The Changing Face of the DSM: An Alliance Presentation of the DSM-5

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Historical Review of the Diagnostic and Statistical Manual of Psychiatry
Conflict of Interest Disclosure Statement

- The presenters are full time employees of Alliance Behavioral Healthcare.
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History of DSM

1840 - The US Census Bureau – insanity

1880 – The US Census Bureau identified 7 dxes:
  - Mania
  - Monomania
  - Dipsomania
  - Melancholia
  - General Paresis of the Insane
  - Epilepsy
  - Dementia
History of DSM

- 1917 – “Statistical Manual” had 22 dxes
- 1933 – US Medical Guide = The Standard
- 1943 – Medical 203
  - The VA adopted a slightly modified version
- 1949 – WHO published ICD-6
- 1950 – 1952, DSM-I was born & had 106 disorders
History of DSM

- 1968 – DSM-II had 182 disorders
- 1974 – 1980, DSM-III was published & had 265 dxes
- 1987 – DSM-III-R had 292 dxes
- 1994 – DSM-IV was published & had 297 dxes
- 2000 - DSM-IV-TR
- 2013 – DSM-5
The Big Picture

- DSM-5 and not DSM-V
- Structure: 3 sections
- DSM-5 is ready for ICD-10 in October 2014
- NOS is now “other specified” or “unspecified”
- Excludes Bereavement from MDD
The Big Picture

- Memory impairment is not essential to make a diagnosis in Major Neurocognitive Disorder (Dementia)

- Mental retardation was eliminated in favor of Intellectual Disability Disorder

- ASD now combines Autistic Disorder, Asperger’s syndrome & PDD, NOS

- Many different somatic conditions were revamped into a new disorder Somatic Symptom Disorder
The Big Picture

- Disorders rather than diseases or illnesses
- General med condition is “another med condition”
- Greater focus on the role of age, gender & culture
- Multi-Axial system is eliminated
- The Use of Dimensions in DSM-5
The Use of Dimensions

- To increase accuracy and reduce number of dxes
- To identify the relationship between Disorders that were strictly separated by a categorical system
- To spur research by identifying unknown connections or explaining associations not yet understood
  - Critics: more useful for researchers than clinicians
  - Supporters: the future of psychiatric diagnostic system
  - DSM-5 introduces Dimensions in a subtle way – screening tools and rating scales
Dimensions are used to measure psychiatric distress/severity in one of three ways:

- Recognizing psychiatric symptoms that are not part of the diagnostic criteria – MDD with panic attacks
- In primary care, provides a method to screen for emotional and psychiatric disorders, use of screening tools
- Measuring the severity of a symptom (narrative, level of support needed, Likert scale, an external measurement)
The Use of Dimensions

- Severity is measured by different scales, each scale is specific to a particular disorder:
  - Narrative: mild, moderate, or severe – SUD
  - Degree of support required – ASD
  - External measurement – BMI in Anorexia Nervosa
  - Level of Personality Functioning – Likert scale
New Disorders in DSM-5

- Disruptive Mood Dysregulation Disorder
- Binge Eating Disorder
- Restless Legs Syndrome
- Social Communication Disorder
- Premenstrual Dysphoric Disorder
- Hoarding Disorder
- Caffeine Withdrawal
- Cannabis Withdrawal
New Disorders in DSM-5

- Excoriation Disorder (skin picking)
- Disinhibited Social Engagement Disorder
- Central Sleep Apnea
- Sleep Related Hypoventilation
- Rapid Eye Movement Sleep Behavior Disorder
- Major NCD with Lewy Body Disease, Possible
- Mild Neurocognitive Disorder with Lewy Bodies
- Diagnoses not included in DSM-5
Categorical Review of Important Changes in Chapters of the DSM-5
Neurodevelopmental Disorders

- Chapter in the DSM-IV TR was entitled Disorders Usually First Diagnosed at Infancy, Childhood, or Adolescence

- DSM-5 chapter is now named Neurodevelopmental Disorders

- The section is very broad in scope
Neurodevelopmental Disorders

- The chapter includes:
  - Intellectual Developmental Disabilities
  - Communication Disorders
  - Autism Spectrum Disorder
  - Attention Deficit Hyperactivity Disorder
  - Others
Autism Spectrum Disorders

- Autism Spectrum Disorder replaces DSM-IV TR Autistic disorder, Asperger’s disorder, Childhood Disintegration Disorder, Rett’s Disorder, and Pervasive Developmental Disorder not otherwise specified.

