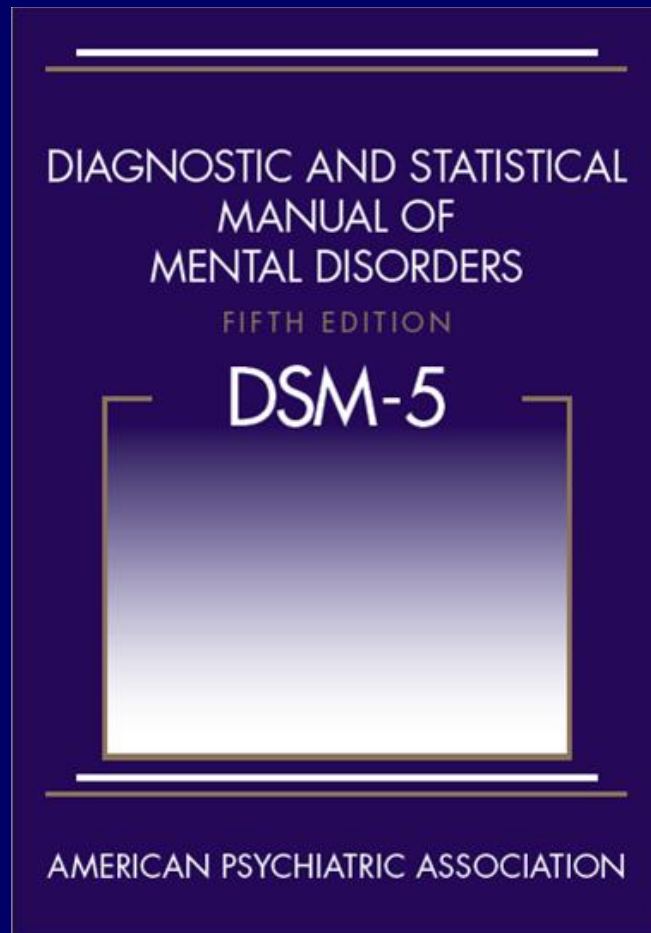


DSM-5: Update presented by Dr. Risby



Purpose

Update on some of the key diagnostic changes from DSM-IV-TR to DSM-5.

This is not intended to be a basic course on DSM-5.

New and Eliminated Disorders in DSM-5

(net difference = +13)

New Disorders

1. **Social (Pragmatic) Communication Disorder**
2. **Disruptive Mood Dysregulation Disorder**
3. **Premenstrual Dysphoric Disorder** (DSM-IV appendix)
4. **Hoarding Disorder**
5. **Excoriation (Skin-Picking) Disorder**
6. **Disinhibited Social Engagement Disorder** (split from Reactive Attachment Disorder)
7. **Binge Eating Disorder** (DSM-IV appendix)
8. **Central Sleep Apnea** (split from Breathing-Related Sleep Disorder)
9. **Sleep-Related Hypoventilation** (split from Breathing-Related Sleep Disorder)
10. **Rapid Eye Movement Sleep Behavior Disorder** (Parasomnia NOS)
11. **Restless Legs Syndrome** (Dyssomnia NOS)
12. **Caffeine Withdrawal** (DSM-IV Appendix)
13. **Cannabis Withdrawal**
14. **Major Neurocognitive Disorder with Lewy Body Disease** (Dementia Due to Other Medical Conditions)
15. **Mild Neurocognitive Disorder** (DSM-IV Appendix)

Eliminated Disorders

1. **Sexual Aversion Disorder**
2. **Polysubstance-Related Disorder**

Combined Specific Disorders in DSM-5

(net difference = -28)

1. **Language Disorder** (Expressive Language Disorder & Mixed Receptive Expressive Language Disorder)
2. **Autism Spectrum Disorder** (Autistic Disorder, Asperger's Disorder, Childhood Disintegrative Disorder, & Rett's disorder—PDD-NOS is in the NOS count)
3. **Specific Learning Disorder** (Reading Disorder, Math Disorder, & Disorder of Written Expression)
4. **Delusional Disorder** (Shared Psychotic Disorder & Delusional Disorder)
5. **Panic Disorder** (Panic Disorder Without Agoraphobia & Panic Disorder With Agoraphobia)
6. **Dissociative Amnesia** (Dissociative Fugue & Dissociative Amnesia)
7. **Somatic Symptom Disorder** (Somatization Disorder, Undifferentiated Somatoform Disorder, & Pain Disorder)
8. **Insomnia Disorder** (Primary Insomnia & Insomnia Related to Another Mental Disorder)
9. **Hypersomnolence Disorder** (Primary Hypersomnia & Hypersomnia Related to Another Mental Disorder)
10. **Non-Rapid Eye Movement Sleep Arousal Disorders** (Sleepwalking Disorder & Sleep Terror Disorder)

Combined Specific Disorders in DSM-5 (Continued)

(net difference = -28)

11. **Genito-Pelvic Pain/Penetration Disorder** (Vaginismus & Dyspareunia)
12. **Alcohol Use Disorder** (Alcohol Abuse and Alcohol Dependence)
13. **Cannabis Use Disorder** (Cannabis Abuse and Cannabis Dependence)
14. **Phencyclidine Use Disorder** (Phencyclidine Abuse and Phencyclidine Dependence)
15. **Other Hallucinogen Use Disorder** (Hallucinogen Abuse and Hallucinogen Dependence)
16. **Inhalant Use Disorder** (Inhalant Abuse and Inhalant Dependence)
17. **Opioid Use Disorder** (Opioid Abuse and Opioid Dependence)
18. **Sedative, Hypnotic, or Anxiolytic Use Disorder** (Sedative, Hypnotic, or Anxiolytic Abuse and Sedative, Hypnotic, or Anxiolytic Dependence)
19. **Stimulant Use Disorder** (Amphetamine Abuse; Amphetamine Dependence; Cocaine Abuse; Cocaine Dependence)
20. **Stimulant Intoxication** (Amphetamine Intoxication and Cocaine Intoxication)
21. **Stimulant Withdrawal** (Amphetamine Withdrawal and Cocaine Withdrawal)
22. **Substance/Medication-Induced Disorders** (aggregate of Mood (+1), Anxiety (+1), and Neurocognitive (-3))

Changes in Specific DSM Disorder Numbers; Combination of New, Eliminated, and Combined Disorders (net difference = -15)

	DSM-IV	DSM-5
Specific Mental Disorders*	172	157

♦*NOS (DSM-IV) and Other Specified/Unspecified (DSM-5) conditions are counted separately.

Instead of NOS

- ◆ Use the classification “Other Specified” and explain what is it that keeps the individual from meeting standard criteria (short episodes, insufficient symptoms, etc)
- ◆ Use the classification “Unspecified” if the clinician chooses not to specify the reason that the diagnosis cannot be made, e.g. there may be insufficient information. No reason need be given.

Changes from NOS to Other Specified/Unspecified

(net difference = +24)

	DSM-IV	DSM-5
NOS (DSM-IV) and Other Specified/Unspecified (DSM-5)	41	65

Other Specified and Unspecified Disorders in DSM-5 replaced the Not Otherwise Specified (NOS) conditions in DSM-IV to maintain greater concordance with the official International Classification of Diseases (ICD) coding system. This statistical accounting change does not signify any new specific mental disorders.

DSM5

SUBTYPES

- ◆ Define mutually exclusive sub-groups within a diagnostic group
- ◆ Only one subtype can apply
 - Conduct disorder (adolescent-onset)
 - Schizoaffective disorder (bipolar type)

SPECIFIERS

- ◆ Not mutually exclusive to one diagnostic category
- ◆ More than one specifier may apply to a diagnosis
 - Catatonia
 - Psychotic features
 - Anxious distress

Diagnostic Criteria & Codes

- ◆ Elimination of the multiaxial system
 - Place all mental and medical disorders on a single list
 - In place of Axis IV, use DSM-5' s v/z/t codes
 - WHODAS 2.0 provided for disability rating
 - Severity Measures (no GAF)
 - Patient-Rated Severity Measures (Depression, Anxiety Disorders, PTSD, ASD)
 - Clinician-Rated Severity Measures (ASD, psychosis, SSD, ODD, CD, Non-suicidal Self Injury)

Clinician-Rated Dimensions of Psychosis Symptom Severity

- ◆ Hallucinations
- ◆ Delusions
- ◆ Disorganized Speech
- ◆ Abnormal Psychomotor Beh
- ◆ Negative Symptoms
(Restricted Emotional
Expression or Avolition)
- ◆ Impaired Cognition
- ◆ Depression
- ◆ Mania

0 = Not Present

1 = Equivocal

2 = Present, but mild

3 = Present and
moderate

4 = Present and
severe

DSM-5 Structure

- ◆ Section I: DSM-5 Basics
- ◆ Section II: Essential Elements: Diagnostic Criteria and Codes
- ◆ Section III: Emerging Measures and Models
- ◆ Appendix
- ◆ Index

Definition of a Mental Disorder

DSM-5:

A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above.

