Understanding DSM-5

Presented by Gary G. Gintner, PhD, LPC

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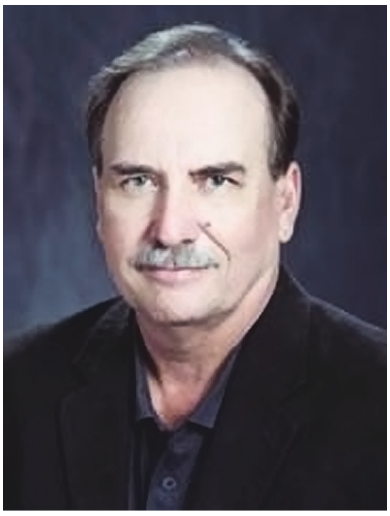

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Understanding DSM-5

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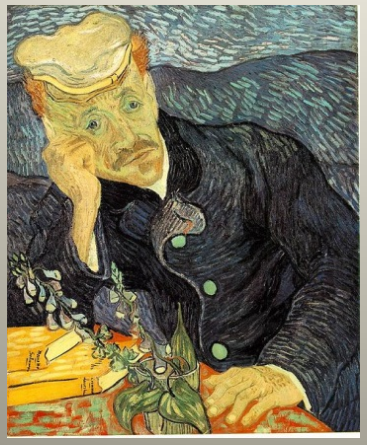
Introduction



- Why change the DSM?
- The purpose of a diagnosis
  - Common language
  - Inform clinical care
- Overview of today's workshop

The DSM Over Time:
The Past Tells a Thousand Stories

- The International Classification of Disease (ICD) and the DSM
  - Role of the ICD
  - How the DSM is different
- DSM-I through DSM-IV-TR
- Developing DSM-5

DSM-5 Development

- *1999-2008,* Initial organizing activities and 13 planning conferences
- *2006,* David Kupfer named chair of DSM-5 Task Force
- *2007-2008,* 13 work groups formed to develop draft
- *February, 2010,* First draft posted online/public comment period opens
- *May, 2011,* Second draft posted/public comment period opens
- *2010–2012,* Field trials are run
  - Large academic medical settings
  - Routine practice settings
- *January, 2012,* Third draft posted/public comment period
- *Fall, 2012,* Final reviews of proposals
  - Scientific Review Committee
  - Clinical and Public Health Committee and Forensic Committee
  - APA board of trustees approves DSM-5 in December 2012
- *May, 18, 2013,* DSM-5 released

Diagnosis in Transition

Major Innovations of DSM-5

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

DSM-5 Sections

- **Section I**: DSM-5 Basics
  - Introduction
  - Use of Manual
- **Section II:** Diagnostic Criteria and Codes
  - DSM-5 Organization.docx
- **Section III:** Emerging Measures and Models
- **Appendix**

What is a mental disorder?

- Key features:
  - A syndrome of symptoms and signs
  - Indicates some kind of disturbance in cognition, emotion regulation or behavior
  - Reflects dysfunction in psychological, biological or developmental aspects of mental functioning
  - Clinically significant
  - Exclusion criteria
    - Not an expected or culturally sanctioned response
    - Not simply deviant behavior

santas.jpg

Organization within Chapters

- Diagnostic Criteria for particular disorder
  - Subtypes and Specifiers
  - Coding and Recording Procedures
- Explanatory text information
  - Diagnostic features
  - Associated features
  - Prevalence
  - Development and course
  - Risk and prognostic factors
  - Culture-related diagnostic issues
  - Gender-related diagnostic issues
  - Suicide risk
  - Functional consequences
  - Differential diagnosis
  - Comorbidity

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)
- Is there a way of noting contextual or situational factors like we did with Axis IV?
  - You can use the expanded V-Codes and ICD-10 Z-codes
  - Consider including to explain:
    - Reason for visit
    - Factors that affect the diagnosis, prognosis or treatment
- Is there a way of noting disability or impairment?
  - World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0), Section III
  - Not required for a diagnosis

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 is listed first (principal diagnosis), followed by the other diagnoses in descending order of clinical importance

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

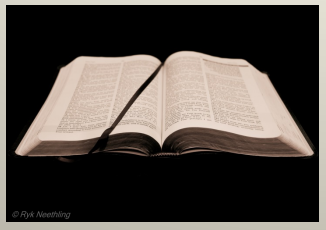
300.4 Persistent Depressive Disorder, mild severity, with early onset, with pure dysthymic syndrome

