INTRODUCTION TO THE DSM-5

APNA Education Steering Committee
Continuing Education Subcommittee

INTRODUCTION

TO

THE

DSM‐5

Objectives

• Describe the history/timeline of the Diagnostic and Statistical Manual (DSM)
• Compare the DSM-IV-TR organizational structure with the organizational structure of the DSM-5
• Describe major changes to specific diagnostic categories and specific disorders
• Identify the role of psychiatric nurses in the development of the DSM-5

Disclosures

• We have no conflict of interest to disclose
• We will not be discussing any off label use of medications

Selected Assessment Measures

• Cultural Formulation Interviews
• WHO Disability Assessment Schedule 2.0
  – May be used as outcome measure for treatment planning
  – Coordinate with the Recovery Model
  – Periodic reassessment
• Disorder-Specific Severity Measures: Adult, Child 11-17 years

Selected Assessment Measures

• Level 1 Cross-Cutting Symptom Measures
  – Self-Rated Adult & Child 6-17 years
  – Parent/Guardian-Rated Child 6-17 years
• Level 2 Cross-Cutting Symptom Measures

| Depression | Somatic Symptoms |
| Anger      | Sleep Disturbance |
| Mania      | Repetitive Thoughts & Behaviors |
| Anxiety    | Substance Use |
| Irritability (Child) | Inattention (Child) |

Selected Assessment Measures

• Clinician-Rated Scales:
  – Severity of Autism & Communication Disorders
  – Dimensions of Psychosis Severity Symptoms
  – Severity of Somatic Symptoms
  – Severity of Conduct & Oppositional Defiant Disorders
  – Severity of Nonsuicidal Self-Injury
**Selected Assessment Measures**

- Level of Personality Functioning Scale
- Personality Trait Rating Form
- Personality Inventory for DSM 5

**Before the DSM**

- 1840 US Census: insane and idiots
- 1880 US Census: mania, melancholia, monomania, dementia, dipsomania
- 1890 Kraepelin organized psychopathology including dementia praecox and manic-depression
- 1893 International Classification of Disease (ICD)
- 1918 American Medico-Psychological Association (former APA), *Statistical Manual for the Use of Institutions for the Insane* with 22 categories

**Alternative Model for Personality Disorders**

- Criteria A: Level of Personality Functioning
  - Identity
  - Self-direction
  - Empathy
  - Intimacy
- Criteria B: Pathological Traits
- Criteria C & D: Pervasiveness & Stability
- Criteria E, F, & G: Alternative Explanations for pathology

**HISTORY/TIMELINES OF DSM**

**DSM-I 1952**

- Directed by William C. Menninger, a psychiatrist and brigadier general
- Focus on treatment of soldiers
- 70 terms used “Reaction,” e.g., Schizophrenic Reaction
- Controversy about being psychoanalytic – used the term unconscious a few times vs. “codified Freudian ideas”

**DSM-II 1968**

- Based on psychoanalytic principles
- Goal of using terms that coincided with ICD-8
- Removed all “reactions”
- A 1974 revision replaced homosexuality with egodystonic homosexuality
- Gap between neurosis and psychosis
**Timeline**

- 1999-2007: Development of DSM-5 Pre-Planning white papers,
- 2006-2008: Chairs, work group chairs, and members appointed and announced.
- April 2010 – February 2012: Field trial testing.
- October 2011-April 2012: Data analysis of field trials.
- Spring 2012: Revisions posted and open to a third public feedback for two months; further edits.
- December 31, 2012: Published.

**Some of APA's Selling Points**

- Evidence based (20 years).
- Categories ordered based on relatedness.
- Neurodevelopmental approach within categories.
- Recognizes the influence of gender and culture on the presentation of psychiatric illness.
- Dimensional assessments
  - Severity rating for symptoms specific to diagnosis.
  - Severity of symptoms that are present across multiple disorders (e.g., suicide risk, anxiety).
- Biomarkers for some diagnoses (e.g., narcolepsy/hypocretin deficiency).

**DSM-III 1980**

- 5 axis
- Terms made consistent with the ICD.
- Listed symptoms rather than causes – banished neurosis.
- Vast increase in background information.
- PTSD added.
- 1987 egodystonic homosexuality removed.

**DSM-IV 1994**

- Symptoms that caused “clinically significant distress” included.
- Retained Freudian-based terms such as fetishism.
- Greater international involvement and consultation with other disciplines.
- Client centered – patient with schizophrenia.
- Many NOS and co-morbidities.