Cautionary Statement for Forensic Use

However, the use of DSM-5 should be informed by an awareness of the risks and limitations of its use in forensic settings. In most situations, the clinical diagnosis of a DSM-5 mental disorder such as intellectual disability (intellectual developmental disorder), schizophrenia, major neurocognitive disorder, gambling disorder, or pedophilic disorder does not imply that an individual with such a condition meets legal criteria for the presence of a mental disorder or a specified legal standard (e.g., for competence, criminal responsibility, or disability). For the latter, additional information is -usually required beyond that contained in the DSM-5 diagnosis.

O.C.G.A. § 37-1-1

"Mental illness" means a disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life.

Highlights of Specific Disorder Revisions and Rationales

DSM-IV

- Disorders usually first diagnosed in infancy, childhood, or adolescence
 - Mental Retardation
 - Learning Disorders
 - Motor Skills Disorder
 - Communication Disorders
 - Pervasive Developmental Disorders
 - ADHD and Disruptive Behavior Disorders
 - Feeding and Eating Disorders of Infancy or Early Childhood
 - Tic Disorders
 - Elimination Disorders
 - Other disorders of infancy, childhood, or adolescence (reactive attachment, separation anxiety, etc..)

DSM-IV

- ~~Disorders usually first diagnosed in infancy, childhood, or adolescence~~ Neurodevelopmental Disorders
 - ~~Mental Retardation~~ Intellectual Disability
 - ~~Learning Disorders~~ Specific Learning Disorder
 - Motor Skills Disorder
 - Communication Disorders
 - ~~Pervasive Developmental Disorders~~ Autism Spectrum Disorders
 - ADHD and ~~Disruptive Behavior Disorders~~
 - ~~Feeding and Eating Disorders of Infancy or Early Childhood~~
 - ~~Tic Disorders~~ (moved under motor disorders)
 - Elimination Disorders
 - ~~Other disorders of infancy, childhood, or adolescence (reactive attachment, separation anxiety, etc..)~~

DSM-5

- Neurodevelopmental Disorders Highlights
 - Intellectual Disability (Intellectual Development Disorder)
 - Communication Disorders
 - Autism Spectrum Disorders
 - Attention-Deficit/ Hyperactivity Disorder*
 - Specific Learning Disorder
 - Motor Disorders

Intellectual Disability (Intellectual Developmental Disorder)

- ◆ Mental retardation was renamed intellectual disability (intellectual developmental disorder)
 - Rationale: The term *intellectual disability* reflects the wording adopted into U.S. law in 2010 (Rosa's Law). The term *intellectual developmental disorder* is consistent with language proposed for ICD-11.
- ◆ Greater emphasis on adaptive functioning deficits rather than IQ scores alone
 - Rationale: Standardized IQ test scores were over-emphasized as the determining factor of abilities in DSM-IV. Consideration of functioning provides a more comprehensive assessment of the individual.

Intellectual Disability (Intellectual Developmental Disorder)

Intellectual disability (intellectual developmental disorder) is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains. The following three criteria must be met:

A. Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing.

B. Deficits in adaptive functioning that result in failure to meet developmental and socio-cultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community.

C. Onset of intellectual and adaptive deficits during the developmental period.

Intellectual Disability

SPECIFIERS

The various levels of **severity** are defined on the basis of **adaptive functioning**, and ***not IQ scores***, *because it is adaptive functioning that determines the level of supports required*. Moreover, IQ measures are less valid in the lower end of the IQ range.

- DSM-5, p. 33

Intellectual Disability

(specifiers-based on adaptive functioning)

- ◆ Conceptual, Social and Practical Domains determine severity
 - MILD
 - MODERATE
 - SEVERE
 - PROFOUND

Intellectual Disability

SEVERITY LEVELS FOR INTELLECTUAL DISABILITY:

Severity	Conceptual	Social	Practical
Mild			
Moderate			
Severe			
Profound			

Intellectual Disability (MILD)

- ◆ Conceptual domain – learning disabilities, ↓ abstract thinking and executive functioning
- ◆ Social domain– immature: social interactions, communication and emotions
- ◆ Practical domain – personal care OK but need support for complex daily living task and decisions

Intellectual Disability (MODERATE)

- ◆ Conceptual domain – markedly behind peers, adult academic skills at elementary level, assistance needed for independent living
- ◆ Social domain– impaired: social judgment, decision making and communication
- ◆ Practical domain – need significant support for complex daily living task and employment

Intellectual Disability (SEVERE)

- ◆ Conceptual domain – limited understanding of 3 R's, extensive supports needed by caretaker
- ◆ Social domain– communication: limited, focused on here & now
- ◆ Practical domain – need support for all daily living task (meals, bathing), 24 hr. supervision, caretaker is decision maker

Intellectual Disability (PROFOUND)

- ◆ Conceptual domain – very limited and generally just involves the physical world
- ◆ Social domain– very limited communication, non-verbal expressions
- ◆ Practical domain – totally dependent on caretaker for all daily living task and decisions

Neurodevelopmental Disorders

- Communication Disorders
 - Language Disorder (expressive and mixed)
 - **Speech Sound Disorder** (phonological disorder)
 - Childhood-Onset Fluency Disorder (stuttering)
 - **Social (Pragmatic) Communication Disorder**: captures young people with autism-like communication problems, but lack repetitive behaviors. These children were diagnosed with PDD–NOS in DSM-IV.

Autism Spectrum Disorder (ASD)

(Neurodevelopmental Disorders)

- ◆ ASD replaces DSM-IV's autistic disorder, Asperger's disorder, childhood disintegration disorder, and pervasive developmental disorder not otherwise specified
 - Rationale: Clinicians had been applying the DSM-IV criteria for these disorders inconsistently and incorrectly; subsequently, reliability data to support their continued separation was very poor.
 - Specifiers can be used to describe variants of ASD (e.g., the former diagnosis of Asperger's can now be diagnosed as autism spectrum disorder, without intellectual impairment and without structural language impairment).

Autism Spectrum Disorder (ASD)

(Neurodevelopmental Disorders)

- ◆ A. Persistent deficits in social communication & interactions across multiple contexts (currently or by history).
 - Social-emotional reciprocity
 - Nonverbal communication
 - Developing relationships
- Specify current severity (Level 1, 2, 3)

Autism Spectrum Disorder (ASD)

(Neurodevelopmental Disorders)

- ◆ B. **Restricted, repetitive** patterns of behavior, interest, or activities
 - Stereotyped or repetitive movements
 - Insistence on sameness, inflexible, ritualized behavior
 - Restricted or fixed interest (abnormal)
 - Sensory hyper- or hypoactivity
- Specify current severity (Level 1, 2, 3)

Autism Spectrum Disorder (ASD)

(Neurodevelopmental Disorders)

Severity levels for social communication and behaviors (restricted and repetitive)

- ◆ Level 1 – Requiring support
- ◆ Level 2 – Requiring substantial support
- ◆ Level 3 – Requiring very substantial support

Single Autism Spectrum but Significant Individual Variability

SPECIFIERS SHOULD BE USED TO INDICATE STRENGTHS, WEAKNESSES AND CO-OCCURRING CONDITIONS

- With/without accompanying intellectual impairment
- With/without accompanying structural language impairment
- Associated with a known medical or genetic condition or environmental factor
- Associated with another neurodevelopmental, mental, or behavioral disorder (including catatonia)
- Severity of symptoms
 - Social communication
 - Restricted interests and repetitive behaviors

