

# **The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)**

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# **DSM-5**

- **SECTION I-BASICS**
  - Includes organizational structure
- **SECTION II-DIAGNOSTIC CRITERIA AND CODES**
- **SECTION III-EMERGING MEASURES AND MODELS**
  - Alternative Model for Personality Disorders
  - Conditions for Further Study
- **APPENDIX**

# DSM-5

- **SECTION I-BASICS**

- “...the boundaries between many disorder ‘categories’ are more fluid over the life course than DSM-IV recognized, and many symptoms assigned to a single disorder may occur, at varying levels of severity, in many other disorders.”
- Scientific evidence places many, if not most, disorders on a spectrum with closely related disorders that have shared symptoms

# DSM-5

- **SECTION I-BASICS**

- **Organizational Structure**

- “DSM is a *medical* classification of disorders and as such serves as a historically determined cognitive schema imposed on clinical and scientific information to increase its comprehensibility and utility.”
    - “Conditions for Further Study,” described in Section III, are those for which it was determined that the scientific evidence is not yet available to support clinical use.

# **DSM-5**

- **SECTION I-BASICS**

- **Organizational Structure**

- **Personality Disorders are included in both Sections II and III. Section II represents an update of the text associated with the same criteria found in DSM-IV-TR, whereas Section III includes the proposed research model for personality disorder diagnosis and conceptualization**

# DSM-5

- **SECTION I-BASICS**

- **Organizational Structure**

- *Harmonization with ICD-11 ( International Classification of Disease)*

- DSM-5 and proposed structure of ICD-11 are working toward consistency
      - ICD-10 is scheduled for US implementation in October 2014
      - ICD-9 codes are used in DSM-5

- *Dimensional Approach to Diagnosis*

- Previous DSM's considered each diagnosis categorically separate from health and other diagnoses
      - Doesn't capture the widespread sharing of symptoms and risk factors (why we had some many NOS diagnoses)

# **Dimensional Approach to Diagnosis**

- **Shared neural substrates**
- **Family traits**
- **Genetic risk factors**
- **Specific environmental risk factors**
- **Biomarkers**
- **Temperamental antecedents**
- **Abnormalities of emotional or cognitive processing**
- **Symptom similarity**
- **Course of illness**
- **High comorbidity**
- **Shared treatment response**

# Dimensional Approach to Diagnosis

- It is demonstrated that the clustering of disorders according to *internalizing* and *externalizing* factors represent an empirically supported framework. Within both the internalizing group (*anxiety, depression and somatic*) and externalizing group (*impulsive, disruptive conduct and substance use*), the sharing of genetic and environmental risk factors likely explains the comorbidities



# DSM-5

- **SECTION I-BASICS**

- **Organizational Structure**

- *Developmental and Lifespan Considerations*

- Begins with diagnoses that occur early in life (neurodevelopmental and schizophrenia spectrum), followed by diagnoses that more commonly manifest in adolescence and young adulthood (bipolar, depressive and anxiety disorders and ends with diagnoses relevant to adulthood and later life (neurocognitive disorders)
      - After neurodevelopmental disorders, see groups of internalizing (emotional and somatic) disorders, externalizing disorders, neurocognitive disorders and other disorders

# DSM-5

- **SECTION I-BASICS**

- **Organizational Structure**

- *Developmental and Lifespan Considerations*

- Cultural Issues

- Gender Differences

- Use of *Other Specified* and *Unspecified Disorders*

- » Replaces NOS designation

- » *Other Specified* used when clinician wishes to communicate the specific reason the presentation does not meet criteria for diagnoses

- » If clinician does not choose to specify the reason *Unspecified Disorder* is used

# DSM-5

- **SECTION I-BASICS**

- **Organizational Structure**

- *The Multiaxial System*

- DSM-5 has moved to a nonaxial documentation system
      - DSM-5 has combined Axis III with Axes I and II. Clinicians should continue to list medical conditions that are important to the understanding or management of an individual's mental disorder
      - Axis IV psychosocial and environmental problems utilize a selected set of ICD-9-CM V codes and the new Z codes contained in ICD-10
      - Axis V GAF is dropped but a global measure of disability the WHO Disability Assessment Schedule (WHODAS) is included in Section III

