

DSM 5: A Primer

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Abstract

- Overview the development of the Diagnostic and Statistical Manual of Mental Disorders through DSM 5
- Address major revisions and their rationales from DSM IV TR to DSM 5
- Address some specific diagnostic criteria and implications



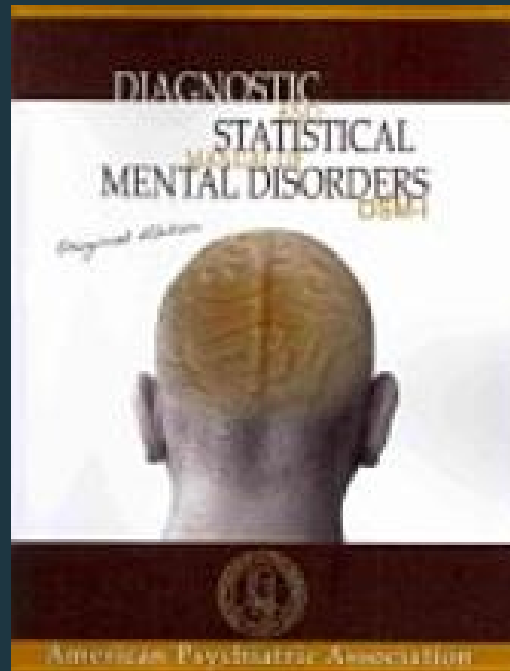
History of Diagnosing: APA – pre-DSM



- In 1917, a "Committee on Statistics" from “.....American Psychiatric Association (APA), together with the National Commission on Mental Hygiene, developed a new guide for mental hospitals called the "Statistical Manual for the Use of Institutions for the Insane", which included 22 diagnoses.” DSM IV TR

