coordination disorder

- A. Acquisition and execution of coordinated motor skills is substantially below that expected for chronological age and opportunity for skill learning/use. Manifested as clumsiness, slowness or inaccuracy
- B. Significantly and persistently interferes with ADLs appropriate to chronological age, and impacts academic productivity, pre-vocational, vocational, leisure, play
- C. Onset in early developmental period
- D. Not better explained by ID, visual impairment or attributable to neurological condition (CP etc)

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## Tic disorders

Criteria have been standardized across disorders

- Tourette's disorder
  - Both multiple motor and 1 or more vocal tics present at some time, not necessarily concurrently
  - Persisted more than 1 year
  - Not attributable to substance (cocaine, ?stimulants)
- Persistent (chronic) motor or vocal tic d/o
  - Single or multiple vocal or motor, but not both
  - Persisted more than a year
- Provisional tic disorder
  - Single or multiple motor/vocal tics
  - Present less than 1 year since onset

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## Disruptive, impulse-control and conduct disorders (new chapter)

- Oppositional defiant disorder
  - A number of refinements including a note added to provide guidance on frequency needed for a behavior to be considered symptomatic (because many of the behaviors can occur commonly in normally-developing children/ teens)
  - Severity rating added re pervasiveness across settings (shown to be important indicator of severity)
- Conduct disorder:
  - Specifier added for having a callous and unemotional interpersonal style- associated with greater severity
- Intermittent explosive disorder
  - No longer requires physical aggression. Either verbal or noninjurious/nondestructive aggression occurring on average 2x/week for 3 months or 3 episodes involving physical damage or injury in 12 months (out of proportion to provocation)
  - Minimum chronological/developmental age of 6 years added

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## Depressive Disorders

- Major depressive disorder-symptoms and 2 week duration are unchanged. Bereavement exclusion is omitted

### New diagnoses:

- Premenstrual dysphoric disorder (moved from Appendix for further study)
- Persistent depressive disorder: includes dysthymic disorder and chronic major depressive disorder due to inability to find scientifically meaningful differences
- Disruptive mood dysregulation disorder

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## Disruptive mood dysregulation disorder

- Severe recurrent temper outbursts (verbal or physical) grossly out of proportion to situation or provocation
- Inconsistent with developmental level
- Occur on average 3 or more times/week and present for 12 or more months
- Mood is persistently irritable or angry between outbursts and observable by others
- Present in at least 2 of 3 settings (home, school, peers)
- Not diagnosed before age 6 or after 18 years and onset is prior to age 10
- Exclusion includes ODD, Intermittent explosive disorder, bipolar or if has had mania or hypomania

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## Bipolar and related disorders

- Own chapter -no longer together with depressive disorders in "Mood Disorders"
- Bipolar I (mania), Bipolar II (hypomania and depression), Cyclothymia (2 years for adults, 1 year for children of hypomanic and depressive periods without fulfilling criteria for an episode of mania, hypomania or major depression)
  - To facilitate accuracy and earlier diagnosis, criteria for mania/hypomania now include more emphasis on changes in activity and energy as well as mood
- No more Mood D/O NOS

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## Anxiety disorders

### Changes:

- For individuals over age 18 no longer required that fears and anxiety are recognized as unreasonable or excessive
- Now includes selective mutism and separation anxiety disorders (were previously in Disorders Usually Diagnosed in Infancy, Childhood, Adolescence)

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## Obsessive-compulsive and related disorders (new chapter)

OCD: Insight specifier has been refined to include a range of insight- good - poor -absent  
Trichotillomania (hair-pulling disorder) moved to this chapter (from impulse-control disorders)

### New diagnoses include:

- Hoarding disorder
  - Persistent difficulty discarding or parting with possessions due to a perceived need to save them, and distress with discarding them.
- Excoriation (skin-picking) disorder
- “With muscle dysphoria” specifier for body dysmorphic disorder

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## Gender dysphoria

- New diagnostic class-replaces gender identity disorder
- Emphasizes ‘gender incongruence’ rather than cross-gender identification
- Separate criteria for children, adolescents and adults-kids need “strong desire to be of the other gender or insistence that her/she is the other gender” but also need at least 5 other features (preference for playmates, toys, clothes of opposite gender, dislike of own anatomy, etc), so makes diagnosis more restrictive and conservative

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## Trauma and stressor-related disorders

- **Acute stress disorder**
  - Criteria broadened in recognition that trauma response is heterogeneous-now need to meet 9 of 14 symptoms in categories of intrusion, negative mood, dissociation, avoidance and arousal
- **Adjustment disorders**
- **PTSD**
  - Criteria differ significantly, more emphasis on negative mood, irritability, aggression, reckless or self-destructive behavior. Thresholds lowered for children and separate criteria for age 6 and younger
- **Reactive attachment disorder**
  - Now 2 disorders: RAD (resembles internalizing disorders) and disinhibited social engagement disorder (more like ADHD, can have established or even secure attachments)

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## Feeding and eating disorders

- **Avoidant/restrictive food intake disorder**
  - New name for Feeding disorder of infancy/early childhood. Broad category designed to include individuals who substantially restrict food intake and have assoc. physiological or psychological problems but do not meet criteria for other disorders-must have 1 or more of signif weight loss/lack of expected gain, signif nutritional deficiency, dependence on enteral or oral supplements, marked interference with psychosocial function
- **Anorexia nervosa**
  - Amenorrhea requirement has been removed
- **Bulimia nervosa and Binge Eating Disorders**
  - Frequency of binge eating requirement decreased from twice to once weekly

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## Sleep-wake disorders

Paradigm shift toward acknowledging bidirectional effects with other mental or medical disorders, and underscoring that sleep disorders warrant independent clinical attention, and based on better understanding of pathophysiology

- **Breathing-related sleep disorders**
  - Obstructive sleep apnea hypopnea, central sleep apnea, sleep-related hypoventilation
- **Circadian rhythm sleep-wake disorders**
  - Advanced sleep phase syndrome, irregular sleep-wake type, non-24 hour sleep wake type
- **REM sleep behavior disorder**
- **Restless legs syndrome**

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## Somatic symptom and related disorders

- **Somatic symptom disorder**
  - Merger of previous somatization disorder and somatoform disorder. Less emphasis on absence of medical explanation for somatic symptoms
- **Hypochondriasis**
  - now called illness anxiety disorder
- **Pain disorder**
  - less distinction between psychological and physical factors
- **Psychological factors affecting other medical conditions**
- **Conversion disorder**
  - Now emphasizes importance of neuro exam

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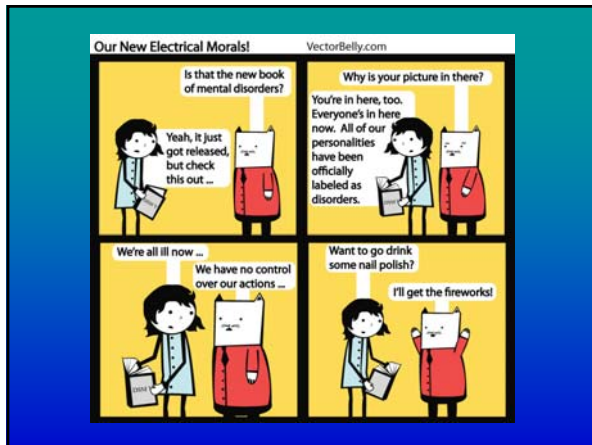
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