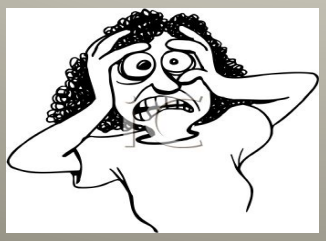
V61.03 Disruption of family by separation

Diagnostic Tip

- Your diagnosis should be made in the context of an overall case formulation that includes:
  - A *biopsychosocial* assessment
  - A thorough history
  - Multiple forms of assessment
  - Periodic reassessment to check adequacy
- Remember: To understand the disorder, you need to understand the person (Hippocrates)

Reactions to the DSM-5





Neurodevelopmental Disorders

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

Organization of Chapter

- Intellectual Disability (Intellectual Developmental Disorder)
- Communication Disorders
- Autism Spectrum Disorder
- ADHD
- Specific Learning Disorder
- Motor Disorders
- Other Neurodevelopmental Disorders

Autism Spectrum Disorder

- What's different?
- Essential features:
  - Impairment in social interaction and social communication
  - Restrictive/repetitive behaviors, interests or activities
  - Shows up in early childhood
- Rate on spectrum using *level of support required* (1-3)
- Critical to obtain multiple sources of information
- Criteria raise the diagnostic threshold

Attention-Deficit/Hyperactivity Disorder (ADHD)

- Essential features:
  - *Symptom threshold: A*t least 6 symptoms of inattention and/or 6 symptoms of hyperactivity/impulsivity that have lasted at least 6 months (*five or more in either area for those 17 and older)*
  - *Age of onset:* Several symptoms prior to age 12
  - *Impairment:* Several symptoms in two or more settings that interfere with functioning
  - *Common rule-outs:* Mood disorder, anxiety disorder, substance use or psychotic disorder

ADHD Coding

- *Presentations* replace subtypes
- Code by presentation:
  - Combined presentation
  - Predominantly inattentive presentation
  - Predominantly hyperactive/impulsive presentation
- Then add a severity rating: Mild, moderate or severe
- Partial remission can be noted, if present
- Sample code:

314.00 Attention Deficit/Hyperactivity Disorder, predominantly inattentive presentation, moderate severity

ADHD Symptoms in Adults

- Significant difficulty focusing attention (meetings, lectures, conversations, reading)
- Often forgetful in daily activities (returning calls, attending meetings, paying bills)
- Often interrupts and changes conversation
- Uses other people's things without asking for permission
- Fails to finish tasks at work or at home
- Difficulty meeting deadlines
- Difficulty managing sequential tasks (home, work)
- Uncomfortable being still for an extended time (e.g., in restaurants, meetings)

ADHD Issues

- Be sure that the assessment includes multiple informants and multiple assessment methods
- *Childhood is not a mental disorder*- symptoms need to be clinically significant and impair functioning
- Be familiar with best practice guidelines for treatment

Schizophrenia Spectrum and Other Psychotic Disorders

- Highlights:
  - Introduces the Schizophrenia Spectrum
  - Order reflects severity
  - Catatonia can be coded as a separate disorder or specifier
  - Schizoaffective Disorder criteria simplified
  - Schizophrenia
    - Drops subtypes
    - Revised active phase criteria
  - Attenuated Psychosis Syndrome not approved

Organization of Chapter

- Schizotypal Personality Disorder
- Delusional Disorder
- Brief Psychotic Disorder
- Schizophreniform Disorder
- Schizophrenia
- Schizoaffective Disorder
- Psychotic Disorder Associated with Medical Condition, Substance or Catatonia
- Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
- Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

Schizophrenia

- Essential features:
  - *Active phase* that lasts at least a month. Two or more of the following are present, with at least one being 1, 2 or 3:
    1. Delusions
    2. Hallucinations
    3. Disorganized speech
    4. Grossly disorganized or catatonic behavior
    5. Negative symptoms
  - *Impairment:* Functioning in one or more life areas has markedly declined since onset
  - *Duration:* Symptoms persist for at least 6 months (active phase plus prodromal or residual symptoms)
  - *Common rule outs:* Schizoaffective disorder, bipolar disorder, depressive disorder, substance use, medication or medical disorder

