DSM IV-TR to DSM 5: An Overview

Steven R. Hunter, MSW, LAC, CPSS, QP, PhD Candidate
The Betty and Leonard Phillips Deaf Action Center
Shreveport, LA

WHAT IS DSM?

• To determine and help communicate a patient's diagnosis after an evaluation.
• To characterize mental disorders, substance use disorders, neurodevelopment disorders and other disorders that help clinicians and psychiatrists to give appropriate treatments (counseling and medication).
• Insurance companies require DSM diagnosis for all patients treated.

History of DSM Changes

• DSM-1 (1952)
• DSM-2 (1968)
• Seventh printing of DSM-2 (1974)
• DSM-3 (1980)
• DSM-3-R (1987)
• DSM-4 (1994)
• DSM-4-TR (2000)
• DSM-5 (2013)
How Did DSM-5 Happen?

- Underway since 1999
- Involvement of experts from 16 countries
- 28 member Task Force with 13 Work Groups
- Included psychiatrists, psychologists, neurologists, a social worker, nurse, consumers and family representative
- Developed with input from the National Institute of Mental Health, the World Health Organization and the World Psychiatric Association

Major Changes

- Eliminate the 5-axial systems
- Dimensional approach with goal of elimination of Not Otherwise Specified conditions
- Revised chapter order with a developmental focus

Neurodevelopmental Disorders
Neurodevelopmental Disorders

- Intellectual Disorders
- Communication Disorders
- Autism Spectrum Disorders
- ADHD
- Specific Learning Disorders
- Motor Disorders

Intellectual Disorders, Neuro cont.

- Both cognitive and adaptive functioning tests are needed
- The term mental retardation no longer applies. It has been replaced with the term “intellectual disability”.
- No MR, now IDD

Communication Disorders, Neuro cont.

- Language disorder includes receptive and expressive disorders
- Speech sound disorder (formerly phonological disorder)
- Child onset fluency disorder (formerly stuttering)
Autism Spectrum Disorder, Neuro cont.

- Autism spectrum disorder now encompasses the following previous separate disorders: autism, Asperger’s, child disintegrative disorder, pervasive developmental disorder.
- ASD is a single disorder with various levels of symptom severity.

ADHD, Neuro cont.

- Applications across life span.
- Cross situational requirement has been strengthened to several symptoms in each setting.
- Several symptoms and behaviors must be present prior to age 12.
- Subtypes have been changed.
- Comorbidity with ASD is now allowed.
- A symptom threshold change has been made for adults.
- Dx of infancy, childhood, and adolescence has been eliminated. Dxs have been placed elsewhere in DSM V to correspond to their development.

Specific Learning Disorder, Neuro cont.

- Combines former Reading, Mathematics, Written expression, and Learning Disorder NOS.
- Coding specifiers for deficit types are included.
Motor Disorders

- Developmental coordination disorder
- Stereotypic movement disorder (differeniated from OCD axis)
- Tourette’s Disorder
- Persistent motor or vocal tic disorder
- Provisional tic disorder
- Other specified tic disorder
- Unspecified tic disorder
- Tic criteria has been standardized across all above dxs.

Schizophrenia Spectrum and Other Psychotic Disorders

- Schizotypal Personality Disorder (also listed under personality disorders)
- Delusional Disorder
- Brief Psychotic Disorder
- Schizophreniform Disorder
- Schizophrenia
- Schizoaffective Disorder
Schizophrenia Spectrum and Other Psychotic Disorders

- The 5 subtypes (listed below) of schizophrenia have been dropped because they have very limited diagnostic stability, low reliability and poor validity.
  - Paranoid
  - Disorganized
  - Catatonic
  - Undifferentiated
  - Residual

Schizophrenia

Two main changes to Criterion A

First change
- Elimination of the special attribution of bizarre delusions and Schneiderian first-rank auditory hallucinations (e.g., two or more voices conversing)

Second Change in Criterion A is that at least one of the first 3 symptoms below must be present.