- It is no longer referred to as Pervasive Developmental Disorder.

- Features are persistent impairment in reciprocal social communication and social interaction and restricted repetitive patterns of behaviors, interests and activities.
Autism Spectrum Disorders

- Present from early childhood and impacts everyday function
- Specifiers are present
- Three distinct severity levels:
  - Requiring very substantial support
  - Requiring substantial support
  - Requiring support
Mental Retardation was renamed to Intellectual Disability (Intellectual Developmental Disorder)

Greater emphasis on adaptive functioning deficits rather than IQ scores alone

The severity levels remain the same with mild, moderate, severe, and profound
Attention Deficit Hyperactivity Disorder

- No longer referenced as a Disruptive Behavior Disorder

- Criteria of inattention, impulsivity and hyperactivity remain the same

- Age of onset was raised from 7 years to 12 years

- The symptom threshold for adults age 17 years and older was reduced to five
Social (Pragmatic) Communication Disorder

- Primary difficulty with pragmatics or social use of language
- Typically diagnosed after age 4
- Variable outcomes and course of disorder
- May persist into adulthood
Chapter is now named Schizophrenia Spectrum and Other Psychotic Disorders

The chapter includes:
- Schizotypal Personality Disorder
- Delusional Disorder
- Brief Psychotic Disorder
Schizophrenia

The Chapter includes:

- Schizophreniform Disorder
- Schizophrenia
- Schizoaffective Disorder
- And Others
Schizophrenia

- At least one of two required symptoms to meet Criterion A must be delusions, hallucinations, or disorganized speech; the others can be grossly disorganized behavior and catatonia and negative symptoms.

- Elimination of special treatment of bizarre delusions and “special” hallucinations in Criterion A (characteristic symptoms such as 2 voice conversation or running commentary).
Schizophrenia

- Deletion of specific subtypes
  - Paranoid, Catatonic, Disorganized, Undifferentiated, and Residual are no longer used

- Catatonia can be associated with another mental disorder as a specifier

- Catatonia can be diagnosed as a disorder associated with Another Medical Condition
Schizoaffective Disorder

- Now based on the lifetime duration of illness rather than episodic for the mood and psychotic symptoms described in Criterion A
  - Uninterrupted period of illness there where is a major mood episode concurrent with criteria A in Schizophrenia
- Specify whether Bipolar versus Depressive Type
- Specify if Catatonia present
- Specify if first episode, multiple episodes etc.
Bipolar Disorder

- Chapter is now named Bipolar and Related Disorders

- Chapter includes:
  - Bipolar I Disorder
  - Bipolar II Disorder
  - Cyclothymic Disorder
  - and others

- Major depressive episodes are not required for the diagnosis of Bipolar I Disorder
Bipolar Disorder

- Inclusion of increased energy/activity as a Criterion A symptom of mania and hypomania

- “Mixed episode” is replaced with a “with mixed features” specifier for manic, hypomanic, and major depressive episodes

- “With anxious distress” also added as a specifier for bipolar (and depressive) disorders
Depressive Disorders

- Chapter is now called Depressive Disorders and it includes:
  - Disruptive Mood Dysregulation Disorder
  - Major Depressive Disorder
  - Persistent Depressive Disorder (replacement for Dysthymia)
  - Premenstrual Dysphoric Disorder and others

- Bereavement is no longer a mental health diagnosis in the DSM-5
Disruptive Mood Dysregulation Disorder

- Severe recurrent temper outbursts either verbal or physical that out of proportion to the situation
- Persistently irritable mood between outbursts most of the day every day
- Developmentally inappropriate
- Symptoms present for 12 or more months
Disruptive Mood Dysregulation Disorder

- Occur 3 or more times a week in multiple settings
- Onset of symptoms prior to age 10
- First time diagnosis should not be made before age 6 and not after age 18
- Exclusionary criteria: Mania, MDD, Dysthymia, Psychosis, PTSD, ASD, ADD
Premenstrual Dysphoric Disorder

