ICD 10/DSM 5 Training

Dr. Nick Piazza
Attendance - Morning

Present
1. Larry Mayfield
2. Ruth Simon
3. Stephanie Green
4. Kelly Parker
5. Pam Wallace
6. Mike Shepard
7. Laura Smith
8. Elaine Cole
9. Sheri Ferri
10. Tiffany Bacon-Brodnax
11. Gracie Gholson
12. Linda Montgomery
13. Rebecca Simmerman
14. Ulyssa Cook
15. Joanne Scallioni
16. Beth Engelhorn
17. Ericka Ligon
18. Tammy Hudson
19. Betty Rose
20. Ken Schwartz
21. Debra Berryman
22. Novella Beaver
23. Raven Jackson
24. Liz Salom (ATP)

Attendance - Afternoon

Present
1. Larry Mayfield
2. Ruth Simon
3. Stephanie Green
4. Kelly Parker
5. Mike Shepard
6. Laura Smith
7. Elaine Cole
8. Sheri Ferri
9. Tiffany Bacon-Brodnax
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18. Betty Rose
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Training Outline and Agenda

Objectives

- REVIEW THE HISTORY, ORGANIZATION, AND PHILOSOPHY OF DSM-5
- REVIEW DIAGNOSTIC CRITERIA IN DSM-5 AND ANY DIFFERENCES FROM DSM-IV & DSM-IV-TR
- PRACTICE APPLYING DSM-5 CRITERIA THROUGH CASE EXAMPLES

Assumptions

- KNOW THE DSM-IV AND DSM-IV-TR
- KNOW HOW TO DO A DIAGNOSTIC ASSESSMENT
- WILL NOT BE MAKING TREATMENT RECOMMENDATIONS
- CASE STUDIES: NO PERFECT EXAMPLES, SO NO PERFECT CASE STUDIES

Why Diagnose?

- FACILITATES TREATMENT PLANNING.
- FACILITATES EFFECTIVE COMMUNICATION AMONG DIFFERENT MENTAL HEALTH PROFESSIONS.
- CAN PROMOTE CONTINUITY OF CARE.
- FACILITATES RESEARCH AND EVALUATION.
- INSURANCE REIMBURSEMENT.

DSM-I

- BASED ON A SYSTEM THAT WAS USED NATIONALLY BY PSYCHIATRIC HOSPITALS FOR STATISTICAL CODING AND MEDICAL RECORDS
- NOMENCLATURES OF THE DAY WERE INADEQUATE TO MEET POST-WWII NEEDS OF VETERANS
- PURPOSE WAS TO DEVELOP A UNIFORM NOMENCLATURE
- DX WERE BASED ON ADOLPH MEYER’S THEORY OF ETIOLOGY THAT MENTAL DISORDERS WERE “REACTIONS” TO BIOLOGICAL, PSYCHOLOGICAL, AND/OR SOCIAL STRESSORS
- DISCRIMINATED ORGANIC FROM FUNCTIONAL DISORDERS; CHRONIC AND ACUTE

DSM-II

- FIRST ATTEMPT BY THE APA TO INTEGRATE DSM WITH WHO’S ICD-8 (WORLD PSYCHIATRY)
- PURPOSE WAS TO FACILITATE MAXIMUM COMMUNICATION AND REDUCE AMBIGUITY AND CONFUSION
- NEW ORIENTATION TO ETIOLOGY
- ENCOURAGED MULTIPLE DIAGNOSES
- STILL DISCRIMINATED ORGANIC FROM FUNCTIONAL; CHRONIC AND ACUTE

DSM-III & DSM-III-R

- FIRST DSMS TO GIVE EQUAL WEIGHT TO CLINICAL UTILITY AS WELL AS STATISTICAL ACCURACY; ACKNOWLEDGED ROLE IN TRAINING
- ADOPTED A PHENOMENOLOGICAL APPROACH
- FIRST TO ACKNOWLEDGE LIMITS TO A CATEGORICAL APPROACH
- INTRODUCED MULTIAXIAL APPROACH TO DX
- ELIMINATED USE OF NEUROSES AND NEUROTIC DISORDER; HOMOSEXUALITY NO LONGER A DISORDER; GREATLY EXPANDED SUBSTANCE-RELATED DISORDERS; REPLACED MANIC-DEPRESSION WITH BI-POLAR

DSM-IV & DSM-IV-TR

- PURPOSE WAS TO INCREASE THE PRACTICAL AND CLINICAL UTILITY OF THE DSM AND COMPATIBILITY WITH ICD-9-CM AND, LATER, ICD-10
- EXPANDED ON LIMITATIONS OF A CATEGORICAL APPROACH; SUGGESTS A DIMENSIONAL APPROACH MAY BE SUPERIOR
- ORGANIZED ALONG DEVELOPMENTAL/SEVERITY PARAMETERS
  - Disorders of infancy, childhood, or adolescence listed first
  - Adult disorders listed in order of decreasing severity

DSM-5.0 Purpose & Goals

- DIAGNOSTIC TOOL FOR CLINICIANS
- EDUCATIONAL RESOURCE & TEXTBOOK
- REFERENCE FOR RESEARCHERS
- COMMON NOMENCLATURE
- FACILITATE COLLECTING AND COMMUNICATING PUBLIC HEALTH STATISTICS
- HARMONIZE WITH ICD-9-CM AND -10; ANTICIPATE ICD-11
- PROPOSE A NEW ORGANIZATIONAL STRUCTURE TO STIMULATE NEW CLINICAL PERSPECTIVES

**DSM-5 Organization**
- LIFESPAN APPROACH
  - Childhood disorders first
  - Adolescent/young adult next
  - Adult/older adult disorders last
- DISORDERS’ RELATIONSHIP TO ONE ANOTHER
  ALONG PARAMETERS OF:
  - Internalizing (anxiety, depression, somatization)
  - Externalizing (impulsive, disruptive, substance use)

**DSM-5 Major Changes**
- DIMENSIONAL APPROACH, E.G.,
  - Consolidation of Autistic, Asperger’s, and Pervasive Developmental Disorders into Autism Spectrum Disorder
  - Consolidation of Substance Abuse and Substance Dependence Disorders into dimensional category of Substance Use Disorders.
- DIMENSIONAL APPROACH IS BOTH BETWEEN CATEGORIES AND WITHIN CATEGORIES, E.G.,
  - Neurodevelopmental disorders come well before neurocognitive disorders
  - Separation Anxiety comes before Specific Phobia
- MULTIAXIAL SYSTEM DROPPED
  - Medical conditions coded with other DX
  - No GAF; no stressors
- CHANGED NOS TO “OTHER SPECIFIED” AND “UNSPECIFIED”
- PROPOSING NEW WAY OF CONCEPTUALIZING PERSONALITY DISORDERS FOR RESEARCH

**DSM-5 Subtypes & Specifiers**
- SUBTYPES: DEFINE MUTUALLY EXCLUSIVE SUBGROUPINGS WITHIN A DIAGNOSIS
- SPECIFIERS: DEFINE SUBGROUPINGS THAT ARE NOT MUTUALLY EXCLUSIVE
  - Course
  - Severity
  - Descriptive features
- SUBTYPES AND SPECIFIERS MAY BE IMPORTANT BECAUSE THEY MAY BE TIED TO ICD CODES

**Online Assessment Measures**
- HTTP://WWW.PSYCHIATRY.ORG/PRACTICE/DSM/DSM5/ONLINE-ASSESSMENT-MEASURES
- LEVEL 1 CROSS-CUTTING SYMPTOM MEASURES
- LEVEL 2 CROSS-CUTTING SYMPTOM MEASURES
- DISORDER-SPECIFIC SEVERITY MEASURES
- DISABILITY MEASURES
- PERSONALITY INVENTORIES
- EARLY DEVELOPMENT AND HOME BACKGROUND
- CULTURAL FORMULATION INTERVIEWS
- UNKNOWN PSYCHOMETRICS; YOU MAY HAVE YOUR OWN FAVORITES (E.G., BDI, SCL-90, ETC.)

**DSM-5 Levels of Diagnosis**
- PRINCIPAL DX:
  - Condition responsible for current treatment episode or
  - Reason for visit
- SECONDARY DX: REMAINING DISORDERS IN ORDER OF FOCUS OF ATTENTION OR TREATMENT
- PROVISIONAL OR RULE OUT DX: USED WHEN FULL CRITERIA OR DURATION OF CONDITION HAVE NOT YET BEEN MET
- PAST DX: PREVIOUS CONDITIONS THAT HAVE BEEN TREATED IN THE PAST, BUT ARE NOW SPECIFIED AS “IN REMISSION”
- MEDICAL CONDITIONS

**Dynamic Diagnosis**
- DIAGNOSIS IS NOT A ONE TIME ACTIVITY
- DIAGNOSIS IS ONGOING PROCESS OF CHANGE AND REVISION
- EVERY CLIENT/PATIENT WILL PROBABLY HAVE AT LEAST THREE DIAGNOSES:
Admitting
Treatment
Discharge

DON’T BE AFRAID TO USE “PROVISIONAL” AND “RULE OUT”

**DSM-5 Philosophy**

- PHENOMENOLOGICAL APPROACH
  - Something exists.
  - This something appears.
  - Precisely because this thing appears it is a phenomenon.

