A HELPFUL WALK THROUGH DSM-5

ROGER SHAFFER, MD
UNITY POINT-FINLEY
SUMMIT CENTER FOR OLDER ADULTS
DUBUQUE, IA
OBJECTIVES

• The learner will identify the foundational differences between the DSM-5 and the previous DSM.
• The learner will list the 15 new disorders identified in the DSM-5.
• The learner will define “clumping” as it relates to changes in the DSM-5.
• The learner will list the major changes in PTSD diagnosis.
• The learner will identify the changes in the Schizophrenia diagnosis.
• The learner will identify why the multi-axial diagnosis was eliminated.
DSM 1, 2, & 3

• Emphasis on psychoanalytic concepts
  • Almost every condition had a psychological causation
  • Conscious and unconscious motivations were identified
  • Freudian and Neo-Freudian influences (in other words, treatment psychoanalytic psychotherapy defined diagnosis).
DSM IV-BIOLOGICAL PSYCHIATRY

• Prescriptions/medication drove much of the diagnostic criteria.
• This was the era of medication management with psychotherapy taking a back seat.
• Freudian concepts were thrown “under the bus.”
DSM-5

- 1999: The work group consists of 400 international research investigators in 13 conferences.
- 2007: DSM-5 task force and work groups were created with 160 world-renowned clinicians and researchers.
- 2010: The first draft.
- 2011 and 2012: DSM-5 co-chairs created the final document approved by the American Psychiatric Association Board of Trustees.
- May 2013: DSM-5 unveiled.
DSM-5 – DEFINITION OF A MENTAL DISORDER

- Has clinical utility
- Should help predict
  - Prognosis
  - Treatment planning
  - Potential treatment outcomes
EVIDENCE FOR A DIAGNOSIS:

- Antecedent validator’s “nature versus nurture”
- Concurrent validator’s neural substrates, biological markers, emotional and cognitive processing
- Predict the validator’s clinical course and outcomes
THE IMPORTANCE OF DESCRIPTORS AND SPECIFIERS

- Severity – Mild, moderate, severe, or extreme
- Does not meet full criteria; therefore,
  - Other specified
  - Unspecified
- Descriptive features, i.e., good to fair insight, controlled environment
- Course of the illness
- Partial remission, full remission, or recurrent as examples
15 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
15 NEW DISORDERS CONT.

- 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 Leg Syndrome
  - Dyssomnia NOS
• Caffeine Withdrawal
  • DSM-IV appendix
• Cannabis Withdrawal
• Major Neurocognitive Disorder with Lewy Body Disease
  • Dementia due to Other Medical Conditions
• Mild Neurocognitive Disorder
  • DSM-IV appendix
ELIMINATED DISORDERS

- Sexual Aversion Disorder
- Polysubstance-Related Disorder
COMBINED DISORDERS (CLUMPING)

- **Language Disorder**
  - Expressive Language Disorder & Mixed Receptive Expressive Language Disorder

- **Autism Spectrum Disorder**
  - Autistic Disorder, Childhood Disintegrative Disorder, & Rett’s Disorder

- **Specific Learning Disorder**
  - Reading Disorder, Math Disorder, & Disorder of Written Expression
COMBINED DISORDERS (CLUMPING) CONT.

- 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
• Hypersomnia Disorder
  • Primary Hypersomnia & Hypersomnia Related to Another Mental Disorder
• Non-Rapid Eye Movement Sleep Arousal Disorders
  • Sleepwalking Disorder & Sleep Terror Disorder
COMBINED DISORDERS (CLUMPING) CONT.

- Genito-Pelvic Pain/Penetration Disorder
  - Vaginismus & Dyspareunia
- Alcohol Use Disorder
  - Alcohol Abuse & Alcohol Dependence
- Cannabis Use Disorder
  - Cannabis Abuse & Cannabis Dependence
- Phencyclidine Use Disorder
  - Phencyclidine Abuse & Phencyclidine Dependence
COMBINED DISORDERS (CLUMPING) CONT.

- Other Hallucinogen Use Disorder
  - Hallucinogen Abuse & Hallucinogen Dependence
- Inhalant Use Disorder
  - Inhalant Abuse & Inhalant Dependence
- Opioid Use Disorder
  - Opioid Abuse & Opioid Dependence
- Sedative, Hypnotic, or Anxiolytic Use Disorder
  - Sedative, Hypnotic or Anxiolytic Abuse & Sedative, Hypnotic or Anxiolytic Dependence
COMBINED DISORDERS (CLUMPING) CONT.