Attention-Deficit/Hyperactivity Disorder

- ◆ Age of onset was raised from 7 years to 12 years
 - ◆ Rationale: Numerous large-scale studies indicate that, in many cases, onset is not identified until after age 7 years, when challenged by school requirements.
 - ◆ The symptom threshold for adults age 17 years and older was reduced to five
 - Rationale: The reduction in symptom threshold was for adults only and was made based on longitudinal studies showing that patients tend to have fewer symptoms in adulthood than in childhood.
- *specify severity (mild/moderate/severe) or partial remission

Neurodevelopmental Disorders

Specifics

- **Specific Learning Disorder**
 - Combines reading disorder, mathematics disorder, disorder of written expression, and learning disorder NOS.
 - Clinicians will specify the kind: reading, written expression, mathematics, etc.
 - The text mentions the terms dyslexia and dyscalculia, as did DSM-IV
 - Severity scale described

DSM-IV

- Schizophrenia and Other Psychotic Disorders
 - Schizophrenia
 - Schizophreniform Disorder
 - Schizoaffective Disorder
 - Delusional Disorder
 - Brief Psychotic Disorder
 - Shared Psychotic Disorder

DSM-5

- Schizophrenia Spectrum and Other Psychotic Disorders Highlights
 - Schizophrenia
 - Schizoaffective Disorder (moves to a longitudinal perspective from cross-sectional)
 - Schizophreniform Disorder
 - Delusional Disorder
 - Brief Psychotic Disorder
 - Catatonia Features Specifier

Catatonia

- ◆ Now exists as a specifier for neurodevelopmental, psychotic, mood and other mental disorders; as well as for other medical disorders (catatonia due to another medical condition)
 - Rationale: As represented in DSM-IV, catatonia was under-recognized, particularly in psychiatric disorders other than schizophrenia and psychotic mood disorders and in other medical disorders. It was also apparent that inclusion of catatonia as a specific condition that can apply more broadly across the manual may help address gaps in the treatment of catatonia.

Catatonia

- ◆ Associated with another mental disorder (specifier)
 - indicate/code mental disorder followed by the catatonia specifier
- ◆ Due to another medical condition
 - indicate/code both
 - (a) Catatonia due to medical condition
 - (b) Medical condition

Schizophrenia Spectrum and Other Psychotic Disorders

◆ Delusional Disorder:

one or more delusions > 1 month

- Does not meet criteria for schizophrenia
- Specify type (erotomantic, grandiose, jealous, persecutory, somatic, mixed, unspecified)
- Specify if bizarre
- Specify course (first episode, multiple, partial remission, full remission, continuous)
- Specify current severity

Schizophrenia Spectrum and Other Psychotic Disorders

◆ Brief Psychotic Disorder:

must have at least one of below with duration > one day but < 1 month

- (1) Delusions*
- (2) Hallucinations*
- (3) Disorganized speech*
- (4) Grossly disorganized or catatonic behavior
- Specify with or without marked stressors or postpartum onset
- Specify current severity

Schizophrenia Spectrum and Other Psychotic Disorders

◆ Schizophreniform Disorder:

must have ≥ 2 of the following with duration $>$ one month but $<$ 6 months

- (1) Delusions*
- (2) Hallucinations*
- (3) Disorganized speech*
- (4) Grossly disorganized or catatonic behavior
- (5) Negative symptoms
- Specify prognosis and if catatonia present
- Specify current severity

Schizophrenia Spectrum

- In DSM-IV, the diagnosis required 2 or more of the following:
 - Delusions
 - Hallucinations
 - Disorganized speech
 - Grossly disorganized or catatonic behavior
 - Negative symptoms
- Unless the delusions were bizarre, or the hallucinations were of a certain type (commentary, conversations among more than one voice). Then only 1 of the above was required. This exception is dropped in DSM-5.

Schizophrenia

- ◆ Elimination of special treatment of bizarre delusions and “special” hallucinations in Criterion A (characteristic symptoms)
 - Rationale: This was removed due to the poor reliability in distinguishing bizarre from non-bizarre delusions.
- ◆ At least one of two required symptoms to meet Criterion A must be delusions, hallucinations, or disorganized speech
 - Rationale: This will improve reliability and prevent individuals with only negative symptoms and catatonia from being diagnosed with schizophrenia.

Schizophrenia (cont' d)

- ◆ Deletion of specific subtypes
 - Rationale: DSM-IV' s subtypes were shown to have very poor reliability and validity. They also failed to differentiate from one another based on treatment response and course.

Schizophrenia

- ◆ Schizophrenia: must have ≥ 2 of following continuous signs of illness for ≥ 6 months
 - (1) Delusions*
 - (2) Hallucinations*
 - (3) Disorganized speech*
 - (4) Grossly disorganized or catatonic behavior
 - (5) Negative symptoms
 - Specify episode (first, multiple, partial or full remission) or if catatonia present
 - Specify current severity

Schizophrenia specifiers

- ◆ First Episode currently
 - acute, partial remission, full remission
- ◆ Multiple Episodes currently
 - acute, partial remission, full remission
- ◆ Specify if with catatonia
- ◆ Specify current severity
 - mild/moderate/severe

Schizoaffective Disorder

- ◆ Now based on the lifetime (rather than episodic) duration of illness in which the mood and psychotic symptoms described in Criterion A occur
 - Rationale: The criteria in DSM-IV have demonstrated poor reliability and clinical utility, in part because the language in DSM-IV regarding the duration of illness is ambiguous. This revision is consistent with the language in schizophrenia and in mood episodes, which explicitly describe a longitudinal rather than episodic course. Similarly applying a longitudinal course to schizoaffective disorder will aid in its differential diagnosis from these related disorders.

Schizoaffective Disorder

- ◆ A. uninterrupted period of illness during which there is a major mood episode (major depression or mania) concurrent with Criterion A of schizophrenia.
- ◆ B. delusions or hallucinations > 2 weeks in the absence of a major mood episode during the lifetime of the illness
- ◆ C. Symptoms that meet criteria for a major mood episode are present for the majority of the illness (active & residual)

Schizoaffective Disorder (Risby interpretation)

Uninterrupted period of illness

- ◆ Most of the time, sx meet criteria for a major mood episode (residual or active)
- ◆ At one some point during this time
 - Meet schizophrenia criteria A (at least briefly; sx's \geq 1 month)
 - Delusions/hallucinations without major mood disorder $>$ 2 weeks

Schizoaffective Disorder

- ◆ Specify if
 - Bipolar type – hx manic episode
 - Depressive type – hx only MDE
- ◆ Specify if
 - with catatonia
- ◆ Specify episode
 - first, multiple, partial or full remission

Bipolar and Related Disorders

DSM-5 changes

- DSM-IV Mood Disorders are now divided into “Bipolar and Related Disorders” and “Depressive Disorders”.
- “Mixed Episode” has been replaced with “mixed features” specifier for depression as well as for mania and hypomania.
- Drug induced mania/hypomania lasting beyond the duration of the physiological effects of the drug is now diagnosed as bipolar disorder.