# DSM-5

- **SECTION I-BASICS**

- *Provisional Diagnosis*

- When strong presumption that full criteria will ultimately be met

- Examples

- » *When a extremely depressed individual is unable to give an adequate history*

- » *When differential diagnosis depends exclusively on duration of illness such as schizophreniform disorder where duration is over one month but less than six*

# DSM-5

- **SECTION I-BASICS**

- *Coding and Reporting*

- Identifying diagnostic and statistical codes established by WHO, the US Centers for Medicare and Medicaid Services (CMS), the Centers for Disease Control and Prevention
    - Example
      - *Opioid Withdrawal 292.0 (F11.23)*
        - » 292.0 is ICD-9-CM
        - » F11.23 is ICD-10-CM code for adoption in October 2014

# **DSM V**

- **SECTION II-DIAGNOSTIC CRITERIA AND CODES**
  - **Neurodevelopmental Disorders**
  - **Schizophrenia Spectrum and Other Psychotic Disorders**
  - **Bipolar and Related Disorders**
  - **Depressive Disorders**
  - **Anxiety Disorders**
  - **Obsessive-Compulsive and Related Disorders**

# **DSM V**

- **SECTION II-DIAGNOSTIC CRITERIA AND CODES**
  - **Trauma- and Stressor-Related Disorders**
  - **Dissociative Disorders**
  - **Somatic Symptom and Related Disorders**
  - **Feeding and Eating Disorders**
  - **Elimination Disorders**
  - **Sleep-Wake Disorders**
  - **Sexual Dysfunctions**

# **DSM V**

- **SECTION II-DIAGNOSTIC CRITERIA AND CODES**
  - **Gender Dysphoria**
  - **Disruptive, Impulse-Control, and Conduct Disorders**
  - **Substance-Related and Addictive Disorders**
  - **Neurocognitive Disorders**
  - **Personality Disorders**



# **DSM V**

- **SECTION II-DIAGNOSTIC CRITERIA AND CODES**
  - **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**

# **SUBSTANCE-RELATED AND ADDICTIVE DISORDERS**

- Expanded to include *Gambling Disorder*
- *Cannabis Withdrawal* and *Caffeine Withdrawal* are new disorders
- *Caffeine Withdrawal* was in DSM-IV Appendix B “for further study”
- DSM-5 does not separate abuse and dependence but criteria is provided for *Substance Use Disorder*

# **SUBSTANCE-RELATED AND ADDICTIVE DISORDERS**

**The substance-related disorders are divided into two groups:**

- ***Substance Use Disorders***
- ***Substance-induced Disorders:***
  - **Intoxication**
  - **Withdrawal**
  - **Other substance/medication-induced mental disorders**

# **SUBSTANCE-RELATED AND ADDICTIVE DISORDERS**

- Recurrent substance-related legal problems criteria deleted
- *Threshold for diagnosis is set at two or more criteria* while in DSM-IV it was one or more for abuse and three or more for dependence
- Diagnosis of polysubstance dependence in DSM-IV is eliminated
- Criteria for *intoxication, withdrawal, substance-induced disorders and unspecified substance-related disorders*

# **SUBSTANCE-RELATED AND ADDICTIVE DISORDERS**

- ***Early remission*** for a DSM-5 substance use disorder is defined as at least 3 months but less than 12 months without meeting criteria (except craving)
- ***Sustained remission*** is defined as over 12 months
- **Additional DSM-5 specifiers include**
  - ***“In a controlled environment”***
  - ***“On maintenance therapy”***

# SUBSTANCE-RELATED AND ADDICTIVE DISORDERS

- ***“The essential feature of a substance use disorder is a cluster of cognitive, behavioral and physiological symptoms indicating the individual continues using the substance despite significant substance-related problems.”***
- **The diagnosis of *substance use disorder* can be applied to all 10 classes with the exception of caffeine**