Schizophrenia Coding

- There are no longer any subtypes so there is only one code, 295.90 (F20.9)
- Next, specify course (if symptoms have lasted longer than a year):
  - First episode (acute, in partial remission or full remission)
  - Multiple episodes (acute, in partial remission or full remission)
  - Continuous
  - Unspecified
- Specify if catatonia is present (and also code)
- Optional severity rating scale available (pp. 743-744)
- Sample code:

295.90 Schizophrenia, multiple episodes, currently acute episode

Other Schizophrenia Spectrum Disorders

- Delusional Disorder
  - *Essential feature*: Presence of a delusion that lasts at least a month
  - *Functioning*: Not markedly impaired
  - *Common rule-outs*: Mood disorder with psychotic features, other schizophrenia spectrum disorder, OCD or body dysmorphic disorder with psychotic features, substance induced disorder or medical condition
  - *Subtypes:* Erotomanic, grandiose, jealous, persecutory, somatic, mixed, and unspecified
  - *Specifiers:*
    - With bizarre content
    - Course specifiers are similar to those for schizophrenia
- Brief Psychotic Disorder
  - Presence of one positive psychotic symptom
  - Duration from one day to one month

Other Schizophrenia Spectrum Disorders

- Schizophreniform Disorder
  - Active phase of at least a month
  - Symptoms last less than six months
- Schizoaffective Disorder
  - Schizophrenia symptoms and mood symptoms co-occur
  - Delusions or hallucinations for at least two weeks in absence of mood symptoms at some point in the *lifetime* of the disorder
  - Specify:
    - Bipolar type vs. Depressive type
    - With catatonia
    - Course specifiers like schizophrenia

Bipolar Disorders and Related Disorders

- Highlights:
  - Bipolar Disorders and Depressive Disorders are separate chapters
  - *Mixed Episode* removed
  - Increased activity/energy added as core feature of mania
  - New specifiers:
    - *With mixed features*
    - *With anxious distress*
    - *With peripartum onset*

Types of Mood Episodes

- Manic Episode
  - *Essential feature:* Distinct period of elevated mood and increased activity/energy lasting at least a week
  - *Symptom count:* Three other manic symptoms during that period
  - *Impairment:* The mood disturbance is *severe*
- Hypomanic Episode
  - *Essential feature*: Distinct period of elevated mood and increased activity/energy lasting at least four days
  - *Symptom count:* Three other manic symptoms during that period
  - *Impairment:* The mood disturbance is *not severe*
- Major Depressive Episode
  - *Essential feature:* Five depressive symptoms that persist for at least two weeks

Organization of Chapter

- Bipolar I Disorder
- Bipolar II Disorder
- Cyclothymic Disorder
- Substance/Medication-Induced Bipolar or Related Disorder
- Bipolar or Related Disorder Associated with Another Medical Condition
- Other Specified Bipolar or Related Disorder
- Unspecified Bipolar or Related Disorder

Bipolar I Disorder

- *Essential Feature*: History of a manic episode which is usually accompanied by other types of mood episodes
- *Common rule outs*: Disorders in the schizophrenia spectrum, substance use (stimulants especially), medication or medical condition

Coding Bipolar I

Coding steps:

1. Start with noting the most recent mood episode from these options:
   - Bipolar I, current or most recent episode manic
   - Bipolar I, current or most recent episode hypomanic
   - Bipolar I, current or most recent episode depressed
   - Bipolar I, current or most recent episode unspecified

2. Refer to the tables on pages 126-127 which list code numbers based upon the current type of mood episode (columns) and episode's severity (mild, moderate or severe), presence of psychotic symptoms and remission status (rows).

3. Next, state the severity term right after current episode term.

4. Review the list of specifiers and add those that apply (see next slide).

SAMPLE CODE:

296.43 Bipolar I Disorder, current episode manic, severe severity, with mixed features

Bipolar I Specifiers

- With anxious distress
- With mixed features
- With rapid cycling
- With melancholic features (D)
- With atypical features (D)
- With mood-congruent psychotic features or with mood-incongruent psychotic features
- With catatonia (code separately)
- With peripartum onset
- With seasonal pattern

Bipolar II Disorder

- *Essential Feature*: History of a major depressive episode and a hypomanic episode but never has had a manic episode
- *Common rule outs*: Disorders in the schizophrenia spectrum, substance use, medication or medical condition

Coding Bipolar II Disorder

Coding:

1. There is only one code. Note by current mood episode:
   - Bipolar II Disorder, current episode depressed
   - Bipolar II Disorder, current episode hypomanic
2. State the severity level (*mild, moderate or severe*)
3. If current episode no longer meets full criteria, specify either *in partial remission* or *in full remission*
4. Add any of the following specifiers that apply: W*ith anxious distress, with mixed features, with rapid cycling, with mood-congruent psychotic features, without mood-incongruent psychotic features, with catatonia, with peripartum onset, with seasonal pattern*

SAMPLE CODE:

296.89 Bipolar II, current episode depressed, moderate severity, with anxious distress, mild severity

Case Example

Carol is a 21 year-old junior in college who lives alone and is self-referred. For the past four months she reports being "really depressed and hopeless." She feels tired throughout the day but has trouble falling asleep at night. In session, she speaks very slowly, responds with brief answers and has poor eye contact. Her socializing is limited to talking with friends after class. She is having a hard time attending class and worries that she could flunk out.

Her history indicates that this is her first depressive episode. However, last semester she had a period of about two months in which she felt unusually "energized." She would work tirelessly all day and then only need a few hours of sleep. She remembers thinking that for the first time she was getting all of her assignments done. A close friend commented that she seemed very "up" and "positive." At times her friends got annoyed with her because she would call and text at all hours of the night. Then after a long night of partying, she woke up feeling quite different. The energy was gone and her mood began to darken. She described it like "a fog that I just can't shake."

Depressive Disorders

- Highlights:
  - Chronic depressive spectrum introduced
  - Changes to Major Depression
    - Elimination of bereavement exclusion
    - New specifiers
  - New disorders added

Organization of Chapter

- Disruptive Mood Dysregulation Disorder
- Major Depressive Disorder
- Persistent Depressive Disorder
- Premenstrual Dysphoric Disorder
- Substance/Medication Induced Depressive Disorder
- Depressive Disorder Due to Another Medical Condition
- Other Specified Depressive Disorder
- Unspecified Depressive Disorder

Disruptive Mood Dysregulation Disorder (DMDD)

- Rationale for adding new disorder
- *Essential feature*: Severe temper outbursts with underlying persistent angry or irritable mood
  - *Temper outburst frequency*: Three or more time a week
  - *Duration:* Temper outbursts and the persistently irritable mood between outbursts lasts at least 12 months
  - *Severity:* Present in two settings and severe in at least one
  - *Onset*: Before age 10 but do not diagnose before age 6. Can not diagnose for the first time after age 18.
  - *Common rule-outs*:
    - Bipolar disorder, intermittent explosive disorder, depressive disorder, ADHD, autism spectrum disorder, separation anxiety disorder,
    - Substance, medication or medical condition
    - If ODD present, do not also diagnose it

Issues with DMDD

- Was it ready for prime time?
- What are the treatment implications?
  - No empirically supported treatments
  - Avoid bipolar medications
  - Consider CBT treatments used for depression in children:
    - Coping skills for thoughts, feelings and behavior
    - Parent training
    - Parent support group

Major Depressive Episode

- *Essential features:* Either depressed mood *or* loss of interest or pleasure plus four other depressive symptoms
- *Duration*: At least two weeks
- *Common rule outs:* Medical condition, medications, substance use, bipolar disorder, or a psychotic disorder
- **Note**: Be careful about diagnosing major depression following a significant loss because normal grief "may resemble a depressive episode."

Rationale for Discontinuing the Bereavement Exclusion

- The symptoms of bereavement are similar to other major losses
- The two month limit created the impression that bereavement only lasts that long
- The exclusion prevented treatment from starting earlier when it could be most effective
- Clinical judgment is needed in deciding if this is a normal response or major depression

Grief vs. a Major Depressive Episode in DSM-5 (p. 161)

Grief

- Dominant affect is feelings of emptiness and loss
- Dysphoria occurs in waves, vacillates with exposure to reminders and decreases with time
- Capacity for positive emotional experiences
- Self-esteem preserved
- Fleeting thoughts of joining deceased

Major Depression

- Dominant affect is depressed mood
- Persistent dysphoria that is accompanied by self-critical preoccupation and negative thoughts about the future
- Limited capacity to experience happiness or pleasure
- Worthlessness clouds esteem
- Suicidal ideas about escaping life versus joining a loved one

Diagnosing Major Depressive Disorder

Diagnostic Criteria:

- Meets criteria for a Major Depressive Episode
- Symptoms cause clinically significant distress or impairment
- Not due to a psychotic disorder, substance, medication or medical condition
- No history of a Manic or Hypomanic Episode

Coding Steps:

1. Start with noting whether it is a single episode or recurrent (see columns in table on page 162)
   - Major Depressive Disorder, single episode
   - Major Depressive Disorder, recurrent episode
2. Find the correct code number by dropping down your selected episode column to locate the correct severity/course specifier: mild, moderate , severe; presence of psychotic symptoms and remission status (if applicable).
3. In noting the diagnosis, the severity/course specifier term is also stated after single or recurrent episode
4. Now add any of the following specifiers that apply: *With anxious distress, with mixed features, with melancholic features, with atypical features, with mood-congruent psychotic features, with mood-incongruent psychotic features, with catatonia, with peripartum onset, with seasonal pattern*

SAMPLE CODE:

296.32 Major Depressive Disorder, recurrent, moderate severity, with peripartum onset

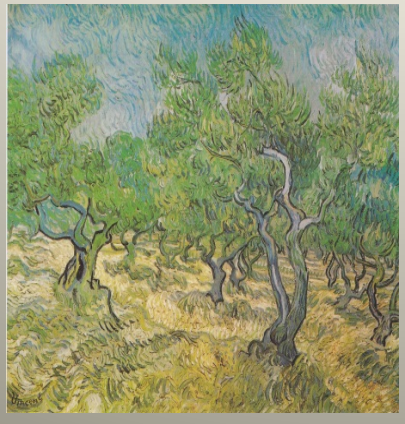
Other Depressive Disorders

- Persistent Depressive Disorder
  - Rationale for changes
  - General criteria
  - Course specifiers
    - With pure dysthymic syndrome
    - With persistent major depressive episode
    - With intermittent major depressive episodes, with current episode
    - With intermittent major depressive episodes, without current episode
- Premenstrual Dysphoric Disorder
  - Rationale for changes
  - General criteria

Diagnosis Case

Mr. Lee comes to you because he feels "unbelievably blue." For the past four weeks he has felt tired all the time and cries periodically throughout the day. He reports that he does not feel like doing anything and spends most of his time at home. He has taken an unplanned leave of absence from his job, and it is unclear whether he will be accepted back. Mr. Lee believes that he has been a failure as a father because his teenage son was arrested for selling drugs. He admits that he has not gotten a good night's sleep in weeks. He typically awakens at 4 a.m. and cannot return to sleep. He particularly dislikes this because, "Mornings are the worst." He had a similar episode about three years ago that lasted for three or four months.

Anxiety Disorders



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

Organization

- Separation Anxiety Disorder
- Selective Mutism
- Specific Phobia
- Social Anxiety Disorder (Social Phobia)
- Panic Disorder
- Agoraphobia
- Generalized Anxiety Disorder Substance/ Medication Induced Anxiety Disorder
- Anxiety Disorder Due to a Medical Condition
- Other Specified Anxiety Disorder
- Unspecified Anxiety Disorder

Agoraphobia: Essential Features

- Fear/anxiety about *two or more* of the following situations:
  - Using public transportation (cars, planes, trains)
  - Being in open spaces (parking lots, marketplaces)
  - Being in enclosed places (shops, theaters)
  - Standing in line or being in a crowd
  - Being outside the home alone
- Fear that escape may be difficult or help unavailable if panic-like, embarrassing or incapacitating symptoms occur
- *Duration*: Symptoms persist for at least 6 months

Obsessive-Compulsive and Related Disorders

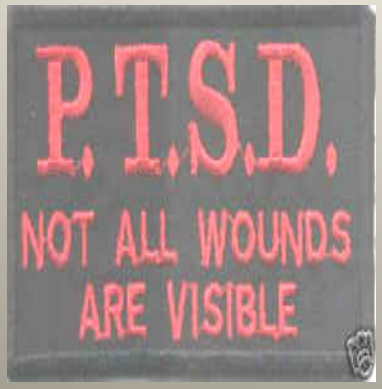
- OCD
- Body Dysmorphic Disorder
- Hoarding Disorder
- Trichotillomania (hair-pulling)
- Excoriation (Skin-Picking) Disorder
- Substance/medication induced OCD
- OCD due to a medical condition
- Other Specified OCD