Mania and Hypomania

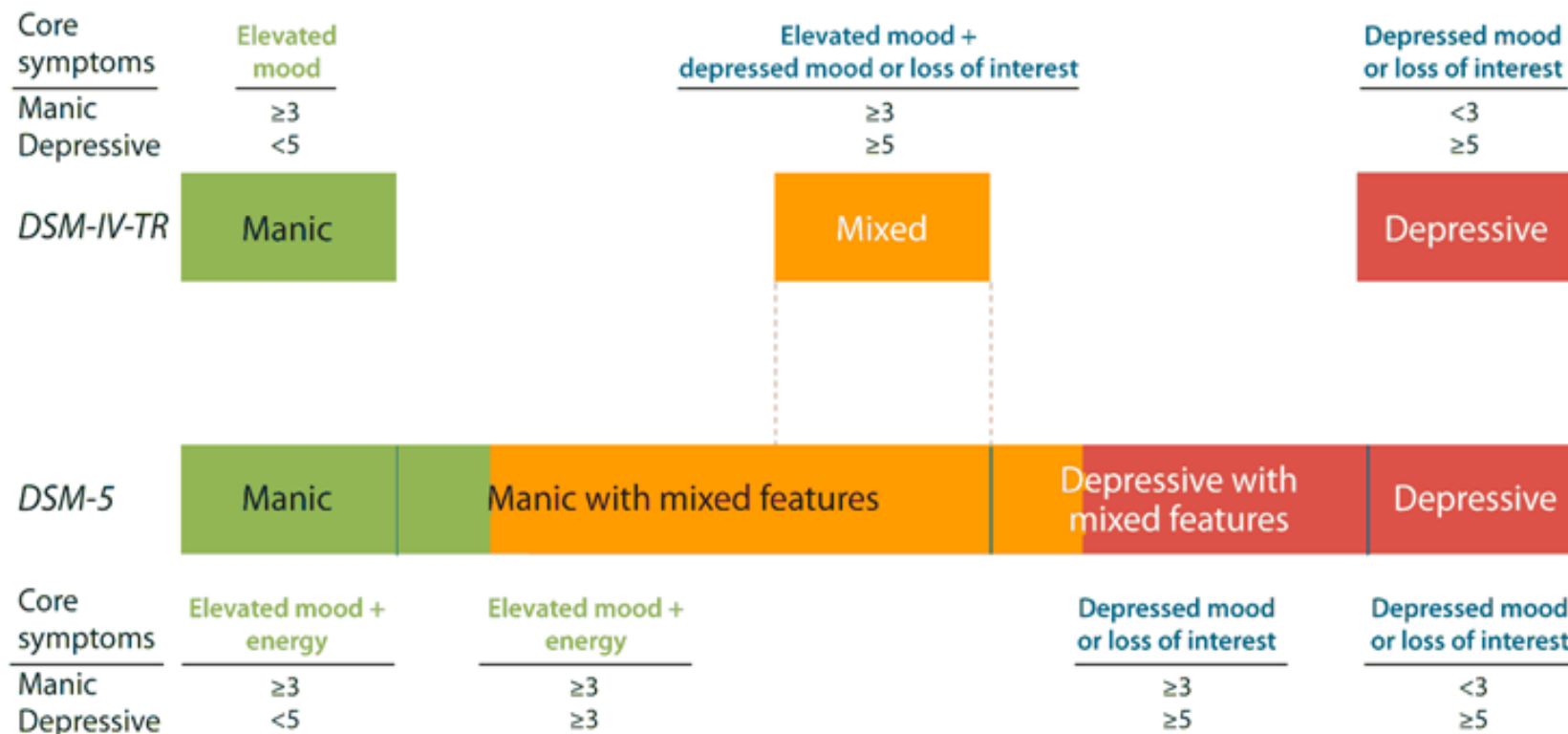
(Bipolar and Related Disorders)

- ◆ Inclusion of increased energy/activity as a Criterion A symptom of mania and hypomania
 - Rationale: This will make explicit the requirement of increased energy/activity in order to diagnose bipolar I or II disorder (which is not required under DSM-IV) and will improve the specificity of the diagnosis.

Mania and Hypomania

- ◆ “Mixed episode” is replaced with a “with mixed features” specifier for manic, hypomanic, and major depressive episodes
 - Rationale: DSM-IV criteria excluded from diagnosis the sizeable population of individuals with subthreshold mixed states who did not meet full criteria for major depression *and* mania, and thus were less likely to receive treatment.

Figure 1. Conceptualization of Bipolar Mixed States in *DSM-IV-TR* Versus *DSM-5*



Copied from Jia Hu, MD et al; Prim Care Companion CNS Disord 2014;16(2)

Bipolar Disorder

mixed features specifier

- ◆ Manic or hypomanic episode
 - meet criteria for manic/hypomania
 - plus ≥ 3 symptoms of depression
- ◆ Depressive episode
 - Meet criteria for major depression
 - plus ≥ 3 symptoms of mania or hypomania

Mania and Hypomania

- ◆ “With anxious distress” also added as a specifier for bipolar (and depressive) disorders
 - Rationale: The co-occurrence of anxiety with depression is one of the most commonly seen comorbidities in clinical populations. Addition of this specifier will allow clinicians to indicate the presence of anxiety symptoms that are not reflected in the core criteria for depression and mania but nonetheless may be meaningful for treatment planning.

Mood Disorder

anxious distress specifier

- Feeling keyed up/tense
 - Feeling unusually restless
 - Difficulty concentrating b/c worry
 - Fear something awful will happen
 - Feel like lose control
-
- ◆ Mild – 2 symptoms
 - ◆ Moderate – 3 symptoms
 - ◆ Moderate-Severe – 4 or 5 symptoms
 - ◆ Severe – 4 or 5 sx's with motor agitation

Bipolar Disorders

specify with

- ◆ anxious distress (mild, moderate, moderate-severe, severe)
- ◆ mixed features
- ◆ rapid cycling or seasonal pattern
- ◆ mood congruent psychotic features
- ◆ mood incongruent psychotic features
- ◆ Peripartum
- ◆ Catatonia

Bipolar Disorder

specify current severity

◆ Mild

- Minor impairment in functioning

◆ Moderate

- Significant symptom intensity and functional impairment*

◆ Severe

- Intensity of symptoms distressing and unmanageable, markedly interfere with functioning

Bipolar Disorder I

- ◆ Current or MRE manic
 - mild/mod/sev, psychotic, remission
- ◆ Current or MRE hypomanic
 - partial/full remission (no severity)
- ◆ Current or MRE depressed
 - mild/mod/sev, psychotic, remission
- ◆ Current or MRE unspecified

Depressive Disorders Chapter

DSM-5

- **Disruptive Mood Dysregulation Disorder**
- **Major Depressive Episode**
- **Persistent Depressive Disorder** (subsumes Dysthymic Disorder and Chronic Major Depression)
- **Premenstrual Dysphoric Disorder**
- **Anxious Distress Specifier** (for all mood disorders, including bipolar)
- Other specifiers: severity, mixed features, melancholic features, atypical, peripartum, seasonal

Depressive Disorders –New Diagnosis

Disruptive Mood Dysregulation Disorder: youth who have significant mood dysregulation but do not meet the classic criteria of bipolar disorder nor the classic longitudinal course of bipolar disorder – therefore, this new diagnosis is in the Depressive Disorders chapter.

Disruptive Mood Dysregulation Disorder (DMDD)

- ◆ Newly added to DSM-5
 - Rationale: This addresses the disturbing increase in pediatric bipolar diagnoses over the past two decades, which is due in large part to the incorrect characterization of non-episodic irritability as a symptom of mania. DMDD provides a diagnosis for children with persistent, rather than episodic, irritability and reduces the likelihood of such children being inappropriately prescribed antipsychotic medication. These criteria do not allow a dual diagnosis with oppositional-defiant disorder (ODD) or intermittent explosive disorder (IED), but it can be diagnosed with conduct disorder (CD). Children who meet criteria for DMDD and ODD would be diagnosed with DMDD only.

Disruptive Mood Dysregulation Disorder (DMDD)

- ◆ severe recurrent temper outbursts manifested verbally and/or behaviorally (aggression) that are grossly out of proportion in intensity to the situation or provocation - occurring ≥ 3 times a week on average for ≥ 12 months
- ◆ Inconsistent with developmental level
- ◆ In between outbursts – persistently irritable or angry most of the day, almost every day
- ◆ Age of onset b/f 10 years old (but not dx > 6 years old or < 18 years old).

Summary of Changes in Depressive Disorders

- Major Depressive Episode – drop bereavement exclusion
- Major Depressive Episode – addition of mixed specifier
- Major Depressive Episode – addition of anxious distress specifier
- Depressive Disorder NOS – change to specified and unspecified

Major Depressive Episode: The Bereavement Exclusion

The “bereavement exclusion”

In DSM IV

If you are grieving a significant loss (such as death of a loved one), you could not be diagnosed with depression in the DSM IV.

Bereavement Exclusion (Depressive Disorders)

- ◆ Eliminated from major depressive episode (MDE)
 - Rationale: In some individuals, major loss – including but not limited to loss of a loved one – can lead to MDE or exacerbate pre-existing depression. Individuals experiencing both conditions can benefit from treatment but are excluded from diagnosis under DSM-IV. Further, the 2-month timeframe required by DSM-IV suggests an arbitrary time course to bereavement that is inaccurate. Lifting the exclusion alleviates both of these problems.

