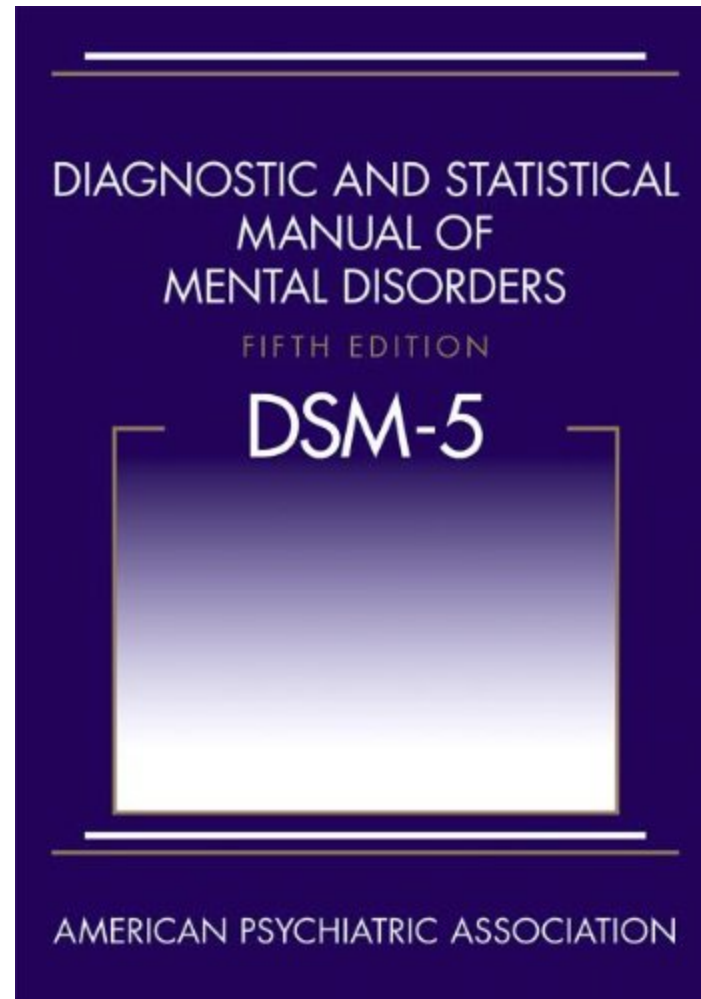


# DSM 5

## The Basics



# What is the DSM

- Diagnostic and Statistical Manual of Mental Disorders
- Purpose
  - Standardize diagnosis criteria (objectivity)
  - Assist in research
  - Provide common terminology
  - Public health statistics

# DSM 5 Process

- Released May 2013
- Task Force of 28 People
- 13 workgroups - 130 people
- 400 Advisors
- Work began in 1999
- First revision in decades

# What is a Mental Disorder?

- A syndrome of clinically significant disturbance in cognition, emotion, regulation, or behavior that is associated with distress, disability, or significant impairment in important areas of functioning.

# Languaging

- Recovery Oriented Language
- Person First
- Typical not “normal”
- Recovery is individual
- Cultural awareness and sensitivity

# However...

- Not strengths based
- It is a medical model
- Emphasis placed on what research could support

# Focus on Trauma and Suicide

- Greater awareness of the role of trauma and recognition of its prevalence
- Trauma informed care
- Assess for suicide potential often

# The ICD

- Currently ICD 9
- ICD 10 on October 1, 2014
- ICD 11 in 2015?
- Alphanumeric (F43.10 not 309.81)
- Crosswalk in DSM 5



# The BIG Changes

- No more 5 Axes
- List all diagnoses and pick a primary diagnosis
- Explain in your narrative other factors
- There are severity scales for most diagnoses; i.e. 5/7, 3/5 etc.



# No More NOS

- Too many NOS diagnoses were being made
- Hinders research
- Encourages “sloppy” diagnosing
- Can still do provisional diagnosis
- There is an “Other specified \_\_\_\_\_ disorder” and “Other unspecified \_\_\_\_\_ disorder”

# Diagnoses No More!

- **Partial List!**
- No more Paranoid or Catatonic Schizophrenia
- No more Dysthymia
- No more Asperger's, Rett's, Pervasive DD NOS, Childhood Developmental Disorder
- Panic Attacks
- Seasonal Affective Disorder
- Dissociative Fugue



# New Diagnoses!

- **Partial List!**
- Disruptive Mood Dysregulation Disorder
- Premenstrual Dysphoric Disorder
- Hoarding Disorder
- Restless Legs Syndrome



