

DSM-5 Has Arrived

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Major Innovations of DSM-5



- ICD/DSM harmony
- Discontinuation of multi-axial system
- Spectrum disorders and dimensional ratings
- Greater recognition of the influence of age, gender and culture
- New organization of chapters

Use of the Manual

- DSM-5 uses a single axis system that combines the former Axis I-III codes:
 - Mental Disorders
 - Medical Disorders
 - Other Conditions that May be the Focus of Clinical Attention (e.g., V-Codes)
- Axis IV and V have been eliminated

DSM-5 Chapters

- Neurodevelopmental Disorders
- Schizophrenia Spectrum and Other Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Trauma- and Stressor-Related Disorders
- Dissociative Disorders
- Somatic Symptom and Related Disorders
- Feeding and Eating Disorders
- Elimination Disorders
- Sleep-Wake Disorders
- Sexual Dysfunctions
- Gender Dysphonia
- Disruptive, Impulse Control and Conduct Disorders
- Substance-Related and Addictive Disorders
- Neurocognitive Disorders
- Personality Disorders
- Paraphilia Disorders
- Other Mental Disorders
- Other Conditions that May be the Focus of Clinical Attention

Steps in Writing a Diagnosis

1. **Locate the disorder that meets criteria**
2. **Write out the name of the disorder:**
 - Ex.: Posttraumatic Stress Disorder
3. **Now add any subtype or specifiers that fit the presentation:**
 - Ex.: Posttraumatic Stress Disorder, with dissociative symptoms, with delayed expression
4. **Add the code number** (located either at the top of the criteria set or within the subtypes or specifiers):
 - Two code numbers are listed, one in **bold** (ICD-9) and one in parentheses (ICD-10), for example, **309.81** (F43.10)
[DSM 5 Criteria Sets\PTSD.docx](#)
 - Before October 1, 2014, use the bolded ICD-9 code:
309.81 Posttraumatic Stress Disorder, with dissociative symptoms, with delayed expression
 - Starting October 1, 2014 use the ICD-10 code that is in parentheses:
F43.10 Posttraumatic Stress Disorder, with dissociative symptoms, with delayed expression
5. **Order of multiple diagnoses:** The focus of treatment or reason for visit (principle diagnosis) is listed first, followed by the other diagnoses in descending order of clinical focus

Sample DSM-5 Diagnoses

Example 1

296.42 Bipolar I Disorder, current episode manic,
moderate severity, with mixed features

301.83 Borderline Personality Disorder

Example 2

300.4 Persistent Depressive Disorder, mild
severity, with early onset, with pure
dysthymic syndrome

V61.03 Disruption of family by separation

Neurodevelopmental Disorders



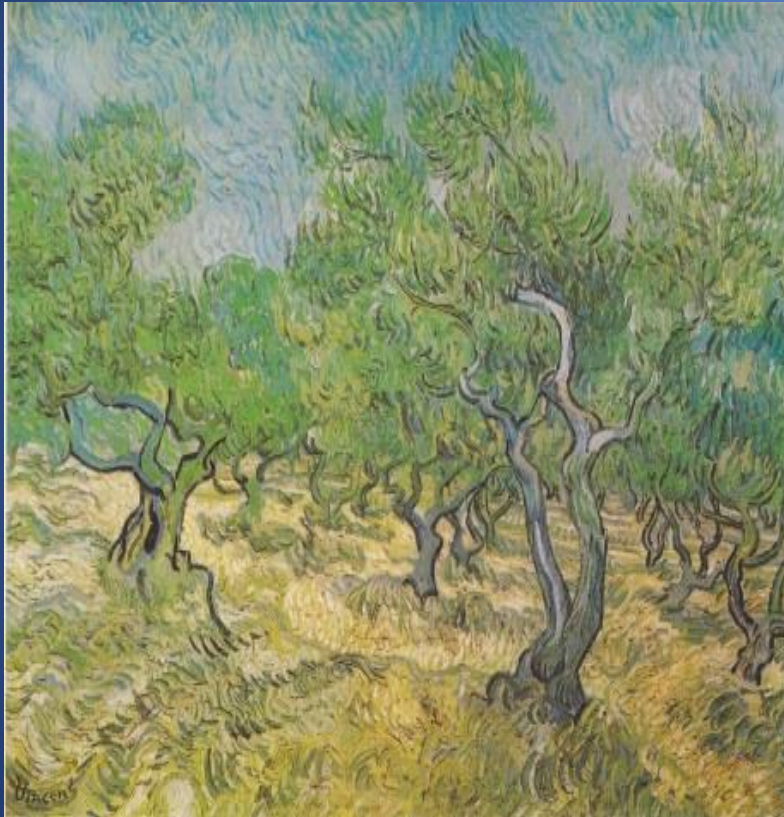
- Highlights:
 - New chapter
 - Intellectual Disability replaces Mental Retardation
 - Revised Communication Disorders
 - Introduction of Autism Spectrum Disorder
 - ADHD criteria changes