Depressive Disorders specify with

- ◆ anxious distress (mild, moderate, moderate-severe, severe)
- ◆ mixed features
- ◆ melancholic features
- ◆ atypical features
- ◆ mood congruent psychotic features
- ◆ mood incongruent psychotic features
- ◆ catatonia; peripartum, seasonal pattern

Post- Partum Depression changed to **Peri-Partum Depression** Specifier

- In DSM-5 change Post-Partum Depression to a **Peri-Partum Depression** specifier to reflect that an MDE can occur during pregnancy as well as after parturition.
- MDE still must occur within 4 weeks of parturition to qualify for **Peri-Partum Depression** specifier.

Major Depressive Disorders

- ◆ code: single or recurrent episode
- ◆ Code: mild, moderate, severe
- ◆ Code: psychotic features
- ◆ Code: partial/full remission

Persistent Depressive Disorder (Dysthymia)

- ◆ Consolidation of DSM-VI's chronic MDD & dysthymia
- ◆ Most individuals with > 2 years of chronic depression will meet criteria
- ◆ Specify features, severity, onset - plus
 - Pure dysthymia
 - Persistent MDE
 - With intermittent MDE current
 - With intermittent MDE absent (but hx)

Premenstrual Dysphoric Disorder

- ◆ Majority of menstrual cycles
 - 5 sx's week b/f onset of menses
 - sx's improve with onset of menses
 - sx's minimal/absent wk post-menses(a combination of emotional and somatic sx's – see DSM-5)

Criterion F: prospective daily ratings over 2 cycles

Anxiety Disorders - DSM-IV

- Panic Disorder Without Agoraphobia
- Panic Disorder With Agoraphobia
- Agoraphobia Without History of Panic Disorder
- Specific Phobia
- Social Phobia
- Obsessive-Compulsive Disorder
- Posttraumatic Stress Disorder
- Acute Stress Disorder
- Generalized Anxiety Disorder

Anxiety Disorders

- ◆ Separation of DSM-IV Anxiety Disorders chapter into three distinct chapters
 - Rationale: Data from neuroscience, neuroimaging, and genetic studies suggest differences in the heritability, risk, course, and treatment response among fear-based anxiety disorders (e.g., phobias); disorders of obsessions or compulsions (e.g., OCD); and trauma-related anxiety disorders (e.g., PTSD). Thus, three anxiety-related chapters are present in DSM-5, plus a separate dissociative disorders chapter.

Anxiety Disorders DSM-IV

- Panic Disorder ~~Without Agoraphobia~~
- Panic Disorder ~~With Agoraphobia~~
- Agoraphobia ~~Without History of Panic Disorder~~
- Specific Phobia
- ~~Social Phobia~~ Social Anxiety Disorder
- ~~Obsessive-Compulsive Disorder~~
- ~~Posttraumatic Stress Disorder~~
- ~~Acute Stress Disorder~~
- Generalized Anxiety Disorder

DSM-5 Anxiety Disorders Highlights

- Separation Anxiety Disorder[#]
- Selective Mutism
- Specific Phobia^{*}
- Social Anxiety Disorder (Social Phobia)^{*+}
- Panic Disorder (panic attack may be used as a specifier across other diagnoses)
- Agoraphobia (now distinct from panic disorder)[@]
- Generalized Anxiety Disorder

*deleted requirement that individual realize fear is excessive or unreasonable – the clinician will decide that; 6 months minimum

⁺specify if performance only

[#]may have adult set

[@]Two or more situations, 6 months minimum

Panic Attacks Specifier

- ◆ Now a specifier for any mental disorder
 - Rationale: Panic attacks can occur in several mental disorders, including anxiety disorders, bipolar disorder, depression, psychosis, substance use disorders, and personality disorders.

DSM-5: Panic Disorder

- Recurrent unexpected panic attacks
 - (within minutes, the 10 minute reference is removed)
- At least one of the attacks has been followed by ≥ 1 month of one or both of the following
 - Persistent concern/worry about additional attacks
 - Maladaptive change in behavior b/c of attacks designed to avoid having additional attacks

DSM-5: Agoraphobia

- Marked fear or anxiety about ≥ 2 of the following:
 - Using public transportation
 - Being in open spaces
 - Being in enclosed places
 - Standing in line or being in a crowd
 - Being outside the home alone
- Reason for avoidance: escape or help might not be available

Obsessive-Compulsive and Related Disorders changes in DSM-5

- OCD has been removed from the Anxiety Disorders chapter, and is now in a chapter on “Obsessive-Compulsive and Related Disorders”.
- Body Dysmorphic Disorder (BDD) is now classified as an OCD-related disorder rather than as a somatic disorder.

Obsessive-Compulsive and Related Disorders Highlights

- Obsessive-Compulsive Disorder*
- Body Dysmorphic Disorder*
- Hoarding Disorder*
- Trichotillomania (Hair-Pulling)
- Excoriation Disorder (Skin-Picking)

*Insight specifier: good insight, poor insight, delusional

OCD: change in definition

Definition of obsessions:

Recurrent and persistent thoughts, ~~impulses~~, urge or images that are experiences, at some time during the disturbance, as intrusive and ~~inappropriate~~ unwanted and that in most individuals cause marked anxiety or distress

Insight in OCD

- 1) Patients no longer must recognize that their OCD obsessions or compulsions are excessive or unreasonable
 - » Neither “excessive” nor “unreasonable” were defined or operationalized in DSM-IV, and they can have different meanings
 - » Some patients lack insight (indeed, DSM-IV has a “poor insight” specifier)
- 2) Delusional variants of OCD (and BDD) are no longer in the psychosis section; they are only with OCD (BDD)
- 3) OCD’s poor insight specifier has been expanded to include a broader range of insight options, including delusional OCD beliefs

Hoarding

- Hoarding consists of either acquiring or being unable to discard large quantities of worthless items to the extent that a person's life is impaired.
- In *DSM IV*, hoarding was described under the Obsessive-Compulsive Personality Disorder, but clinicians typically diagnosed it as OCD anxiety disorder. (most hoarders do NOT meet criteria for OCD.)

Features of Hoarding Disorder

- Persistent difficulty discarding or parting with possessions, regardless of actual value
- Due to perceived need to save the items and distress associated with discarding them
- Accumulation of possessions that congest and clutter active living areas to the extent that their intended use is substantially compromised
- Causes clinically significant distress or impairment in functioning

Specifiers for Hoarding Disorder

- **With Excessive Acquisition:** Excessive acquisition of items that are not needed or for which there is no available space
- **Insight:**
 - » Good or fair insight
 - » Poor insight
 - » Absent insight/delusional beliefs

DSM-5 Trauma and Stressor-Related Disorders

- Reactive Attachment Disorder of Infancy
- Disinhibited Social Engagement Disorder
- Posttraumatic Stress Disorder (was with anxiety d/o)
- Acute Stress Disorder (was with anxiety d/o)
- Adjustment Disorder (considered a stress response; moved from its own category in DSM-IV)
 - Specify mood, anxiety, disturbance of conduct, etc.

DSM-5 Major Changes to PTSD Diagnosis

- Criterion A1 trauma criterion clarified
- Criterion A2 (response involves “fear, helplessness, or horror”) *removed* from DSM-5
- Three clusters divided into 4 clusters in DSM-5
- Three new symptoms were added
- Other symptoms revised to clarify symptom expression
- All symptoms began or worsened after the trauma
- Added a new dissociative subtype
- Separate diagnostic criteria for “preschool” (children 6 years or younger)

DSM-5 PTSD Symptom Criteria A-H

(6/20 total symptoms)

- A. Trauma exposure
- B. Intrusion symptoms (≥ 1 of 5)
- C. Avoidance symptoms (≥ 1 of 2)
- D. Negative cognitions & mood symptoms (≥ 2 of 7)
- E. Alterations in arousal and reactivity (≥ 2 of 6)
- F. Duration ≥ 1 month
- G. Clinically significant distress or impairment
- H. Not attributable to a substance or medical condition

- Specify: with dissociative symptoms
(1. Depersonalization, 2. Derealization)
- Specify if with delayed expression (≥ 6 months)
- Preschool subtype

PTSD Criterion A: Trauma Definition

DSM-IV-TR (A1): The person experienced, witnessed, or was ~~confronted by~~ an event(s) that involved actual or threatened death or serious injury, or ~~threat to the physical integrity of self or others.~~

DSM-5: Exposure to actual or threatened death, serious injury, or sexual violence in 1 (or more) of following ways:

1. Directly experiencing the traumatic event(s).
2. Witnessing... the event(s)....
3. Learning that the event(s) happened to a close family member or close friend (must be violent/accidental)
4. Experiencing repeated exposure to aversive details of the traumatic event(s) (e.g. first responders – police fire rescue)
(does not apply to exposure through electronic media/TV, unless work-related)

PTSD Criterion B: ~~Reexperiencing~~ Intrusion Symptoms

DSM-IV-TR: The traumatic event is ~~persistently reexperienced~~ in one (or more) of the following ways:

DSM-5: Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

PTSD Criterion B1

DSM-IV-TR: Recurrent and intrusive distressing ~~recollections~~ of the event, including ~~images, thoughts, or perceptions~~.

