

# “NEW” DISORDERS, RENEWED DISORDERS, AND NEW THINKING: DSM-5 FOR MENTAL HEALTH CLINICIANS

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# Objectives for the Day

- Identify and explain the new diagnostic categories present in the DSM-5;
- Use the DSM-5 to make clinical diagnoses;
- Outline the changes in the DSM-5 with intensive attention to the details of new diagnostic categories (i.e., more than just the diagnostic criteria);
- Implement publicly available, accepted, and empirically driven assessments to aid diagnosis with the DSM-5; and,
- Develop a working knowledge of the critical elements of the DSM-5 in preparation for “go live” dates.

# 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.”

# Fundamentals

## Common language for communication about diagnosis

- New organization reflects longitudinal/developmental and dimensional approaches
  - ▣ More dimensional than categorical; attempt to hybrid models
  - ▣ Recognizes overlap of similar symptoms, different disorders
  - ▣ Recognizes that symptoms wax and wane developmentally
- Higher order factors
  - ▣ Neurodevelopmental
  - ▣ Internalizing
  - ▣ Externalizing
  - ▣ Neurocognitive
  - ▣ Other

# Fundamentals

- NOS is gone – now other specified disorder or unspecified disorder
  - ▣ Distinction is clinician's decision to include information that makes it more specified but also why it doesn't quite meet criteria.
- Axes are gone
  - ▣ I, II, III are combined
- Psychosocial problems now use ICD 9 V codes and will be ICD 10 Z codes
  - ▣ (ICD 11)
- GAF is gone
  - ▣ suggest using a standardized measure of disability, like WHODAS that is included in section for further study.
  - ▣ Severity of impairment incorporated into specifiers

# Fundamentals

- Lifespan approach
  - ▣ No longer broken out into ages (DSM-IV-TR chapter of disorders typical diagnosed in childhood)
- Organization informed by
  - ▣ genetics and neuroimaging findings – assists with considering diagnoses along a continuum based on
    - common neurocircuitry,
    - genetic vulnerability, and
    - environmental exposures
- General medical condition => other medical condition
  - ▣ Reflects increased awareness of psychiatric as medical – integrated conceptualization

# Diagnosis Rules

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“Diagnostic criteria are offered as guidelines for making diagnosis, and their use should be informed by clinical judgment.”

# Diagnosis Rules

## Steps:

- Assessment of diagnostic criteria
- Subtypes or specifiers as appropriate
  - ▣ Severity and course when full criteria met
  - ▣ Not full criteria? Consider other specified or unspecified
  - ▣ **Subtypes will tend to be mutually exclusive**
  - ▣ **Specifiers are not and may be used in combination**
- Other Factors

# Diagnosis Definitions

- Principal diagnosis
  - ▣ Inpatient – chiefly responsible for occasion of admission
  - ▣ Outpatient – reason for the visit that is chiefly responsible for the services received during the visit.
- Provisional diagnosis = strong presumption that full criteria will ultimately be met

# What's a DSM5 Diagnosis Look Like?

## Example 1

314.01 Attention-Deficit/Hyperactivity Disorder, Combined Presentation;

Other Factors: V62.3 Academic Underachievement, V60.2 Low Income, V62.9 Unspecified problem related to social environment

DLA-20: 80

## Example 2

300.4 Persistent Depressive Disorder (Dysthymia); 303.90 Alcohol Use Disorder, Moderate;

Other Factors: V61.03 Disruption of Family by Divorce

DLA-20: 70

# More Complex Diagnosis

309.81 Posttraumatic Stress Disorder, With Delayed Expression;  
296.35 Major Depressive Disorder, Recurrent Episode, In  
Partial Remission;

Other Factors: V61.03 Disruption of Family by Separation or  
Divorce; V15.41 Personal History of Physical Abuse in  
Childhood; V60.3 Problem Related to Living Alone

DLA-20: 63



# Neurodevelopmental Disorders

# Neurodevelopmental Disorders

- Intellectual Disabilities
  - Intellectual Disability
  - Global Developmental Delay
  - Unspecified Intellectual Disability
- Communication Disorders
  - Language Disorder
  - Speech Sound Disorder
  - Childhood-Onset Fluency Disorder/Adult-Onset Fluency Disorder
  - Social (Pragmatic) Communication Disorder
  - Unspecified Communication Disorder

# Neurodevelopmental Disorders

- Autism Spectrum Disorder
- Attention Deficit/Hyperactivity Disorder
- Specific Learning Disorder
  - ▣ With impairment in reading/written expression/mathematics

# Neurodevelopmental Disorders

- Motor Disorders
  - ▣ Developmental Coordination Disorder
  - ▣ Stereotypic Movement Disorder
  - ▣ Tic Disorders
    - Tourette's Disorder
    - Persistent (Chronic) Motor or Vocal Tic Disorder
    - Provisional Tic Disorder
    - Specified/Unspecified Tic Disorder
- Other Specified Neurodevelopmental Disorder
- Unspecified Neurodevelopmental Disorder