- Features are mood lability, irritability, dysphoria and anxiety
- Occur repeatedly during premenstrual phase of cycle
- Remit around the onset of menses
- Maybe associated behavioral and somatic symptoms
Anxiety Disorders

- Separation of DSM-IV Anxiety Disorders chapter into four new distinct chapters
  - Anxiety Disorders
  - Obsessive Compulsive and Related Disorder
  - Trauma and Stress Related Disorders
  - Dissociative Disorders
Anxiety Disorders

- The chapter includes
  - Separation Anxiety Disorder
  - Selective Mutism
  - Specific Phobia
  - Social Anxiety Disorder (Social Phobia)
  - Panic Disorder
  - Agoraphobia
  - Generalized Anxiety Disorder
  - And others

- Panic Attack can be associated with another mental disorder as a specifier
New independent chapter in the DSM-5

Chapter includes:
- OCD
- Body Dysmorphic Disorder
- Hoarding Disorder
- Trichotillomania
- Excoriation Disorder
- And others
Hoarding Disorder

- Persistent difficulties discarding or parting with possession regardless of their value

- Perceived utility, value or strong sentimental attachment

- Purposely save possessions and are stressed when faced with discarding them

- Accumulate items to the extend that their intended use is no longer possible
Excoriation Disorder

- Also known as Skin-picking Disorder
- Recurrent picking on one’s own skin
- Picking leads to lesions
- Repeated attempts to decrease or stop are unsuccessful
Trauma Stress-Related Disorder

- New independent chapter in the DSM-5

- Chapter includes:
  - Reactive Attachment Disorder
  - Disinhibited Social Engagement Disorder
  - Post Traumatic Stress Disorder
  - Acute Stress Disorder
  - Adjustment Disorders
Other Trauma Stress-Related Disorders

- Separate criteria are now available for PTSD occurring in preschool-age children (i.e., 6 years and younger)

- DSM-IV’s reactive attachment disorder (RAD) subtypes are now two distinct disorders: RAD and disinhibited social engagement disorder (DSED)
Reactive Attachment Disorder

- Pattern of disturbed and developmentally inappropriate attachment behaviors
- Believed to have capacity to form selective attachments but fail to show due to limited opportunities
- Absence of expected comfort seeking or response to comfort behaviors
- Developmental age of at least nine months
Disinhibited Social Engagement Disorder

- Features are a pattern of behavior that is culturally inappropriate and overly familiar behaviors with strangers
- Violates social boundaries of the culture
- Developmental age of at least nine months
Post Traumatic Stress Disorder

- The exposure criterion is more explicit
- Subjective reaction is eliminated
- Expansion to four symptom clusters
  - Intrusion symptoms;
  - Avoidance symptoms;
  - Negative alterations in mood and cognition;
  - Alterations in arousal and reactivity
Somatic Disorders

- Chapter is now called Somatic Symptom and Related Disorders

- DSM-IV term Somatoform Disorder was confusing with overlap and lack of clarity of diagnosis

- DSM-5 recognizes the overlap in symptoms and reduces the total number of disorders
Somatic Symptom and Related Disorders

Chapter includes:
- Somatic Symptom Disorder
- Illness Anxiety Disorder
- Factitious Disorder
- Conversion Disorder
- And others
Somatic Symptom Disorder

- Multiple somatic symptoms
- Most common symptom is pain
- Associated with very high levels of worry about the illness
- Often high level of medical care utilization
Illness Anxiety Disorder

• Preoccupation with having or acquiring a serious undiagnosed medical illness

• Somatic symptoms are not present or only mild in intensity

• Often high level of medical care utilization
This chapter is now named Feeding and Eating Disorders

Chapter includes:
- Pica
- Rumination Disorders
- Avoidant/Restrictive Food Intake Disorder
- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
Binge Eating Disorder

- Recurrent episodes of binge eating at least once a week for three months
- Lack of control of eating and consume more than what most would eat
- Feel disgusted, depressed, guilty or embarrassed
- Eat more rapidly, get uncomfortably full, and eat when not hungry
Sleep-Wake Disorders