**DSM-IV-TR 2000**

- 297 diagnoses, 886 pages

**DSM-5 2013**

- Arabic numbers to clarify online revisions (DSM-5.1, DSM-5.2, etc.)
- Goal to decrease number of disorders (297 DSM-IV-TR).
- About the same number of ways to say “You’re not okay.”
- Psychobiological dysfunction replaces behavioral, psychological, biological dysfunction.

**Axis I, II, III, IV, V**

- **No Scientific Basis**

<table>
<thead>
<tr>
<th>DSM-IV-TR</th>
<th>DSM-5</th>
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<tbody>
<tr>
<td><strong>Axis I</strong>: Major mental disorders</td>
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<td><strong>Axis II</strong>: Personality disorders and intellectual disabilities</td>
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<td><strong>Axis III</strong>: Acute medical conditions</td>
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<td><strong>Axis IV</strong>: Environmental factors contributing to the disorder</td>
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<td><strong>Axis V</strong>: Global Assessment of Functioning Scale</td>
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**Axis I, II, III, IV, V**

- **Simpler**: Collapse I, II, and III and put together to align with ICD codes.
- **More complex**: Change IV to match ICD codes – 15 p. checklist.
- **Functioning**: World Health Organization’s Disability Assessment Schedule (WHODAS).
Changes to Specific Diagnostic Categories within the DSM-5

Categories of Disorders
1. Neurodevelopmental
2. Schizophrenia Spectrum
3. Bipolar and Related
4. Depressive
5. Anxiety
6. Obsessive-Compulsive
7. Trauma and Stressor
8. Dissociative
9. Somatic Symptom
10. Feeding and Eating

11. Elimination
12. Sleep-Wake
13. Sexual Dysfunctions
14. Gender Dysphoria
15. Disruptive, Impulse Control, and Conduct
16. Substance Use and Addictive
17. Neurocognitive
18. Personality
19. Paraphilias
20. Other Disorders

Neurodevelopmental Disorders
Formerly known as Disorders Usually First Evident in Infancy, Childhood, and Adolescence
- Intellectual Developmental Disorder (formerly mental retardation)
- Communication Disorders
- Autism Spectrum Disorder
- Attention Deficit/Hyperactivity Disorder
- Learning Disorders
- Motor Disorders

Schizophrenia Spectrum Disorders
- Schizotypal Personality Disorder
- Schizophrenia
- Schizoaffective Disorder
- Schizophreniform Disorder
- Delusional Disorder
- Brief Psychotic Disorder
- Psychotic Disorder Due to Another Medical Condition

Autism Spectrum Disorders
Autistic Disorder, Asperger’s Disorder, Childhood Disintegrative Disorder, and Pervasive Developmental Disorder NOS

Specifiers: Rett Syndrome, Fragile X, Asperger’s

Levels of Support:
I. Requires support
II. Requires substantial support
III. Requires very substantial support

Symptom Onset (previously age 3):

Attention Deficit/Hyperactivity Disorder
DSM-IV-TR
Hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7

DSM-5
Raising the age of onset before age 12:
“…trigger a fad of Adult Attention Deficit Disorder leading to widespread misuse of stimulant drugs.”

~ Allen Frances
Professor Emeritus, Duke University
Chair of DSM-IV Task Force

National Park Service, 2013
Schizophrenia Spectrum Attenuated Psychosis Syndrome Controversy

**Pro:** People with early psychotic-like symptoms are often diagnosed as depressed or anxious. Early detection of symptoms and treatment can reduce severity and disability

**Con:** Ambiguous diagnosis results in unnecessary alarm and stigmatization; early antipsychotic treatment not helpful in the long-term and exposes people to unnecessary antipsychotic therapy

**Moved to Section III for further study**

Bipolar and Related Disorders

- Bipolar I Disorder
- Bipolar II Disorder
- Cyclothymic Disorder
- Substance Induced Bipolar Disorder
- Bipolar Disorder Associated with Another Medical Condition

For: Bipolar spectrum disorders (DSM-IV and DSM-5)

Disruptive Mood Dysregulation Disorder

**For:**
- Children are being wrongly diagnosed with bipolar disorder
- Accurate treatment is withheld
- Powerful and unnecessary medication is being used

**Against:**
- Pathologizing temper tantrums
- Increases the unnecessary use of medication
- Oppositional defiant disorder already covers this problem
- “Fighting a fire with kerosene.”

Severe recurrent temper outbursts that are grossly out of proportion in intensity or duration to the situation.

Bipolar and Related Disorders Mixed Episodes

**DSM-IV**
Bipolar I Mixed Episode
Simultaneous presence of:
1. fully manic syndrome
2. fully depressive syndrome for at least 4 days

**DSM-5**
Mixed specifier for major depression, hypomania, or mania
Simultaneous presence of:
1. 2 to 3 manic or hypomanic symptoms
2. fully depressive syndrome for at least 2-3 days

Medicalizing Grief
Removing the Bereavement Exclusion

**For:**
- Losing a loved one is similar to other losses/stressors in life.
- Treatment delay for severe grief increases the risk of suffering and impairment.
- Criteria for grief could be tightened to reduce false positives.