# When Do I Have to Start Using DSM5?

- No set date
  - Complete document-ready right now
  - APA suggests 1-1-2014
  - Some suggest 10-1-2014 when ICD 10 starts
  - Depends on payer source
- 
- CHECK WITH YOUR VENDOR IF YOU HAVE AN EMR

# Diagnostic Groupings

- 19 in all
- Generally listed from early in life to late in life
- Conditions Usually First Diagnosed in Infancy, Childhood, or Adolescence gone as a separate category
- Learning Disorders are under Neurodevelopmental
- Adjustment Disorders are under Trauma
- Bipolar, OCD, Trauma/Stressor–Related are new categories

# The 19 Categories



# Neurodevelopmental Disorders

- Intellectual Disabilities
- Communication Disorders
- Autism Spectrum Disorder- new (combines categories)
- Social Pragmatic Communication Disorder- new
- Attention Deficit/Hyperactivity Disorder
- Specific Learning Disorder (combines categories)
- Motor Disorders
- Other Neurodevelopmental Disorders



# Schizophrenia Spectrum and Other Psychotic Disorders

- Schizotypal Personality Disorder
- Delusional Disorder
- Brief Psychotic Disorder
- Schizophreniform Disorder
- Schizophrenia
- Schizoaffective Disorder

# Bipolar and Related Disorders

- New category (formerly all under mood disorders)
- Bipolar I (manic episode)
- Bipolar II (hypomanic only)
- Cyclothymic Disorder
- Many specifiers

# Depressive Disorders

- Several new diagnoses including:
  - Disruptive Mood Dysregulation Disorder
  - Persistent Depressive Disorder
  - Premenstrual Dysphoric Disorder
- Bereavement exclusion eliminated
- Formerly combined with Bipolar disorders under Mood Disorders



# Anxiety Disorders

- PTSD and OCD placed in other categories
- Panic Attack now a specifier
- Separation Anxiety Disorder
- Selective Mutism
- Specific Phobia (specify)
- Social Anxiety Disorder (Social Phobia)
- Panic Disorder
- Agoraphobia
- Generalized Anxiety Disorder
- Anxiety Disorder Due to Another Medical Condition
- Other Specified Anxiety Disorder
- Other Unspecified Anxiety Disorder

# Obsessive-Compulsive and Related Disorders

- New Category
- Obsessive Compulsive Disorder
- Body Dysmorphic Disorder
- Hoarding Disorder- new
- Trichotillomania (Hair-pulling disorder)
- Excoriation (skin picking) disorder- new
- Substance/medication induced obsessive compulsive and related disorder- new
- Other specified and unspecified

# Trauma-and Stressor-Related Disorders

- Adjustment Disorders are in this grouping
- Posttraumatic Stress Disorder (criteria change)
- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder(from subtype to disorder of its own)
- Acute Stress Disorder
- Specifiers (with depressed mood, disturbance of conduct, etc)

# Dissociative Disorders

- Dissociative Identity Disorder
- Dissociative Amnesia (specifier Dissociative Fugue- not a diagnosis in itself any longer)
- Depersonalization/Derealization Disorder (combining 2 DSM IV diagnoses)

# Somatic Symptom and Related Disorders

- Formerly Somatoform Disorders in DSM IV
- Reduction in number of these diagnoses
- Somatic Symptom Disorder (formerly Somatization Disorder, Undifferentiated Somatoform Disorder)
- Illness Anxiety Disorder (formerly Hypochondriasis)
- Conversion Disorder (Functional Neurological Symptom Disorder)
- Psychological Factors Affecting Other Medical Conditions-New
- Factitious Disorder



# Feeding and Eating Disorders

- Some of what was found in DSM IV under “Conditions Usually First Diagnosed in Infancy, Childhood, or Adolescence”
- Avoidant/Restrictive Food Intake Disorder (called Feeding Disorder of Infancy or Early Childhood in DSM IV)
- Binge Eating Disorder-NEW (was in conditions for further study in DSM IV)
- Pica
- Rumination Disorder
- Anorexia Nervosa
- Bulimia Nervosa

# Elimination Disorders

- Formerly in Disorders Usually First Diagnosed in Infancy Childhood or Adolescence in DSM IV
- Now new category in itself
- No significant changes
- Enuresis
- Encopresis
- Other Unspecified Elimination Disorder

# Sleep-Wake Disorders

- Some changes in this category
- Greater Specificity (10 Disorders)
- More reliance on research evidence
- Primary Insomnia renamed Insomnia Disorder
- Rapid Eye Movement Sleep Behavior Disorder-NEW
- Restless Legs Syndrome- NEW
- Sleep disorder related to another mental disorder and sleep disorder related to another medical condition removed