# Changes

- Intellectual Disability (Intellectual Developmental Disability) (33)
  - ▣ Was Mental Retardation
  - ▣ Severity related to adaptive functioning, not IQ score
  - ▣ Assessment of intelligence across three domains (conceptual, social, practical)
    - Intended to frame diagnosis based on impact of low GMA on functioning for everyday life.
- Global Developmental Delay (41)
  - ▣ Only under 5 y/o
  - ▣ Too young to assess for severity with standardized measures
  - ▣ Must be reassessed

# Changes

- Communication Disorders
  - ▣ Language Disorder (42)
    - Was expressive and mixed receptive-expressive
  - ▣ Speech Sound Disorder (44)
    - Was phonological disorder
  - ▣ Childhood-onset Fluency Disorder (45)
    - Was Stuttering
    - Later onset different code
  - ▣ Social (Pragmatic) Communication Disorder (47)
    - Not in presence of sx's of Autism Spectrum Disorder; may represent those previously dx'd with PDD NOS

# New Kid on the Block

- Social (Pragmatic) Communication Disorder
  - ▣ Persistent difficulties in the social use of verbal and nonverbal communication as manifested by all of the following
    - Deficits in using communication for social purposes
    - Impairment of the ability to change communication to match context or needs of the listener
    - Difficulties following rules for conversation and storytelling
    - Difficulties understanding what is not explicitly stated
  - ▣ Functional limitations in effective communication, social, academic, and/or occupational
  - ▣ Onset in the early developmental period, but...
  - ▣ Not attributable to another condition

# Changes

- Autism Spectrum Disorder (50)
  - ▣ Autism – collapsed categories into a spectrum from mild to severe
    - Was 4 separate conditions; now represent differing levels of severity in two domains
      - Autism, Asperger's, childhood disintegrative, PPD NOS
    - 2 criteria
      - Deficits in social communication and interaction
      - Restricted repetitive behaviors, interests, and activities
  - If no RRB, Social Communication Disorder

# New Kid on the Block

## □ Autism Spectrum Disorder

- Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history:
  - Deficits in social-emotional reciprocity
  - Deficits in nonverbal communicative behaviors used for social interaction
  - Deficits in developing, maintaining, and understanding relationships
- Restricted, repetitive patterns of behavior, interests, or activities; at least 2 of following:
  - Stereotyped or repetitive motor movements, use of objects, or speech
  - Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior
  - Highly restricted, fixated interests that are abnormal in intensity or focus
  - Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment
- Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).
- Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
- Not better explained by intellectual disability or global developmental delay

# ASD - Severity

- 3 levels (52)
  - ▣ Level 1 = Requiring Support
  - ▣ Level 2 = Requiring Substantial Support
  - ▣ Level 3 = Requiring Very Substantial Support
- Assess each criteria separately

# Changes

## □ ADHD (59)

- Same criteria; same symptoms, but better representation of the condition in adults
- Changes
  - Examples across life span
  - Cross-situational aspect strengthened
  - Symptoms present before 12
  - Presentation specifiers not subtypes
  - Can do comorbid dx with ASD
  - Lower sx threshold for adults
  - New chapter placement – captures brain developmental aspects of ADHD
  - Remission specifier

# Changes

- Specific Learning Disorder (66)
  - ▣ Specifiers for different types
    - Because they often occur in combination
    - Text recognizes terminology such as dyslexia and dyscalculia but considered too many definitions of those terms to be used as formal diagnostic names.
- Motor Disorders (74)
  - ▣ Tic criteria have been standardized
  - ▣ Stereotypic Movement Disorder differentiated from Body-Focused Repetitive Behavior Disorders -> now included with OCD.



# Schizophrenia Spectrum and Other Psychotic Disorders

# SZ Spectrum and Psychotic

- Schizotypal (Personality) Disorder
- Delusional Disorder
- Brief Psychotic Disorder
- Schizophreniform Disorder
- Schizophrenia
- Schizoaffective Disorder
- Substance/Medication-Induced Psychotic Disorder
- Psychotic Disorder Due to Another Medical Condition

# SZ Spectrum and Other Psychotic

- Catatonia Associated with Another Mental Disorder
- Catatonic Disorder Due to Another Medical Condition
- Unspecified Catatonia
- Other Specified...
- Unspecified...

# Changes

- Schizophrenia (99)
  - ▣ Eliminated special attribution of bizarre delusions and first-rank auditory hallucinations (voices conversing)
    - Means you must have two criterion A sx's for dx of schizophrenia
  - ▣ And must have at least one of the core positive symptoms (delusions, hallucinations, disorganized speech)

# Changes

## □ Eliminated

- Instead, dimensional approach based on severity of core symptoms
- Some have become specifiers that can be used with other conditions as well, e.g., catatonia (119)

# Changes

- Schizoaffective Disorder (105)
  - ▣ Major mood disorder must be present for the majority of the total duration after criterion A has been met.
    - Becomes longitudinal instead of cross-sectional
      - More like bipolar, schizophrenia, MDD



# Bipolar and Related Disorders

# Bipolar and...

- Bipolar I Disorder
- Bipolar II Disorder
- Cyclothymic Disorder
- Substance/Medication Induced...
- Bipolar and Related Disorder Due to Another Medical Condition
- Other Specified...
- Unspecified...