**Against:**
- Losing a loved one is essentially different than other stressors.
- A diagnosis impedes the normal, dignified process of grief and the usual reliance on cultural rituals.
- A variation of normal grief would result in a mental disorder label and unnecessary treatment.
Anxiety Disorders

Changes:
- Agoraphobia a category separate from Panic Disorder
- Obsessive-Compulsive Disorder was moved into its own chapter (next)
- Posttraumatic Stress Disorder added to Trauma and Stressor Related Disorders

- Separation Anxiety Disorder (not just for kids anymore!)
- Specific Phobia
- Generalized Anxiety Disorder (physical sx lowered from 6-2)
- Panic
- Social Anxiety Disorder

Obsessive Compulsive Disorders

- Obsessive-Compulsive Disorder
  - Formerly listed with anxiety disorders
- Body Dysmorphic Disorder
  - Formerly listed with somatoform disorders
- Hoarding Disorder (new)
- Hair Pulling Disorder (trichotillomania)
- Skin Picking (excoriation) Disorder (new)

Somatic Symptom Disorders

- Somatic Symptom Disorder - replaces Somatization Disorder, Undifferentiated Somatoform Disorder, and Pain Disorder
- Illness Anxiety Disorder (Hypochondriasis)
- Functional Neurological Symptom Disorder (Conversion Disorder)
- Psychological Factors Affecting Medical Condition
- Factitious Disorder

Dissociative Disorders

- Depersonalization-Derealization Disorder
- Dissociative Amnesia
- Dissociative Identity Disorder

Trauma and Stressor-Related Disorders (new)

- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder (new)
- Acute Stress Disorder
- Post Traumatic Stress Disorder
  - Ages six and up
  - Subtype for pre-six year olds
- Adjustment Disorder (may be related to bereavement)

Feeding and Eating Disorders

- Pica
- Rumination Disorder
- Avoidant/Restrictive Food Intake Disorder (formerly a childhood disorder)
- Anorexia Nervosa
  - Bulimia Nervosa
  - Binge Eating Disorder (new – moved from appendix) - one eating binge per week for three months

Elimination Disorders

- Enuresis
- Encopresis
### Sleep-Wake Disorders (formerly Sleep Disorders)

- Insomnia Disorder (Primary insomnia)
- Hypersomnia Disorder (Primary Hypersomnia)
- Narcolepsy/Hypocretin Deficiency
- Obstructive Sleep Apea
- Hypopnea Syndrome (new)
- Central Sleep Apnea (new)
- Sleep Related Hyperventilation (Sleep-Wake Schedule Disorder)
- Circadian Rhythm Sleep-Wake Disorder

- Disorder of Arousal (Sleep Terror)
- Nightmare Disorder (Dream Anxiety)
- Rapid Eye Movement Sleep Behavior Disorder (new)
- Restless Legs Syndrome (new)
- Substance Induced Sleep Disorder

### Sexual Dysfunction

- Erectile Disorder
- Delayed Ejaculation
- Early Ejaculation
- Male hypoactive Sexual Desire Disorder
- Genito-Pelvic Pain/Penetration Disorder

**Gender Dysphoria (not “Disorder”)**

- Gender Dysphoria in Children
- Gender Dysphoria in Adolescents and Older Adults

### Substance Use and Addictive Disorders

- Big change: Substances AND non-substances
- Abuse vs. Dependence: categories arbitrary
- Mild, Moderate, and Severe
- Reduced number of symptoms for dx

- Alcohol-Related Disorders
- Caffeine-Related Disorders
- Cannabis-Related Disorders
- Hallucinogen-Related Disorders
- Inhalant-Related Disorders
- Opioid-Related Disorders
- Sedative-hypnotic-Related Disorders
- Tobacco-Related Disorders
- Gambling Disorder

### Binge-Drinking = Alcoholism

**For**

- Earlier interventions could nip problem in the bud
- Stop physical problems from occurring
- Save money in the long-run by reducing disability

**Against**

- 31% of all college students could be labeled alcoholic
- One study suggests that there will be 60% more alcoholic diagnoses with the new criteria
- Scarce resources could be taxed further
- Stigmatizing
- Obfuscates distinction between “problem drinkers” and alcoholics