Body Dysmorphic Disorder

- *Essential feature*: Preoccupation with perceived bodily defect that appears slight or is not observable to others
- Repetitive acts in response to appearance concerns (e.g., mirror checking, reassurance seeking)
- *Rule-out*: Not due to weight concerns related to an eating disorder
- Specify if present: With muscle dysmorphia
- Specify level of insight about body belief:
  - With good or fair insight
  - With poor insight
  - With absent insight/delusional beliefs

SAMPLE CODE:
300.7 Body Dysmorphic Disorder, with muscle dysmorphia, with absent insight/delusional beliefs

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

Organization of Disorders

- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Posttraumatic Stress Disorder
- Acute Stress Disorder
- Adjustment Disorder
- Other Specified Trauma- and Stressor-Related Disorder
- Unspecified Trauma- and Stressor-Related Disorder

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

Posttraumatic Stress Disorder for Children 6 Years and Younger

- Separate criteria set which mirrors PTSD criteria
- Major difference is that criteria C and D are combined and only require one symptom
- Same specifiers are used

Diagnostic Exercise

Ms. Allen is a 39-year–old African American who comes to treatment after witnessing the death of her best friend in an auto accident about five weeks ago. The car that they were driving in was struck head on by a drunk driver, sending her friend through the windshield. Immediately after the accident she tried to revive her friend but was unable to, and she was pronounced dead at the scene by medics. Since the accident, she has had two panic attacks when she has tried to drive by herself. As a result, she becomes anxious at the thought of driving anywhere. The only way that she can go to work is if a family member drives her. Throughout the day she experiences intrusive images of her friend's lifeless body. This has made it difficult to sleep, and she feels on edge most of the time. When she does sleep she has bad dreams related to her deceased friend. Her husband complains that she seems very distant and "far away." She also has discontinued many of her favorite activities such as her craft work and visiting family and friends. Overall, she seems quite irritable and easily angered.

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

Organization of Chapter

- Pica
- Rumination Disorder
- Avoidant/Restrictive Food Intake Disorder
- Anorexia Nervosa
- Bulimia Nervosa
- Binge-Eating Disorder (New)
- Other Specified Feeding or Eating Disorder
- Unspecified Feeding or Eating Disorder

Avoidant/Restrictive Food Intake Disorder

- *Essential feature*: Avoidance or restriction of food intake due to
  - Lack of interest
  - Food sensory qualities
  - Aversive experience
- *Severity*: Results in significant weight loss, nutritional deficiency, dependence on enteral feeding or supplements, or marked interference in psychosocial functioning
- *Common rule outs*: Not due to anorexia or another medical condition

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 binging 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

Binge-Eating Disorder

- *Essential feature*: Recurrent episodes of binge eating in which there is a sense of lack of control
- *Eating disturbance*: Causes marked distress and is associated with at least three ways eating is disturbed
- *Binge frequency*: Occurs at least once a week for 3 months
- *Rule outs*: Bulimia or any inappropriate compensatory behaviors
- *Severity*: Mild-Extreme rating based upon the number of binge-eating episodes per week

SAMPLE CODE: 307.51 Binge-Eating Disorder, mild severity

Disruptive, Impulse-Control and Conduct Disorders

- Highlights
  - Reorganization of externalizing problems
  - ODD criteria are further refined
  - New specifier for CD

Organization of Chapter

- Oppositional Defiant Disorder
- Intermittent Explosive Disorder
- Conduct Disorder
- Antisocial Personality Disorder
- Pyromania
- Kleptomania
- Other Specified Disruptive, Impulse-Control, and Conduct Disorder
- Unspecified Disruptive, Impulse-Control, and Conduct Disorder

ODD

- *Essential feature*: Angry or irritable mood, defiance or argumentative behavior or vindictiveness
- *Symptom threshold*: At least four symptoms that persist for at least 6 months
- *Common rule-outs*: Bipolar, depressive, substance use or psychotic disorder
- Disruptive mood dysregulation disorder trumps if present
- *Severity*: Note by number of setting in which symptoms occur (1= mild, 2= moderate and three or more= severe)

Conduct Disorder

- *Essential feature*: A repetitive pattern of violating the rights of others or age-appropriate norms
- *Symptom threshold*: Three symptoms in past 12 months
  - Aggression toward people and animals
  - Destruction of property
  - Deceitfulness or theft
  - Serious violations of rules
- *Subtypes:*
  - Childhood onset type
  - Adolescent onset type
  - Unspecified
- *Specifiers*:
  - Severity (mild, moderate or severe)
  - With limited prosocial emotions