- Stimulant Use Disorder
  - Amphetamine Abuse, Amphetamine Dependence, Cocaine Abuse, Cocaine Dependence
- Stimulant Intoxication
  - Amphetamine Intoxication & Cocaine Intoxication
- Stimulant Withdrawal
  - Amphetamine Withdrawal & Cocaine Withdrawal
- Substance/Medication-Induced Disorders
  - Aggregate of Mood (+1), Anxiety (+1), & Neurocognitive (-3)
AREAS TO DRILL DOWN INTO TODAY
DSM-5 CHANGES

- Neurodevelopmental disorders
- Anxiety disorders
- Depressive disorders
- Psychosis
- Neurocognitive disorders
- Personality disorders
NEURODEVELOPMENTAL DISORDERS

- All share these features
  - Occur during developmental period
  - Impacts on development
INTELLECTUAL DISABILITY (NO LONGER MENTAL RETARDATION)

- Deficits in
  - Intellectual functioning
  - Adaptive functioning
- Autism spectrum disorder (includes Asperger’s)
ANXIETY DISORDERS
ACUTE STRESS DISORDER

- PTSD A Criterion
- No mandatory (e.g., dissociative, etc.) symptoms from any cluster
- Nine (or more) of the following (with onset or exacerbation after the traumatic event)
  - Intrusion (4), Negative Mood (1), Dissociative (2), Avoidance (2), Arousal (5)
DSM-IV ANXIETY DISORDERS

- Anxiety Disorders
  - Panic, Specific Phobia, Social Phobia, GAD etc.
- O-C, Stereotypic & Related Disorders
  - OCD, Body Dysmorphic, Hoarding, Hair Pulling, Skin Picking, etc.
- Trauma- and Stressor-Related Disorders
  - PTSD, ASD, ADs, RAD, DSES
- Dissociative Disorder
  - DID, Depersonalization/Derealization, Dissociative Amnesia, etc.
PTSD MAJOR CHANGES: DSM-IV TO DSM-5

• All symptom onset/exacerbation after trauma exposure
• Tightening A1 Criterion
• Eliminating A2 Criterion
• 3 New symptoms - Clarification of others
• 4 (rather than 3) symptom Clusters
• Special Criteria for Pre-Schoolers
• Dissociative Sub-type
PTSD ALTERNATIVES IN AROUSAL AND REACTION

- Irritable or aggressive behavior (e.g., yelling at other people, getting into fights or destroying things (revised D3))
- Reckless or self-destructive behavior (e.g. driving too fast or while intoxicated, heavy drug or alcohol use, risky sexual behavior, or trying to injure or harm oneself) (new)
PERSONALITY DISORDERS

• Diagnostic criteria for 10 personality disorders in Section II “Essential Elements: Diagnostic Criteria and Codes” are unchanged from DSM – IV
• However Axis II has been eliminated
PERSONALITY DISORDER TYPES

• Reduced number of specific PDs (6 instead 10)
  • Antisocial
  • Avoidant
  • Borderline
  • Narcissistic
  • Obsessive-Compulsive
  • Schizotypal
  • PD-Trait specified for other 4 DSM-IV PDs and any other PD presentations
DSM – 5 PERSONALITY TRAIT DOMAINS

- Negative affectivity (7 trait facets)
- Detachment (5 trait facets)
- Antagonism (5 trait facets)
- Disinhibition vs. Compulsivity (5 trait facets)
- Psychoticism (3 trait facets)
- = 25 trait facets winnowed from 37 by means of survey in general population
## IN COMPARISON

<table>
<thead>
<tr>
<th>Mild Neurocognitive Disorder (MCI)</th>
<th>Major Neurocognitive Disorder (Dementia)</th>
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<tbody>
<tr>
<td>• Cognitive decline</td>
<td>• Cognitive decline</td>
</tr>
<tr>
<td>• Single cognitive domain impaired (usually)</td>
<td>• Significant cognitive impairment in one or more often multiple cognitive domains</td>
</tr>
<tr>
<td>• Preservation of independence</td>
<td>• Loss of independence</td>
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MILD NCD

- **Rationale**
  - Mild cognitive impairment, early recognition, intervention, clinical trials

- **Cognitive decline**
  - Report by patient, informant, clinician
  - Mild cognitive deficits