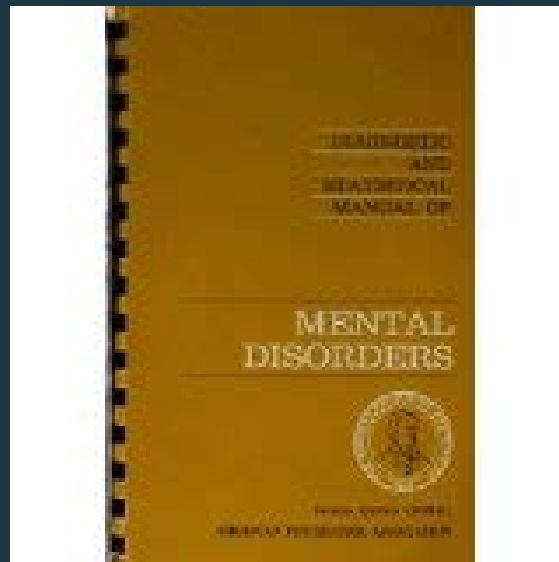
History of Diagnosing: DSM I

- 1952 -- DSM I
- 106 diagnoses



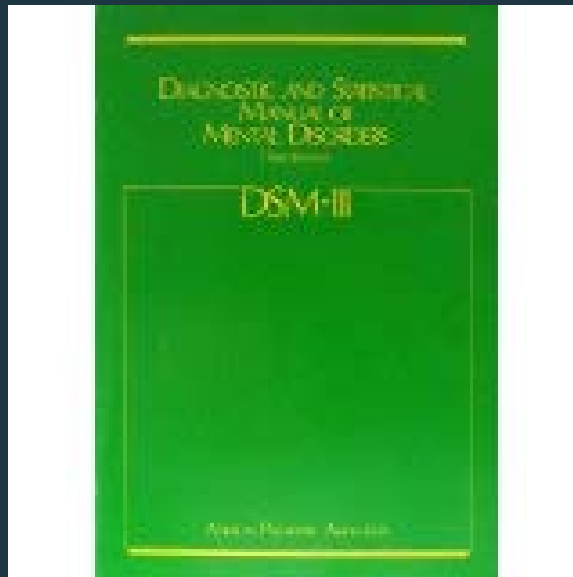
History of Diagnosing: DSM II

- 1968 -- DSM II
- 182 diagnoses



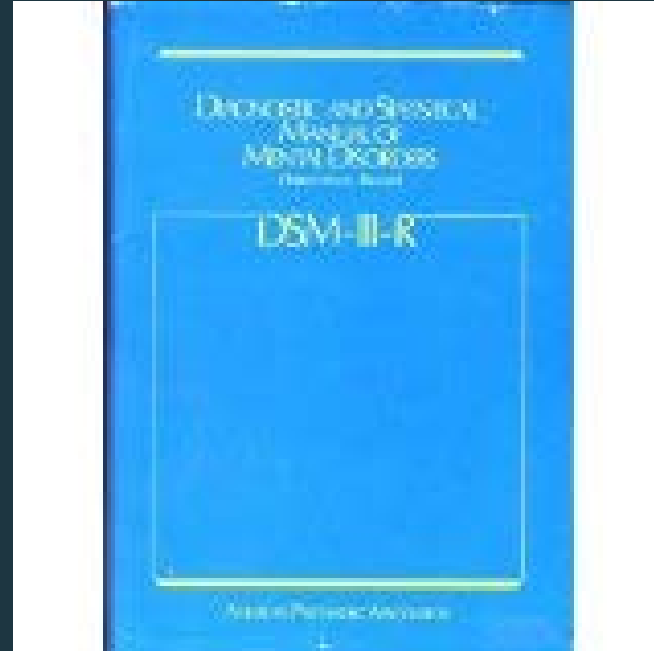
History of Diagnosing: DSM III

- 1980 -- DSM III
- 265 diagnoses



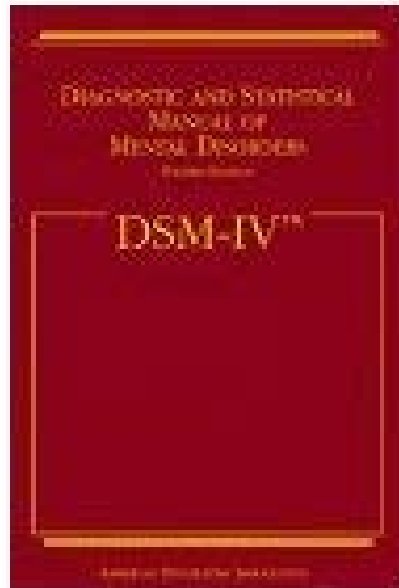
History of Diagnosing: DSM III R

- 1987 -- DSM III R
- 292 diagnoses



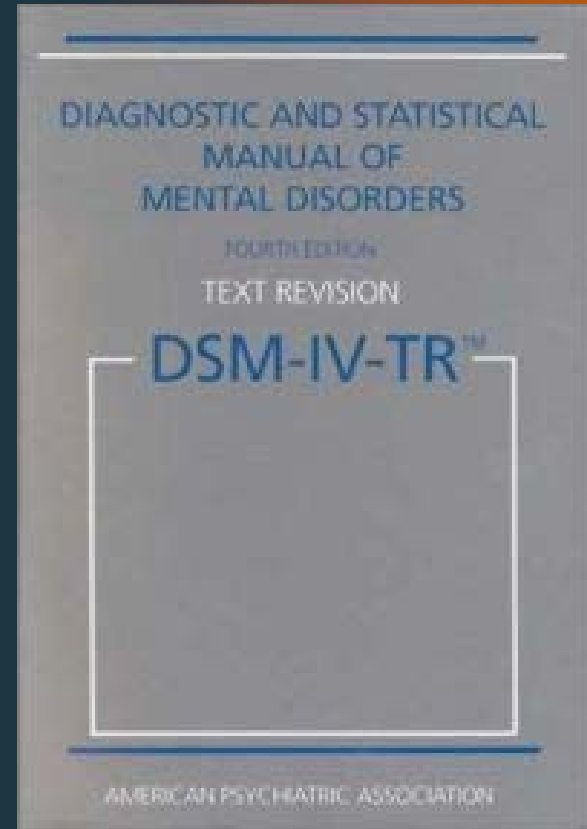
History of Diagnosing: DSM IV

- 1994 -- DSM IV
- 374 diagnoses



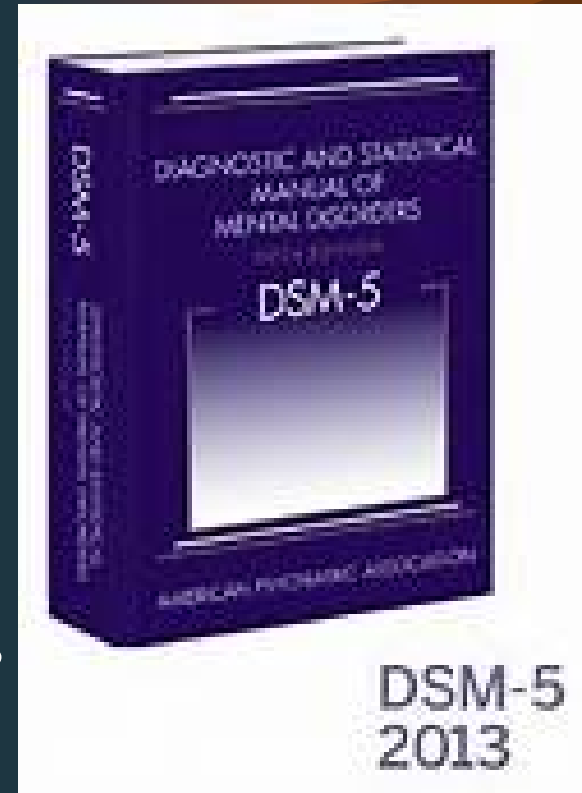
History of Diagnosing: DSM IV TR

- 2000 -- DSM IV TR
- Same diagnoses as in
DSM IV



History of Diagnosing: DSM 5

- 18 May 2013 -- DSM 5
- Approximately as many diagnoses as DSM IV TR