DSM-5: Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).”

PTSD Criterion B3

DSM-IV-TR: Acting or feeling as if the traumatic event were recurring (~~includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated~~).

DSM-5: Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such events may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings).

PTSD: Criterion B4 and B5

DSM-IV-TR: Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

DSM-5: Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

DSM-IV-TR: Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

DSM-5: Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

PTSD Criterion C

DSM-IV-TR: Persistent avoidance of stimuli associated with the trauma ~~and numbing of general responsiveness (not present before the trauma)~~ as evidenced by ~~three (or more)~~ of the following:

DSM-5: Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

PTSD Avoidance

Criterion C1 and Criterion C2 (≥ 1 of 2)

DSM-IV-TR: Efforts to avoid thoughts, feelings, or ~~conversations~~ associated with the trauma.

DSM-5: Avoidance of or efforts to avoid distressing memories, thoughts or feelings about or closely associated with the traumatic event(s).

DSM-IV-TR: Efforts to avoid activities, places, or people that arouse recollections of the trauma.

DSM-5: Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).”

PTSD Criterion D: Negative Alterations in Cognitions and Mood

DSM-IV-TR(C3-C7): ~~Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma) as evidenced by three (or more) of the following:~~

DSM-5: Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

PTSD Criteria D: Negative Cognitions & Mood (≥ 2 of 7 symptoms)

D1. Inability to remember an important aspect of the traumatic event(s)...(**wording change**)

D2. Persistent and exaggerated negative beliefs or expectations... (**marked wording change**)

D3. Persistent distorted cognitions...that lead individual to blame himself/herself or others
(new)

D4. Persistent negative emotional state...
(new)

D5. Markedly diminished interest or participation in significant activities. (**unchanged**)

D6. Feelings of detachment or estrangement from others. (**unchanged**)

D7. Inability to experience positive emotions...
(**marked wording change**)

PTSD Criterion D1 (Change)

DSM-IV-TR (C7): Inability to recall an important aspect of the trauma.

DSM-5: Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).

PTSD Criterion D2 (Change)

DSM-IV-TR (C7): ~~Sense of foreshortened future (e.g. does not expect to have a career, marriage, children, or a normal life span).~~

DSM-5: Persistent and exaggerated negative beliefs or expectations about oneself, others or the world (e.g., “I am bad,” “No one can be trusted,” “The world is completely dangerous,” “My whole nervous system is completely ruined”).

DSM-5 PTSD D3 and D4 Criterion (New)

D3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.

D4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).

PTSD Criterion D7 (Change)

DSM-IV-TR (C6): ~~Restricted range of affect (e.g., unable to have loving feelings).~~

DSM-5: Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

PTSD E1 Criteria: Alterations in Arousal and Reactivity (≥ 2 of 5— 6)

DSM-IV-TR (D2): Irritability or outbursts of anger

DSM-5 (E1): Irritable behavior or angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.

DSM-5 Criteria E: Alterations in Arousal and Reactivity (≥ 2 of 6)

E2. Reckless or self destructive behavior

E3. Hypervigilance

E4. Exaggerated startle response

E5. Problems with concentration

E6. Sleep disturbance (difficulty falling or staying asleep or restless sleep)

Posttraumatic Stress Disorder (specify)

- ◆ with dissociative symptoms (persistent or recurrent)
 - depersonalization
 - derealization
- ◆ with delayed expression
 - full criteria not met until 6 months after the event

DSM-5 PTSD Symptom Criteria A-H

(6/20 total symptoms)

- A. Trauma exposure
- B. Intrusion symptoms (≥ 1 of 5)
- C. Avoidance symptoms (≥ 1 of 2)
- D. Negative cognitions & mood symptoms (≥ 2 of 7)
- E. Alterations in arousal and reactivity (≥ 2 of 6)
- F. Duration ≥ 1 month
- G. Clinically significant distress or impairment
- H. Not attributable to a substance or medical condition

- Specify: with dissociative symptoms
(1. Depersonalization, 2. Derealization)
- Specify if with delayed expression (≥ 6 months)
- Preschool subtype

DSM-5 Acute Stress Disorder

A. PTSD A Criterion

B. No mandatory symptoms from any specific cluster

(In DSM-IV-TR, ASD required ≥ 3 of 5 dissociative symptoms plus ≥ 1 each from PTSD reexperiencing, avoidance, and hyperarousal.)

C. Nine (or more) of the following (with onset or exacerbation after the traumatic event):

- Intrusion (4 symptoms)
- Negative Mood (1 symptom)
- Dissociative (2 symptoms)
- Avoidance (2 symptoms)
- Arousal (5 symptoms)

DSM-IV

- Dissociative Disorders
 - Dissociative Amnesia
 - Dissociative Fugue
 - Dissociative Identity Disorder
 - Depersonalization Disorder

DSM-IV

- Dissociative Disorders
 - Dissociative Amnesia
 - ~~– Dissociative Fugue~~
 - Dissociative Identity Disorder
 - Depersonalization Disorder

DSM-IV

- Somatoform Disorders
 - Somatization Disorder
 - Undifferentiated Somatoform Disorder
 - Conversion Disorder
 - Pain Disorder
 - Hypochondriasis
 - Body Dysmorphic Disorder
 - Somatoform Disorder NOS

DSM-IV

- ~~Somatoform Disorders~~ Somatic Symptom Disorders
 - ~~Somatization Disorder~~
 - ~~Undifferentiated Somatoform Disorder~~
 - Conversion Disorder (Functional Neurological Symptom Disorder)
 - ~~Pain Disorder~~
 - ~~Hypochondriasis~~ becomes Somatic Symptom Disorder and Illness Anxiety Disorder
 - ~~Body Dysmorphic Disorder~~ (move to Obsessive-Compulsive and Related Disorders)
 - ~~Somatoform Disorder NOS~~

DSM-IV vs DSM-5

DSM-IV

- Somatization Disorder
 - \leq age 30
 - 4 pain, 2 GI, 1 sexual, and 1 pseudoneurological sx's
- Undifferentiated Somatoform Disorder
 - \geq 1 physical complaint
 - \geq 6 months
- Hypochondriasis
 - Preoccupation with fears of having a dz based on misinterpretation of bodily sx

DSM-5

- Somatic Symptom Disorder
 - \geq 1 somatic symptoms
 - excessive thoughts or feelings about somatic symptoms
- Illness Anxiety Disorder
 - Preoccupation with having an illness
 - No or mild somatic sx's

DSM-5 Somatic Symptom Disorders Highlights

- **Somatic Symptom Disorder** (combination of somatization d/o, undifferentiated somatoform d/o & hypochondriasis with somatic sx's)
 - Specifiers: predominant pain (previously pain disorder), persistent (severe \geq 6 months), severity level
- **Illness Anxiety Disorder**
 - Specifiers: Care-seeking or care-avoidant (previously hypochondriasis)
- **Conversion Disorder** (sx's incompatible with recognized conditions – new; psych factors – out)
- **Factitious Disorder** (had own section in DSM-IV. No distinction now as to whether the symptoms are psychological or medical in nature. Includes by proxy)

Psychological Factors Affecting Other Medical Conditions

- Moved from the 'other conditions that may be a focus of clinical attention' to Somatic symptom chapter
- Must have a medical condition
- Psychological or behavioral factors adversely affect condition
- Specify severity (mild, moderate, severe, extreme) - new
- ~~[psychological factor] affecting [medical condition]~~ deleted from DSM-5

