The Future is Now: DSM-5®

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EVOLUTION OF THE DSM®
**Focus of DSMs circa 1980 to today: Diagnostic Reliability**

- Communication
  - Common language
  - Documentation
  - Billing
- Research
- Service Planning
- Prevalence rates

**Why Revise?**

- Grouping of disorders in DSM-IV not empirically supported
- High rates of comorbidity
  - Within and across groupings
- Overreliance on “NOS” disorders
- Lack of empirical support for diagnostic categories
Factors considered for revisions and new diagnoses

- Does the revision:
  - Help or hurt clinical practice or public health?
  - How strong is the evidence supporting a revision?
  - How big is the change?
- Can a new diagnosis:
  - Be reliability measured?
  - Be useful clinically?
  - Have strong validity?
INSIDE THE DSM-5®

Why DSM-5® instead of DSM-V?

What Qualifies as a Mental Disorder?

- Syndrome
- Disturbance in:
  - Cognition
  - Emotion
  - Behavior
- Significant Distress or Disability (usually)
- Not:
  - Normative response to a stressor or loss
  - Politically or socially deviant behavior
  - Conflicts between individuals and society

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Are DSM-5® Disorders Valid?

- Types of Validity:
  - Antecedent
  - Concurrent
  - Predictive

Validity Concerns

Problems with Categorical Diagnoses

- Prior DSMs:
  - Numerous and narrow diagnostic categories
  - Intermediate and combined diagnoses

- Clinical Implications:
  - Few “text-book” patients
  - Comorbidity
  - Not Otherwise Specified
  - Arbitrary cutoffs: Healthy vs. Disordered
  - Limited treatment specificity

- Research failed to support categories
  - Shared Genetic and Environmental Risk Factors
  - Symptom Heterogeneity within categories
  - Symptom Overlap across categories
Dimensional Approach: Benefits of Dimensions

- Acknowledges Human Variation
- Normalcy to Pathology
- Provides a Symptom Profile
- Regardless of Diagnostic Criteria
- More informative than a yes/no diagnosis
- Characterizes severity
- Integrates Multiple Forms of Data:
  - Self-Report
  - Pathophysiology
  - Neurocircuitry
  - Genetics
  - Environment
  - Lab tests

Progressive Subtypes of Bipolar Disorder

**Bipolar I disorder**
- Manic Episode
- Hypomania/MDD

**Bipolar II disorder**
- Hypomanic Episode
- Major Depression

**Cyclothymic disorder**
- Hypomanic Symptoms
- Depression Symptoms

**Other Specified Bipolar**
- Short durations
- Insufficient symptoms
- Nor prior MDD

**Unspecified Bipolar**

So where are the dimensions?

- “Scientifically Premature”
- Most Evident in Regrouping of Mental Disorders
- Regrouping based on:
  - 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

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“Cross-Cutting Symptom Measures”

- Review of Mental Functioning
  - General Medicine’s Review of Systems?
- Not necessarily specific to a diagnosis
- 2 Levels of assessment:
  - Level 1 Survey
    - Adults = 23 questions, 13 symptom domains
    - Child & Adolescents = 25 questions, 12 symptom domains
  - Level 2 Surveys
    - In-depth assessments
- Initial, ongoing, and outcome assessment

WHAT DIAGNOSES WILL LOOK LIKE

Single-Axis System

- List everything
  - All Mental Disorders
  - Relevant Medical Diagnoses
  - Relevant Psychosocial & Contextual Factors
    - V codes & Z codes
- Disability & Functioning
  - Goodbye GAF
  - Hello WHO Disability Assessment Schedule (2.0)
Example: Multiaxial System

Axis I: Dysthymic Disorder (300.4)
    Alcohol use disorder (303.9)
    Cannabis use disorder (304.3)
Axis II: Diagnosis Deferred
Axis III: Migraine with aura (346.0)
Axis IV: Problems with primary support group; Problems related to interaction with the legal system/crime
Axis V: 58

Example: Single-Axis System

Diagnoses:
- 300.4 (F34.1) Persistent depressive disorder (dysthymia);
- 303.90 (F10.20) Alcohol use disorder, moderate;
- 304.30 (F12.20) Cannabis use disorder, moderate;
- V61.03 (Z63.5) Disruption of Family by Divorce (two years ago)
- V62.5 (Z65.0) Conviction in civil or criminal proceedings without imprisonment: Probation.