Two or more of the following symptoms must be present:
- Delusions
- Hallucinations
- Disorganized thinking or speech (e.g., frequent derailment or incoherence)
- Grossly disorganized or catatonic behavior
- Negative symptoms (i.e., diminished emotional expression or avolition)

Clinician-Rated Dimensions of Psychosis Symptom Severity Assessment in section 3 of DSM5 should be used to assist in diagnoses.
Schizoaffective Disorder

- Primary change is the requirement that a major mood episode be present for a majority of the disorder’s total duration after Criterion A has been met.

Delusional Disorder

- Criterion A for delusional disorder no longer has the requirement that the delusion must be non-bizarre.
- New exclusion criteria states that the symptoms must not be better explained by conditions such as obsessive-compulsive or body dysmorphic disorder with absent insights or delusional beliefs.

Catatonia

- In DSM5, the same criteria are used to diagnose catatonia whether the context is psychotic, bipolar, depressive, or other medical disorder, or an unidentified medical condition.
- Catatonia is now a specifier for all psychotic disorders, depression, and bipolar disorder.
- In DSM5, all contexts require 3 catatonic symptoms (from a total of 12 characteristic symptoms).
- In DSM5, catatonia may be diagnosed as:
  - a specifier for depressive, bipolar, and psychotic disorders
  - as a separate diagnosis in the context of another medical condition
  - as another specified diagnosis.
Bipolar and Related Disorders

Bipolar is a freestanding category
Category includes:

- Bipolar I
- Bipolar II
- Cyclothymic Disorder

Criterion A for manic and hypomanic episodes now includes changes in activity and energy, not just mood
- Mixed episode has been removed
Bipolar and Related Disorders

Bipolar I Disorder
- Presence or history of one or more manic episodes, may also have episodes of depression and hypomania

Bipolar II Disorder
- Presence or history of one or more major depressive episodes
- Presence or history of at least one hypomanic episode
- There has never been a manic episode

Bipolar and Related Disorders

Bipolar specifiers have been added
- Anxious distress (also used for depressive disorders): this is intended to identify patients with anxiety symptoms that are not part of the bipolar diagnostic criteria
- Mixed features (this replaces Mixed Episode)
- Rapid cycling
- Melancholic
- Atypical (duration of mania 4 consecutive days or more may not be met)
- Psychotic
- Catatonic
- Peripartum onset
- Seasonal pattern

Depressive Disorders
Depressive Disorders
Category includes these NEW diagnoses:

- Disruptive Mood Dysregulation Disorder
- Persistent Depressive Disorder
- Premenstrual Dysphoria Disorder

Persistent Depressive Disorder

- Symptoms are a consolidation of Major Depressive Disorder and Dysthymia
- Early or late onset (21 dividing line).

Bereavement Exclusion

- Beginning in DSM III, if someone is grieving the loss of a loved one, they can’t be diagnosed with depression for the first 2 months. This exclusion has been omitted in the DSM 5.
- Can grieve over many things, not just death of a loved one.
- Bereavement can induce great suffering, but doesn’t typically induce major depression.
- In DSM 5, clinicians are assisted in differentiating symptoms between bereavement and depression.
Bereavement Exclusion

- Grief vs. depression:
- Less psychomotor retardation
- Less worthlessness or self loathing
- Fewer symptoms
- People see symptoms as normal and expected given the loss

Grief vs. Depression

Grief:
- Painful feelings come in waves, often mixed with positive memories of the deceased.
- Prominent feelings of emptiness and loss
- Person feels that symptoms are due to the loss

Depression:
- Mood and ideation are almost constantly negative
- Mood is persistently depressed with an inability to anticipate happiness or pleasure
- Person may not have any idea why they feel so bad