- 3 Sections
 - DSM 5 Basics
 - Diagnostic Criteria & Codes
 - Emerging Measures & Models



DSM 5 Revision Principles



- Changes made for DSM-5 must be implementable in routine specialty practices
- Continuity with previous editions should be maintained when possible (maintaining good qualities of DSM-IV)
- Unlike DSM-IV, there were no *a priori* constraints on the degree of change between DSM-IV and DSM-5

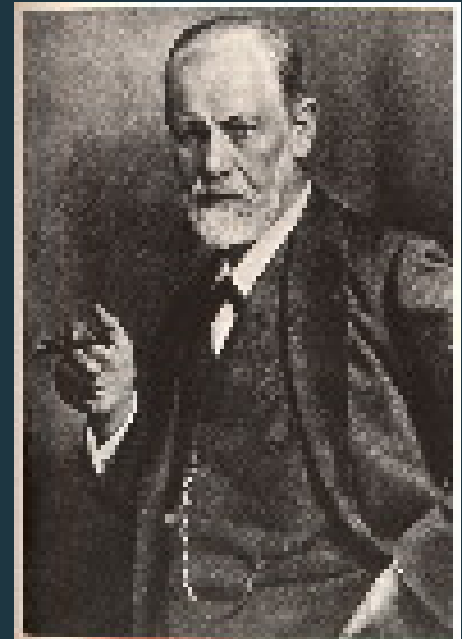
DSM 5 Revision Principles



- Development – across the life span
- Dimensional concepts – measurement of distress, disability, and severity
- Incorporation of new knowledge – risk factors, prevention, new syndromes
- “Living document”
 - DSM 5
 - DSM 5.1

Why do DSM-5's Revisions Matter?