DSM-5 Feeding and Eating Disorders

Highlights

- PICA
- Rumination Disorder
- Avoidant/Restrictive Food Intake Disorder
(Feeding Disorder of Infancy or Early Childhood)
This may now be diagnosed in adults.
- Anorexia Nervosa (amenorrhea no longer a criteria)
- Bulimia Nervosa (1/week over the last 3 months)
- Binge Eating Disorder (moved from appendix)

Anorexia Nervosa

DSM-IV

- ~~Refusal to maintain weight~~
- ~~85% threshold~~
- ~~amenorrhea~~

DSM5

- Restriction of intake
- Significantly low body weight – less than minimally expected
- elimination of amenorrhea criteria

DSM-5 Anorexia Nervosa specifiers

- Restricting type
- Binge-eating/purging
- Partial remission
- Full remission
- Severity
 - Mild: BMI ≥ 17 kg/m
 - Moderate: BMI 16 – 16.99 kg/m
 - Severe: BMI 15 - 15.99 kg/m
 - Extreme: BMI ≤ 15 kg/m

Bulimia Nervosa vs Binge Eating

Bulimia Nervosa

- Inappropriate compensatory behavior to prevent weight gain
- Self-evaluation influenced by body shape and weight

Binge-eating

- No inappropriate compensatory behavior to prevent weight gain
- Marked distress regarding binge behavior

Bulimia Nervosa vs Binge Eating

- Mild: 1-3 episodes/week
- Moderate: 4-7 episodes/week
- Severe: 8-13 episodes/week
- Extreme: ≥ 14 episodes/week

DSM-IV

- Sleep Disorders
 - Primary Insomnia
 - Primary Hypersomnia
 - Narcolepsy
 - Breathing Related Sleep Disorder
 - Circadian Rhythm Sleep Disorder
 - Dyssomnia NOS
 - Nightmare Disorder
 - Sleep Terror Disorder
 - Sleepwalking Disorder
 - Parasomnia NOS

DSM-IV

- ~~Sleep Disorders~~ Sleep Wake Disorders
 - ~~Primary Insomnia~~ becomes Insomnia Disorder
 - Primary Hypersomnia
 - Breathing Related Sleep Disorder
 - Circadian Rhythm Sleep Disorder
 - ~~Dyssomnia NOS~~
 - Nightmare Disorder
 - ~~Sleep Terror Disorder~~ becomes Disorder of Arousal
 - ~~Sleepwalking Disorder~~ becomes Disorder of Arousal
 - ~~Parasomnia NOS~~

DSM-5 Sleep-Wake Disorders

- **Insomnia Disorder** (Primary Insomnia)
 - chief complaint changed to ‘sleep dissatisfaction’
 - added early morning awakening to criterion A
 - 3 nights/week for 3 months
 - Sleep difficulty despite adequate opportunity to sleep
 - Specify: with mental, medical or other sleep disorder
 - Specify: episodic, persistent, recurrent

DSM-5 Sleep-Wake Disorders

- **Hypersomnolence Disorder** (Primary hypersomnolence)
 - Excessive sleepiness despite ≥ 7 hours sleep
 - sleep ≥ 9 hours that is nonrestorative
 - 3 nights/week for 3 months
 - Specify: with mental, medical or other sleep disorder
 - Specify: acute, subacute or persistent
 - Specify severity: mild, moderate, severe
- **Narcolepsy**
 - irrepressible need to sleep, lapsing into sleep, or napping
 - Cataplexy; hypocretin deficiency; abn polysomnography
 - specify – subtypes and severity

DSM-5 Sleep-Wake Disorders

Parasomnias

- **Non-REM Sleep Arousal Disorders**
 - Sleepwalking
 - Sleep Terror – intense fear, automatic arousal, amnestic, little recall
- **Nightmare Disorder (REM-sleep parasomnia)**

dysphoric, remembered dreams, quickly oriented
- **Rapid Eye Movement Behavior Disorder** - periods of arousal, vocalization and sometimes complex motor behavior during REM stage sleep; when awakened is oriented, no amnesia
 - Associated with neurodegenerative disorders
- **Restless Legs Syndrome**
- **Substance/Medication-induced sleep disorder**

Changes in DSM-5 from DSM-IV

- DSM-IV Sexual and Gender Identity Disorders now broken out into distinct chapters: “Sexual Dysfunction”, “Gender Dysphoria”, and “Paraphilic Disorders”

DSM-5 Sexual Dysfunction

- **Delayed Ejaculation** (Male Orgasmic Disorder)
- **Erectile Disorder** (Male Erectile Disorder)
- Female Orgasmic Disorder
- **Female Sexual Interest/Arousal Disorder**
(Hypoactive Sexual Desire Disorder, Female Sexual Arousal Disorder)
- **Genital-Pelvic Penetration Disorder**
(Dyspareunia, Vaginismus)
- **Male Hypoactive Sexual Desire Disorder**
(Hypoactive Sexual Desire Disorder)
- Premature (early) Ejaculation

DSM-5 Gender Dysphoria

- **Gender Dysphoria** (gender incongruence in ICD-10)
 - The emphasis is on incongruence with the given gender, rather than on identification with the opposite sex.
 - Type: children or adolescents/adults (different criteria)
 - Specify whether related to a disorder of sexual development, like congenital adrenal hyperplasia, post-transition

Gender Dysphoria

- Gender nonconformity is not itself a mental disorder. The critical element of gender dysphoria is the presence of clinically significant distress.
- Unfortunately, for most insurance coverage for hormones or surgery for gender reassignment requires a diagnosis.
- DSM-5 aims to avoid stigma by separating it from the sexual dysfunctions and paraphilias and at the same time ensure clinical care.

DSM-IV vs DSM-5

Impulse Control Disorders NEC

- Intermittent Explosive D/O
- Kleptomania
- Pyromania
- Pathological gambling
- Trichotillomania
- Impulse-control d/o NOS

Disruptive, Impulse-Control, and Conduct Disorders

- Oppositional defiant d/o
- Intermittent explosive d/o
- Conduct disorder
- Antisocial personality d/o
- Pyromania
- Kleptomania
- Other specified/unspecified

Disruptive, Impulse Control, and Conduct Disorders

- Oppositional Defiant Disorder
 - Symptoms now grouped in 3 types: angry/irritable, argumentative/defiant, vindictiveness
 - May co-occur with conduct disorder
 - Frequency note (≤ 5 yo, most days; ≥ 5 yo, 1X/wk)
 - Severity scale weighs multiple locations
- Intermittent Explosive Disorder
 - Now must be older than 6, no longer requires physical aggression, may also have ADHD, conduct disorder, ODD, ASD
- Conduct Disorder
 - childhood or adolescent onset specifier
 - **Limited Prosocial** specifier (Callous and Unemotional)
- Kleptomania
- Pyromania

Subtypes of CD

- Childhood onset
 - At least 1 criteria before age 10
 - Problems tend to persist to adulthood
- Adolescent onset
 - No criteria met before age 10
 - Less aggressive, more normal relationships
 - Much better prognosis

Conduct Disorder Specifier

- **Limited Prosocial Specifier**
 - 2 or more:
 - Lack of remorse or guilt
 - Callous – lack of empathy
 - Unconcerned about performance
 - Shallow or deficient affect

DSM-IV

- Substance Related Disorders
 - Alcohol, Amphetamine, Caffeine, Cannabis, Cocaine, Hallucinogen, Inhalant, Nicotine, Opioid, Phencyclidine, Sedative Hypnotic, Anxiolytic, Polysubstance, Other Related Disorder
 - Each substance has a
 - Use Disorder (Dependence or Abuse)
 - Induced Disorder (Intoxication, Withdrawal, Dementia, Sleep, Psychosis, etc..)