Disruptive Mood Dysregulation Disorder

- New Diagnosis
- Similar to bipolar with extreme temper and rage
- Similar to Oppositional Defiant Disorder, but more severe
- DMDD requires impairment across two settings, one of which is severe
- DMDD has higher symptom threshold than ODD
Disruptive Mood Dysregulation Disorder

Severe recurrent temper outbursts
- Verbal or behavioral
- Inconsistent with developmental level
- Mood between outbursts is persistently irritable or angry
- Present in at least 2 settings, severe in at least one
- Cannot diagnose before age 6 or after age 18
- Frequency of at least 3 times weekly
- Duration 12 months, no more than 3 months symptom free

Premenstrual Dysphoric Disorder

- New Diagnosis
- In the majority of menstrual cycles symptoms begin during the week before menses begin and terminate with the onset of menses
- Must happen in at least 2 cycles

Premenstrual Dysphoric Disorder

- Marked affective liability
- Significant irritability or anger or increased interpersonal conflicts
- Dramatically depressed mood, hopelessness, self-deprecating thoughts
- Impairing anxiety and tension
- Decreased interest in usual activities
- Difficulty concentrating
Premenstrual Dysphoric Disorder

- Lethargy, fatigue, loss of energy
- Change of appetite, overeating, specific food cravings
- Hypersomnia or insomnia
- Feeling overwhelmed or out of control
- Physical symptoms: weight gain, breast tenderness, bloating

Anxiety Disorders

- PTSD and OCD no longer in this category
- Panic attack is now a specifier, NOT a diagnosis

Category includes:

- Separation Anxiety Disorder (can diagnose with adult onset)
- Selective Mutism
- Specific Phobia
- Social Anxiety Disorder
- Panic Disorder
- Agoraphobia: now a stand alone diagnosis. No requirement to be linked with Panic Disorder
- Generalized Anxiety Disorder
Anxiety Disorders

Panic Disorder and Agoraphobia are unlinked in DSM V

Separation Anxiety Disorder:
- The duration is at least 4-6 weeks in children and 6 months in adults
- Specifier of early onset before age 6 years old is deleted

Panic Attacks

- Panic attacks now function as a marker and prognostic factor for severity of diagnosis, course, and comorbidity across an array of disorders, including but not limited to anxiety disorder
- Palpitations being the most frequently reported symptom, provided little information about the severity of panic, whereas numbness and tingling, choking, and fear of dying were better markers of severe panic attacks

Obsessive Compulsive Disorders
Obsessive-Compulsive Disorders

- Some diagnoses are the same in the OCD section.
- New Dx includes:
  - Hoarding disorder
  - Excoriation (skin picking) disorder
  - Substance/medication induced OCD
  - OCD due to another medical condition
  - Trichotillomania has been moved to OCD section from Impulse control section in DSM IV.
- Insight specifiers have been added: good, fair, poor, absent, analogous.

Body Dysmorphic Disorder – OCD cont.

- Diagnostic criterion describing “repetitive behaviors or mental acts in association with perceived defects or flaws in physical appearance” has been added.
- A “with muscle dysphoria” specifier has been added.
- No longer coded as delusional disorder somatic type.

Hoarding Disorder, OCD cont.

- Reflects persistent difficulty discarding or parting with possessions due to a perceived need to save the items and distress associated with discarding them.
Trichotillomania/Excoriation, OCD cont.

- Trichotillomania — Also called Hair Pulling disorder, recent addition
- Excoriation — Also called Skin Picking Disorder — recent addition.

OCD, cont.

