The DSM-5: What Psychiatric Nurses Need to Know
Margaret (Peggy) Halter, PhD, APRN
Friday, October 24, 1:45 – 2:30 p.m.

Conflict of Interest

• The speaker has no conflicts of interest to disclose
• The speaker will not be discussing off-label uses

Objectives

• Discuss the impact of the DSM-5 on clinical communication, diagnosis and treatment decisions, and research
• Describe changes to the overall structure and diagnoses in the DSM-5
• Identify recommended measures of psychiatric symptoms
• Discuss the future of classifying psychiatric disorders
Why Classify?

International sample of more than 2,000 psychologists

Evans et al., 2013

Multiaxial System
No Scientific Basis

DSM-IV-TR
- **Axis I**: Major mental disorders
- **Axis II**: Personality disorders and mental retardation
- **Axis III**: Acute medical conditions
- **Axis IV**: Environmental factors
- **Axis V**: Global Assessment of Functioning Scale

DSM-5
- **Combine** I, II, and III to align with ICD codes
- **Environment** is addressed with ICD9 V codes and ICD10 Z codes
- **Functioning** measured with the World Health Organization’s Disability Assessment Schedule (WHODAS)

Section II: 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, Conduct
16. Substance Use/Addictive
17. Neurocognitive
18. Personality
19. Paraphilic
20. Other Disorders

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### Neurodevelopmental Disorders (new)

- Intellectual Disability (formerly mental retardation)
- Communication Disorders
  - Social Communication Disorder (new)
- Autism Spectrum Disorder
- Attention Deficit/Hyperactivity Disorder
- Specific Learning Disorder (specifiers for reading, writing, and mathematics)
- Motor Disorders

### Schizophrenia Spectrum Disorders

- Schizotypal (Personality) Disorder
- Delusional Disorder
- Brief Psychotic Disorder
- Schizophreniform Disorder
- Schizophrenia
- Schizoaffective Disorder
- Substance/Medication Induced Psychotic Disorder

### Bipolar and Related Disorders

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

*Increased energy/activity now core symptoms*

### Depressive Disorders

- Disruptive Mood Dysregulation Disorder (new)
- Major Depressive Disorder (single and recurrent)
- Persistent Depressive Disorder (formerly Dysthymia, Chronic Depressive Disorder)
- Premenstrual Dysphoric Disorder (new)
- Substance Induced Depressive Disorder
Anxiety Disorders

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

- Separation Anxiety Disorder (kids and adults)
- Panic Disorder (expected and unexpected specifiers)
- Agoraphobia

Specific Phobia
- Generalized Anxiety Disorder (physical sx lowered from 6 to 2)
- Social Anxiety Disorder
- Selective Mutism (formerly in child chapter)

Obsessive Compulsive Disorders (new)

- 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 (excoriations) Disorder (new)

Trauma and Stressor-Related Disorders (new)

- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder (new)
- Posttraumatic Stress Disorder
  - Ages six and up
  - Pre-six year subtype
- Acute Stress Disorder
- Adjustment Disorders (may be related to bereavement)
Dissociative Disorders
- Dissociative Identity Disorder
- Dissociative Amnesia
- Dissociative Fugue
- Depersonalization-Derealization Disorder

Somatic Symptom and Related Disorders
- Somatic Symptom Disorder (formerly Somatization Disorder, Undifferentiated Somatoform Disorder, Pain Disorder, and Hypochondriasis)
- Illness Anxiety Disorder (Hypochondriasis)
- Conversion Disorder
- Psychological Factors Affecting Medical Condition
- Factitious Disorder

Dissociative Disorders
- Dissociative Identity Disorder
- Dissociative Amnesia
- Dissociative Fugue
- Depersonalization-Derealization Disorder

Feeding and Eating Disorders
- Pica*
- Rumination Disorder*
- Avoidant/Restrictive Food Intake Disorder*
- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder (new – moved from appendix) – one binge per week for three months

Sleep-Wake Disorders
- Insomnia
- Hypersomnia
- Narcolepsy
- Breathing-Related Sleep Disorders
- Circadian Rhythm Disorders
- Parasomnias
- Restless Legs Syndrome