DSM-IV Substance Use Disorders

- Substance Abuse: 1 or more of the following
 - Failure to fulfill role obligations
 - Physically hazardous
 - Legal problems
 - Recurrent social or interpersonal problems
- Substance Dependence: 3 or more of the following
 - Tolerance
 - Withdrawal
 - More use than intended
 - Unsuccessful efforts to cut down
 - Much time spent trying to obtain substance
 - Social, occupational, or recreational activities given up
 - Continued use despite physical or mental health problems
- Specifiers: with or without physiologic dependence

Substance-Related and Addictive Disorders in DSM-5

- Substance Abuse and Substance Dependence now consolidated into “Substance Use Disorder”, with a severity continuum of mild, moderate, or severe
- Legal consequences criterion removed and craving criterion added to “Substance Use Disorder”
- Tolerance and Withdrawal criteria are not counted if the substance is prescribed by a physician
- “Gambling Disorder” has been moved from the Impulse-Control Disorders chapter in DSM-IV to this chapter in DSM-5

Substance Use Disorder (SUD)

(Substance-Related and Addictive Disorders)

- ◆ Consolidate substance abuse with substance dependence into a single disorder called substance use disorder
 - Rationale: *Dependence* is a misunderstood term that has negative connotations when in fact it refers to normal patterns of withdrawal that can occur from the proper use of medications.
 - Rationale continued: Further, studies from clinical and general populations indicate DSM-IV substance abuse and dependence criteria represent a singular phenomenon encompassing different levels of severity.

Substance Use Disorder (cont' d)

- ◆ Removal of one of the DSM-IV abuse criteria (legal consequences), and addition of a new criterion for SUD diagnosis (craving or strong desire or urge to use the substance)
 - Rationales: The legal criterion had poor clinical utility and its relevance to patients varied based on local laws and enforcement of those laws. Addition of craving as a symptom is highly validated, based on clinical trials and brain imaging data, and may hold potential as a future biomarker for the diagnosis of SUD.

Substance Use Disorder

DSM-5

- **Tolerance***
- **Withdrawal***
- **More use than intended**
- **Craving for the substance**
- **Unsuccessful efforts to cut down**
- **Spends excessive time in acquisition**
- **Activities given up because of use**
- **Uses despite negative effects**
- **Failure to fulfill major role obligations**
- **Recurrent use in hazardous situations**
- **Continued use despite consistent social or interpersonal problems**

***not counted if prescribed by a physician**

Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (Copyright © 2013). American Psychiatric Association. All rights reserved.

Substance Use Disorder (cont' d)

- ◆ Substance use disorder
 - Mild 2-3 symptoms
 - Moderate 4-5 symptoms
 - Severe ≥ 6 symptoms
- ◆ Substance intoxication
(may have intoxication w/o use disorder)
- ◆ Substance withdrawal
(may have withdrawal w/o use disorder)
(not all substances have w/d)

DSM-5 Substance Use and Addictive Disorders

- Alcohol-Related: use, intoxication, withdrawal
- Caffeine-Related: intoxication, withdrawal
- Cannabis: use, intoxication, withdrawal
- Hallucinogen-Related: use, intoxication, persisting perception
- Inhalant-Related: use, intoxication
- Opioid-Related: use, intoxication, withdrawal
- Sedative/Hypnotic-Related: use, intoxication, withdrawal

DSM-5 Substance Use and Addictive Disorders

- Stimulant-Related: use, intoxication, withdrawal
- Tobacco-Related (was nicotine): use, withdrawal
- **Non-Substance Related Disorder: Gambling Disorder** (was Pathological Gambling in the impulse control section)
 - Specify episodic, persistent, remission, severity

Gambling - similarities to Substance Addiction

- Similar presentation on screening questions:
 - Does your gambling feel out of control?
 - Has gambling interfered with your life?
 - Do you gamble more than you want to?
 - Are you preoccupied with thoughts of gambling?
 - Has anyone told you that you have a problem with gambling?
- Similar criteria questions

DSM-IV

- Delirium, Dementia, and Amnestic and Other Cognitive Disorders
 - Delirium, due to...
 - Dementia, due to Alzheimer's (early, late onset), vascular, HIV, Head Trauma, Parkinson's, Huntington's, Pick's, Creutzfeldt-Jacobs, etc..
 - Amnestic Disorders
 - Cognitive Disorder NOS

Neurocognitive Disorders in DSM-5

- “Neurocognitive Disorders” replaces Delirium, Dementia, and Amnestic and Geriatric Cognitive Disorders Chapter.

DSM-5

- **Neurocognitive Disorders**

- Delirium

- Substance intoxication
 - Substance withdrawal
 - Medication induced
 - Due to medical condition

- **Mild Neurocognitive Disorders**

- Due to Alzheimer's. Vascular, HIV, Trauma, etc.

- **Major Neurocognitive Disorders**

- Due to Alzheimer's. Vascular, HIV, Trauma, etc.

Mild NCD

- ◆ Newly added to DSM-5
 - Rationale: There is widespread consensus throughout the field that patients with mild NCD can benefit from diagnosis and treatment. The clinical utility of a mild NCD diagnosis is highly supported in the literature.

Neurocognitive Disorders (NCD)

- ◆ Use of the term *major neurocognitive disorder* rather than *dementia*
 - Rationale: The term *dementia* is usually associated with neurodegenerative conditions occurring in older populations, as in Alzheimer's disease and Lewy Body dementia. However, DSM-5's major NCD refers to a broad range of possible etiologies that can occur even in young adults, such as major NCD due to traumatic brain injury or HIV infection.

Neurocognitive Disorders in DSM-5

- Mild Neurocognitive Disorder:
 - modest cognitive decline.
 - Independence preserved.
- Major Neurocognitive Disorder:
 - significant cognitive decline.
 - Independence compromised.

Neurocognitive Domains

- ◆ Complex attention
- ◆ Executive functioning
- ◆ Learning memory
- ◆ Language
- ◆ Perceptual-motor
- ◆ Social cognition

Neurocognitive Disorders

Domains

Domain

Tasks

Complex attention

Major: diminished, multiple stimuli
Mild: takes longer

Executive abilities

Major: abandon complex activities
Mild: ↑ effort, multi-tasking

Learning/memory

Major: repeat self in conversation
Mild: recent events, occas repeat

Language

Major: anomia, paraphasias
Mild: ↓ naming, word finding

Visuoconstruction

Major: not driving, ↓ navigation

Visuoperception

Mild: maps, effort

Social cognition

Major: insensitivity social contexts
Mild: subtle personality, ↓ empathy

NCD Subtypes

- ◆ Elevation of DSM-IV etiological subtypes (e.g., frontotemporal dementia, dementia with Lewy Bodies) to separate, independent disorders
 - Rationale: Separate criteria for 10 etiologies were developed based on clinical need and to reflect the best clinical practices endorsed by neurologists, neuropsychiatrists, and others who routinely work with these patients. Etiological criteria provide clarity for clinicians, more accurate diagnoses for patients, and support for researchers in uncovering potential biomarkers that may inform diagnosis in the future.

Neurocognitive Disorders

- ◆ NCD due to 'X'
 - with or without behavioral disturbance
 - Specify current severity
 - Mild – needs some assistance
 - Moderate – difficulties with basic ADL's
 - Severe – fully dependent

Paraphilic Disorders

- “Paraphilic Disorders” (unlike paraphilias which may occur among consenting adults) must cause either significant distress or impairment, or involve a victim.

Paraphilias Highlights

- There are few changes in criteria. The most important is to make clear a distinction between a paraphilia (a sexual interest) and a paraphilic disorder, which causes distress, impairment, or harm to others. Criteria A specify the paraphilia, Criteria B is required for a “paraphilic disorder.”
- Also, the specifiers “in a controlled environment” or “in remission” are added for all paraphilias, except pedophilia.

DSM-5

- Two chapters added to DSM-5 that are not mental disorders but which may be a focus of clinical attention include: “Medication-Induced Movement Disorders” and “Other Adverse Effects of Medication”, the latter including Antidepressant Discontinuation Syndrome.

Section III: Content

- ◆ Section III: Emerging Measures and Models
 - Assessment Measures
 - Cultural Formulation
 - Alternative DSM-5 Model for Personality Disorders
 - Conditions for Further Study

Section III: Content

- ◆ Section III, Conditions for Further Study
 - Attenuated Psychosis Syndrome
 - Depressive Episodes With Short Duration Hypomania
 - Persistent Complex Bereavement Disorder
 - Caffeine Use Disorder
 - Internet Gaming Disorder
 - Neurobehavioral Disorder Due to Prenatal Alcohol Exposure
 - Suicidal Behavior Disorder
 - Non-suicidal Self-Injury

DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS

FIFTH EDITION

DSM-5



AMERICAN PSYCHIATRIC ASSOCIATION