- Substance/Medication Induced OC and Related Disorder; OC and Related Disorder due to another medical condition. Given that OCD in the DSM V is now a distinct category, this diagnosis has been added.
- Other specified and Unspecified OCD’s.
  - Body focused repetitive bxs (nail biting, cheek chewing, lip biting, etc.) with repeated attempts to control bxs.
  - Obsessional jealousy — non-delusional pre-occupation with partner’s infidelity

Trauma and Stressor related Disorders

Includes: Reactive Attachment Disorder, Diminished Social Engagement Disorder, Posttraumatic Stress Disorder, Acute Stress Disorder, Adjustment Disorders, other specific trauma and stressor related disorders, and unspecified Trauma and stressor related disorders.
Reactive attachment disorder

Changes

**DSM-IV**

- Childhood diagnosis of reactive attachment disorder had two subtypes: emotionally withdrawn/inhibited and indiscriminately social/disinhibited.

**DSM-5**

- The subtypes in the DSM-IV are defined as distinct disorders: reactive attachment disorder and disinhibited social engagement disorder.

313.89 (F94.1) Reactive Attachment Disorder Criteria in DSM5

- A. Child rarely or minimally seeks comfort when distressed and child rarely or minimally responds to comfort when distressed.
  - B. At least 2 of the following:
    - Minimal social and emotional responsiveness to others
    - Limited positive affect
    - Episodes of unexplained irritability, sadness, or fearfulness that are evident even during nonthreatening interactions with adult caregivers
- C. At least one of the following:
  - Social neglect or deprivation in the form of persistent lack of having basic emotional needs for comfort, stimulation, and affection met by care-giving adults
  - Repeated changes of primary caregivers that limit opportunities to form stable attachments
  - Rearing in unusual settings that severely limit opportunities to form selective attachments

Reactive Attachment Disorder, cont.

- D. The care in Criterion C is presumed to be responsible for the disturbed behavior in Criterion A
- E. The criteria are not met for autism spectrum disorder
- F. The disturbance is evident before age 5 years old
- G. The child has a developmental age of at least 9 months
- Specifiers: persistent, severe
313.89 (F94.2) Disinhibited Social Engagement Disorder Criteria

A. At least 2 of the following:
   • Reduced or absent reticence in approaching and interacting with unfamiliar adults
   • Overly familiar verbal or physical behavior
   • Diminished or absent checking back with adult caregiver after venturing away, even in unfamiliar settings
   • Willingness to go off with an unfamiliar adult with minimal or no hesitation

B. Behaviors in Criterion A are not limited to impulsivity but include socially disinhibited behavior

C. At least one of the following:
   • Social neglect or deprivation in the form of persistent lack of having basic emotional needs of comfort, stimulation, and affection met by caregiving adults
   • Repeated changes of primary caregivers that limit opportunities to form stable attachments
   • Rearing in unusual settings that severely limit opportunities to form selective attachments

D. The care in Criterion C is presumed to be responsible for the disturbed behavior in Criterion A

The child has a developmental age of at least 9 months

Posttraumatic Stress Disorder

DSM IV

There were three major symptom clusters in DSM-IV—
   • reexperiencing,
   • avoidance/numbing, and
   • arousal

DSM5

• The stressor criterion (Criterion A) is more explicit with regard to how an individual experienced "traumatic" events. Also, Criterion A2 (subjective reaction) has been eliminated.
• There are four symptom clusters because the avoidance/numbing cluster is divided into two distinct clusters: avoidance and persistent negative alterations in cognitions and mood.
• Posttraumatic stress disorder is now developmentally sensitive in that diagnostic thresholds have been lowered for children and adolescents. Furthermore, separate criteria have been added for children age 6 years or younger with this disorder.
• Numbing symptoms also include new or reconceptualized symptoms, such as persistent negative emotional states. The final cluster—alterations in arousal and reactivity—retains most of the DSM-IV arousal symptoms. It also includes irritable or aggressive behavior and reckless or self-destructive behavior.