Substance-Related and Addictive Disorders

- Highlights
  - New chapter title
  - Two types of disorders:
    - Substance *use*
    - Substance *induced*
  - Dependence and abuse combined into spectrum
  - Changing face of "dependence"

Substance Categories in DSM-5

- Alcohol
- Caffeine
- Cannabis
- Hallucinogen
- Inhalants
- Opioids
- Sedative/Hypnotics/Anxiolytics
- Stimulants
- Tobacco-Related
- Other (or unknown) Substance
- Non-Substance-Related Disorders (Gambling)

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
  - In controlled environment
- *Specify Severity:*
  Mild (2-3 symptoms), Moderate (4-5 symptoms) or Severe (6 or more)

SAMPLE CODE: 303.90 Moderate Alcohol Use Disorder

Behavioral Addiction in DSM-5

- Rationale
- Why Gambling Disorder was included
- Section III: Internet Gaming
- Other behavioral addictions

Neurocognitive Disorders

- Highlights:
  - Forget "dementia"
  - Introduction of Neurocognitive Disorders
- Major Categories
  - Major Neurocognitive Disorder
  - Minor Neurocognitive Disorder

Personality Disorders (PD)

- The PD Work Group proposed sweeping changes:
  - New definition
  - Rating scale for PD
  - Reducing subtypes from 10 to 6
  - Introducing a trait rating system
    - DSM-5 Personality Inventory.pdf
- Changes were not approved
- DSM-5 retains DSM-IV-TR disorders
  - General criteria for a PD
  - Organization
  - But…updated text

Organization

- 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
- Other
  - Personality Disorder Due to Another Medical Condition
  - Other Specified Personality Disorder
  - Unspecified Personality Disorder

Other Conditions That May Be the Focus of Clinical Attention

- These are ICD-9 V-codes and ICD-10 Z and other codes
- Categories:
  - Relational problems
  - Abuse and neglect
  - Educational or occupational problems
  - Housing and economic problems
  - Other problems related to the social environment
  - Problems related to crime or legal system
  - Problems related to other psychosocial or personal and environmental circumstances
  - Other health service encounters for counseling and medical advice
  - Other circumstances of personal history

- **SAMPLE CODES:**

  V62.83 Encounter for mental health services for perpetrator of nonparental child sexual abuse

  V62.22 Personal history of military deployment

Section III: Assessment Measures and the Cultural Interview

- Rationale for including these measures
- Types assessment measures
  - Cross-Cutting Symptom Measures
    - Level 1 (see pages 738-741)
    - Level 2 (available online, site listed below)
  - Clinician Rated Dimensions of Psychosis Symptom Severity (see page 743-744)
  - World Health Organization Disability Assessment Schedule 2.0 (p. 747) whodasOutlineInstrument-1.pdf
- Online assessment measures for above plus disorder-specific severity measures downloadable at:
  - http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures
- Cultural Formulation Interview(see pages 752-757) culturalformulationinterview.pdf

Final Thoughts

- Diagnosis at a crossroad
- Di-App-nosis is coming
- Keep up with the evidence and the changes (DSM 5.1)

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* Note: If you are interested in a complete reference list that sites the research discussed in the workshop, please email Gary Gintner, Ph.D, at gintner@lsu.edu.

DSM-5 Organization

Section I: DSM-5 Basics (Introduction and Use of Manual)

Section II: Diagnostic Criteria and Codes

- 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 Dysphoria
- Disruptive, Impulse Control and Conduct Disorders
- Substance-Related and Addictive Disorders
- Neurocognitive Disorders
- Personality Disorders
- Paraphilic Disorders
- Other Mental Disorders
- Medication Induced Movement Disorders and Other Adverse Effects of Medication
- Other Conditions that May be the Focus of Clinical Attention (e.g., V-codes)

Section III: Emerging Measures and Models

- Assessment Measures
- Cultural Formulation
- Alternative DSM-5 Model for Personality Disorders
- Conditions for Further Study (e.g., Attenuated Psychosis Syndrome, Persistent Complex Bereavement Disorder, etc.)

Appendix

- Highlights of changes from DSM-IV to DSM-5
- Glossary of Cultural Concepts of Distress (Cultural Interview Outline)
- ICD-9 and ICD-10 codes for DSM-5 disorders