- **Not interfere with independence greater effort**

- **Not delirium**

- **Not primarily attributable to other axis 1 disorder**
MAJOR NCD (DEMENTIA)

- Cognitive decline (1 or usually 2 cognitive domains)
  - Report by patient, informant, clinician
  - Deficits on assessment
- Interfere with independence assistance in IADL’s
- Not delirium
- Not primarily attributable to another disorder
NEUROCOGNITIVE DISORDER DOMAINS CONTINUED

- **Language**
  - Major: anomia, paraphasias
  - Mild: decreased naming, word finding

- **Visuoconstruction/Visuoperception**
  - Major: not driving, decreased navigation
  - Mild: maps, effort

- **Social cognition**
  - Major: insensitivity social contexts
  - Mild: subtle personality, decreased empathy
NEUROCOGNITIVE DISORDER DOMAINS

• Executive abilities
  • Major: abandon, complex activities
  • Mild: increased effort, multi-tasking

• Learning/memory
  • Major: repeat self in conversation
  • Mild: recent events, occasionally repeating
SCHIZOPHRENIA SPECTRUM DISORDER

- Disorders of content of thought and perception
- Disorders of affect
- Disorders of personal relationships
- Disorders of form of speech and thoughts
- Disorders motor behaviors
- Lack of insight
SCHIZOAFFECTIVE DISORDER CRITERIA

• Delusions and/or hallucinations for 2 or more weeks in the absence of a major mood episode (depressive or manic) during the lifetime duration of the illness

• Symptoms that meet criteria for a major mood episode are present for the majority of the total duration of the active and residual portion of the illness

• The disturbance is not attributed to the direct effects of a substance or another medical condition
SCHIZOAFFECTIVE DISORDER CRITERIA

- An uninterrupted period of illness during which there is a major mood episode (major depressive or manic) concurrent with Criterion A of schizophrenia.
- NOTE: The major depressive episode must include criterion A1: Depressed mood.
CRITERIA FOR SCHIZOPHRENIA

- Two or more of the following, each present for a significant portion of time during a 1-month period
  - Delusions
  - Hallucinations
  - Disorganized speech
  - Grossly abnormal psychomotor behavior, such as catatonia
  - Negative symptoms i.e. restricted affect or a volition and apathy
ANXIETY SEVERITY SPECIFIER ACROSS ALL MOOD DISORDERS

- Specify – with Anxious Distress – two or more symptoms
- Anxious Symptoms
  - Keyed up/tense
  - Unusually restless
  - Difficulty concentrating because of work
  - Fear that something awful may happen
  - Feeling of losing control of self
ANXIETY SEVERITY SPECIFIER ACROSS ALL MOOD DISORDERS – CONT.

- Anxiety Severity
  - Mild – 2 symptoms
  - Moderate – 3
  - Moderate to severe – 4
  - Severe – 4-5 with motor agitation
• Premenstrual Dysphoric Disorder
  • Criteria A
    • At least 5 symptoms present, improve at cessation of menses, diminished or absent the week after
  • Criteria B
    • Marked affective liability, marked irritability, marked depression, marked anxiety
  • Criteria C
    • Decreased interest, lethargy, decreased concentration, marked change in appetite, sleep disturbance, feeling overwhelmed, physical symptoms
  • Symptoms have occurred several times in the past year and can be significantly distressing
DEPRESSIVE DISORDERS - NEW DIAGNOSES CONT.

• Persistent Depressive Disorder - replacing Dysthymic Disorder
  • Present at least 2 years in adults, one year in children/adolescents
  • Criteria 2 or more
    • Appetite disturbance, sleep disturbance, low energy/fatigue, low self esteem, poor concentration/decision making, hopelessness
DEPRESSIVE DISORDERS - NEW DIAGNOSES

- Disruptive Mood Dysregulation Disorder
  - Ages 6-18
  - Verbal or behavioral angry outbursts
  - Out of proportion
  - 3 or more times a week with general irritable mood most of the time for at least 12 months
  - With no 3 month period free of episodes
  - Alternative to Bipolar Specified or Unspecified
DEPRESSIVE DISORDERS

- Major Depressive Episode – drop bereavement exclusion
- Major Depressive Episode – addition of mixed specifier
- Major Depressive Episode – addition of anxious distress specifier
- Depressive Disorder NOS – change to specified and unspecified
All axes have been eliminated, as they were not able to be validated.
I hope you have enjoyed this hundred yard dash through DSM-5.