

**DSM-5:
CLASSIFICATION, CRITERIA
&
CHANGES**

The New DSM 5
What You Need To Know

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This course is for clinicians who are already familiar with DSM-IV-TR, its content, and its use. This presentation is solely to facilitate transition from DSM-IV-TR to DSM-5 and is not intended to be a basic course on DSM-5.

- DSM-I Presumed etiology
- DSM-II Glossary definitions
- DSM-III Reconceptualization Explicit criteria (emphasis on reliability rather than validity)
- DSM-III-R Criteria broadened Most hierarchies dropped
- DSM-IV Requires clinically significant distress
- or impairment

DSM-5

New approaches Considered

(dimensional, spectra, developmental, culture,
impairment thresholds, living document)

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Association.*

- Perceived Shortcomings in DSM-IV
- High rates of comorbidity
- ◆ High use of -NOS category
- ◆ Treatment non-specificity
- ◆ Inability to find a laboratory marker/ tests
- ◆ DSM is starting to hinder research progress

- New Developments

Pressures to improve validity

- Move toward an etiologically based classification
- Are there data in these areas that can be helpful in developing/changing/refining diagnoses?
- Cognitive or behavioral science Family studies and molecular genetics Neuroscience—NIMH RDoC Program Functional and structural imaging
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- Strategies for Improving DSM
- Incorporate research into the revision and evolution of the classification
- Move beyond a process of clinical consensus and build diagnoses on a foundation of empirical findings from scientific disciplines
- Seek multidisciplinary, international scientific participation in the task of planning the DSM-5 revision

○ RESEARCH WAS CONDUCTED IN TWO
SIGNIFICANT METHODS:

○ 1. WORK GROUPS-DX CATEGORIES

○ 2. FIELD TRIALS-EMPHEMICAL DATA

- Overall Changes to the DSM
- There are two major changes to the overall DSM –
- the dumping of the multi-axial system, and rearranging the chapter order of disorders. Most clinicians only paid attention to Axis I and II, so it's no surprise the Axis system was never a big hit.
- The current chapter order has always been a bit of a mystery to most clinicians, so it's good to know there's some thought going into the new order of chapters.

- **Chapter order:**
- DSM-5's 20 chapters will be restructured based on disorders' apparent relatedness to one another, as reflected by similarities in disorders' underlying vulnerabilities and symptom characteristics.
- The changes will align DSM-5 with the World Health Organization's (WHO) International Classification of Diseases, eleventh edition (ICD-11) and are expected to facilitate improved communication and common use of diagnoses across disorders within chapters.

- **Removal of multiaxial system:**
- DSM-5 will move to a non-axial documentation of diagnosis, combining the former Axes I, II, and III, with separate notations for psychosocial and contextual factors (formerly Axis IV) and disability (formerly Axis V).

○ Specific Disorders

- Autistic disorders will undergo a reshuffling and renaming:
- “[Autism] criteria will incorporate several diagnoses from DSM-IV including autistic disorder, Asperger’s disorder, childhood disintegrative disorder and pervasive developmental disorder (not otherwise specified) into the diagnosis of autism spectrum disorder for DSM-5 to help more accurately and consistently diagnose children with autism,”

- Binge eating disorder will be moved from DSM-IV's Appendix B: Criteria Sets and Axes Provided for Further Study to DSM-5 Section 2. The change is intended to better represent the symptoms and behaviors of people with this condition.
- This means binge eating disorder is now a real, recognized mental disorder.

- **Disruptive mood dysregulation disorder** will be included in DSM-5 to diagnose children who exhibit persistent irritability and frequent episodes of behavior outbursts three or more times a week for more than a year.
- The diagnosis is intended to address concerns about potential over-diagnosis and overtreatment of bipolar disorder in children. Will children now stop being diagnosed with bipolar disorder, which has been a recurring concern among many clinicians and researchers?

- **Excoriation (skin-picking) disorder** is new to DSM-5 and will be included in the Obsessive-Compulsive and Related Disorders chapter.
- **Hoarding disorder** is new to DSM-5.
- Its addition to DSM is supported by extensive scientific research on this disorder. This disorder will help characterize people with persistent difficulty discarding or parting with possessions, regardless of their actual value. The behavior usually has harmful effects – emotional, physical, social, financial and even legal – for a hoarder and family members.

- **Pedophilic disorder** criteria will remain unchanged from DSM-IV, but the disorder name will be revised from pedophilia to pedophilic disorder.

- **Personality disorders:**

- DSM-5 will maintain the categorical model and criteria for the 10 personality disorders included in DSM-IV and will include the new trait-specific methodology in a separate area of Section 3 to encourage further study how this could be used to diagnose personality disorders in clinical practice.