# Changes

- A – emphasis on changes in activity and energy, not just mood (1 24)
- With Mixed Features specifier (1 49)
  - ▣ Replaces Mixed Episode
- Anxious Distress specifier (1 49)
  - ▣ Anxiety symptoms that aren't part of BD or MDD criteria

# Changes

- Mixed Features Specifier takes the place of Mixed Episode
  - ▣ Both depressive and manic/hypomanic at same time
  - ▣ Now, if Depressive DO, at least non-overlapping 3 manic/hypomanic and vice versa



# Depressive Disorders

# Depressive Disorders

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

# Changes

- Disruptive Mood Dysregulation Disorder (156)
  - ▣ Severe, recurrent outbursts that are grossly out of proportion in intensity or duration
  - ▣ Persistently irritable or angry mood
  - ▣ Onset before 10; diagnosed between 6-18
- Not ODD – more defiant than just anger; DMDD is more severe and trumps ODD
- Not BD – DMDD is more constant; BD is episodic – outcome of Depressive DO or GAD later in life, not BD

# New Kid on the Block

- Disruptive Mood Dysregulation Disorder
  - Severe recurrent temper outbursts manifested verbally and/or behaviorally that are grossly out of proportion in intensity or duration to the situation or provocation
  - Temper outbursts inconsistent with developmental level
  - Occur on average  $\geq 3$  x/week
  - Mood is persistently irritable or angry most of the day every day and observable to others
  - 12 months, not more than 3 mos w/o all of the 4
  - At least 2 of 3 settings
  - Not dx first time before age 6 or after age 18
  - By hx, onset by age 10
  - Not another disorder
  - Not substances

# Changes

- Premenstrual Dysphoric Disorder (171)
  - ▣ Moved from “... for further study” to full inclusion
- Persistent Depressive Disorder (168)
  - ▣ Both Dysthymia and MDD Chronic
    - No scientifically meaningful differences detected

# New Kid on the Block

- Premenstrual Dysphoric Disorder
  - In majority of menstrual cycles,  $\geq 5$  sx's present in final week before menses, start to improve within a few days after onset of menses, and are minimal or absent in the week post menses
  - At least 1 of following are present
    - Marked affective lability
    - Marked irritability or anger or inc. interpersonal cnfx
    - Marked depressed mood, hopelessness, self-deprecating
    - Marked anxiety, tension, and/or keyed up/on-edge
  - At least one of these also present
    - Decreased interest
    - Difficulty in concentration
    - Lethargy, fatigability, lack of energy
    - Marked change in appetite; overeating; food cravings
    - Hypersomnia or insomnia
    - Feeling overwhelmed or out of control
    - Physical sx's – breast tenderness, joint/muscle pain, bloating, weight gain
  - Distress or interference
  - Not merely exacerbation of another disorder
  - Criterion A confirmed over two cycles
  - Not substances or another medical condition

# Changes

- With Anxious Distress specifier
- Mixed Features Specifier takes the place of Mixed Episode
  - ▣ Both depressive and manic/hypomanic at same time
  - ▣ Now, if Depressive DO, at least non-overlapping 3 manic/hypomanic and vice versa

# Changes

- Bereavement Exclusion (161)
  - DSM IV – no Major Dep within 2 mos of death of a loved one
  - Implied that bereavement buffered one from depression
  - DSM 5 – now can diagnosis Major Depressive Disorder when it occurs, but
    - Text cautions to differentiate between normal grieving and the presence of a mental disorder

# Changes

- Bereavement (cont).
  - ▣ Allows for earlier recognition and treatment of grief triggered MDD
  - ▣ Distinguishing grief from depression
    - Grief – painful feelings in waves; MDD – nearly constant
    - Grief – self-esteem preserved; MDD – corrosive worthlessness and self-loathing
- Section III: Persistent Complex Bereavement Disorder



# Anxiety Disorders

# Anxiety Disorders

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

# Changes

- Social Anxiety was Social Phobia (202)
  - SP definition was too narrow
    - Only present when “performing in front of others”
  - SA can be diagnosed based on response in a variety of social situations.
  - Must be out of proportion in freq or dur, persistent ( $\geq 6$  mos).
  - Interference
  - Changes for kids – added two behs
    - Extreme clinging
    - Not being able to speak in social sits
    - In reaction to known people or strangers

# Changes

- Moved OCD, PTSD, ASD
- For phobias, removed requirement that individual recognize anxiety is excessive or unreasonable; and, 6 mos duration now for all ages (197)
- Social Anxiety DO – Performance only specifier
- Panic Attack – now can be a specifier for all DSM5 disorders (214)
- Panic Disorder and Agoraphobia now separate

# Changes

- Separation Anxiety DO (191)
  - ▣ Moved to Anxiety Dos
  - ▣ Now can have onset after 18
- Selective Mutism (195)
  - ▣ Anxiety DO



# Obsessive-Compulsive and Related Disorders

# O-C and Related Disorders

- Obsessive-Compulsive Disorder
- Body Dysmorphic Disorder
- Hoarding Disorder
- Trichotillomania (Hair-Pulling Disorder)
- Excoriation (Skin-Picking Disorder)
- Substance/Medication Induced...
- O-C... Due to Another Medical Condition
- Other Specified...
- Unspecified...