- PROCESS OF PHENOMENOLOGICAL APPROACH
  - Observe a phenomenon
  - Determine the inherent structure
  - Describe the phenomenon and its structure
  - Classify and label (name) the phenomenon

**DSM-5 Diagnostic Codes**

- EACH DISORDER HAS
  - A 4 to 5 digit DSM code number followed by
  - An ICD code number in parentheses followed by
  - The name of the disorder followed by
  - The page number

- CATEGORIES WILL INCLUDE SPECIFIERS AND SUBTYPES

**Basic Features of DSM-5**

- CLINICAL FEATURES
  - Signs and Symptoms

- DIAGNOSTIC CRITERIA USE ONE OF TWO FORMATS:
  - Polythetic: a minimal number of potential symptoms must be present
  - Monothetic: each of several criteria must be present

**Problems with Reliability**

- RELIABILITY AND VALIDITY
  - Sensitivity: true positive
  - Specificity: true negative

- PROBLEMS WITH RELIABILITY AND VALIDITY
  - Irritability a Sx in more than a dozen Dx
  - Considerable Sx overlap between Dx and categories

**Problems with Reliability: Example**

- DEPRESSION
- SAD, IRRITABLE, ANHEDONIA
- WEIGHT CHANGE
- HYPERSOMNIA/INSOMNIA
- PSYCHOMOTOR AGITATION/RETARDATION
- IMPAIRED CONCENTRATION/MEMORY
- LOSS OF ENERGY
- ANXIETY
- IRRITABILITY
- WEIGHT CHANGE
- INSOMNIA
- RESTLESSNESS
- IMPAIRED CONCENTRATION/MEMORY
- FATIGUE
- HOW DSM-5 DESCRIBES DISORDER
- DIAGNOSTIC FEATURES AND A CLINICAL SKETCH
- ASSOCIATED FEATURES
- PREVALENCE
How DSM-5 Defines Mental Disorder

A SYNDROME CHARACTERIZED BY A CLINICALLY SIGNIFICANT DISTURBANCE IN COGNITION, EMOTIONAL REGULATION, OR BEHAVIOR THAT REFLECTS DYSFUNCTION IN PSYCHOLOGICAL, BIOLOGICAL, OR DEVELOPMENTAL PROCESSES UNDERLYING MENTAL FUNCTIONING

ASSOCIATED WITH SIGNIFICANT DISTRESS OR DISABILITY IN SOCIAL, OCCUPATIONAL, OR OTHER IMPORTANT ACTIVITIES

SOCIALLY DEVIANT BEHAVIOR AND CONFLICTS BETWEEN THE INDIVIDUAL AND SOCIETY ARE NOT DISORDERED UNLESS THE DEVIANCE RESULTS FROM MENTAL DISORDER

DSM Developmental Hx in Sum

DSM-5 Chapters & Sequence

Developmental

1. NEURODEVELOPMENTAL DISORDERS
2. SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS
3. BIPOLAR AND RELATED DISORDERS
4. DEPRESSIVE DISORDERS
5. ANXIETY DISORDERS
6. OBSESSIVE-COMPULSIVE AND RELATED DISORDERS
7. TRAUMA- AND STRESSOR-RELATED DISORDER
8. DISSOCIATIVE DISORDERS

Internalizing

9. SOMATIC SYMPTOM DISORDERS
10. FEEDING AND EATING DISORDERS
11. ELIMINATION DISORDERS
12. SLEEP-WAKE DISORDERS
13. SEXUAL DYSFUNCTIONS
14. GENDER DYSPHORIA

Externalizing

15. DISRUPTIVE, IMPULSE CONTROL AND CONDUCT DISORDERS
16. SUBSTANCE-USE AND ADDICTIVE DISORDERS

Developmental

17. NEUROCOGNITIVE DISORDERS
18. PERSONALITY DISORDERS
19. PARAPHILIC DISORDERS
20. OTHER DISORDERS

DSM-5 Diagnostic Categories

- NEURODEVELOPMENTAL DISORDERS

Diagnoses

1. INTELLECTUAL DISABILITIES
   - Mild, moderate, severe, profound
- COMMUNICATION DISORDERS
- AUTISM SPECTRUM DISORDERS
- ATTENTION-DEFICIT HYPERACTIVITY DISORDER
   - Combined, inattentive, hyperactive/impulsive
2. SPECIFIC LEARNING DISORDER
- MOTOR DISORDERS
Tourette’s, tics
- OTHER SPECIFIED NEURODEVELOPMENTAL DISORDER
- UNSPECIFIED NEURODEVELOPMENTAL DISORDER

Intellectual Disability
- REPLACES THE TERM “MENTAL RETARDATION” WITH “INTELLECTUAL DISABILITY”
- 4 SPECIFIERS (MILD, MODERATE, SEVERE, PROFOUND); ALL CODED SEPARATELY IN ICD
  - DSM code: 319; ICD-10-CM codes F70, F71, F72, F73
- CRITERIA INCLUDE:
  - Impaired intellectual functioning (IQ≤70)
  - Impaired adaptive functioning in one or more ADLs across multiple settings

Case of Mary

Communication Disorders
- 315.39 (F80.9) LANGUAGE DISORDER (COMBINES DSM-IV EXPRESSIVE AND MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDERS)
- 315.39 (F80.0) SPEECH SOUND DISORDER (NEW NAME FOR PHONOLOGICAL DISORDER)
- 315.35 (F80.81) CHILDHOOD-ONSET (FLUENCY DISORDER; FORMERLY STUTTERING)
- 315.39 (F80.89) SOCIAL (PRAGMATIC) COMMUNICATION DISORDER (NEW DISORDER)

Autism Spectrum Disorder
- DSM CODE 299; ICD CODE F84
- COMBINES AUTISTIC DISORDER, ASPERGER’S DISORDER, CHILDHOOD DISINTEGRATIVE DISORDER, RETT SYNDROME, AND PERVERSE DEVELOPMENTAL DISORDER INTO SINGLE DIMENSIONAL DISORDER WITH LEVELS OF SEVERITY REFLECTING AMOUNT OF SUPPORT REQUIRED
  - Focus is now on severity and not type
- DIAGNOSTIC CRITERIA:
  - Deficits in social communication and interaction
  - Restricted, repetitive behaviors, interests, & activities
  - SYMPTOMS IN MORE THAN ONE SETTING BEGINNING FROM EARLY CHILDHOOD

DSM-5 Autism Severity Table

Attention-Deficit/Hyperactivity Disorder (ADHD)
- DSM CODE 314.XX; ICD CODE F90.X
- DIAGNOSTIC CRITERIA UNCHANGED FROM DSM-IV
  - Inattention and hyperactive/impulsive
  - Ignores executive functioning and delayed maturation
- DIAGNOSTIC THRESHOLD:
  - 6 or more Sx for children
  - 5 or more Sx for adolescents or adults
- ONSET CRITERIA CHANGED FROM BEFORE AGE 7 TO BEFORE AGE 12
- COMORBID DIAGNOSES WITH ADHD ALLOWED

Case of Noreen

What DSM-5 Left Out of ADHD
- EXECUTIVE FUNCTIONING
  - Planning
  - Prioritizing
  - Persistence (sustained effort; follow through)
  - Past experience (does not learn from past mistakes and apply that to present
- DELAYED SOCIAL MATURATION
  - Takes 25 years to turn 18

Specific Learning Disorder
- DSM CODES 315.X; ICD CODES F81.XX
- SPECIFIERS RELATED TO DEFICITS IN READING, WRITTEN EXPRESSION AND MATHEMATICS AND SPECIFYING MILD, MODERATE, OR SEVERE
Motor Disorders

- MOSTLY UNCHANGED FROM DSM-IV
- 315.4 (F82) DEVELOPMENTAL COORDINATION DISORDER
- 307.3 (F98.4) STEREOTYPIC MOVEMENT DISORDER
- 307.2X (F95.X) TIC DISORDERS
  - 307.23 (F95.2) Tourette’s Disorder
- 315.X (F88 & F89) OTHER NEURODEVELOPMENTAL DISORDERS

DSM-5 Diagnostic Categories

- SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS

Diagnoses

- 301.22 (F21) SCHIZOTYPAL (PERSONALITY) DISORDER
- 297.1 (F22) DELUSIONAL DISORDER
- 298.8 (F23) BRIEF PSYCHOTIC DISORDER
- 295.40 (F20.81) SCHIZOPHRENIFORM DISORDER
- 295.90 (F20.9) SCHIZOPHRENIA
- 295.70 (F25.0, F25.1) SCHIZOAFFECTIVE DISORDER (BIPOLAR OR DEPRESSIVE TYPE)
- SUBSTANCE/MEDICATION-INDUCED PSYCHOTIC DISORDER – SEE SUBSTANCE-SPECIFIC CODES
- 293.81, 293.82 (F06.2, F06.0) PSYCHOTIC DISORDER DUE TO ANOTHER MEDICAL CONDITION; WITH DELUSIONS OR WITH HALLUCINATIONS
- 293.89 (F06.1) CATATONIA ASSOCIATED WITH ANOTHER MENTAL DISORDER
- 293.89 (F06.1) CATATONIC DISORDER DUE TO ANOTHER MEDICAL CONDITION
- 293.89 (F06.1) UNSPECIFIED CATATONIA
- 298.8 (F28) OTHER SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDER

DSM-5 Compared to DSM-IV

- DIAGNOSTIC CRITERIA FOR DSM-5 ESSENTIALLY UNCHANGED FROM DSM-IV
- ELIMINATES SCHIZOPHRENIA SUBTYPES (E.G., PARANOID, DISORGANIZED, CATATONIC, UNDIFFERENTIATED AND RESIDUAL TYPES)
- CATATONIA SPECIFIER REQUIRES 3 OF 12 SX FOR THIS DESIGNATION

Delusional Disorder

- DIAGNOSTIC CRITERIA: DELUSIONS FOR 1+ MONTH(S)
  - Eroticomic
  - Grandiose
  - Jealous
  - Persecutory
  - Somatic
- SPECIFY:
  - If bizarre
  - Course and severity
- PERMITS DX USING BOTH BIZARRE AND NON-BIZARRE DELUSIONS
- DOES NOT DISTINGUISH BETWEEN DELUSIONAL DISORDER AND SHARED DELUSIONAL DISORDER

Case of Rita

Schizophreniform Disorder

- MEANT TO BE PRODROMAL TO SCHIZOPHRENIA
- DX CRITERION A: 2+ SX FOR AT LEAST 1 BUT LESS THAN 6 MONTH(S); ONE OF WHICH MUST BE (1), (2), OR (3)
  - Delusions
  - Hallucinations
  - Disorganized Speech
  - Disorganized or catatonic behavior
  - Negative Sx

Schizophrenia

- DX CRITERION A: 2+ SX FOR AT LEAST 6 MONTH(S); ONE OF WHICH MUST BE (1), (2), OR (3)
  - Delusions
Case of Etta
Case of Greg

Schizoaffective Disorder Dx Criteria
- **MEETS CRITERION A FOR SCHIZOPHRENIA**
  - Hallucinations, delusions, disorganized speech, disorganized behavior or catatonia, negative Sx
- **MEETS CRITERIA FOR A MANIC OR DEPRESSIVE EPISODE**
- **DIFFERENTIAL**
  - Delusions or hallucinations must be present for at least 2 weeks, otherwise consider depressive disorder or bipolar with psychotic features

Schizoaffective Disorder
- **295.70 (F25.0) BIPOLAR TYPE: APPLIES IF A MANIC EPISODE IS PART OF THE PRESENTATION EVEN IN THE PRESENCE OF DEPRESSIVE EPISODES**
- **295.70 (F25.1) DEPRESSIVE TYPE: APPLIES IF DEPRESSIVE EPISODES AND NOT MANIA ARE PART OF THE PRESENTATION**
- **SPECIFY IF “WITH CATATONIA”, NUMBER OF EPISODES, REMISSION STATUS, SEVERITY**
- **CHANGES FROM DSM-IV**
- DSM-IV: only required assessment of current period of disorder
- DSM-5: Sx that meet criteria for a major mood episode are present for the majority of the total duration of the active and residual portions of the disorder

Other Psychotic Disorders
- **298.8 (F23) Brief Psychotic Disorder**
  - Sx at least 1 day, but not more than 1 month
  - Delusions, hallucinations, disorganized speech, disorganized or catatonic behavior
- **Substance/Medication-Induced Psychotic Disorder – see substance-specific codes**
  - Sx: delusions or hallucinations
  - Associated with substance intoxication or withdrawal or exposure to a medication or toxin

DSM-5 Diagnostic Categories
- **BIPOLAR AND RELATED DISORDERS**

Diagnoses
- **296.XX (F31.XX)BIPOLAR I DISORDER**
- **296.89 (F31.81) BIPOLAR II DISORDER**
- **301.13 (F34.0) CYCLOTHYMIC DISORDER**
- **SUBSTANCE/MEDICATION-INDUCED BIPOLAR AND RELATED DISORDER**
- **293.83 (F06.3X) BIPOLAR DISORDER DUE TO ANOTHER MEDICAL CONDITION**
- **296.89 (F31.89) OTHER BIPOLAR AND RELATED DISORDER**
- **296.80 (F31.9) UNSPECIFIED BIPOLAR AND RELATED DISORDER**

DSM-5 Compared to DSM-IV
- **BIPOLAR NOW HAS ITS OWN CATEGORY**
  - Separated from DSM-IV Mood Disorders and
  - Distinct from DSM-5 Depressive Disorders
- **DIAGNOSTIC CRITERIA EXPERIENCED MINOR CHANGES**
  - Criteria include activity and energy levels and not just mood
  - Added “With anxious distress” specifier
- **DSM-IV “MIXED TYPE” ELIMINATED. USE “MIXED STATE” SPECIFIER INSTEAD**
- **ANTIDEPRESSANT-INDUCED MANIA REMOVED AND TREATED LIKE ANY OTHER MANIC EPISODE**

Manic Episode
- **ELEVATED, EXPANSIVE, OR IRRITABLE MOOD AND ABNORMALLY AND PERSISTENTLY INCREASED GOAL-DIRECTED ACTIVITY OR ENERGY, LASTING AT LEAST 1 WEEK (OR HOSPITALIZATION).**
• 3+ (OR MORE) SX:
  o inflated self-esteem or grandiosity
  o decreased need for sleep
  o more talkative than usual or pressured speech
  o flight of ideas or subjective experience that thoughts are racing
  o distractibility as reported or observed
  o increase in goal-directed activity or psychomotor agitation
  o excessive involvement in pleasurable activities that have a high potential for painful consequences

Hypomanic Episode
• SAME SX PRESENTATION AS MANIA
• SX LAST AT LEAST 4 CONSECUTIVE DAYS (NOT A WEEK)
• SX USUALLY LESS SEVERE AND DO NOT REQUIRE HOSPITALIZATION

Major Depressive Episode
• 5+ SX FOR 2+ WEEKS
  o Depressed mood (sad, empty, hopeless)
  o Diminished interest or pleasure
  o Weight loss or gain (5% in a month)
  o Insomnia or hypersomnia
  o Fatigue or loss of energy
  o Feelings of worthlessness or excessive/inappropriate guilt
  o Impaired thinking/concentration, or indecisiveness
  o Recurrent thoughts of death or suicide

Bipolar Dx Criteria
• BIPOLAR I: AT LEAST ONE MANIC EPISODE ASSOCIATED WITH 1+ MAJOR DEPRESSIVE EPISODES
• BIPOLAR II: AT LEAST ONE HYPOMANIC EPISODE ASSOCIATED WITH 1+ MAJOR DEPRESSIVE EPISODES
• DIFFERENTIAL DX:
  Antidepressant-induced mania or hypomania should be Dx as Bipolar if symptoms persist beyond the physiological effect of Tx
  Consider Persistent Depressive Disorder (Dystymia) or Major Depressive Disorder, Recurrent episode if no Hx of mania or hypomania

Other Specified Bipolar and Related Disorders
• SX PRESENTATION DOES NOT MEET FULL CRITERIA FOR ANY OTHER BIPOLAR DIAGNOSIS DUE TO:
  o Insufficient symptoms
  o Symptoms present for insufficient duration
  o Hypomanic episode without a prior major depressive episode

Case of Mary—Depressed
Case of Mary—Manic

DSM-5 Diagnostic Categories
• DEPRESSIVE DISORDERS

Diagnoses
• 296.99 (F34.8) DISRUPTIVE MOOD DYSREGULATION DISORDER
• 296.XX (F32.X, F33.XX) MAJOR DEPRESSIVE DISORDER
• 300.4 (F34.1) PERSISTENT DEPRESSIVE DISORDER (DYSTHYMIA)
• 625.4 (N94.3) PREMENSTRUAL DYSPHORIC DISORDER
• SUBSTANCE/MEDICATION INDUCED DEPRESSIVE DISORDER
• Codes are substance-specific and in the substance use section of DSM-5
• 293.83 (F06.3X) DEPRESSIVE DISORDER DUE TO ANOTHER MEDICAL CONDITION
• Specify “With depressive features” (F06.31); “With major depressive-like episode” (F06.32); “With mixed features” (F06.34)
• 311 (F32.8) OTHER SPECIFIED DEPRESSIVE DISORDER
• 311 (F32.9) UNSPECIFIED DEPRESSIVE DISORDER
DSM-5 Compared to DSM-IV

- Separated from the Bipolar Disorders
- Bereavement exclusion removed
- New disorders
- Disruptive Mood Dysregulation Disorder (DMDD)
- Premenstrual Dysphoric Disorder
- Persistent Depressive Disorder