General Disability (WHODAS 2.0) = 2.9 (Moderate)

Diagnostic Specifics

- Order the diagnoses
- Add necessary Subtypes
- Indicate Severity, if possible
- Add Specifiers
- Add Provisional, if applicable
- Not Present = V71.09
- Diagnosis Deferred = 799.9
Not Otherwise Specified

- No more NOS!
  - Sort of...
- If patient does not fit existing criteria:
  - Other Specified Disorder
  - Unspecified Disorder

Assessing Impairment:
WHODAS 2.0

- Goodbye GAD
- World Health Organization Disability Assessment Schedule (2.0)
  - Self-report (and Informant), 36 item survey
  - Adults
  - 6 Domains:
    - Understanding and communicating
    - Getting around
    - Self-care
    - Getting along with people
    - Life activities (i.e., household, work, and/or school activities)
    - Participation in society

DIAGNOSES:
MAJOR CHANGES IN DSM-5®
A Few Words of Caution

- Not an exhaustive overview
- Focus on:
  - Major Changes
  - Moderate Changes
- Diagnostic criteria are NOT provided verbatim from the DSM-5® in this presentation!
  - You need to read the actual DSM-5® to make DSM-5® diagnoses!

NEURODEVELOPMENTAL DISORDERS

Changes: Intellectual Disability

- Deficits in:
  - Intellectual functioning
  - Adaptive functioning
- Severity based on adaptive functioning, not IQ
  - Conceptual
  - Social
  - Practical
- Terminology:
  - Mental retardation replaced with intellectual disability
- Onset during childhood or adolescence
Changes: Autism Spectrum Disorder (ASD)
- Essential Features:
  - Social reciprocity
  - Communication
  - Interaction
  - Restricted and repetitive behaviors, interests, or activities

ASD: What about language? IQ?
- Language, IQ, related genetic or other disorders
  - May be associated with ASD
  - Not central to diagnosis
- Identify through specifiers:
  - Language Impairment
  - Intellectual Impairment
  - Known medical or genetic/environmental factors
  - Catatonia

Autism Spectrum Disorder (ASD)
- Eliminates:
  - Autistic disorder (autism)
  - Asperger’s disorder
  - Childhood Disintegrative Disorder
  - PDD-NOS
What about Asperger’s? PDD-NOS?

Specifiers:

ASD

- 3 Severity Specifier levels:
  - Requiring Support
  - Requiring Substantial Support
  - Requiring Very Substantial Support
- Based on symptom severity:
  - Social Communication
  - Restrictive, Repetitive Behaviors

DSM-5® ASD: Effects on Diagnosis

Heurtu et al., 2012: 10.1176/appi.ajp.2012.12020276
NEW: Social Communication Disorder

- Primary problem with the use of language and communication for social means, including:
  - Socially appropriate communication (e.g., greeting)
  - Adapting communication style to situational demands.
  - Following standards of conversing and telling stories
  - Understanding indirect, abstract, and contextually-specific communication

Changes:
Attention-Deficit/Hyperactivity Disorder

- Adult Friendly
  - Criterion examples are applicable to adults
  - Adults = only 5 symptoms
  - Several symptoms required across settings
  - Age of onset changed to 12 years (from 7)
  - Impairment required
  - Subtypes changed to “presentation” specifiers
  - ASD can be comorbid

New: Specific Learning Disorder

- Combines:
  - Reading, mathematics, written expression and learning NOS disorders
- Essential features:
  - Persistent (>6 months) difficulties in the acquisition of reading, writing, arithmetic, or mathematical reasoning
  - Academic performance is well below average
  - Begin during school-age years
  - Measured intelligence is not required
  - Specifiers in Reading, Writing, and Math
• Disruptive Mood Dysregulation Disorder
• Major Depressive Disorder
• Persistent Depressive Disorder (Dysthymia)
• Premenstrual Dysphoric Disorder

DEPRESSIVE DISORDERS

New:
Disruptive Mood Dysregulation Disorder

• Essential Features:
  • Chronic, severe persistent irritability
  • Frequent reactive temper outbursts
  • Chronic and persistent irritability or angry mood
  • Not manic or hypomanic
  • Not only during major depressive episodes
  • < Age 18 years

DMDD: The Reality

• 3 Studies (n=3,258)
• Prevalence Rates: 0.8-3.3%
• Highest rates in Preschoolers
• High comorbidity (62-92%):
  • Depressive
  • ODD
  • Impairment evident

New:
Premenstrual Dysphoric Disorder
• Symptoms concurrent with menstrual cycle
  • Affective lability
  • Irritability, anger, interpersonal conflicts
  • Depression, hopelessness, self-deprecation
  • Anxiety, tension, “keyed-up” or “on edge”
  • One additional depressive or physical symptom