# Changes

- New chapter all to themselves – related to each other and less to anxiety Disorders
- Obsessive preoccupation and repetitive behs.
- Hoarding Disorder
  - ▣ Persistent difficulty discarding or parting with possessions; harmful effects
  - ▣ 2-5% of the population; quite hazardous
- Excoriation Disorder
  - ▣ Recurrent skin-picking resulting in skin lesions despite repeated attempts to decrease or stop; distress or impairment; not something else
  - ▣ 2-4% of the population

# New Kid on the Block

- Hoarding Disorder (247)
  - Persistent difficulty discarding or parting with possessions
  - Difficulty due to perceived need to save items and distress associated with discarding
  - Results in accumulation that congests and clutters active living areas and compromises their intended use
  - Clinically significant distress or interference
  - Not attributable to another condition
  - Not better explained by symptoms of another mental disorder

# New Kid on the Block

- Excoriation (Skin-picking) (254)
  - ▣ Recurrent skin picking resulting in skin lesions
  - ▣ Repeated attempts to decrease or stop picking
  - ▣ Skin picking causes clin sig distress or impairment
  - ▣ Not physiological effects of a substance or other medical condition
  - ▣ Not better explained by sx's of another mental disorder

# New Kid on the Block

- Substance-/Medication-Induced Obsessive-Compulsive Disorder (257)
  - Sxs characteristic of o-c and related disorders dominate picture
  - Evidence of both
    - Sxs developed soon after intoxication, withdrawal or exposure to a med
    - The involved substance/med is capable of producing the sxs
  - Not better explained by OCD without substance/med induction
  - Not only during delirium
  - Clin sig distress or impairment

# New Kid on the Block

- Obsessive-Compulsive and Related Disorder due to Another Medical Condition (260)
  - O-C sx's dominate
  - Evidence that disturbance is direct consequence of another condition
  - Not better explained by another mental disorder
  - Not exclusively during delirium
  - Clin sig distress or impairment

# Changes

- OCD (237)
  - ▣ Refined “insight” specifier
  - ▣ Tic-related specifier
    - Because growing literature of some with OCD having past h/o tic disorder – potentially important clinical implications.
- Body Dysmorphic Disorder (242)
  - ▣ Preoccupation and repetitive behaviors related to belief
  - ▣ With muscle dysmorphia specifier
  - ▣ Insight specifiers instead of delusional specifier

# Changes

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- Other Specified and Unspecified
  - Body-focused repetitive behavior do
  - Obsessional Jealousy



# Trauma- and Stressor- Related Disorders

# Trauma- and Stress-Related

- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Posttraumatic Stress Disorder
- Acute Stress Disorder
- Adjustment Disorders
- Other Specified...
- Unspecified...

# Changes

## PTSD (271)

- Trauma has its own chapter; not an anxiety DO anymore
- Clearer delineation of def of a traumatic event
- Dropped criterion around person's response ("intense fear, helplessness, or horror")
- Focus on behavioral symptoms
- 4 diagnostic clusters (was 3)
  - Re-experiencing, avoidance, negative cognitions and mood, and arousal
- Subtypes: Preschool (under 6) and Dissociative (detached)

# Changes

- Acute Stress Disorder (280)
  - Similar to changes to PTSD but now must be explicit about experienced directly, witnessed, experienced indirectly
- Reactive Attachment Disorder (265)
  - Subtypes in IV now separate disorders (similar etiologies, different course/outcome)
    - RAD more like internalizing DO
      - Lack or incomplete attachments
    - DSED more like ADHD
      - May have established or even secure attachments.

# New Kid on the Block

- Disinhibited Social Engagement Disorder (268)
  - ▣ Pattern of behavior - actively approaches and interacts with unfamiliar adult with at least two:
    - Reduced or absent reticence
    - Overly familiar verbal or physical behavior
    - Diminished or absent checking back
    - Willingness to go off with an unfamiliar adults w/o hesitation
  - ▣ Not limited to impulsivity
  - ▣ Pattern of extreme insufficient care at least one
    - Social neglect or deprivation
    - Repeated changes in primary caregivers
    - Rearing in setting that severely limit opportunities to form selective attachments
  - ▣ Pattern of insufficient care => Pattern of behavior
  - ▣ Developmental age of at least 9 months



# Dissociative Disorders

# Dissociative Disorders

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- Dissociative Identity Disorder
- Dissociative Amnesia
- Depersonalization/Derealization Disorder
- Other Specified...
- Unspecified...

# Changes

- Derealization Disorder now included in Depersonalization/Derealization Disorder (302)
- Dissociative Fugue now a specifier for Dissociative Amnesia (298)
- DID (292)
  - ▣ Disruptions may be reported and observed, not just observed
  - ▣ Gaps for everyday events, not just traumatic
  - ▣ Criterion A expanded to incorporate possession-form phenomena and functional neurological symptoms



# Somatic Symptom and Related Disorders

# Somatic and Related

- Somatic Symptom Disorder
- Illness Anxiety Disorder
- Conversion Disorder (Functional Neurological Symptom Disorder)
- Psychological Factors Affecting Other Medical Conditions
- Factitious Disorder (Self;Other)
- Other Specified...
- Unspecified...