- Medical as well as psychiatric conditions are included here
- Primary insomnia renamed insomnia disorder
- Rapid eye movement sleep behavior disorder and restless legs syndrome both elevated to the main body of the manual
Sleep-Wake Disorders

- The chapter includes:
  - Insomnia Disorder
  - Hypersomnia Disorder
  - Narcolepsy
  - Obstructive Sleep Apnea Hypopnea
  - Central Sleep Apnea
  - Sleep Related Hypoventilation
  - Circadian Rhythm Sleep Wake Disorders
  - Rapid Eye Movement Sleep Behavior Disorder
  - Restless Legs Syndrome
  - And others
Breathing Related Sleep Disorders

- Specific diagnostic criteria are now provided for the following new diagnoses:
  - Obstructive Sleep Apnea Hypopnea
  - Central Sleep Apnea
  - Sleep Related Hypoventilation
Rapid Eye Movement Sleep Behavior Disorder

- Repeated episodes of arousal during sleep
  - Associated with vocalizations or complex motor behavior
- Occur during REM sleep
- Increased frequency later in sleep period
- Immediately alert after awakening
Restless Legs Syndrome

- Sensory motor neurologic sleep disorder
- Desire to move arms or legs and associated with uncomfortable sensations
- Primarily diagnosis of self report and history
- Symptoms worse at rest and in the evening or night
Disruptive Behavior Disorders

- In the DSM-IV TR many of the diagnoses were contained under the chapter of Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescents
- In DSM-5 the chapter entitled Disruptive, Impulse Control, and Conduct Disorders
Disruptive Behavior Disorders

The chapter includes

- Oppositional Defiant Disorder
- Intermittent Explosive Disorder
- Conduct Disorder
- Anti-social Personality Disorder
- Pyromania
- Kleptomania
This section is now titled Substance Related and Addictive Disorders

- Covers and includes ten separate classes of drugs as well as non-substance related disorders
- Gambling disorder included
Combined substance abuse with substance dependence into a single disorder called substance use disorder

Removal of one of the DSM-IV abuse criteria (legal consequences), and addition of a new criterion for SUD diagnosis (craving or strong desire or urge to use the substance)
Caffeine Withdrawal

- Withdrawal syndrome develops after cessation or substantial reduction in heavy and prolonged usage.

- Headache is hallmark feature.

- Caffeine is the most widely used behaviorally active drug in the world and present in many beverages, foods, medications, etc.

- Integrated into social customs and daily rituals.
Cannabis Withdrawal

- Presence of withdrawal syndrome that develops after cessation or substantial reduction in heavy and prolonged usage

- Withdrawal symptoms make quitting difficult or can lead to relapse

- Symptoms do not require medical attention but medication or behavioral strategies are needed to alleviate symptoms and improve prognosis
Neurocognitive Disorders (NCDs)

- Referred to in the DSM-IV TR as Delirium, Dementia and Amnestic and other Cognitive disorders

- In DSM-5, Major & Minor Neurocognitive Disorder rather than Dementia (NCD)

- Elevation of DSM-IV etiological subtypes to separate, independent disorders
NCDs

Delirium:
- A. disturbance in attention
- B. develops over a short period of time
- C. disturbance in cognition
- D. “A” & “C” are not better explained by another condition
- E. direct physiological consequence of another condition
NCDs

- **Major NCD:**
  - A. significant cognitive decline
  - B. interferes with independence
  - C. not exclusively in the context of Delirium
  - D. not better explained by another mental disorder

- **Minor NCD:**
  - A. modest cognitive decline
  - B. does not interfere with independence
  - C. not exclusively in the context of Delirium
  - D. not better explained by another mental disorder
NCDs

- Major and Mild Neurocognitive Disorders due to:
  - Alzheimer's Disease
  - Frontotemporal Neurocognitive Disorders
  - Lewy Bodies
  - Vascular disease
  - Traumatic Brain Injury
  - Parkinson’s Disease
  - HIV Infection
  - Prion Disease
  - Another medical condition, multiple etiologies or unspecified
Personality Disorders – DSM-5