- Revisions are designed to produce more accurate diagnostic criteria and nosology
 - Earlier diagnosis
 - Earlier treatment
 - More accurate treatment



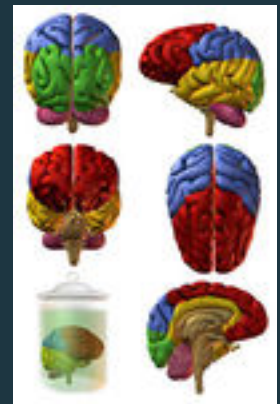
The Context of Development in DSM-5

- Within the diagnostic criteria

Examples of how criteria may present in children and adolescents

- Within the organization of chapters

Diagnoses arranged in lifespan fashion, with disorders usually diagnosed earlier in life placed first



Diagnostic Categories in DSM-5



- Revised organization of DSM's diagnostic categories
 - Use of dimensions can inform a “meta-structure” that clarifies etiologic and pathophysiological relationships between disorders
 - The “spectra” approach
 - ✓ Autism Spectrum Disorder
 - ✓ Schizophrenia Spectrum Disorders

DSM-5

Organizational Structure

- Neurodevelopmental Disorders
- Schizophrenia Spectrum and Other Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders



DSM-5

Organizational Structure



- Obsessive-Compulsive and Related Disorders
- Trauma- and Stressor-Related Disorders
- Dissociative Disorders
- Somatic Symptom and Related Disorders
- Feeding and Eating Disorders
- Elimination Disorders

DSM-5

Organizational Structure



- Sleep-Wake Disorders
- Sexual Dysfunctions
- Gender Dysphoria
- Disruptive, Impulse Control, and Conduct Disorders
- Substance-Related and Addictive Disorders
- Neurocognitive Disorders

DSM-5

Organizational Structure



- Personality Disorders
- Paraphilic Disorders
- Other Mental Disorders
- Medication-Induced Movement Disorders and Other adverse Effects of Medication
- Other Conditions That May Be a Focus of Clinical Attention

Highlights of Changes from DSM-IV-TR to DSM 5



- Naming and Numbering Convention
 - e.g. Communication Disorders
 - Childhood-Onset Fluency Disorder (Stuttering)
 - 315.35 (F80.81)
 - Note: Later-onset cases are diagnosed as 307.0 (F98.5) adult-onset fluency disorder.
 - Everything not in parentheses represents ICD 9
 - Everything in parentheses represents ICD 10
 - 1 October 2014

Highlights of Changes from DSM-IV-TR to DSM 5



- DSM 5 – Non-axial assessment system
 - Axes I, II, and III from DSM IV are collapsed into one category
 - Separate notations for important psychosocial and contextual factors and disability
 - WHO Disability Assessment Schedule under further study

Changes re: Children from DSM-IV-TR to DSM 5



- Disorders Usually First Diagnosed in
Infancy, Childhood, and Adolescence
- Neurodevelopmental Disorders
 - Intellectual Disability (Intellectual
Developmental Disorder)
 - Autism Spectrum Disorder

Intellectual Disability (Intellectual Developmental Disorder)

- The term mental retardation was used in DSM-IV. However, *intellectual disability* is the term that has come into common use over the past two decades among medical, educational, and other professionals, and by the lay public and advocacy groups. Moreover, a federal statute in the United States (Public Law 111-256, Rosa's Law) replaces the term "mental retardation with intellectual disability. Despite the name change, the deficits in cognitive capacity beginning in the developmental period, with the accompanying diagnostic criteria, are considered to constitute a mental disorder.

Autism Spectrum Disorder



- ASD now encompasses the previous DSM-IV autistic disorder (autism), Asperger's disorder, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified. ASD is characterized by 1) deficits in social communication and social interaction and 2) restricted repetitive behaviors, interests, and activities (RRBs). Because both components are required for diagnosis of ASD, social communication disorder is diagnosed if no RRBs are present.

Schizophrenia Spectrum and Other Psychotic Disorders



- Two changes were made to DSM-IV Criterion A for schizophrenia.
 - The first change is the elimination of the special attribution of bizarre delusions and Schneiderian first-rank auditory hallucinations (e.g., two or more voices conversing)
 - The second change is the addition of a requirement in Criterion A that the individual must have at least one of these three symptoms: delusions, hallucinations, and disorganized speech. At least one of these core “positive symptoms” is necessary for a reliable diagnosis of schizophrenia.