• Reactive Attachment Disorder
• Disinhibited Social Engagement Disorder
• Posttraumatic Stress Disorder
• Acute Stress Disorder
• Adjustment Disorders

TRAUMA- AND STRESS-RELATED DISORDERS

Change:
Acute Stress Disorder
• Specify if traumatic event is experienced:
  • Directly
  • Witness
  • Indirectly
• Removed: requirement for a subjective reaction
• Only 9/14 symptoms:
  • Intrusion
  • Negative mood
  • Dissociation
  • Avoidance
  • Arousal
Change: Posttraumatic Stress Disorder
- Specify if traumatic event is:
  - Direct, witnessed, indirect
  - Repeated or extreme exposure
- Removed: Subjective reaction criterion
- Symptom clusters re-organized
  - Avoidance (1 or 2)
  - Negative Cognitions/Mood (≥2)
  - Intrusion (≥1)
  - Arousal (≥2)
- Developmentally sensitive criteria
- Specifiers:
  - Dissociative Symptoms
  - Delayed expression

Change: Adjustment Disorders
- Stress-response
  - Traumatic or non-traumatic distressing event(s)
- Specifiers:
  - Depressed mood
  - Anxiety
  - Depression & Anxiety
  - Conduct
  - Emotions & Conduct
  - Unspecified

Change: Reactive Attachment Disorder
- Removed:
  - Diffuse attachments criterion
- Essential features:
  - Inhibited and withdrawn behavior toward caregivers
  - Social/emotional problems (≥2)
  - Insufficient care
New: Disinhibited Social Engagement Disorder

- Essential Features:
  - Overly familiar behavior with strangers (>2)
  - Not purely from impulsivity
  - Insufficient care

- Specifiers:
  - Persistent (> 12 months)
  - Severe (all symptoms, each at high levels)

Pica
Rumination Disorder
Avoidant/Restrictive Food Intake Disorder
Anorexia Nervosa
Bulimia Nervosa
Binge-Eating Disorder

FEEDING & EATING DISORDERS

Changes: Feeding & Eating Disorders

- Improved clarity and increased age application:
  - Pica
  - Rumination Disorder
  - Feeding Disorder = Avoidant/Restrictive Food Intake Disorder

- Anorexia Nervosa:
  - Eliminated: requirement for amenorrhea
  - 85% ideal body weight replaced with more flexible severity based on BMI
  - Expanded criteria: Fear of weight gain, or behavior that interferes with weight gain

- Bulimia Nervosa
  - Reduction of binge/compensatory from twice to once weekly
New:
Binge Eating Disorder

- Essential Features:
  - Repetitive binge eating
  - Associated with eating:
    - More rapidly
    - To uncomfortable fullness
    - When not hungry
    - Alone out of embarrassment
  - Feelings of disgust, depression, guilt
- Severity Specifiers
  - Based on # of episodes per week

**DISRUPTIVE, IMPULSE-CONTROL, AND CONDUCT DISORDERS**

• Oppositional Defiant Disorder
• Intermittent Explosive Disorder
• Conduct Disorder
• Antisocial Personality Disorder
• Pyromania
• Kleptomania

Changes:
Disruptive, Impulse-Control & Conduct

- ODD:
  - Symptoms groups:
    - Angry/Irritable
    - Argumentative/Defiant
    - Vindictive
  - Eliminated Conduct Disorder exclusion
  - Greater specification of criteria and severity
    - Severity = Pervasiveness
- Conduct Disorder
  - Specifier for limited prosocial emotions
Changes: Disruptive, Impulse-Control & Conduct

- Intermittent Explosive Disorder
  - Expanded: Verbal and non-destructive/injurious aggression
  - Greater specification of criteria
  - Minimum of 6 years of age

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SUBSTANCE USE DISORDERS

- Alcohol
- Caffeine
- Cannabis
- Phencyclidine & Hallucinogen
- Inhalant
- Opioid
- Sedative, Hypnotic, or Anxiolytic
- Stimulant
- Tobacco
- Other
- Gambling

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Changes: Substance Use Disorders

- Eliminated:
  - Substance Abuse
  - Substance Dependence
- Essential Features:
  - Control over use is impaired (4)
  - Social Impairment (3)
  - Risky Use (2)
  - Pharmacological Criteria
FINAL THOUGHTS

DSM-5: the Bible of Mental Disorders?

While DSM has been described as a “Bible” for the field, it is, at best, a dictionary, creating a set of labels and defining each.

-Tom Insel, M.D.
NIMH Director

QUESTIONS
COMMENTS
CONCERNS

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