- Section II – Categorical
  - Cluster A → Odd & Eccentric
    - Paranoid
    - Schizoid
    - Schizotypal
  - Cluster B → Dramatic, Emotional & Erratic
    - Antisocial
    - Borderline
    - Histrionic
    - Narcissistic
Personality Disorders – DSM-5

• Cluster C → Anxious & Fearful
  ○ Avoidant
  ○ Dependent
  ○ Obsessive-compulsive

• Other
  ○ Personality Change Due to Another Medical Condition
  ○ Other specified or unspecified
Dimensional Alternative Model

- General Criteria
  - A. At least Moderate impairment in personality functioning
  - B. At least One pathological personality trait

- Criterion A - Personality Functioning is subdivided into
  - 1. Self-functioning involves identity & self-direction
  - 2. Interpersonal functioning involves empathy & intimacy

- Criterion B – Pathological Personality Traits – 5 domains
  - Negative Affectivity
  - Antagonism
  - Detachment
  - Disinhibition
  - Psychoticism
Alternate Model for PDs

**Staying are:**
- Antisocial - callous lack of concern for others
- Avoidant – fears of ridicule or embarrassment
- Borderline – instability of self image, goals, relationships, affects
- Narcissitic – overt or covert grandiosity
- Obsessive-compulsive – rigid perfectionism & inflexibility
- Schizotypal – eccentricities in perception, cognition & behavior

**Gone are:**
- Schizoid, Paranoid, Histrionic, Dependent and Personality Disorder NOS
DSM-5 and ICD-9 & ICD-10

- Disruptive Mood Dysregulation Disorder
  - 296.99 (Other specified episodic mood disorder)
  - F34.8 (Other persistent mood disorder)

- Binge Eating Disorder
  - 307.51 (Bulimia nervosa)
  - F50.8 (Other eating disorders)

- Restless legs Syndrome
  - 333.94
  - G25.81

- Social Communication Disorder
  - 315.39 (Other developmental speech or language disorder)
  - F80.89 (Other developmental disorder of speech and language)
DSM-5 and ICD-9 & ICD-10

- **Premenstrual Dysphoric Disorder**
  - 625.4 (Premenstrual tension syndromes)
  - N94.3 (Premenstrual tension syndrome)

- **Hoarding Disorder**
  - 300.3 (Obsessive-compulsive disorders)
  - F42 (Obsessive-compulsive disorder)

- **Caffeine Withdrawal**
  - 292.0 (Amph, Cocaine, Nicotine, Opioid, Sed, Hyp, Anxio)
  - F15.93

- **Cannabis Withdrawal**
  - 292.0 (see above)
  - F12.288
DSM-5 and ICD-9 & ICD-10

- Excoriation Disorder (skin picking)
  - 698.4
  - L98.1
- Disinhibited Social Engagement Disorder
  - 313.89
  - F94.2
- Central Sleep Apnea
  - 293.89 (Catatonic disorder due to another medical condition)
  - F06.1
- Sleep Related Hypoventilation
  - V61.8 (sibling relational problem)
  - Z62.891
• Rapid Eye Movement Sleep Behavior Disorder
  ▪ 327.42
  ▪ G47.52

• Major NCD with Lewy Body Disease, Possible
  ▪ 331.9
  ▪ G31.9

• Mild Neurocognitive Disorder with Lewy Bodies
  ▪ 331.83
  ▪ G31.84
The expectation is that Providers, Insurance companies, CMS and CDC will be ready to use DSM-5 codes by Dec. 31, 2013. The APA is working with these groups to have this implemented as soon as possible. The APA is also working with CMS and CDC to include new DSM-5 Disorders in the ICD-10.
DSM5 reflects the level of current knowledge of psychiatric disorders
Reliability & Validity
Use of Dimensions
Ongoing revisions of DSM-5 makes it a “living document”
Anticipate DSM-5.1 with ICD-11
Q & A
References

- Diagnostic and Statistical Manual of Mental Disorders Fifth Edition, American Psychiatric Association, May 2013

- DSM-5 Classification, Criteria and Use Presentation, American Psychiatric Association, 2013

- Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Revised, American Psychiatric Association, 2000