# **SUBSTANCE-RELATED AND ADDICTIVE DISORDERS**

- **10 Classes of Substances in DSM-5**
  - **ALCOHOL**
  - **CAFFEINE**
  - **CANNABIS**
  - **HALLUCINOGENS ( includes phencyclidine)**
  - **INHALANTS**
  - **OPIOIDS**
  - **SEDATIVES,HYPNOTICS OR ANXIOLYTICS**
  - **STIMULANTS**
  - **TOBACCO**
  - **OTHER OR UNKNOWN**

# **SUBSTANCE-RELATED AND ADDICTIVE DISORDERS**

- *“The behavioral effects of these brain changes may be exhibited in the repeated relapses and intense drug craving when the individuals are exposed to drug-related stimuli. These persistent drug effects may benefit from long-term approaches to treatment.”*
- The diagnosis is based upon a pathological pattern of behaviors



# **SUBSTANCE-RELATED AND ADDICTIVE DISORDERS**

- ***Pathological pattern of behaviors***
  - **CRITERION A**
    - ***Criteria 1-4- Impaired control over substance use***
      - **Criterion 4- Craving**
    - ***Criteria 5-7-Social impairment***
    - ***Criteria 8-9- Risky use of the substance***
      - ***Criterion 9- Failure to abstain despite the difficulties caused by the usage***
    - ***Criteria 10-11- Pharmacological criteria***
      - **Criterion 10- Tolerance**
      - **Criterion 11- Withdrawal**

# **SUBSTANCE-RELATED AND ADDICTIVE DISORDERS**

- **CRITERION A**

- Impaired control

- 1. Taking the substance in larger amount or over a longer period than originally intended*
- 2. Persistent desire to cut down or regulate use and failure in attempting to do so*
- 3. Spends a great deal of time procuring, using and recovering from the effects of intake*
- 4. Craving-an intense desire to use especially when around triggers of use*

# **SUBSTANCE-RELATED AND ADDICTIVE DISORDERS**

- **CRITERION A**

- Social impairment

- 5. Failure to fulfill major role obligations at work, school or home*

- 6. Continued use despite these adverse consequences*

- 7. Important social, occupational or recreational activities given up or reduced due to substance use*

# **SUBSTANCE-RELATED AND ADDICTIVE DISORDERS**

- **CRITERION A**

- Risky use

- 8. Use in situations that could be physically hazardous*

- 9. Failure to abstain despite knowledge of a physical or psychological problem likely caused or exacerbated by use (the problem is the failure to abstain and not the problem)*

# SUBSTANCE-RELATED AND ADDICTIVE DISORDERS

- **CRITERION A**

- Pharmacological

- 10. Tolerance*

- 11. Withdrawal or acute abstinence syndrome*

# **SUBSTANCE-RELATED AND ADDICTIVE DISORDERS**

- **Neither tolerance nor withdrawal is necessary to diagnose a substance-use disorder**
- **Symptoms of tolerance and withdrawal from prescribed medications taken as directed is not substance use disorder**
- **Broad range of severity based upon number of symptom criteria**

# **SUBSTANCE-RELATED AND ADDICTIVE DISORDERS**

- **General estimate of severity**
  - ***MILD***- 2 or 3 symptoms
  - ***MODERATE***- 4 or 5 symptoms
  - ***SEVERE***- 6 or more symptoms
- **Recording Procedure**
  - **305.70 (F15.10)- Moderate Alprazolam Use Disorder (not sedative, hypnotic or anxiolytic disorder)**

# **SUBSTANCE-RELATED AND ADDICTIVE DISORDERS**

- **EXAMPLE: *OPIOID-RELATED DISORDERS***
  - **Opioid Use Disorder**
  - **Opioid Intoxication**
  - **Opioid Withdrawal**
  - **Other Opioid-Induced Disorders**
  - **Unspecified Opioid-Related Disorders**



# **SUBSTANCE-RELATED AND ADDICTIVE DISORDERS**

- **Opioid Use Disorder**
  - Based upon the 11 criteria and specifiers
    - 305.50 (F11.10)-MILD Opioid Use Disorder
    - 304.00 (F11.20)-MODERATE Opioid Use Disorder
    - 304.00 (F11.20)-SEVERE Opioid Use Disorder
- **Opioid Intoxication 292.89 (F11.129)**
  - Based upon criteria for recent use, clinically significant behavioral or psychological changes, pupillary constriction and other signs of opioid use not attributable to other medical conditions