309.81 (F43.10) Posttraumatic Stress Disorder Criteria

A. One or more of the following ways:
   • Directly experiencing the traumatic event(s)
   • Witnessing, in person, the event(s) as it occurred to others
   • Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental
   • Experiencing repeated or extreme exposure to aversive details of the traumatic event(s)

B. Presence of one or more of the following:
   • Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s) (in children older than 6 years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed
   • Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s) (In children, there may be frightening dreams without recognizable content).
   • Dissociative reactions in which the individual feels or acts as if the traumatic event(s) were recurring. (In children, trauma-specific reenactment may occur in play.
   • Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s)
   • Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Evidenced by one or both of the following:
   • Avoidance of or efforts to avoid distressing memories, thoughts, or feelings associated with the traumatic event(s)
   • Avoidance of or efforts to avoid external reminders
**Posttraumatic Stress Disorder, cont.**

- D. 2 or more of the following:
  - Inability to remember an important aspect of the traumatic event(s)
  - Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world
  - Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others
  - Persistent negative emotional state
  - Markedly diminished interest or participation in significant activities
  - Feelings of detachment or estrangement from others
  - Persistent inability to experience positive emotions

- E. For some of the following:
  - Inability to feel love, empathy, or happiness
  - Restrictive or self-destructive behavior
  - Hyper vigilance
  - Fragmented or altered awareness
  - Problems with concentration
  - Sleep disturbances

**PTSD, cont.**

- F. Duration of the disturbance is more than 1 month
- G. Significant Impairment in function
- H. Disturbance not due to substance
- Specifiers: with dissociative symptoms (Depersonalization, De-realization); With delayed expression

**Acute Stress Disorder**

- DSM-IV
  - "Restrictive" emphasis on dissociative symptoms.

- DSM-5
  - As a new criterion, DSM-5 includes a specifier for dissociative symptoms (Depersonalization, De-realization); With delayed expression.
  - It also requires reporting if the stressor was experienced directly, indirectly, or through media.
308.3 (F43.0) Acute Stress Disorder

Criteria

A. One or more of the following ways
- Directly experiencing the traumatic event(s)
- Witnessing, in person, the event(s) as it occurred to others
- Learning that the event occurred to a close family member or close friend
- Repeated or extreme exposure to aversive details of the traumatic event(s)

B. Presence of 9 or more of the following:
- Recurrent, involuntary, and intrusive distressing memories of the event
- Recurrent distressing dreams of the event
- Dissociative reactions
- Intense or prolonged psychological distress in response to internal or external cues that symbolize event
- Persistent inability to experience positive emotions
- An altered sense of the reality of one’s surroundings or oneself
- Inability to remember an important aspect of the traumatic event
- Efforts to avoid distressing memories, thoughts or feelings associated with the traumatic event
- Efforts to avoid external reminders that arouse distressing memories, thoughts or feelings
- Sleep disturbance
- Irritable behavior and angry outbursts
- Hyper vigilance
- Problems with concentration
- Hypervigilant events response

Acute Stress Disorder, cont.

C. Duration of the disturbance is 3 days to 1 month after traumatic experience

D. disturbance causes clinically significant distress and impairment

E. The disturbance is not attributable to the physiological effects of a substance or better explained by a psychotic disorder

Adjustment Disorder Changes

DSM IV
- Conceptualized as a residual category for individuals who exhibit clinically significant distress without meeting criteria for a more discrete disorder.
- DSM-IV subtypes marked by depressed mood, anxious symptoms, or disturbances in conduct.

DSM-5
- Reconceptualized as a heterogeneous array of stress-response syndromes that occur after exposure to a distressing (traumatic or nontraumatic) event.
- Subtypes retained.
Adjustment Disorder Criteria

A. The development of emotional or behavioral symptoms in response to an identifiable stressor occurring within 3 months of the onset of the stressor.