Schizophrenia Spectrum and Other Psychotic Disorders



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

Schizophrenia Spectrum and Other Psychotic Disorders



- Substance/Medication-Induced Psychotic Disorder
- Psychotic Disorder Due to **Another** Medical Condition
- Catatonia pp. 119-121

Schizophrenia Spectrum and Other Psychotic Disorders



- Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
- Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

Mood Disorder Changes from DSM-IV-TR to DSM 5



- Bipolar and Related Disorders
 - Bipolar I Disorder
 - Bipolar II Disorder
 - Cyclothymic Disorder
 - Substance/Medication-Induced Bipolar and Related Disorder
 - Bipolar and Related Disorder Due to Another Medical Condition

Mood Disorder Changes from DSM-IV-TR to DSM 5



- Depressive Disorders
 - Disruptive Mood Dysregulation Disorder
 - Attempt to compensate for over diagnosis of bipolar disorder in children
 - Major Depressive Disorder
 - Persistent Depressive Disorder (Dysthymia)
 - Premenstrual Dysphoric Disorder

Anxiety Disorders



- Separation Anxiety Disorder
- Selective Mutism
- Specific Phobia
- Social Anxiety Disorder (Social Phobia)
- Panic Disorder
- Agoraphobia
- Generalized Anxiety Disorder

Obsessive-Compulsive and Related Disorders



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

Trauma- and Stressor-Related Disorders



- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Posttraumatic Stress Disorder
- Acute Stress Disorder
- Adjustment Disorders

Dissociative Disorders



- Dissociative Identity Disorder
- Dissociative Amnesia
- Depersonalization/Derealization Disorder

Somatic Symptom and Related Disorders



- Somatic Symptom Disorder
- Illness Anxiety Disorder
- Conversion Disorder (Functional Neurological Symptom Disorder)
- Psychological Factors Affecting Other Medical Conditions
- Factitious Disorder

Feeding and Eating Disorders



- Pica
- Rumination Disorder
- Avoidant/Restrictive Food Intake Disorder
- Anorexia Nervosa
- Bulimia Nervosa
- Binge-Eating Disorder

Elimination Disorders



- Enuresis
- Encopresis

Sleep-Wake Disorders



- Insomnia Disorder
- Hypersomnolence Disorder
- Narcolepsy

Sleep-Wake Disorders

Breathing-Related Sleep Disorders



- Obstructive Sleep Apnea Hypopnea
- Central Sleep Apnea
- Sleep-Related Hypoventilation
- Circadian Rhythm Sleep-Wake Disorders

Parasomnias



- Non-Rapid Eye Movement Sleep Arousal Disorders
- Nightmare Disorder
- Rapid Eye Movement Sleep Behavior Disorder
- Restless Legs Syndrome

Sexual Dysfunctions



- Delayed Ejaculation
- Erectile Disorder
- Female Orgasmic Disorder
- Female Sexual Interest/Arousal Disorder
- Genito-Pelvic Pain/Penetration Disorder
- Male Hypoactive Sexual Desire Disorder
- Premature (Early) Ejaculation

Gender Dysphoria



- Gender Dysphoria*
 - In Children
 - In Adolescents and Adults
 - * “The current term is more descriptive than the previous DSM IV term *gender identity disorder* and focuses on dysphoria as the clinical problem, not identity per se.”

Disruptive, Impulse-Control, and Conduct Disorders



- Parts of DSM IV TR Diagnostic Groupings
 - Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence
 - Impulse Control Disorders Not Elsewhere Classified
 - Personality Disorders
 - Antisocial Personality Disorder

Disruptive, Impulse-Control, and Conduct Disorders



- Oppositional Defiant Disorder
- Intermittent Explosive Disorder
- Conduct Disorder
- Antisocial Personality Disorder
- Pyromania
- Kleptomania

Substance-Related and Addictive Disorders



- Substance Related and Addictive Disorders
 - Substance Use Disorders & Substance Induced Disorders
 - Gambling Disorder
- Recommended for Further Study in DSM-5
 - Internet Gaming Disorder
 - Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure



Diagnoses Associated with Class of Substances



Table 1, p. 482, DSM 5, matches the 13 possible substance-related disorders with the 10 categories of substances (including “other”) to identify the possible diagnoses in the “substance use” & “substance induced” categories. The table is helpful in determining the diagnoses possible for each substance the individual uses, once that assessment has been made.