Disruptive Mood Dysregulation Disorder (DMDD)

- NEW DISORDER INTENDED TO ADDRESS OVER-DIAGNOSIS OF BIPOLAR DISORDER IN CHILDREN AND ADOLESCENTS 18 AND YOUNGER
  - Provides an alternative
- KEY FEATURES ARE TEMPER OUTBURSTS AND PERSISTENT ANGER (+ DAYS/WEEK FOR AT LEAST 12 MONTHS
- DEVELOP DEPRESSIVE OR ANXIETY DISORDERS—AND NOT BIPOLAR DISORDERS—IN ADULTHOOD
- PROBABLY CONSIDERED A MOOD DISORDER BECAUSE MAY RESPOND TO ANTIDEPRESSANT THERAPY

Major Depressive Disorder (MDD)

- DEPRESSED MOOD DEFINED BY FEELING SAD, EMPTY, HOPELESS, AND/OR IRRITABLE WITH LOSS OF INTEREST OR PLEASURE (DSM-5, P. 162)
- DISTINGUISHING GRIEF/BEREAVEMENT FROM MDD
  - Feelings of emptiness and loss vs. depressed mood and loss of pleasure or interest
  - Cognition characterized by memories of the deceased vs. self-criticism or pessimism
  - Self-esteem preserved vs. feelings of worthlessness or self-loathing
  - Not suicidal, but may have thoughts of “joining” the deceased
  - Good example of something that is not diagnosed, but could still benefit from counseling/treatment

Case of Max

Persistent Depressive Disorder (Dysthymia)

- CONSOLIDATES DSM-IV DYSTHYMIC DISORDER AND CHRONIC MAJOR DEPRESSIVE DISORDER
- DSM CODE 300.4; ICD CODE F34.1
- NOW PERMITS DIAGNOSIS WHETHER SX MEET CRITERIA FOR MDD OR NOT FOR 2+ YEARS

Premenstrual Dysphoric Disorder

- DSM CODE 625.4; ICD CODE N94.3
- MOVED FROM DSM-IV APPENDIX B (RESEARCH CONDITIONS) TO DEPRESSIVE DISORDERS
- PROBABLY HERE BECAUSE IT IS SO TREATABLE WITH SSRIS

DSM-5 Diagnostic Categories

- ANXIETY DISORDERS

Diagnoses

- 309.21 (F93.0) SEPARATION ANXIETY DISORDER SELECTIVE
- 312.23 (F94.0) MUTISM
- 300.29 (F40.XXX) SPECIFIC PHOBIA
- 300.23 (F40.10) SOCIAL ANXIETY DISORDER (SOCIAL PHOBIA)
- 300.01 (F41.0) PANIC DISORDER
- 300.22 (F40.00) AGORAPHOBIA
- 300.02 (F41.1) GENERALIZED ANXIETY DISORDER
- SUBSTANCE/MEDICATION-INDUCED ANXIETY DISORDER
- Codes are substance-specific and in the substance use section of DSM-5
- 293.84 (F06.4) ANXIETY DISORDER DUE TO ANOTHER MEDICAL CONDITION
- 300.09 (F41.8) OTHER SPECFIED ANXIETY DISORDER
- 300.00 (F41.9) UNSPECIFIED ANXIETY DISORDER

DSM-5 Compared to DSM-IV

- OBSESSIVE-COMPULSIVE DISORDER REMOVED TO ITS OWN CATEGORY
- POST-TRAUMATIC STRESS DISORDER AND ACUTE STRESS DISORDER REMOVED TO THEIR OWN CATEGORY
- OCD, PTSD, AND ASD ARE PROXIMATE TO ANXIETY DISORDERS TO REFLECT THEIR CLOSE RELATIONSHIP
• DELETED REQUIREMENT THAT INDIVIDUALS OVER 18 RECOGNIZE THEIR ANXIETY IS EXCESSIVE OR UNREASONABLE
• 6-MONTH SX DURATION REQUIRED FOR ALL AGES
• PANIC DISORDER AND AGORAPHOBIA ARE NOW SEPARATE DISORDERS AND NO LONGER LINKED
• PANIC ATTACK CAN BE USED AS A SPECIFIER FOR ALL DSM-5 DX

Panic Attack Criteria
• Palpitations, pounding hear, or accelerated hear rate
• Sweating
• Trembling or shaking
• SOB or smothering
• Feelings of choking
• Chest pain or discomfort
• Nausea or abdominal distress
• Dizzy, unsteady, light-headed, or faint
• Chills or heat sensations
• Paresthesias
• Derealization or depersonalization
• Fear of losing control or “going crazy”
• Fear of dying

Separation Anxiety Disorder
• MOVED FROM DSM-IV “DISORDERS USUALLY (FIRST DIAGNOSED IN INFANCY, CHILDHOOD, OR ADOLESCENCE” TO ANXIETY DISORDER CATEGORY
  o Placed in Anxiety Disorders to reflect dominant Sx
  o Listed early to reflect place in development
• DIAGNOSTIC CRITERIA UNCHANGED

Selective Mutism
• MOVED FROM DSM-IV “DISORDERS USUALLY (FIRST DIAGNOSED IN INFANCY, CHILDHOOD, OR ADOLESCENCE” TO ANXIETY DISORDER CATEGORY
  o Placed in Anxiety Disorders to reflect dominant Sx
  o Listed early to reflect place in development
• DIAGNOSTIC CRITERIA UNCHANGED

Specific Phobia
• DIAGNOSTIC CRITERIA UNCHANGED

Social Anxiety Disorder (Social Phobia)
• DIAGNOSTIC CRITERIA UNCHANGED
• DELETED: “GENERALIZED” SPECIFIER
• ADDED: “PERFORMANCE ONLY” SPECIFIER FOR WHEN FEAR IS RESTRICTED TO SPEAKING OR PERFORMING IN PUBLIC

Panic Disorder
• UNLINKED WITH AGORAPHOBIA IN DSM-5 BECAUSE A SIGNIFICANT NUMBER OF INDIVIDUALS WITH AGORAPHOBIA DO NOT EXPERIENCE PANIC SYMPTOMS
• PANIC ATTACK SPECIFIER
  o Diagnostic criteria unchanged

Case of Marcella
• AGORAPHOBIA
• MARKED FEAR OR ANXIETY ABOUT TWO OR MORE OF THE FOLLOWING 5 SITUATIONS:
  o Public transportation
  o Open spaces
  o Enclosed spaces
  o Standing in line
  o Being in a crowd
  o Being outside of the home alone
GAD
300.02 (F41.1) GENERALIZED ANXIETY DISORDER

Unchanged from DSM-IV

Case of Joan

DSM-5 Diagnostic Categories

- OBSESSIVE-COMPULSIVE AND RELATED DISORDERS

Diagnoses

- 300.3 (F42) OBSESSIVE-COMPULSIVE DISORDER
- 300.7 (F45.22) BODY DYSMORPHIC DISORDER
- 300.3 (F42) HOARDING DISORDER
- 312.39 (F63.2) TRICHOTILLOMANIA (HAIR PULLING DISORDER)
- 698.4 (L98.1) EXCORIATION (SKIN PICKING DISORDER)
- (SUBSTANCE/MEDICATION-INDUCED OBSESSIVE-COMPULSIVE AND RELATED DISORDER
- 294.8 (F06.8) OBSESSIVE-COMPULSIVE AND RELATED DISORDER DUE TO ANOTHER MEDICAL CONDITION
- 300.3 (F42) OTHER SPECIFIED OBSESSIVE-COMPULSIVE AND RELATED DISORDER
- 300.3 (F42) UNSPECIFIED OBSESSIVE-COMPULSIVE AND RELATED DISORDER

DSM-5 Compared to DSM-IV

- OCD GETS ITS OWN CATEGORY
- INCLUDES NEW DISORDERS AS WELL AS DISORDERS THAT HAVE BEEN MOVED FROM OTHER CATEGORIES
- ADDED SPECIFIERS TO INDICATE “GOOD OR FAIR INSIGHT,” “POOR INSIGHT,” OR “ABSENT INSIGHT/DELUSIONAL BELIEFS”
- SPECIFIER IF CONDITION IS “TIC-RELATED”
- NEW DISORDERS
  - Hoarding Disorder
  - Excoriation (Skin Picking) Disorder

OCD Dx Criteria

- OBSESSIONS
  - Intrusive or unwanted thoughts, urges, or images
  - Individual attempts to suppress the above through thought or action (i.e., the compulsion)
- COMPULSIONS
  - Repetitive behaviors (e.g., hand washing) or mental acts (e.g., counting) the individual feels driven to perform in response to an obsession
  - Actions are aimed at preventing or reducing the anxiety caused by the obsession
- OBSESSIONS ARE COMPULSIONS ARE TIME-CONSUMING OR CAUSE DISTRESS/IMPAIRMENT