Depressive Disorders



- Highlights:
 - Major Depressive Disorder
 - Bereavement exclusion dropped
 - New specifics
 - Persistent Depressive Disorder replace Dysthymia
 - New disorders added
 - Disruptive Mood Deregulation Disorder
 - Premenstrual Dysphoric Disorder

Anxiety Disorders



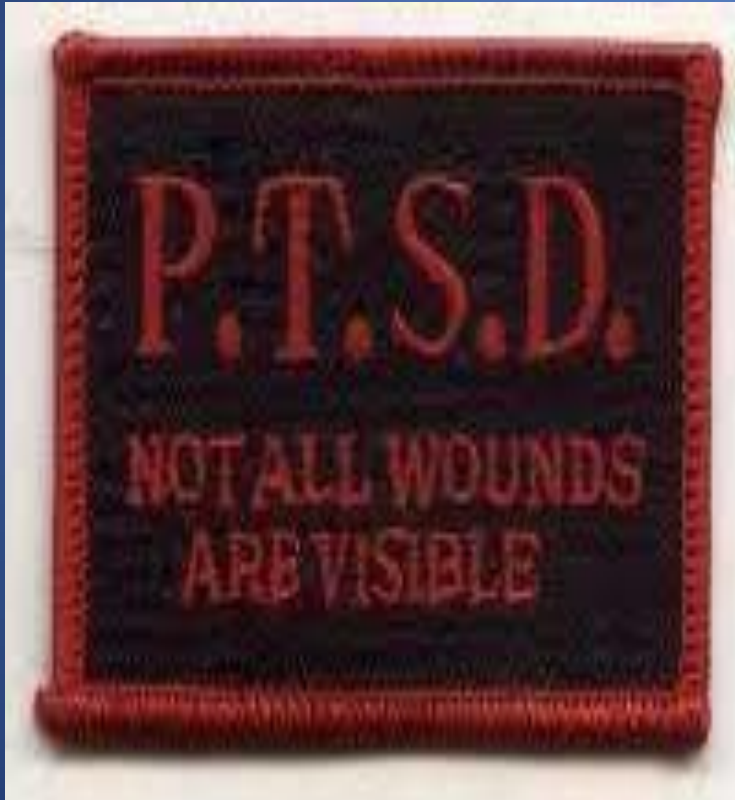
- Highlights:
 - New organization of former Anxiety Disorder Chapter
 - Panic and Agoraphobia become separate disorders
 - Panic attacks can be applied to any disorder
 - Generalized Anxiety Disorder goes unchanged

Obsessive-Compulsive and Related Disorders



- Major categories
 - OCD
 - Body Dysmorphic Disorder
 - Hoarding Disorder
 - Trichotillomania (hair-pulling)
 - Excoriation (Skin-Picking) Disorder

Trauma- and Stressor-Related Disorders



- Highlights
 - New chapter for disorders related to exposure to stress
 - PTSD has modified criteria and new subtypes
 - Acute Stress Disorder criteria modified