Substance Related Disorders

Table 1, p. 482

Table 1. Diagnoses associated with class of substances

	Depen- dence	Abuse	Intoxica- tion	Withdrawal	Intoxication Delirium	Withdrawal Delirium	Dementia	Amnesic Disorder	Psychotic Disorders	Mood Disorders	Anxiety Disorders	Sexual Dysfunc- tions	Sleep Disorders
Alcohol	X	X	X	X	I	W	P	I/W	I/W	I/W	I/W	I	I/W
Amphet- amines	X	X	X	X	I				I	I/W	I	I	I/W
Caffeine			X								I		I
Cannabis	X	X	X		I				I		I		
Cocaine	X	X	X	X	I				I	I/W	I/W	I	I/W
Hallucino- gens	X	X	X		I				I*	I	I		
Insulins	X	X	X		I		P		I	I	I		
Nicotine	X			X									
Opioids	X	X	X	X	I				I	I		I	I/W
Phencycli- dine	X	X	X		I				I	I	I		
Sedatives, hypnotics, or anxiolytics	X	X	X	X	I	W	P	P	I/W	I/W	W	I	I/W
Polysub- stance	X												
Other	X	X	X	X	I	W	P	P	I/W	I/W	I/W	I	I/W

*Also Hallucinogen Persisting Perception Disorder (Flashbacks).

Note: X, I, W, I/W, or P indicates that the category is recognized in DSM-IV. In addition, I indicates that the specifier With Onset During Intoxication may be noted for the category (except for Intoxication Delirium); W indicates that the specifier With Onset During Withdrawal may be noted for the category (except for Withdrawal Delirium); and I/W indicates that either With Onset During Intoxication or With Onset During Withdrawal may be noted for the category. P indicates that the disorder is Persisting.

Neurocognitive Disorders



- Neurocognitive Domains (p. 593)
 - Complex Attention
 - Executive Function
 - Learning and Memory
 - Language
 - Perceptual-Motor
 - Social Cognition

Neurocognitive Disorders



- Delirium
- Major and Mild Neurocognitive Disorders
 - Major Neurocognitive Disorder
 - Mild Neurocognitive Disorder
- Major or Mild Neurocognitive Disorder Due to Alzheimer's Disease
- Major or Mild Frontotemporal Neurocognitive Disorder

Neurocognitive Disorders



- Major or Mild Neurocognitive Disorder With Lewy Bodies
- Major or Mild Vascular Neurocognitive Disorder

Neurocognitive Disorders



- Major or Mild Neurocognitive Disorder
 - Due to Traumatic Brain Injury
 - Due to HIV Disease
 - Due to Prion Disease
 - Due to Parkinson's Disease
 - Due to Huntington's Disease
 - Due to Another Medical Condition
 - Due to Multiple Etiologies

Personality Disorders



- Cluster A – Paranoid, Schizoid, Schizotypal
- Cluster B – Antisocial, Borderline, Histrionic, Narcissistic
- Cluster C – Avoidant, Dependent, Obsessive-Compulsive
- Section III – A 6 category model

Paraphilic Disorder



- Voyeuristic Disorder
- Exhibitionistic Disorder
- Frotteuristic Disorder
- Sexual Masochism Disorder
- Sexual Sadism Disorder
- Pedophilic Disorder
- Fetishistic Disorder
- Transvestic Disorder

Other Diagnostic Categories



- Other Mental Disorders
 - Due to Another Medical Condition
 - Other Specified Mental Disorder
 - Unspecified Mental Disorder
- Medication-Induced Movement Disorders and Other Adverse Effects of Medication

Other Diagnostic Categories



- Other Conditions That May Be a Focus of Clinical Attention
 - Problems Related to Family Upbringing
V61.20 (Z62.820)

Section III

Emerging Measures and Models



- Assessment Measures
- Cultural Formulation
- Alternative DSM 5 Model for Personality Disorders
- Conditions for Further Study

The End

- Comments
- Question and answer
- Thank you!