Body Dysmorphic Disorder

- MOVED FROM DSM-IV “SOMATOFORM DISORDERS”
- DIAGNOSTIC CRITERIA
  - Preoccupation with 1+ perceived; no longer imagined) defects or flaws that are not observable or appear slight to others
  - Individual has performed repetitive behaviors or mental acts in response to appearance concerns

Case of Chuck

DSM-5 Diagnostic Categories

- TRAUMA AND STRESSOR-RELATED DISORDERS

Diagnoses

- 313.89 (F94.1) REACTIVE ATTACHMENT DISORDER
- 313.89 (F94.2) DISINHIBITED SOCIAL ENGAGEMENT DISORDER
- 309.81 (F43.10) POST-TRAUMATIC STRESS DISORDER
- 308.3 (F43.0) ACUTE STRESS DISORDER
- 309.X (F43.XX) ADJUSTMENT DISORDERS
- 309.89 (F43.8) OTHER SPECIFIED TRAUMA AND STRESSOR-RELATED DISORDER
- 309.9 (F43.9) UNSPECIFIED TRAUMA AND STRESSOR-RELATED DISORDER
DSM-5 Compared to DSM-IV

- A NEW CHAPTER IN DSM-5
- BRINGS TOGETHER ALL DISORDERS PRECEDED BY A DISTRESSING OR TRAUMATIC EVENT—INCLUDING ADJUSTMENT DISORDERS
- NEW DISORDER: DISINHIBITED SOCIAL ENGAGEMENT DISORDER
- DIFFERENT PTSD CRITERIA FOR CHILDREN UNDER 6 AND PERSONS 6+

Reactive Attachment Disorder (RAD)

- DX CRITERIA MORE PRECISE
- DEFINED AS A LACK OF ATTACHMENT TO ADULT CAREGIVERS IN THE PRESENCE OF INSUFFICIENT CARE
- ELIMINATED “INHIBITED” VS. “DISINHIBITED” SUBTYPES

Disinhibited Social Engagement Disorder

- CHILD HAS ESTABLISHED ATTACHMENT WITH AN ADULT CAREGIVER
- CHILD INDISCRIMINATELY GOES OFF WITH OR UP TO UNFAMILIAR ADULTS; VENTURES INTO UNFAMILIAR SETTINGS WITHOUT CHECKING WITH ADULT CAREGIVER
- MUST BE THE RESULT OF A HISTORY OF INSUFFICIENT CARE, OTHERWISE, THE KID IS JUST BRAVE

Posttraumatic Stress Disorder (PTSD)—Age>6

- EXPOSURE TO ACTUAL OR THREATENED DEATH, SERIOUS INJURY, OR SEXUAL VIOLENCE (1+/4 SX)
  - Experiencing, witnessing, or learning of trauma to others as well as repeated re-exposure to trauma
- INTRUSION SX (1+/5 SX)
- AVOIDS MEMORIES OR ENVIRONMENTAL CUES (1+/2 SX)
- NEGATIVE EMOTIONAL REACTIVITY TO THE EVENT OR AFTER THE EVENT HAS OCCURRED (1+/7 SX)
- ALTERATIONS IN AROUSAL AND REACTIVITY (1+/6 SX)
- DURATION > 1 MONTH
- SPECIFY: DEPERSONALIZATION, DEREALIZATION, DELAYED EXPRESSION
- EXPOSURE TO ACTUAL OR THREATENED DEATH, SERIOUS INJURY, OR SEXUAL VIOLENCE (1+/3 SX)
  - Experiencing, witnessing, or learning of trauma to others
- INTRUSION SX (1+/5 SX)
- AVOIDS MEMORIES OR ENVIRONMENTAL CUES (1+/2 SX)
- ALTERATIONS IN AROUSAL AND REACTIVITY (1+/5 SX)
- DURATION > 1 MONTH
- SPECIFY: DEPERSONALIZATION, DEREALIZATION, DELAYED EXPRESSION

Case of John

Acute Stress Disorder

- CRITERION A CHANGED TO ALIGN WITH PTSD
- PRESENCE OF 9+/14 SX IN THE FOLLOWING CATEGORIES:
  - Intrusion, negative mood, dissociation, avoidance, arousal
  - Same as PTSD

Adjustment Disorders

Case of Angela

DSM-5 Diagnostic Categories

- DISSOCIATIVE DISORDERS

Diagnoses

- 300.14 (F44.81) DISSOCIATIVE IDENTITY DISORDER (DID)
- 300.12 (F44.0) DISSOCIATIVE AMNESIA
- 300.13 (F44.1) With Dissociative Fugue
- 300.15 (F44.89) OTHER SPECIFIED DISSOCIATIVE DISORDER
- 300.15 (F44.9) UNSPECIFIED DISSOCIATIVE DISORDER

DSM-5 Compared to DSM-IV

- DID DX CRITERION A EXPANDED TO INCLUDE GREATER DIVERSITY IN PRESENTATION
- DEREALIZATION ADDED TO DEPERSONALIZATION/DEREALIZATION DISORDER
DSM-5 Diagnostic Categories

- SOMATIC SYMPTOM AND RELATED DISORDERS

Diagnoses

- 300.82 (F45.1) SOMATIC SYMPTOM DISORDER
- 300.7 (F45.21) ILLNESS ANXIETY DISORDER
- 300.11 CONVERSION DISORDER (FUNCTIONAL NEUROLOGICAL SYMPTOM DISORDER)
- 316 (F54) PSYCHOLOGICAL (FACTORS AFFECTING OTHER MEDICAL CONDITIONS
- 300.19 (F68.10) FACTITIOUS DISORDER
- 300.89 (F45.8) OTHER SPECIFIED SOMATIC SYMPTOM AND RELATED DISORDER
- 300.82 (F45.9) UNSPECIFIED SOMATIC SYMPTOM AND RELATED DISORDER

DSM-5 Compared to DSM-IV

- NEW CHAPTER - BRINGS TOGETHER DISORDERS WITH:
  - Disproportionate thoughts, feelings, and/or behaviors related to somatic symptoms
- WERE NAMED SOMATOFORM DISORDERS IN DSM-IV
- ELIMINATES THE FOLLOWING DIAGNOSES:
  - Somatization disorder
  - Hypochondriasis
  - Pain disorder
  - Undifferentiated somatoform disorder
- ADDS “ILLNESS ANXIETY DISORDER”
- SOMATIC SYMPTOM DISORDERS CAN ACCOMPANY DIAGNOSED MEDICAL CONDITIONS

Case of Joyce

DSM-5 Diagnostic Categories

- EATING AND FEEDING DISORDERS

Diagnoses

- 307.52 PICA
- (F98.3) In children; (F50.8) In adults
- 307.53 (F98.21) RUMINATION DISORDER
- 307.59 (F50.8) AVOIDANT/RESTRICTIVE (FOOD INTAKE DISORDER)
- 307.1 ANOREXIA NERVOSA
- (F50.01) Restricting type; (F50.02) Binge-eating/purging type
- 307.51 (F50.2) BULIMIA NERVOSA
- 307.51 (F50.8) BINGE-EATING DISORDER
- 307.59 (F50.8) OTHER SPECIFIED (FEEDING OR EATING DISORDER
- 307.50 (F50.9) UNSPECIFIED (FEEDING OR EATING DISORDER

DSM-5 Compared to DSM-IV

- MOVED OUT OF DSM-IV “DISORDERS USUALLY DIAGNOSED IN INFANCY, CHILDHOOD, OR ADOLESCENCE” CHAPTER
- ADDED BINGE EATING DISORDER
- “AVOIDANT/RESTRICTIVE (FOOD INTAKE DISORDER” FORMERLY DSM-IV “FEEDING DISORDER OF INFANCY OR EARLY CHILDHOOD” DIAGNOSIS

Anorexia Nervosa

- CRITERIA NOW EMPHASIZES RESTRICTING CALORIE INTAKE AND BEHAVIOR THAT INTERFERES WITH WEIGHT GAIN
- USES BMI RATHER THAN % BODY WEIGHT
- ELIMINATED:
  - Amenorrhea
  - Refusing to gain weight

Notes on Eating Disorders

- WOMEN OVER-REPRESENTED IN POPULATION OF CLIENTS WITH EDS
- HALF OF A SAMPLE OF WOMEN DIAGNOSED WITH EDS REPORTED SEXUAL ABUSE
- PREVALENCE OF SEXUAL ABUSE AMONG WOMEN IN THE GENERAL POPULATION ABOUT 30%
- PROBABLY SHOULD SCREEN ALL WOMEN FOR EDS AND SEXUAL ABUSE
Case of Susan

DSM-5 Diagnostic Categories

- ELIMINATION DISORDERS

Diagnoses

- 307.6 (F98.0) ENURESIS
- 307.7 (F98.1) ENCORESIS
- OTHER SPECIFIED ELIMINATION DISORDERS
  o 788.39 (N39.498) With urinary symptoms
  o 787.60 (R15.9) With fecal symptoms
- UNSPECIFIED ELIMINATION DISORDERS
  o 788.30 (R32) With urinary symptoms
  o 787.60 (R15.9) With fecal symptoms

DSM-5 Compared to DSM-IV

- NO SIGNIFICANT CHANGES TO THE DSM-IV DIAGNOSTIC CRITERIA
- ELIMINATIONS DISORDERS WERE PREVIOUSLY CLASSIFIED UNDER “DISORDERS USUALLY FIRST DIAGNOSED IN INFANCY, CHILDHOOD, OR ADOLESCENCE.”