# Changes

- Dropped Somatization DO, Hypochondriasis, Pain DO, and Undifferentiated Somatoform DO
- Somatic Symptom Disorder (311) instead
  - ▣ Significant distress; disruptive
  - ▣ Excessive and disproportionate thoughts, feelings, and behaviors
    - Persistent thoughts, persistently high anx, and/or excessive time/energy
  - ▣ Persistent symptoms ( $\geq 6$  months)
- Whether or not medically explained no longer relevant

# Changes

- Illness Anxiety Disorder (315) instead of Hypochondriasis
- Pain DO dropped because distinctions were unreliable
  - ▣ Recognition that psychological factors play a role in all pain
- Conversion Disorder (318) – emphasizes importance of neurological exam



# Feeding and Eating Disorders

# Feeding and Eating DO

- Pica
- Rumination Disorder
- Avoidant/Restrictive Food Intake Disorder
- Anorexia Nervosa
- Bulimia Nervosa
- Binge-Eating Disorder
- Other Specified...
- Unspecified...

# Changes

- Binge Eating DO (350)
  - Eating significantly more in a short period than others would, feelings of lack of control, guilt/embarrassment/disgust, distress, >1 /week over 3 mos.
- Anorexia Nervosa (338)
  - A – focused on behaviors and removes “refusal” due to difficulty assessing
  - D – amenorrhea - removed
- Bulimia Nervosa (345)
  - Reduced required frequency to x1 /week

# New Kid on the Block

- Binge-Eating Disorder
  - ▣ Recurrent episodes of binge eating
    - Eating in a discrete period of time an amount that is definitely larger than most people would eat in similar circumstances; and,
    - A sense of lack of control
  - ▣  $\geq 3$  of following
    - Eating more rapidly than normal
    - Eating until feeling uncomfortably full
    - Eating large amount when not physically hungry
    - Eating alone because embarrassed
    - Feeling disgusted, depressed, or very guilty
  - ▣ Marked distress regarding binge eating
  - ▣  $\geq 1$  /week for 3 months
  - ▣ Not compensatory behavior (cf. bulimia) and not during BN or AN

# Changes

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- Pica (329) and Rumination (332) not limited to children
- Feeding DO of Infancy or Early Childhood is now Avoidant/Restrictive Food Intake Disorder (334)



# Elimination Disorders

# Elimination Disorders

- Enuresis
- Encopresis
- Other Specified...
- Unspecified...

**NO SIGNIFICANT CHANGES!!!**



# Sleep-Wake Disorders

# Sleep-Wake Disorders

- Insomnia Disorder
- Hypersomnolence Disorder
- Narcolepsy

## Breathing-Related Sleep Disorders

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

# Sleep-Wake Disorders

## Parasomnias

- Non-Rapid Eye Movement Sleep Arousal Disorders
- Nightmare Disorder
- Rapid Eye Movement Sleep Behavior Disorder
- Restless Legs Syndrome
- Other Specified Insomnia...
- Unspecified Insomnia...
- Other Specified Hypersomnolence...
- Unspecified Hypersomnolence
- Other Specified Sleep-Wake Disorder
- Unspecified Sleep-Wake Disorder

# Changes

- Dropped Sleep Disorder Related to Another Mental Disorder and ... Related to Another Medical Disorder
- Insomnia switched to Insomnia Disorder (362)
- Circadian Rhythm Sleep-Wake Disorders (390)
- Goal of the changes is a desire to highlight need for sleep-wake disorders to receive independent clinical attention
- Easier to dx and know when to refer to a sleep specialist.
- Clear conceptualization of bidirectional relationship b/t sleep and other conditions
  - ▣ No causal attributions



# Sexual Dysfunctions

# 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 Disorder
- Substance/Medication Induced ...
- Other Specified ...
- Unspecified ...



# Gender Dysphoria

# Gender Dysphoria

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- Gender Dysphoria
- Other Specified...
- Unspecified...

# Changes

- Was Gender Identity Disorder
- Now it is in its own chapter (452)
- Not just gender nonconformity; must be distressing
- New post-transition specifier for those living full time as the desired gender – supports access to ongoing treatment across the spectrum



# Disruptive, Impulse-Control, and Conduct Disorder

# Disruptive, Impulse-Control, Conduct

- Oppositional Defiant Disorder
- Intermittent Explosive Disorder
- Conduct Disorder
- Antisocial Personality Disorder
- Pyromania
- Kleptomania
- Other Specified...
- Unspecified...