Sexual Dysfunction
- Delayed Ejaculation
- Erectile Disorder
- Female Orgasmic Disorder
- Female Sexual Interest/Arousal Disorder (nee two disorders)
- Genito-Pelvic Pain/Penetration Disorder (vaginismus and dyspareunia)
- Male Hypoactive Sexual Desire Disorder
- Premature (early) Ejaculation

Gender Dysphoria (not ‘Disorder’*)
- Gender Dysphoria in Children
- Gender Dysphoria in Adolescents and Older Adults

*Formerly in Sexual and Gender Identity Disorders Chapter
Disruptive, Impulse Control, and Conduct Disorders *(new)*

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

**Formerly in Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence and Impulse Control Disorders Not Elsewhere Classified**

**Substance Use and Addictive Disorders**

- Substance abuse, alcohol dependence = substance use disorder
- Mild, Moderate, and Severe
- Reduced number of symptoms for dx
- Legal problems criterion removed
- Process addiction

- Alcohol-Related Disorders
- Caffeine-Related Disorders
  - Caffeine Withdrawal *(new)*
- Cannabis-Related Disorders
  - Cannabis Withdrawal *(new)*
- Hallucinogen-Related Disorders
- Inhalant-Related Disorders
- Opioid-Related Disorders
- Sedative-hypnotic-Related Disorders
- Tobacco-Related Disorders
- Gambling Disorder

**Other Changes**

- **Neurocognitive Disorders**: Delirium, Mild Neurocognitive Disorders, Major Neurocognitive Disorders
- **Personality Disorders**: antisocial, avoidant, borderline, obsessive-compulsive, narcissistic, schizotypal, *paranoid, schizoid, histrionic, dependent*
- **Paraphilic Disorders**: Voyeuristic Disorder, Exhibitionistic Disorder, Frotteuristic Disorder, Sexual Masochism Disorder, Sexual Sadism Disorder, Pedophilic Disorder, Fetishistic Disorder, Transvestic Disorder
Assessment Measures

- Cross-Cutting Symptom Measures
- Disorder-Specific Severity Measures
- Disability Measures
- Personality Inventories
- Early Development and Home Background
- Cultural Formulation Inventories

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Level 1 Cross Cutting Assessment - Adults

23 questions in 13 domains for the last two weeks

- Depression
- Anger
- Mania
- Anxiety
- Somatic symptoms
- Suicidal ideation
- Psychosis
- Sleep problems
- Memory*
- Repetitive thoughts and behaviors
- Dissociation*
- Personality functioning*
- Substance use

*Not included in Child Assessment

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Level 2 Cross Cutting Symptom Measures for Adults

Used to examine significant responses to Level 1 assessment

<table>
<thead>
<tr>
<th>Domain</th>
<th>Level 2 Measure</th>
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<tbody>
<tr>
<td>Depression</td>
<td>PROMIS Depression Short Form</td>
</tr>
<tr>
<td>Anger</td>
<td>PROMIS Anger Short Form</td>
</tr>
<tr>
<td>Mania</td>
<td>Altman Self-Rating Mania Scale</td>
</tr>
<tr>
<td>Anxiety</td>
<td>PROMIS Anxiety Short Form</td>
</tr>
<tr>
<td>Somatic</td>
<td>PHQ-15 Somatic Symptom Severity</td>
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<tr>
<td>Sleep</td>
<td>PROMIS Sleep Disturbance Short Form</td>
</tr>
<tr>
<td>Repetitive thoughts</td>
<td>Adaptation of Florida O-C Inventory Severity Scale</td>
</tr>
<tr>
<td>Substance</td>
<td>Adaptation of NIDA's ASSIST</td>
</tr>
</tbody>
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Shift from Funding DSM Based Research

April 29, 2013

• “... 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
• Softened the message by saying that the manual is the best we have available

Thomas R. Insel
Director NIMH

The Brain Initiative

Brain Research through Advancing Innovative Neurotechnologies

The 6th Edition

• Statistical Manual – where are the statistics?
• Mental Disorders: A Crucial Reframing
  • “... stop thinking about mental disorders and start understanding them as brain disorders.”
  ~Thomas Insel, 2013
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