B. One or both of the following:
   - Marked distress that is out of proportion to the severity or intensity of the stressor
   - Significant impairment in social, occupational or other important areas of functioning

C. The stress disturbance does not meet the criteria for another mental disorder

D. The symptoms do not represent normal bereavement

E. Once the stressor or its consequences have terminated, the symptoms do not persist for more than an additional 6 months

Specify by following codes:
- 309.0 (F43.21) with depressed mood
- 309.1 (F43.22) With anxiety
- 309.2 (F43.23) With mixed anxiety and depressed mood
- 309.3 (F43.24) With disturbance of conduct
- 309.4 (F43.25) With mixed disturbance of emotions and conduct
- 309.9 (F43.20) Unspecified

Other Specified and Unspecified Trauma and Stressor Related Disorder

Other Specified Trauma and Stressor Related Disorder 309.89 (F43.8)

Unspecified Trauma and Stressor Related Disorder 309.9 (F43.9)

Dissociative Disorders
Dissociative Disorders

• Dissociative Identity Disorder
• Dissociative Amnesia
• Depersonalization/De-realization Disorder
• Other Specified Dissociative Disorder
• Unspecified Dissociative Disorder

Changes in Dissociative Disorders

• Criterion A has been expanded to include certain possession-form phenomena and functional neurological symptoms to account for more diverse presentations of the Disorder.
• Criterion A now specifically states that transitions in identity may be observable by others or self-reported.
• Criterion B: individuals with dissociative identity disorder may have recurrent gaps in recall for everyday events, not just for traumatic experiences.
• Other text modifications clarify the nature and course of identity disruptions.
• Dissociative Fugue is now a specifier for Dissociative Amnesia.
• Criterion D for DID includes the cultural understanding that possession states are recognized in cultures around the world.

Adapted from Southern Regional AHEC and Dr. Sy Atezaz Saeed, MD, DFAPA

Somatic Symptoms and Related Disorders
Somatic Symptom and Related Disorders

- Somatic Symptom Disorder
- Illness Anxiety Disorder-New
- Conversion Disorder (Functional Neurological Symptom Disorder)
- Psychological Factors Affecting Other Medical Conditions
- Factitious Disorder
- Other Specified Somatic Symptom and Related Disorder
- Unspecified Somatic Symptom and Related Disorder

Adapted from Southern Regional AHEC and Dr. Sy Atezaz Saeed, MD, DFAPA

Somatic Symptoms and Related Disorders

- New term and reduction with problematic overlap in disorders
- Removed the diagnoses of somatization disorder, hypochondrias, pain disorder, and undifferentiated somatoform disorder
- New focus on thoughts, feelings, and behaviors related to positive symptoms and appreciation for somatic and pain issues

Adapted from Southern Regional AHEC and Dr. Sy Atezaz Saeed, MD, DFAPA

Somatic Symptoms and Related Disorders

- New focus on thoughts, feelings, and behaviors as previously overemphasized importance of an absence of a medical explanation
- Medically unexplained symptoms do remain a key feature in conversion disorder and pseudocyesis (false pregnancy)

Adapted from Southern Regional AHEC and Dr. Sy Atezaz Saeed, MD, DFAPA
Somatic Symptom Disorder SSD vs. Illness Anxiety Disorder

- Somatic Symptom Disorder corresponds to those previously diagnosed with hypochondriasis with significant somatic symptoms in addition to their high health anxiety.
- Illness Anxiety Disorder corresponds to high health anxiety without somatic symptoms (unless better explained by a primary anxiety disorder).

Adapted from Southern Regional AHEC and Dr. Sy Atezaz Saeed, MD, DFAPA.

Conversion Disorder (Functional Neurological Symptom Disorder)

- Modified to emphasize the essential importance of the neurological examination, and in recognition that relevant psychological factors may not be demonstrable at the time of diagnosis.

Adapted from Southern Regional AHEC and Dr. Sy Atezaz Saeed, MD, DFAPA.

Feeding and Eating Disorders
Feeding and Eating Disorders

- Pica
- Rumination Disorder
- Avoidant/Restrictive Food Intake Disorder
- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Other Specified Feeding and Eating Disorder
- Unspecified Feeding and Eating Disorder