DSM-5 Diagnostic Categories

- SLEEP-WAKE DISORDERS

Diagnoses

- 780.52 (G47.00) INSOMNIA DISORDER
- 780.54 (G47.10) HYPERSOMNOLENCE DISORDER
- NARCOLEPSY
  o 347.00 (G47.419) Narcolepsy without cataplexy but with hypocretin deficiency
  o 347.01 (G47.411) Narcolepsy with cataplexy but without hypocretin deficiency
  o 347.00 (G47.419) Autosomal dominant cerebellar ataxia, deafness, and narcolepsy
- BREATHING-RELATED SLEEP DISORDERS
  o 327.23 (G47.33) Obstructive Sleep Apnea Hypopnea
- CIRCADIAN RHYTHM SLEEP-WAKE DISORDERS
  o 307.45 (G47.21) Delayed sleep phase type
  o 307.45 (G47.22) Advanced sleep phase type
  o 307.45 (G47.23) Irregular sleep-wake type
- NON-RAPID EYE MOVEMENT (NREM) SLEEP AROUSAL DISORDERS
  o 307.46 (F51.3) Sleepwalking type
  o 307.46 (F51.4) Sleep terror type
  o 307.47 (F51.5) NIGHTMARE DISORDER
  o 327.42 (G47.52) RAPID EYE MOVEMENT (REM) SLEEP BEHAVIOR DISORDER
  o 333.94 (G25.81) RESTLESS LEGS SYNDROME
- SUBSTANCE/MEDICATION-INDUCED SLEEP DISORDER-SEE SUD CRITERIA SET
  o 780.52 (G47.09) OTHER SPECIFIED INSOMNIA DISORDER
  o 780.52 (G47.00) UNSPECIFIED INSOMNIA DISORDER
  o 780.54 (G47.19) OTHER SPECIFIED HYPERSOMNOLENCE DISORDER
  o 780.54 (G47.10) UNSPECIFIED HYPERSOMNOLENCE DISORDER
  o 780.59 (G47.8) OTHER SPECIFIED SLEEP-WAKE DISORDER
  o 780.59 (G47.9) UNSPECIFIED SLEEP-WAKE DISORDER

DSM-5 Compared to DSM-IV

- DSM-IV SIMPLIFIED SLEEP-WAKE DISORDER CLASSIFICATION
  o Aggregated Dx under broader, less differentiated labels
  o Emphasized inter-rater reliability among clinicians not familiar with sleep medicine
- DSM-5 DX NOW REFLECT THE PROGRESS MADE IN SLEEP MEDICINE

DSM-5 Diagnostic Categories

- SEXUAL DYSFUNCTIONS
Diagnoses

- 302.74 (F52.32) DELAYED EJACULATION
- 302.72 (F52.21) ERECTILE DISORDER
- 302.73 (F52.31) FEMALE ORGASMIC DISORDER
- 302.72 (F52.22) FEMALE SEXUAL INTEREST/AROUSAL DISORDER
- 302.76 (F52.6) GENITO-PELVIC PAIN/PENETRATION DISORDER
- 302.71 (F52.0) MALE HYPOACTIVE SEXUAL DESIRE DISORDER
- 302.75 (F52.4) PREMATURE (EARLY) EJACULATION
- SUBSTANCE/MEDICATION-INDUCED SEXUAL DYSFUNCTION - SEE SUBSTANCE-SPECIFIC DISORDER SECTION
  - 302.79; 52.8) OTHER SPECIFIED SEXUAL DYSFUNCTION
  - 302.70 (F52.9) UNSPECIFIED SEXUAL DYSFUNCTION

DSM-5 Compared to DSM-IV

- MOVED: PARAPHILIAS (NOW PARAPHILIC DISORDERS) AND GENDER IDENTITY DISORDER (NOW GENDER DYSPHORIA) REMOVED TO NEW SEPARATE CATEGORIES IN DSM-5
- ELIMINATED: SEXUAL AVERSION DISORDER
- ADDED: GENITO-PELVIC PAIN/PENETRATION DISORDER
- DIFFERENTIAL DX VERY IMPORTANT AS MANY OF THESE CONDITIONS CAN BE MEDICATION-INDUCED

DSM-5 Diagnostic Categories

- GENDER DYSPHORIA

Diagnoses

- 302.6 (F64.2) GENDER DYSPHORIA IN CHILDREN
- 302.85 (F64.1) GENDER DYSPHORIA IN ADOLESCENTS AND ADULTS
- 302.6 (F64.8) OTHER SPECIFIED GENDER DYSPHORIA
- 302.6 (F64.9) UNSPECIFIED GENDER DYSPHORIA

DSM-5 Compared to DSM-IV

- REMOVED CONNOTATION THAT THE PATIENT IS “DISORDERED”
- REMAINS PSYCHIATRIC DIAGNOSIS TO INSURE ACCESS TO MEDICAL TREATMENT OPTIONS
- CRITICAL ELEMENT—PRESENCE OF CLINICALLY SIGNIFICANT DISTRESS ASSOCIATED WITH THE CONDITION
- ENSURES THAT GENDER NON-CONFORMITY DOES NOT IMPLY MENTAL DISORDER

DSM-5 Diagnostic Categories

- DISRUPTIVE, IMPULSE-CONTROL, AND CONDUCT DISORDERS

Diagnoses

- 313.81 (F91.3) OPPOSITIONAL DEFIANT DISORDER (ODD)
- 312.34 (F63.81) INTERMITTENT EXPLOSIVE DISORDER
- CONDUCT DISORDER (CD)
  - 312.81 (F91.1) Childhood-onset type
  - 312.32 (F91.2) Adolescent-onset type
  - 312.89 (F91.9) Unspecified
- 312.33 (F63.1) PYROMANIA
- 312.32 (F63.3) KLEPTOMANIA
- 301.7 (F60.2) ANTISOCIAL PERSONALITY DISORDER (ASPD)
- 312.89 (F91.8) OTHER SPECIFIED DISRUPTIVE, IMPULSE-CONTROL, AND CONDUCT DISORDER
- 312.9 (F91.9) UNSPECIFIED DISRUPTIVE, IMPULSE-CONTROL, AND CONDUCT DISORDER

DSM-5 Compared to DSM-IV

- NEW CHAPTER IN DSM-5 COMBINES DISORDERS FORMERLY IN 2 SEPARATE DSM-IV CHAPTERS
  - Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence
  - Impulse Control Disorders
- ALL CHARACTERIZED BY PROBLEMS IN EMOTIONAL AND BEHAVIORAL CONTROL-CONSIDERED “EXTERNALIZING DISORDERS”
- ASPD CODED BOTH HERE AND IN PERSONALITY DISORDER CHAPTER
- OPPOSITIONAL DEFIANT DISORDER (ODD)
- EXCLUSION CRITERIA FOR CONDUCT DISORDER REMOVED-CAN HAVE BOTH ODD AND CD.
GRADUATION FROM ODD TO CD REMOVED
SEVERITY RATING ADDED
REAL CHALLENGE IS DIFFERENTIATING ODD FROM NEW DISRUPTIVE MOOD DYSREGULATION DISORDER

DSM-5 Diagnostic Categories
SUBSTANCE-RELATED AND ADDICTIVE DISORDERS

Diagnoses
DISORDERS CODED BY SUBSTANCE
CODE EACH SUBSTANCE USED SEPARATELY
RANGE OF CODES INVOLVES:
- Use
  - Intoxication
  - Withdrawal
  - Substance-Induced conditions
  - Other and unspecified
SPECIFIERS: MILD, MODERATE, SEVERE
SUBSTANCES
- Alcohol
- Cannabis
- Phencyclidine & other hallucinogens
- Inhalants
- Caffeine
- Opioids
- Sedative, hypnotic, anxiolytic
- Stimulants (cocaine, amphetamine)
- Tobacco
- Other
- Gambling

DSM-5 Compared to DSM-IV
BRINGS BACK ADDICTION! (OLD-TIMERS ARE HAPPY)
ABUSE & DEPENDENCE NO LONGER SEPARATE DX, BUT TREATED AS ONE CONTINUOUS VARIABLE
SUD CRITERIA NEARLY IDENTICAL TO DSM-IV, SA AND SD CRITERIA COMBINED INTO A SINGLE LIST. TWO EXCEPTIONS-
  - “recurrent legal problems” deleted due to cultural considerations, difficult to apply internationally
  - “craving or a strong desire or urge to use substances”-added
THRESHOLD FOR SUD SET AT 2 OR MORE CRITERIA.
  - DSM-IV threshold was 1+ criteria for SA, 3+ for SD
GAMBLING DISORDER MOVED HERE FROM IMPULSE-CONTROL DISORDERS
  - Look for Internet Addiction, Sex Addiction, and other “process addictions” to follow
SCIENTIFIC EVIDENCE SUPPORTS ADDING “CANNABIS WITHDRAWAL”
RENAMED “NICOTINE” TO “TOBACCO”
CAFFEINE IS THE ONLY SUBSTANCE FOR WHICH YOU CANNOT BE DIAGNOSED WITH A SUBSTANCE USE DISORDER

