

DSM-5: What You Need to Know

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Disclosures

Dr. Regier has the following financial disclosures:

- Senior Scientific Consultant, APA
- Honoraria, National and International DSM-5 CME Presentations

Course Presentations

Introduction and Conceptual Organization of DSM-5 – Darrel Regier, M.D., M.P.H.

Neurodevelopmental Disorders, focusing on Autism Spectrum Disorder and Intellectual Disability – Susan Swedo, M.D.

Schizophrenia and Psychotic Spectrum Disorders – Rajiv Tandon, M.D.

Obsessive-Compulsive and Related Disorders – Katharine Phillips, M.D.

Bipolar and Depressive Disorders – Raymond DePaulo, M.D.

Trauma- and Stressor-Related Disorders – Robert Ursano, M.D.

Substance Use and Other Addictive Disorders – Wilson Compton, M.D.

Other Conditions that may be a Focus of Clinical Attention – William E. Narrow, M.D., M.P.H.

DSM-5 Structure

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

Section I: Content

- Introduction
 - Revision process, multiaxial system
- Use of the manual
 - Definition of a mental disorder, elements of a diagnosis, assessment and monitoring tools
- Cautionary Statements for Forensic Use of DSM-5

Section II: Chapter Structure

- A. Neurodevelopmental Disorders
- B. Schizophrenia Spectrum and Other Psychotic Disorders
- C. Bipolar and Related Disorders
- D. Depressive Disorders
- E. Anxiety Disorders
- F. Obsessive-Compulsive and Related Disorders
- G. Trauma- and Stressor-Related Disorders
- H. Dissociative Disorders

Section II: Chapter Structure

J. Somatic Symptom and Related Disorders

K. Feeding and Eating Disorders

L. Elimination Disorders

M. Sleep-Wake Disorders

N. Sexual Dysfunctions

P. Gender Dysphoria

Section II: Chapter Structure

- Q. Disruptive, Impulse-Control, and Conduct Disorders
- R. Substance-Related and Addictive Disorders
- S. Neurocognitive Disorders
- T. Personality Disorders
- U. Paraphilic Disorders
- V. Other Disorders

Section III: Purpose

- ◆ Section III serves as a designated location, separate from diagnostic criteria, text, and clinical codes, for items that appear to have initial support in terms of clinical use but require further research before being officially recommended as part of the main body of the manual
 - This separation clearly conveys to readers that the content may be clinically useful and warrants review, but is not a part of an official diagnosis of a mental disorder and cannot be used as such

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

Appendix: Content

- ◆ Separate from Section III will be an Appendix, which will include
 - Highlights of Changes From DSM-IV to DSM-5
 - Glossary of Technical Terms
 - Glossary of Cultural Concepts of Distress
 - Alphabetical Listing of DSM-5 Diagnoses and Codes (ICD-9-CM and ICD-10-CM)
 - Numerical Listing of DSM-5 Diagnoses and Codes (ICD-9-CM)
 - Numerical Listing of DSM-5 Diagnoses and Codes (ICD-10-CM)
 - DSM-5 Advisors and Other Contributors

How many disorders are in Section II?

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

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)
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 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 from NOS to Other Specified/Unspecified

(net difference = +24)

	DSM-IV	DSM-5
NOS (DSM-IV); 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.

Other Considerations and Ongoing Developments

Pre-Publication Controversies: Final Accepted Conditions

- ◆ The collapse of DSM-IV's Autistic Disorder (Autism), Asperger's Disorder, Childhood Disintegrative Disorder, and Pervasive Developmental Disorder Not Otherwise Specified into Autism Spectrum Disorder
- ◆ Addition of Binge Eating Disorder
- ◆ Removal of the bereavement exclusion
- ◆ Adoption of a Trauma- and Stressor-Related Disorder section
- ◆ Introduction of Somatic Symptom Disorder
- ◆ Merger of abuse and dependence into Substance Use Disorder
- ◆ Addition of Mild Neurocognitive Disorders

Pre-Publication Controversies: Final Section III or Rejected Conditions

- ◆ Attenuated Psychosis Syndrome
- ◆ Pedophilic Disorder – rejected
- ◆ Inclusion of Hypersexual Disorder - rejected
- ◆ Dimensional Trait-based Personality Disorders (PID-5)
- ◆ Dimensional Cross-cutting Symptom Measures
- ◆ Dimensional Cross-cutting Severity Measures
- ◆ Dimensional Disability Measures (WHO-DAS)
- ◆ Inclusion of Early-Puberty Victims of Pedophilic Disorder

Cuthbert/Insel and Psychiatry Nosology

“The standard approach to psychiatric illness has been to define a mental disorder on the basis of signs and symptoms and then seek a pathophysiology relating to those symptoms. In contrast RDoC asks the following questions: what is the normal distribution of a certain trait or characteristic; what is the brain system that primarily implements this function; and, how can we understand at various levels of mechanism, what accounts for the development of a dysregulation or dysfunction in these systems along normal-to abnormal dimensions...It may be more difficult for clinical researchers, since the symptoms that they are accustomed to study literally do not appear in the RDoC matrix”

Cuthbert BN, The RDoC framework: facilitating transition from ICD/DSM to dimensional approaches that integrate neuroscience and psychopathology. *World Psychiatry*, Feb 2014; 13(1):28-35

Need for Mix of Syndromal (DSM) and Psychophysiology (RDoC) Research

1. Autism Spectrum epidemiology and pathophysiology research
2. Recovery After Initial Schizophrenia Episode (RAISE) research
3. Genome-Wide Association Study (GWAS)-- requiring large phenotype data base
4. All epidemiology, health policy, health services research--must use clinical diagnoses
5. All clinical research that is patient based--e.g. IOM psychotherapy and hypothesis generating

DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS

FIFTH EDITION

DSM-5



AMERICAN PSYCHIATRIC ASSOCIATION