# **SUBSTANCE-RELATED AND ADDICTIVE DISORDERS**

- **Opioid Withdrawal 292.0 (F11.23)**
  - Based upon cessation or reduction in dose or administration of an antagonist plus three or more of symptoms associated with opioid withdrawal producing distress or impairment
- **Other Opioid-Induced Disorders**
  - Opioid-induced depressive disorder (see under Depressive Disorders)
- **Unspecified Opioid-Related Disorder 292.9 (F11.99)**
  - Where symptoms of an Opioid-Related Disorder exist causing significant distress but not meeting full criteria

# **NON-SUBSTANCE-RELATED DISORDERS**

- ***Gambling Disorder 312.31 (F63.0)***
  - Gambling behavior leading to significant impairment or distress as indicated by four or more criteria within a 12 month period
    - Need to gamble with increasing amounts of money
    - Restless and irritable when try to cut down or stop
    - Repeated unsuccessful efforts
    - Preoccupation
    - Gambles when feeling distressed
    - “Chases” one’s losses
    - Lies
    - Jeopardizes relationships
    - Relies on others for money to relieve desperate financial situations
  - Not explained by manic episode

# **DSM-5**

- **SECTION III EMERGING MEASURES AND MODELS**
  - **Assessment Measures**
  - **Cultural Formulation**
  - **Alternative DSM-5 Model for Personality Disorders**
  - **Conditions For Further Study**

# **ALTERNATIVE DSM-5 MODEL FOR PERSONALITY DISORDERS**

- ***Antisocial Personality Disorder***
- ***Avoidant Personality Disorder***
- ***Borderline Personality Disorder***
- ***Narcissistic Personality Disorder***
- ***Obsessive-Compulsive Personality Disorder***
- ***Schizotypal Personality Disorder***

# **ALTERNATIVE DSM-5 MODEL FOR PERSONALITY DISORDERS**

- In this model personality disorders are characterized by impairments in personality *functioning* and pathological personality *traits*
- In the Alternative Model for Personality Disorders histrionic and schizoid personality disorders are excluded
- In the Alternative *Model Criterion A: Level of Personality Functioning* and *Criterion B: Pathological Personality Traits* make up the diagnostic model

# ALTERNATIVE DSM-5 MODEL FOR PERSONALITY DISORDERS

- **Criterion A: Level of Personality Functioning**
  - **SELF:**
    - ***Identity:*** Clear boundaries, stability of self-esteem and accuracy of self-appraisal, good emotional range
    - ***Self-direction:*** Coherent and meaningful short-term and life goals, prosocial internal standards of behavior, ability to self-reflect

# ALTERNATIVE DSM-5 MODEL FOR PERSONALITY DISORDERS

- **Criterion A: Level of Personality Functioning**
  - **INTERPERSONAL:**
    - ***Empathy:*** Appreciation of others experiences and motivations, tolerance for different perspectives, understanding the effects of one's behavior on others
    - ***Intimacy:*** of connection with others, desire and capacity for closeness, mutuality of regard reflected in interpersonal behavior



# **ALTERNATIVE DSM-5 MODEL FOR PERSONALITY DISORDERS**

- **Criterion B: Pathological Personality Domains**
  - ***NEGATIVE AFFECTIVITY vs. EMOTIONAL STABILITY***
  - ***DETACHMENT vs. EXTRAVERSION***
  - ***ANTAGONISM vs. AGREEABLENESS***
  - ***DISINHIBITION vs. CONSCIENTIOUSNESS***
  - ***PSYCHOTICISM vs. LUCIDITY***

# ALTERNATIVE DSM-5 MODEL FOR PERSONALITY DISORDERS

- Each personality domain has numerous traits
  - Example: *Negative Affectivity vs. Emotional Stability*
    - Emotional lability
    - Anxiousness
    - Separation insecurity
    - Submissiveness
    - Hostility
    - Perseveration