# Sexual Dysfunctions

- Some gender specific sexual dysfunctions added
- Female sexual interest/arousal disorder combined from 2 separate diagnoses in DSM IV
- Minimum duration of 6 months (except for medication induced)
- Subtypes: Lifelong versus acquired and generalized versus situational  
mild, moderate, severe
- Sexual Aversion Disorder removed
- Genito Pelvic Pain/Penetration Disorder- NEW (combines vaginismus and dyspareunia)

# Gender Dysphoria

- New Category (replaces Gender Identity Disorder)
- Emphasizes “gender incongruence”
- Separate criteria for children, adolescents and adults
- “the other gender” or “some alternative gender” rather than “the other sex” as in DSM IV
- Lots of controversy (dysphoria versus disorder)
- Must involve clinically significant distress



# Disruptive, Impulse-Control and Conduct Disorders

- New Category in DSM 5 (Combines part of one category and another category from DSM IV)
- Problems in emotional and behavioral self control
- ADHD frequently comorbid
- Oppositional Defiant Disorder (3 symptom categories)
- Intermittent Explosive Disorder
- Conduct Disorder
- Pyromania
- Kleptomania
- Antisocial Personality Disorder

# Substance-Related and Addictive Disorders

- No more differentiation between abuse and dependence
- Gambling is the only process addiction (sex and pornography addiction not there anymore)
- Recurrent substance related legal problems dropped as a criterion and craving or strong desire to use added
- Severity determined by number of criteria endorsed
- Threshold for diagnosis raised from 1 to 2 criteria met
- Cannabis Withdrawal and Caffeine Withdrawal added
- Polysubstance Dependence eliminated
- Largest category in DSM 5

# Neurocognitive Disorders

- More diagnoses available
- Delirium-various types
- Due to Alzheimers, Vascular Disease, etc
- Due to Substance/Medication Use
- Major or Mild(new)Neurocognitive Disorder
- With or without behavioral disturbance
- Head Trauma now called Traumatic Brain Injury





# Personality Disorders

- Cluster A
  - Paranoid, Schizoid, Schizotypal
- Cluster B
  - Antisocial, Borderline, Histrionic, Narcissistic
- Cluster C
  - Avoidant, Dependent, Obsessive-Compulsive
- Other
  - Due to Medical Condition, Specified, Unspecified

# Paraphilic Disorders

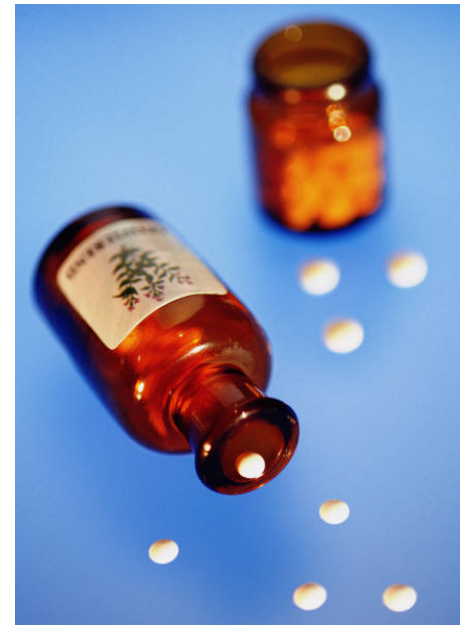
- Pedophilia
- Sadism
- Masochism
- Fetishes
- Specify if in a controlled environment and if in remission (new specifiers)
- Must cause clinically significant impairment (distinction between paraphilia and paraphilic disorder)

# Other Mental Disorders

- Due to a medical condition-specified and unspecified (code medical condition first)
- Other specified and unspecified
- Symptoms characteristic of a mental disorder predominate but do not meet full criteria for any mental disorder in DSM 5
- Must cause significant impairment

# Medication-Induced Movement Disorders and Other Adverse Effects of Medication

- Parkinsonism
- Tardive Dyskinesia
- Antidepressant Discontinuation Syndrome
- Neuroleptic Malignant Syndrome
- NOT MENTAL DISORDERS



# Other Conditions That May Be a Focus of Clinical Attention

- V Codes (Z codes in ICD 10)
- 995's
- Problems Related to Family Upbringing
- Child Maltreatment and Neglect
- Spouse or Partner Violence
- NOT MENTAL DISORDERS

# Section 3

- Assessment Instruments
- Cultural Formulation
- Alternative model for personality disorders
  - Impairments in personality functioning
  - Pathological personality traits
- Conditions for further study

# Resources

- [www.psychiatry.org/dsm5](http://www.psychiatry.org/dsm5)
- DSM 5 appendix contains summary of changes from DSM IV
- [www.DSM5.org](http://www.DSM5.org)
- ValueOptions:
- <http://www.valueoptions.com/providers/Network/DSM5.htm>

# Questions