- Posttraumatic stress disorder (PTSD) will be included in a new chapter in DSM-5 on Trauma- and Stressor-Related Disorders.
- DSM-5 pays more attention to the behavioral symptoms that accompany PTSD and proposes four distinct diagnostic clusters instead of three. PTSD will also be more developmentally sensitive for children and adolescents.

- **Removal of bereavement exclusion:**
- The exclusion criterion in DSM-IV applied to people experiencing depressive symptoms lasting less than two months following the death of a loved one has been removed and replaced by several notes within the text delineating the differences between grief and depression. This reflects the recognition that bereavement is a severe psychosocial stressor that can precipitate a major depressive episode beginning soon after the loss of a loved one.

- **Specific learning disorder** broadens the DSM-IV criteria to represent distinct disorders which interfere with the acquisition and use of one or more of the following academic skills: oral language, reading, written language, or mathematics.
- **Substance use disorder** will combine the DSM-IV categories of substance abuse and substance dependence. In this one overarching disorder, the criteria have not only been combined, but strengthened. Previous substance abuse criteria required only one symptom while the DSM-5's mild substance use disorder requires two to three symptoms.

○ Notes:

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

- 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

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- 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 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: Emerging Measures and Models**
- □ Assessment Measures
 - Cultural Formulation
 - Alternative DSM-5 Model for Personality Disorders □
 - Conditions for Further Study

- **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

- **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
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- New Disorders
- Social (Pragmatic) Communication Disorder
- Disruptive Mood Dysregulation Disorder
- Premenstrual Dysphoric Disorder (DSM-IV appendix)
- Hoarding Disorder
- Excoriation (Skin Picking) Disorder
- Disinhibited Social Engagement Disorder (split from Reactive Attachment Disorder)
- Binge Eating Disorder (DSM-IV appendix)
- Central Sleep Apnea (split from Breathing-Related Sleep Disorder)
- Sleep-Related Hypoventilation (split from Breathing-Related Sleep Disorder)
- Rapid Eye Movement Sleep Behavior Disorder (Parasomnia NOS)
- Restless Legs Syndrome (Dyssomnia NOS)
- Caffeine Withdrawal (DSM-IV Appendix)
- Cannabis Withdrawal

- Language Disorder & Mixed Receptive Expressive Language Disorder)
- Autism Spectrum Disorder (Autistic Disorder, Asperger's Disorder, Childhood Disintegrative Disorder, & Rett's disorder—PDD-NOS is in the NOS count)
- Specific Learning Disorder (Reading Disorder, Math Disorder, & Disorder of Written Expression)
- Delusional Disorder (Shared Psychotic Disorder & Delusional Disorder)
- Panic Disorder (Panic Disorder Without Agoraphobia & Panic Disorder With Agoraphobia)
- Dissociative Amnesia (Dissociative Fugue & Dissociative Amnesia)
- Somatic Symptom Disorder (Somatization Disorder, Undifferentiated Somatoform Disorder, & Pain Disorder)
- Insomnia Disorder (Primary Insomnia & Insomnia Related to Another Mental Disorder)
- Hypersomnolence Disorder (Primary Hypersomnia & Hypersomnia Related to Another Mental Disorder)
- Non-Rapid Eye Movement Sleep Arousal Disorders (Sleepwalking Disorder & Sleep Terror Disorder)

- Genito-Pelvic Pain/Penetration Disorder (Vaginismus & Dyspareunia)
- Alcohol Use Disorder (Alcohol Abuse and Alcohol Dependence)
- Cannabis Use Disorder (Cannabis Abuse and Cannabis Dependence)
- Phencyclidine Use Disorder (Phencyclidine Abuse and Phencyclidine Dependence)
- Other Hallucinogen Use Disorder (Hallucinogen Abuse and Hallucinogen Dependence)
- Inhalant Use Disorder (Inhalant Abuse and Inhalant Dependence)
- Opioid Use Disorder (Opioid Abuse and Opioid Dependence)
- Sedative, Hypnotic, or Anxiolytic Use Disorder (Sedative, Hypnotic, or

- Anxiolytic Abuse and Sedative, Hypnotic, or Anxiolytic Dependence)
- Stimulant Use Disorder (Amphetamine Abuse; Amphetamine Dependence; Cocaine Abuse; Cocaine Dependence)
- Stimulant Intoxication (Amphetamine Intoxication and Cocaine Intoxication)
- Stimulant Withdrawal (Amphetamine Withdrawal and Cocaine Withdrawal)
- Substance/Medication-Induced Disorders (aggregate of Mood (+1), Anxiety (+1), and Neurocognitive (-3))