Substance-Related and Addictive Disorders
Include disorders related to the use of alcohol or other drugs, the side-effects of medication, or exposure to a toxin.
Substance use if intentional
Toxin exposure if unintentional

Categories
DSM-IV listed 120 substance-related disorders, while DSM-5 lists 71. DSM-5 has 9 substance-specific classes, however, most fall into one of three broad categories.
- CNS Stimulants: Amphetamines, caffeine, cocaine, and nicotine.
- CNS Depressants: Alcohol; opioids; sedatives, hypnotics, and anxiolytics
- Perception distorting drugs: Cannabis, hallucinogens, inhalants, phencyclidine
Groups

- DSM-IV-TR
  - SUBSTANCE USE DISORDERS (DEPENDENCE AND ABUSE)
  - SUBSTANCE-INDUCED DISORDERS (SUBSTANCE INTOXICATION, WITHDRAWAL; SUBSTANCE-INDUCED DISORDERS, ETC.)

- DSM-5
  - SUBSTANCE-USE DISORDERS (DEPENDENCE OR ABUSE)
  - SUBSTANCE/MEDICATION-INDUCED MENTAL DISORDERS (INTOXICATION OR WITHDRAWAL)
  - Non-Substance-Related Disorders Gambling; maybe also food, video games, sex, social media, etc.)

Paradigm Shift

- TRYING TO MAKE THE SHIFT FROM CATEGORICAL TO DIMENSIONAL, I.E., PROBLEMS DIFFER BY DEGREE AND NOT TYPE.
- DIAGNOSIS BASED ON
  - Number of symptoms
  - Severity of symptoms
  - Frequency of use
  - Amount used
- DIAGNOSIS RELIES HEAVILY ON CLINICIAN JUDGMENT. NO MONO- OR POLYTHETIC ALGORITHM.

Diagnostic Criteria

- DSM-IV-TR
- A MALADAPTIVE PATTERN OF SUBSTANCE USE, LEADING TO CLINICALLY SIGNIFICANT IMPAIRMENT OR DISTRESS. MUST MEET THREE OR MORE OF THE FOLLOWING IN THE SAME 12-MONTH PERIOD

- DSM-5
- A PROBLEMATIC PATTERN OF ALCOHOL USE LEADING TO CLINICALLY SIGNIFICANT IMPAIRMENT OR DISTRESS, AS MANIFESTED BY AT LEAST TWO OF THE FOLLOWING, OCCURRING WITHIN A12-MONTH PERIOD

- DSM-IV-TR
  - Tolerance
  - Withdrawal
  - Compulsive Use

- DSM-5 PRIMARY
  - Impaired control
  - Social impairment
  - Risky use
  - Pharmacological symptoms

DSM-5 3 Categories of Use Criteria IMPAIRED CONTROL

- USING SUBSTANCE IN LARGER AMOUNTS OR FOR LONGER THAN INTENDED
- DESIRE BUT INABILITY TO CUT DOWN OR STOP USING
- SPENDING A LOT OF TIME GETTING, USING, OR RECOVERING FROM USE
- CRAVINGS AND URGES TO USE THE SUBSTANCE

DSM-5 3 Categories of Use Criteria SOCIAL IMPAIRMENT

- FAILURE TO FULFILL OBLIGATIONS AT WORK, HOME, OR SCHOOL
- CONTINUING TO USE, EVEN WHEN IT CAUSES PROBLEMS IN RELATIONSHIPS
- GIVES UP IMPORTANT SOCIAL, OCCUPATIONAL, OR RECREATIONAL ACTIVITIES

DSM-5 3 Categories of Use Criteria RISKY USE

- USING IN SITUATIONS THAT ARE HAZARDOUS
- CONTINUING TO USE, EVEN WHEN THE YOU KNOW YOU HAVE A PHYSICAL OR PSYCHOLOGICAL PROBLEM THAT COULD HAVE BEEN CAUSED OR MADE WORSE BY THE SUBSTANCE

DSM-5 Pharmacological Criteria

- TOLERANCE
  - NEED FOR MARKEDLY INCREASED AMOUNTS TO ACHIEVE INTOXICATION OR DESIRED EFFECT
  - MARKEDLY DIMINISHED EFFECT WITH CONTINUED USE OF THE SAME AMOUNT

- WITHDRAWAL
  - SUBSTANCE-SPECIFIC WITHDRAWAL SYNDROME
SUBSTANCE USED TO RELIEVE OR AVOID WITHDRAWAL

DSM-5 Specifiers
- SEVERITY SPECIFIERS
  - Mild (2-3 symptoms)
  - Moderate (4-5 symptoms)
  - Severe (6+ symptoms)
- COURSE SPECIFIERS
  - Early Partial or Full Remission
  - Sustained Partial or Full Remission
  - In a Controlled Environment

Case of Tim

DSM-5 Diagnostic Categories
- NEUROCOGNITIVE DISORDERS

Diagnoses
- ALZHEIMER’S DISEASE
- FRONTALTEMPORAL LOBAR DEGENERATION
- LEWY BODY DISEASE
- VASCULAR DISEASE
- TRAUMATIC BRAIN INJURY
- SUBSTANCE/MEDICATION USE
- HIV INFECTION
- PRION DISEASE
- PARKINSON’S DISEASE
- ANOTHER MEDICAL CONDITION
- MULTIPLE ETIOLOGIES
- UNSPECIFIED

Diagnostic Criteria
- CRITERIA FOR NCDS BASED ON 6 DEFINED DOMAINS, SEVERITY LEVELS, AND SUBTYPES
  - Complex attention
  - Executive function
  - Learning and memory
  - Language
  - Perceptual-motor
  - Social cognition

DSM-5 Compared to DSM-IV
- REPLACES DSM-IV “DELIRIUM, DEMENTIA, AND AMNESTIC AND OTHER COGNITIVE DISORDERS” CHAPTER
- MAJOR AND MINOR NCDS WITH THEIR SUBTYPES HAVE OWN SEPARATE DIAGNOSTIC CRITERIA
- TERM “DEMENTIA” PERMITTED WHERE USE IS WIDESPREAD AND STANDARD
- SPECIFIERS: “WITHOUT BEHAVIORAL DISTURBANCES” AND “WITH BEHAVIORAL DISTURBANCES”

Delirium
- SUBSTANCE WITHDRAWAL DELIRIUM
  - 291.0 (F20.231) Alcohol
  - 292.0 (F11.23) Opioid
  - 292.0 (F13.231) Sedative, hypnotic, or anxiolytic
  - 292.0 (F19.231) Other/unknown
- MEDICATION-INDUCED DELIRIUM
- DELIRIUM DUE TO ANOTHER MEDICAL CONDITION
- DELIRIUM DUE TO MULTIPLE ETIOLOGIES

Major NCD
- SIGNIFICANT DECLINE IN AT LEAST ONE OF THE SIX COGNITIVE DOMAINS AND HAVE CLINICAL IMPAIRMENT
- LEVEL OF COGNITIVE FUNCTIONING INTERFERES WITH INDEPENDENCE IN ADLS DUE TO MAJOR COGNITIVE IMPAIRMENTS
• SUBSTANTIAL IMPAIRMENT DOCUMENTED BY CLINICAL ASSESSMENT OR STANDARDIZED NEUROPSYCHOLOGICAL ASSESSMENT

Mild NCD
• NOT USED FOR ISSUES IN NORMAL AGING
• PATIENT MUST SHOW MODEST DECLINE IN ONE OF 6 COGNITIVE DOMAINS
• LEVEL OF COGNITIVE FUNCTIONING-COMPENSATORY STRATEGIES AND ACCOMMODATIONS TO MAINTAIN INDEPENDENCE AND PERFORM ADLS
• SYMPTOMS OBSERVED BY INDIVIDUAL, CLOSE RELATIVE, OR OTHER RELIABLE INFORMANT
• MAY BE DETECTED THROUGH NEUROPSYCHOLOGICAL TESTING

Case of Vivian

DSM-5 Diagnostic Categories
• PERSONALITY DISORDERS

Diagnoses
• CLUSTER A PERSONALITY DISORDERS
  o 301.0 (F60.0) Paranoid Personality Disorder
  o 301.20 (F60.1) Schizoid Personality Disorder
  o 301.22 (F21) Schizotypal Personality Disorder

• CLUSTER B PERSONALITY DISORDERS
  o 301.7 (F60.2) Antisocial Personality Disorder
  o 301.83 (F60.3) Borderline Personality Disorder
  o 301.50 (F60.4) Histrionic Personality Disorder
  o 301.81 (F60.81) Narcissistic Personality Disorder