# Changes

- Conduct Disorder gets a specifier (470)
  - ▣ With Limited Prosocial Emotions (2, over 12 mos, multiple settings and rels)
    - Lack of remorse/guilt
    - Callous – lack of empathy
    - Unconcerned about performance
    - Shallow or deficient affect
  - ▣ More severe form and requires different treatment approaches. Considered likely to be a small subpopulation who will qualify for the specifier



# Substance-Related and Addictive Disorders

# SUD and Addiction Related

- Alcohol, Caffeine, Cannabis, Hallucinogen-Related, Inhalant-Related, Opioid-Related, Sedative-Hypnotic-Anxiolytic-Related, Stimulant, Tobacco, Other (or Unknown)
- Use
- Intoxication
- Withdrawal
- Other \_\_\_\_\_-Induced Disorders
- Unspecified \_\_\_\_\_-Related Disorders
- Gambling Disorder

# Changes

- Collapsed Abuse and Dependence into Substance Use Disorder and a continuum from mild to severe.
  - ▣ Versus shift in diagnosis
- Mild, Moderate, and Severe are more specified
- Code refers to a class of substance, but DSM5 indicates the specific substance should be included in the diagnosis.

# Severity

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- Mild 2-3
- Moderate 4-5
- Severe 6 or more

# Changes

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- Dropped recurrent legal problems criterion
  - ▣ Can't apply internationally
- Craving or strong desire to use added

# Changes

- New category of behavioral addictions
- Gambling Disorder is the only one included at this point.
  - ▣ Research suggesting similarities to SUD in clinical expression, brain origin, comorbidity, physiology, and treatment.
- Internet Gaming Disorder is included in Section III – Emerging Measures and Models
- Caffeine Use Disorder moved to Section III – unclear if it is a “clinically significant condition.”

# New Kid on the Block

## □ Gambling Disorder

- Persistent, recurrent gambling behavior leading to clinically sign. impairment or distress; 4 in 12 months:
  - Needs to gamble with increasing amounts of \$ to gain desire excitement
  - Restless or irritable when trying to stop
  - Repeated unsuccessful efforts to stop or control
  - Preoccupied with gambling
  - Gambles when feels distressed
  - “Chases” loses
  - Lies to conceal
  - Lost or nearly lost rel, job, educ, or career opportunities
  - Relies on others for \$ to relieve financial situations created by gambling
- Not mania

# Specifiers

- Early Remission – abstinence for 3 months
- Full Remission – no symptoms (except craving) for 12 months
- On maintenance therapy
- In a controlled environment

# Criterion A Subgroups

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- Impaired control
- Social impairment
- Risky use
- Pharmacological criteria

# Impaired Control

- Using more or longer than originally intended
- Persistent desire to cut back or regulate use with multiple failed attempts to do so
- Great deal of time obtaining, using, and recovering from the effects of the substance
- Craving
  - ▣ Classical conditioning
  - ▣ “ever been a time when you had such strong urges to use that you could not think of anything else?”

# Social Impairment

- ❑ Failure to fulfill major role obligations at work, school, or home
- ❑ Continued use despite recurrent social or interpersonal problems caused or exacerbated by the effects of the substance
- ❑ Important social, occupational, or recreational activities given up or reduced due to substance use.

# Risky Use

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- Recurrent use in situations that are physically hazardous
- Recurrent use despite knowledge of having persistent or recurrent physical or psychological problems that have been caused or exacerbated by the substance

# Pharmacologic

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- Tolerance
- Withdrawal

# Continuum

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- Severity can/should change over time, but dx doesn't have to fundamentally change

# What's still missing?

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- Co-occurring disorder
  - ▣ NAMI advocates for a separate diagnosis based on notion that these disorder work differently, clinically.



# Neurocognitive Disorders

# Neurocognitive Disorders

- Delirium
- Major and Mild Neurocognitive Disorders
  - Alzheimer's
  - Frontotemporal Lobar Degeneration
  - Lewy Body
  - Vascular
  - TBI
  - Substance Induced
  - HIV Infection
  - Parkinson's
  - Huntington's
  - Another Medical
  - Multiple Etiologies

# Changes

- Mild Neurocognitive Disorder (605)
  - Intended for early detection and treatment
  - Not normal aging
  - Compensatory behaviors and “light” accommodations to maintain independence and ADLs - no serious impairment of independence.
  - Probable versus possible specifiers
  - Just use the MND code 331.83 (G31.84), not the associated etiological code

# New Kid on the Block

- Mild Neurocognitive Disorder
  - Evidence of modest cog decline from prev level of performance in  $\geq 1$  cog domains: complex attention, exec fx, learning and memory, language, perceptual motor, or social cognition. Based on:
    - Concern of the person, knowledgeable informant, or clinician (mild decline)
    - Modest impairment on testing or quantified assmt
  - Deficits do not interfere with capacity for independence in everyday activities
  - Not delirium
  - Not another mental disorder



# Personality Disorders

# Personality Disorders

- Paranoid
- Schizoid
- Schizotypal
- Antisocial
- Borderline
- Histrionic
- Narcissistic
- Avoidant
- Dependent
- Obsessive-Compulsive
- Due to Other Medical Condition
- Other
- Unspecified