Posttraumatic Stress Disorder

- *Essential feature:* Significant reaction to serious traumatic event that involves actual or threatened death, serious injury or sexual violation
- DSM-5 specifies how event has to be experienced:
 1. Directly experiencing
 2. Witnessing in person
 3. Learning the event happened to a close family member or friend
 4. Repeated exposure to aversive details of event (e.g., first responders)
- *Symptoms* are now from four general groups:
 - Intrusive symptom (e.g., intrusive memories, dreams, flashbacks)
 - Avoidance of reminders (e.g., avoiding people, places, activities)
 - Negative alterations in cognition and mood (e.g., self-blame, hopelessness, dissociative symptoms, negative emotional states)
 - Alterations of arousal and reactivity (e.g., hypervigilance, sleep problems, self-destructive behaviors)
- *Duration:* Symptoms persist for at least a month
- Specifiers that can be used
 - *With Dissociative Symptoms*
 - *With Delayed Expression*
- DSM-5 provides an alternative criteria set for children 6 years and younger

Feeding and Eating Disorders



- Highlights
 - New title and organization
 - Avoidant/Restrictive Food Intake Disorder added
 - Modifications to Anorexia and Bulimia
 - Binge-Eating Disorder added
 - Changes try to address overuse of NOS

DSM-5 Changes

Anorexia Nervosa

- *Significantly low body weight* replaces below 85% of expected
- Dropped amenorrhea
- Restricting and binge-eating/purging subtypes refer to past three months
- Added severity specifier based upon body mass index

Bulimia Nervosa

- Reduced the threshold for bingeing and compensatory behaviors from three times a week to one time a week
- Dropped purging and non-purging subtypes
- New severity specifier based upon frequency of compensatory behaviors per week

Substance-Related and Addictive Disorders



- Highlights
 - New chapter title
 - Types of disorders:
 - Substance *use*
 - Substance *induced*
 - *Behavioral addictions* disorders (gambling)
 - Dependence and abuse combined into spectrum
 - Polysubstance Dependence removed

Alcohol Use Disorder

- *Essential feature:* Problematic pattern of alcohol use leads to clinically significant distress or impairment
- *Symptom threshold:* At least two of the following in a 12-month period:
 1. Taken in larger amounts or over longer period of time than intended
 2. Persistent desire or efforts to cut down or control use
 3. Much time taken obtaining, using or recovering from substance
 4. Cravings or a strong desire or urge to use a substance (new criteria)
 5. Recurrent use resulting in failure to fulfill role obligations (work, school, or home)
 6. Continued use despite social and interpersonal problems
 7. Social, occupational, or recreational activities reduced due to alcohol
 8. Recurrent use in hazardous situations
 9. Continued use despite physical or psychological problems due to substance
 10. Tolerance
 11. Withdrawal
- *Specifiers:* Early remission, Sustained remission and In controlled environment
- *Specify Severity:*
 - Mild (2-3 symptoms)
 - Moderate (4-5 symptoms)
 - Severe (6 or more)

SAMPLE CODE: 303.90 (F10.20) Moderate Alcohol Use Disorder

Personality Disorders

- Odd/Eccentric Cluster
 - Paranoid Personality Disorder
 - Schizoid Personality Disorder
 - Schizotypal Personality Disorder
- Emotional/Erratic Cluster
 - Antisocial Personality Disorder
 - Borderline Personality Disorder
 - Histrionic Personality Disorder
 - Narcissistic Personality Disorder
- Anxious/Fearful Cluster
 - Avoidant Personality Disorder
 - Dependent Personality Disorder
 - Obsessive-Compulsive Personality Disorder

Section III Assessment Measures and Cultural Formulation Interview

- Cross-Cutting Symptom Measures
 - [DSM-5 level1 assessment.pdf](#)
- Clinician Rated Psychosis Symptom Severity
- World Health Organization Disability Assessment Schedule 2.0
 - [DSM-5 whodas2selfadministered.pdf](#)
- Cultural Formulation Interview
- Downloadable assessment measures at:
 - <http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures>

Final Thoughts



The Wind of Change

- Diagnosis at a crossroad
- Keep up with the evidence and the changes (DSM 5.1)

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