• CLUSTER C PERSONALITY DISORDERS
  o 301.82 (F60.6) Avoidant Personality Disorder
  o 301.6 (F60.7) Dependent Personality Disorder
  o 301.4 (F60.5) Obsessive-Compulsive Personality Disorder

• OTHER PERSONALITY DISORDERS
  o 310.1 (F07.0) Personality Change Due to Another Medical Condition
  o 301.89 (F60.89) Other Specified Personality Disorder
  o 301.9 (F60.9) Unspecified Personality Disorder

DSM-5 Compared to DSM-IV
• DX CRITERIA HAVE NOT CHANGED FROM DSM-IV
• NEW MODELS FOR DIAGNOSING-TOO COMPLEX FOR USE IN ACTUAL CLINICAL PRACTICE
• HYBRID MODEL-INCLUDED IN SECTION III FOR FURTHER STUDY
• MODEL ENDORSES CONCEPT OF A CONTINUUM OF TRAITS
• HYBRID MODEL: INTENDED TO DIAGNOSE THESE PERSONALITY DISORDERS;
  o Antisocial
  o Avoidant
  o Borderline
  o Obsessive-compulsive
  o Schizotypal

Definition
• AN ENDURING PATTERN OF INNER EXPERIENCE AND BEHAVIOR THAT DEVIATES MARKEDLY FROM THE EXPECTATIONS OF THE INDIVIDUAL’S CULTURE,
• IS PERVERSIVE AND INFLEXIBLE,
• HAS AN ONSET IN ADOLESCENCE OR EARLY ADULTHOOD,
• IS STABLE OVER TIME, AND
• LEADS TO DISTRESS OR IMPAIRMENT.

Clusters
• DSM GROUPS OR “CLUSTERS” PERSONALITY DYSFUNCTION ALONG COMMON CHARACTERISTICS
  o Cluster A: Odd-eccentric
  o Cluster B: Dramatic-emotional
  o Cluster C: Anxious-fearful
Cluster A Personality Disorders

- ODD-ECCENTRIC

Paranoid Personality Disorder

- SUSPICIOUS.
- DOUBTS LOYALTY OR TRUSTWORTHINESS OF OTHERS.
- AVOIDS CONFIDING IN OTHERS.
- OVER-INTERPRETS THE REMARKS OF OTHERS.
- BEARS GRUDGES.
- HYPERVIGILANT TO ATTACKS ON CHARACTER OR REPUTATION.
- SUSPECTS SEXUAL PARTNER OR SPOUSE IS UNFAITHFUL.

Schizoid Personality Disorder

- INDIFFERENT TO CLOSE INTERPERSONAL RELATIONSHIPS.
- PREFERENCES SOLITARY ACTIVITIES
- LITTLE INTEREST IN A SEXUAL RELATIONSHIP
- LIMITED RANGE OF INTERESTS
- FEW CLOSE FRIENDS; RELATES BEST WITH RELATIVES.
- INDIFFERENT TO PRAISE OR CRITICISM
- RESTRICTED RANGE OF EMOTIONAL EXPRESSION

Schizotypal Personality Disorder

- IDEAS OF REFERENCE.
- ODD OR MAGICAL THINKING.
- UNUSUAL PERCEPTUAL EXPERIENCES.
- ODD SPEECH.
- SUSPICIOUSNESS OR PARANOID IDEATION.
- CONSTRICTED AFFECT.
- ODD APPEARANCE AND BEHAVIOR.
- FEW FRIENDS.
- SOCIALLY WITHDRAWN.

Cluster B Personality Disorders

- DRAMATIC-EMOTIONAL
- THE “KILLER BS”

Antisocial Personality Disorder (ASPD)

- PATTERN OF VIOLATING THE RIGHTS OF OTHERS SINCE AGE 15. 3+ SX:
  - Repeatedly performing acts that are grounds for arrest
  - Deceitfulness, lying, using aliases, conning others
    - Lies when the truth would get him out of trouble
  - Impulsivity or failure to plan ahead
  - Reckless disregard for safety of self or others
  - Consistent irresponsibility (checkered work Hx; fails to honor financial obligations)
  - Lack of remorse

Borderline Personality Disorder (BPD)

- FRANTIC EFFORTS TO AVOID ABANDONMENT
- PROBLEMS WITH INTERPERSONAL RELATIONSHIPS
- IDENTITY DISTURBANCE
- IMPULSIVITY
- SUICIDAL OR SELF-MUTILATING BEHAVIOR
- AFFECTIVE INSTABILITY
- CHRONIC FEELINGS OF EMPTINESS
- PROBLEMS CONTROLLING ANGER
- PARANOID IDEATION OR DISSOCIATIVE SYMPTOMS

Hystrionic Personality Disorder

- NEEDS TO BE THE CENTER OF ATTENTION.
SEXUALLY SEDUCTIVE OR PROVOCATIVE.
EMOTIONALLY SHALLOW.
USES APPEARANCE TO DRAW ATTENTION TO SELF.
DRAMATIC SPEECH.
DRAMATIC EXPRESSION OF EMOTION.
SUGGESTIBLE OR EASILY INFLUENCED BY OTHERS.
DESCRIBE OR JUDGE RELATIONSHIPS TO BE MORE INTIMATE THAN THEY REALLY ARE.

Narcissistic Personality Disorder
- EXCESSIVE SENSE OF SELF-IMPORTANCE (GRANDIOSITY).
- FANTASIES OF UNLIMITED SUCCESS.
- BELIEVES THEY ARE “SPECIAL.”
- HIGH NEED FOR ADMIRATION.
- SENSE OF ENTITLEMENT.
- INTERPERSONALLY ExpLOITIVE.
- LACKS EMPATHY.
- ENVIES OTHERS AND BELIEVES IS ENVIED BY OTHERS.
- ARROGANT.

Cluster C Personality Disorders
- ANXIOUS-FEARFUL

Avoidant Personality Disorder
- AVOIDS OCCUPATIONS WITH INTERPERSONAL CONTACT.
- SOCIALLY WITHDRAWN.
- FEAR OF INTERPERSONAL SHAME OR RIDICULE.
- FEARFUL OF CRITICISM IN SOCIAL SITUATIONS.
- INTERPERSONALLY INHIBITED.
- FEELS SOCIALLY INADEQUATE OR INFERIOR.
- AVOIDS TAKING INTERPERSONAL RISKS.

Dependent Personality Disorder
- CAN’T MAKE DECISION ON OWN.
- AVOIDS RESPONSIBILITY FOR OWN LIFE.
- AVOIDS CONFLICT.
- LACKS SELF-CONFIDENCE AND SELF-EFFICACY.
- HIGH NEED FOR NURTUREANCE AND SUPPORT.
- DOES NOT LIKE TO BE ALONE OR ON OWN.
- FEELS INCOMPLETE UNLESS IN A RELATIONSHIP.
- FEARS BEING LEFT TO TAKE CARE OF SELF.

Obsessive-Compulsive Personality Disorder
- PREOCCUPIED WITH DETAILS, RULES, ORDER, ETC.
- PERFECTIONISTIC.
- “WORKAHOLISM.”
- MORALISTIC AND SELF-RIGHTEOUS.
- HOARDS WORTHLESS “JUNK.”
- DELEGATED WORK MUST BE DONE ACCORDING TO HIS OR HER WAY OF DOING THINGS.
- MISERLY WITH MONEY, AFFECTION, PRAISE, ETC.
- RIGID AND STUBBORN.

DSM-5 Diagnostic Categories
- PARAPHILIC DISORDERS

Diagnoses
- 302.82 (F65.3) VOYEURISTIC DISORDER
- 302.4 (F65.2) EXHIBITIONISTIC DISORDER
- 302.89 (F65.81) FROTTEURISTIC DISORDER
- 302.83 (F65.51) SEXUAL MASOCHISM DISORDER
- 302.84 (F65.52) SEXUAL SADISM DISORDER
- 302.2 (F65.4) PEDOPHILIC DISORDER
- 302.81 (F65.0) FETISHISTIC DISORDER
- 302.2 (F65.1) TRANSVESTIC DISORDER
- 302.89 (F65.89) OTHER SPECIFIED PARAPHILIC DISORDER
- 302.9 (F65.9) UNSPECIFIED PARAPHILIC DISORDER

**DSM-5 Compared to DSM-IV**

- **MANY MAY PRACTICE ATYPICAL SEXUAL PRACTICES WITHOUT MERITING A DIAGNOSIS OF MENTAL ILLNESS**
  - All DSM-IV diagnoses renamed in this section to give distinction between atypical sexual interest and a disorder
- **DIAGNOSIS OF PARAPHILIC DISORDER REQUIRES:**
  - Personal distress about their interest, not merely society’s disapproval
  - Have sexual desire or behavior involving unwilling persons or persons unable to give legal consent
  - Specifiers not changed except for addition of “in remission” or “in a controlled environment”