# Changes

- Dropped Axes system
  - ▣ “arbitrary boundary between PD and other mental disorders”
- Lots of controversy during revision process.
  - ▣ Hybrid model is in Section III (Like the Research Section in IV)
- Hybrid Model
  - ▣ Kept 6 specific personality disorders
    - Antisocial, Avoidant, Borderline, Narcissistic, Obsessive-Compulsive, Schizotypal
  - ▣ Evaluation of impairments in personality fx
  - ▣ 5 broad areas of pathological personality traits
    - Negative Affectivity, Detachment, Antagonism, Disinhibition, and Psychoticism

# Hybrid Model

- Personality Disorder- Trait Specified – PD present, but not one of the 6 preserved specific disorders.
- All personality functioning is described in terms of 4 elements –
  - ▣ Identity
  - ▣ Self-Direction
  - ▣ Empathy
  - ▣ Intimacy
- So, in the new model – moderate impairment in at least 2 of the 4 elements
- Presence of a critical number of pathological personality traits
  - ▣ From the 5 domains, 25 “trait facets” defined (779)



# Paraphilic Disorders

# Paraphilic Disorders

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- Voyeuristic
- Exhibitionistic
- Frotteuristic
- Sexual Masochism
- Sexual Sadism
- Pedophilic
- Fetishistic
- Transvestic
- Other
- Unspecified

# Changes

- Atypical sexual interests + personal distress (not just about societal disapproval) or involves other's distress/injury/death or those unwilling or unable to give legal consent
- Transvestic Disorder (702) – no longer limited to heterosexual males
- Pedophilic Disorder (697) was greatly debated, but only change is the name of the disorder
  - ▣ Read the criteria!



# Other Mental Disorders

# Other Mental Disorders

- Other Specified MD Due to Another Medical Condition
- Unspecified “ “
- Other Specified MD
- Unspecified MD



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

# Adverse Medication Effects

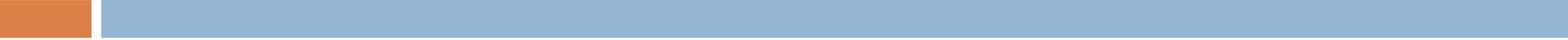
- Neuroleptic-Induced Parkinsonism
- Other Medication-Induced Parkinsonism
- Neuroleptic Malignant Syndrome
- Medication-Induced Acute Dystonia
- “ “ “ Akathisia
- Tardive Dyskinesia
- Tardive Dystonia
- Tardive Akathisia
- Medication-Induced Postural Tremor
- Other Medication-Induced Movement Disorder
- Antidepressant Discontinuation Syndrome
- Other Adverse Effect of Medication



# Other Conditions That May Be a Focus of Clinical Attention

# Other Conditions

- Relational Problems
- Abuse and Neglect
- Educational and Occupational Problems
- Housing and Economic Problems
- Other Problems Related to the Social Environment
- Problems Related to Crime or Interaction with the Legal System
- Other Health Service Encounters for Counseling and Medical Advice
- Problems Related to Other Psychosocial, Personal, and Environmental Circumstances
- Other Circumstances of Personal History
- Problems Related to Access to Medical and Other Health Care
- Nonadherence to Medical Treatment



# Emerging Measures and Models

# Assessments and Measures

- Cross-Cutting Symptoms Measures
- Disorder Specific Symptom Severity Measures
- Disability Measures
- Personality Inventories
- Early Development and Home Background
- Cultural Formulation

# Cross-cutting measures

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- To aid in comprehensive assessment and highlight areas for further exploration.
- Level 1: brief survey of multiple domains (13/12)
- Level 2: In-depth assessment of specific domains

# Level 1

- Self-Rated Level 1 Cross-Cutting Symptom Measure
  - Adult and Child (11-17)
- Parent/Guardian Rated Level 1 CCSM

# Level 2

- Adult, Child (11-17), Child (6-11)
  - Depression
  - Anger
  - Mania
  - Anxiety
  - Somatic Symptom
  - Sleep Disturbance
  - Repetitive Thoughts and Behaviors
  - Substance Use

# Disorder Specific Severity Assmt

- Have the diagnosis or near diagnosis
- Corresponds to the criteria pretty closely
- “Know what you have, how bad is it?”

# Severity Measures

- Adult and Child (11-17)
  - Depression
  - Separation Anxiety
  - Specific Phobia
  - Social Anxiety/Social Phobia
  - Panic Disorder
  - Agoraphobia
  - Generalized Anxiety Disorder
  - Posttraumatic Stress Symptoms
  - Acute Stress Symptoms
  - Dissociative Symptoms

# Severity Measures (cont)

- Clinician
  - Autism Spectrum and Social Communication Disorders
  - Psychosis
  - Somatic Symptom Disorder
  - Oppositional Defiant Disorder
  - Conduct Disorder
  - Nonsuicidal Self-Injury

# Disability Measures

- WHO Disability Assessment Schedule (WHODAS)
- Daily Living Activities-20 (DLA-20; Presmanes)
- Recovery Assessment Scale (RAS)

# Personality Inventories

- Assesses maladaptive personality traits
  - Negative affect
  - Detachment
  - Antagonism
  - Disinhibition
  - Psychoticism
- Brief form – 25 items
- Full version – 220 items
- Child (11-17); Adult (Brief, full, informant)