### Substance Use Disorder Severity Scale

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<thead>
<tr>
<th>0-1 criteria: No diagnosis</th>
<th>2-3 criteria: Mild</th>
<th>4-5 criteria: Moderate</th>
<th>6+ criteria: Severe</th>
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### Disruptive, Impulse Control, and Conduct Disorders

- Oppositional Defiant Disorder
- Intermittent Explosive Disorder (6+ years)
- Conduct Disorder
  - Callous and Unemotional Specifier
  - Limited Prosocial Emotions Specifier
- Dysocial Personality Disorder (Antisocial Personality Disorder)

### Neurocognitive Disorders

- Delirium
- Mild Neurocognitive Disorders – Modest cognitive decline, functions with effort.
- Major Neurocognitive Disorders – Substantial cognitive decline, independence not possible

**Mild and Major types:**

- Alzheimer's, Vascular, Frontotemporal, Traumatic Brain Injury, Lewy Body, Parkinson's, HIV, Substance Induced, Huntington's, Prion
Paraphilias

Previously in the Sexual and Gender Identity chapter
Adds risk-assessing specifiers:
- In a Controlled Environment
- In Remission (no distress, impairment, or recurring behavior for five years in an uncontrolled environment)

- Exhibitionistic Disorder
- Fetishistic Disorder
- Pedophilic Disorder (formerly pedophilia)
- Sexual Masochism Disorder
- Sexual Sadism Disorder
- Transvestic Disorder
- Voyeuristic Disorder

Suicidal Behavior Disorder

For the diagnosis
- Creates a way to track suicide risk
- Distinguishes a disorder from a “symptom”
- Distinguishes between self-injury and suicidal actions (DSM-IV-TR did not)

Against the diagnosis
- We don’t need it.
- Gives another stigma to label a patient with
- Are people suicidal without other symptoms?

Personality Disorders

DSM-IV-TR
- Pervasive pattern of thinking/emotionality/behavior
- Ten personality types: antisocial, avoidant, borderline, obsessive-compulsive, schizotypal, paranoid, schizoid, narcissistic, histrionic, dependent, and a not otherwise specified category

DSM-5
- Impaired sense of self-identity or failure to develop effective interpersonal functioning
- Six personality types: antisocial/psychopathic, avoidant, borderline, narcissistic, obsessive-compulsive, and schizotypal types

Transitioning to the DSM-5

- Clinicians began using the diagnostic codes in May 2013
- Insurance companies will make the transition by December 31, 2013
- Insurers can decide to cover or not cover diagnoses

Other Disorders

- Non-Suicidal Self Injury Disorder – 5x in one year intentional self-inflicted damage to the surface of the body (new)
- Suicidal Behavior Disorder – within the last two years initiated a behavior in the expectation that it would lead to the individual’s own death (new)

Normal Behavior as a Diagnosis?

- Grief is now Major Depressive Disorder
- Medical illness is Somatic Symptom Disorder
- Everyday worries are now Generalized Anxiety Disorder
- Forgetting of old age is Mild Neurocognitive Disorder
- Being geeky smart makes you Autistic
- Gorging is Binge-Eating Disorder
- Behavioral addictions open the door for shopping addiction, sun tanning, etc.
Easier to Gain Diagnoses

- Attention deficit hyperactivity disorder
- Bipolar mixed
- Bereavement exclusion
- Generalized anxiety disorder
- Somatic symptom disorder
- First time substance abusers

Could inflation of diagnoses result in decreased stigma?

No Funding for DSM Based Research

April 29, 2013
- “While DSM has been described as a ‘Bible’ … it is, at best, a dictionary.”
- DSM is fairly reliable (clinicians use the same terms in the same way), but lacks validity (not based on well-founded evidence)
- Symptoms dictate diagnoses in the absence of evidence of disease
- Research Domain Criteria (RDoC): A decade-long project to develop a new classification system

Does Changing the Label Reduce Stigma?

- Mental Retardation… Intellectual Developmental Disorder
- Gender Identity Disorder…Gender Dysphoria
- Dementia… Mild and Major Neurocognitive Disorders

A rose by any other name ....

Psychiatric Nurses in the Development of the DSM-5

- Compiled comments from the American Psychiatric Nurses Association’s (APNA) membership

APNA sought and gained member inclusion in clinical field trials

Psychiatric Nurses and the Implementation of the DSM

San Francisco - Train-the-Trainer, May 20, 2013

- Personality disorders (Axis II) no longer a separate axis
- Psychiatric disorders (Axis I) and “physical” disorders (Axis III) blended

“Recruitment of a volunteer sample of clinicians, consisting of psychiatrists, psychologists, licensed clinical social workers, licensed counselors, licensed marriage and family therapists, and advanced practice psychiatric-mental health nurses.”
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