# Early Development and Home Background

- Early developmental history
- Current home environment
- Parent version and clinician version

# Cultural Formulation

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- Impact of culture on aspects of presentation and clinical care
- Supplementary modules

# 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 Associated with Prenatal Alcohol Exposure
- Suicidal Behavior Disorder
- Nonsuicidal Self-Injury

# Attenuated Psychosis Syndrome

- At least one of following present, **intact reality testing**, warranting clinical attention
  - Delusions
  - Hallucinations
  - Disorganized speech
- $\geq 1$  / week of the past month
- Onset or worsening in past year
- Sufficient distress or disability for clin attent
- Not something else
- No previous psychotic dx

# Depressive Episodes with Short-Duration Hypomania

- Lifetime experience of  $\underline{1} \geq$  MDE
- Lifetime experience of  $2 \geq$  hypomanic periods with criterion symptoms but insufficient duration ( $2 \geq$  but  $< 4$  days)
- Unequivocal change in functioning
- Observable to others
- Not marked impairment or psychotic features.

# Persistent Complex Bereavement Disorder

- Death of someone close
- $\geq 1$  more days than not, for 12 (adult) or 6 (kids) months:
  - Persistent yearning/longing for deceased
  - Intense sorrow and emotional pain in response to the death
  - Preoccupation with the deceased
  - Preoccupation with the circumstances of the death
- $\geq 6$  more days than not, for 12 (adult) or 6 (kids) months:
  - Reactive Distress
    - Marked difficulty accepting the death
    - Disbelief or numbness over the loss
    - Difficulty with positive reminiscing
    - Bitterness or anger
    - Self-blame
    - Excessive avoidance of reminders
  - Social/Identity Disruption
    - Desire to die to be with deceased
    - Difficulty trusting others since the death
    - Life is meaningless/empty, can't go on
    - Diminished/confused sense of one's role or identity
    - Difficulty or reluctance to pursue interests or plan for future
- Distress or impairment
- Out of proportion or inconsistent with cultural, religious or age norms

# Caffeine Use Disorder

- Pattern of use with impairment or distress, 12 month period;
  - Desire with unsuccessful efforts to cut down or stop
  - Continued use despite problems
  - Withdrawal
  - Using more than intended
  - Tolerance
  - Use leads to recurrent role failure
  - Use despite social or interpersonal problems
  - Time to obtain, use and recover from use
  - Craving

# Internet Gaming Disorder

- Recurrent use of internet to engage in games, leading to clinically sign. Impairment,  $\geq 5$  in a 12-month period:
  - Preoccupation with internet games
  - Withdrawal when games taken away (non-pharm)
  - Tolerance
  - Unsuccessful attempts to control
  - Loss of interest in hobbies and other entertainment
  - Continued use despite psychosocial problems
  - Deceived others regarding the amount of use
  - Use of gaming to escape or relief negative mood
  - Jeopardized or lost rels, job or educational opps

# Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure

- More than minimal exposure to etoh during gestation
- Impaired neurocognitive fx  $\geq 1$ :
  - Global intellectual performance (IQ or developmental assmt)
  - Executive Functioning
  - Learning
  - Memory
  - Visual-spatial reasoning
- Impaired self-regulation  $\geq 1$ :
  - Mood or behavioral regulation
  - Attention deficit
  - Impulse control
- Impaired adaptive functioning  $\geq 2$ :
  - Communication deficit
  - Social communication and interaction
  - Daily living skills
  - Motor skills
- Onset in childhood
- Clinically significant distress or impairment
- Not something else

# Suicidal Behavior Disorder

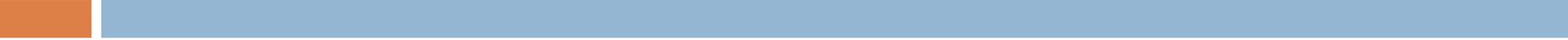
- Within past 24 months, suicide attempt.
- Not nonsuicidal self-injury
- Not applied to ideation or preparatory acts
- Not delirium or confusion
- Not solely for political or religious objective

# Nonsuicidal Self-Injury

- $\geq 5$  days intentional self-inflicted damage to body in past year
- $\geq 1$  expectation
  - ▣ Relief from a negative feeling or cog state
  - ▣ Resolve interpersonal difficulty
  - ▣ Induce a positive feeling state
- Associated with  $\geq 1$ 
  - ▣ Interpersonal difficulties or negative feelings/thoughts
  - ▣ Period of preoccupation that is difficult to control
  - ▣ Thinking about it occurs frequently
- Not socially sanctioned, not scab picking or nail biting
- Clin sign distress, interference
- Not during something else

# Is/is not

- Guide/"Bible"
- Working Document/Depiction of Truth
- Common Language, Administrative/Clinical Manual



“... The DSM-5 could remain much like Winston Churchill’s comment on democracy: the worst possible diagnostic system – except any other yet devised.”

-- Paris, 2013

# References

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- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition*. Washington, DC: American Psychiatric Publishing.
- Paris, J. (2013). *The Intelligent Clinician's Guide to the DSM-5*. New York: Oxford University Press.