

## DSM-5

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### OVERALL BOTTOM LINE

- DSM-5 involves multiple changes to the DSM-IV.
- DSM remains a categorical and descriptive method of categorizing symptoms into specified syndromes.
- Diagnostic groupings were reorganized to reflect common putative mechanisms and risk factors.
- The order of the diagnostic groupings attempts to reflect the developmental lifespan.

### Discussion of topic and guidelines

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM), first published in 1952, has undergone multiple revisions, the most recent being DSM-5, released in May of 2013. Multiple changes have been made, including changes to diagnostic classes, the addition and removal of diagnoses, and modification of previous diagnoses.

Despite these changes, DSM-5 remains a mainly categorical and descriptive method of classifying symptoms. Clinical diagnosis continues to be based on sets of symptoms that are clustered into heterogeneous syndromes, which often overlap among disorders. With the exception of those disorders for which the etiology is at least partially known (e.g., trauma and stress-related disorders, substance-induced disorders, disorders due to another medical condition), DSM disorders continue to be classified without regard to etiology.

Some of the major changes of DSM-5 from DSM-IV include the removal of the multiaxial system and the inclusion of ICD-10-CM diagnostic codes to ensure compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Even though it was not possible to modify disorder definitions to reflect the burgeoning understanding of underlying pathophysiological mechanisms, diagnostic groupings were reorganized to reflect common putative mechanisms and risk factors. Moreover, the order of the diagnostic groupings attempts to reflect the developmental lifespan with diagnoses that occur early in the developmental process coming earlier in the classification.

Brief overviews of significant changes made to the diagnostic categories are outlined here in the same order in which they appear in DSM-5.

### Neurodevelopmental disorders

- Intellectual Disability
  - Formerly called mental retardation, severity is no longer determined by IQ range but by impairment in adaptive functioning.

#### 4 Part 1: Introduction

- Global Developmental Delay
  - A new diagnosis for individuals under age 5 with intellectual impairment who are unable to undergo systematic assessment due to age.
- Social (Pragmatic) Communication Disorder
  - A new diagnosis for individuals with deficits in social communication in the absence of other symptoms of autism spectrum disorder or Intellectual Disability.
- Autism Spectrum Disorder
  - This new category reflects the dimensional view that autistic symptoms occur across a spectrum and replaces the DSM-IV diagnoses of Autistic Disorder, Asperger's Disorder, Childhood Disintegrative Disorder, Rett's Disorder, and Pervasive Developmental Disorder Not Otherwise Specified.
- Attention-Deficit/Hyperactivity Disorder
  - The onset requirement has been changed from before age 7 years to prior to age 12. A comorbid diagnosis with autism spectrum disorder is now allowed. The symptom threshold has been lowered for adults from six to five symptoms.
- Specific Learning Disorder
  - The DSM-IV diagnoses of reading disorder, mathematics disorder, and disorder of written expression have been combined. Impairments in specific academic domains are indicated with specifiers.

#### Schizophrenia spectrum and other psychotic disorders

- Delusional Disorder
  - Delusions no longer have to be non-bizarre.
- Schizophrenia
  - Individuals with Schizophrenia now must evidence at least one of the first three items from Criterion A (i.e., delusions, hallucinations, and disorganized speech). In addition, the designation of certain symptoms (e.g., bizarre delusions) as being of special diagnostic significance has been dropped. Subtypes of Schizophrenia (i.e., paranoid, disorganized, catatonic, undifferentiated, and residual) have been removed and replaced with symptom-based severity dimensions.
- Schizoaffective Disorder
  - Schizoaffective disorder now requires that symptoms meeting criteria for a major mood episode be present for the majority of the disorder's total lifetime duration.
- Catatonia
  - Diagnostic criteria for a catatonia syndrome, which can apply to psychotic and mood disorders and etiological medical conditions, are now provided.

#### Bipolar and related disorders

- Bipolar Disorders
  - Increased activity or energy with elevated or irritable mood is now required for a manic or hypomanic episode. The mixed type of manic episode has been removed in favor of a more broadly defined mixed features specifier that can also apply to depressive episodes.

#### Depressive disorders

- Disruptive Mood Dysregulation Disorder
  - A new diagnosis, characterized by severe and recurrent temper outbursts that are superimposed on a baseline of chronic irritability, has been added to address the misuse of the bipolar disorder diagnosis for chronically irritable children. This diagnosis should only be used

in children between ages 6 and 18. It is considered more severe than oppositional defiant disorder and should not be comorbidly diagnosed.

- Major Depressive Disorder
  - To cover the common presentation of comorbid anxiety symptoms, an “anxious distress” specifier (which also can be applied to manic or hypomanic episodes) is provided if anxiety symptoms are present for most days. The bereavement exclusion has been removed and replaced by a note suggesting the exercise of clinical judgment.
- Persistent Depressive Disorder
  - This new diagnosis highlights the prognostic significance of chronicity (i.e., duration of at least 2 years) and incorporates the DSM-IV diagnosis of dysthymia along with chronic forms of major depressive disorder.
- Premenstrual Dysphoric Disorder
  - Premenstrual Dysphoric Disorder, for women with disabling mood symptoms that start in the week prior to the onset of menses and remit within a week post-menses, has been promoted from the DSM-IV research appendix.

### Anxiety disorders

- Separation Anxiety Disorder
  - Separation Anxiety Disorder has moved from the DSM-IV section of Disorders usually first diagnosed in Infancy, Childhood, or Adolescence and now aims to also encompass adults with anxiety resulting from separation from important attachment figures.
- Agoraphobia, Specific Phobia, and Social Anxiety Disorder (Social Phobia)
  - The requirement that patients recognize their fears as excessive has been replaced by a clinical judgment that the fears are out of proportion to the actual danger. To reflect the transient nature of normal fears, symptoms must be present for a minimum of six months.
- Social Anxiety Disorder (Social Phobia)
  - The “performance only” specifier replaces the DSM-IV “generalized” specifier.
- Panic Attack
  - A “with panic attacks” specifier can be applied to any disorder to indicate the comorbid presence of panic attacks.
- Panic Disorder and Agoraphobia
  - These are now completely separate diagnoses, in contrast to the DSM-IV approach which offered three diagnoses for the various combinations.

### Obsessive-compulsive and related disorders

- Obsessive-Compulsive Disorder
  - Obsessive-Compulsive Disorder has been removed from Anxiety Disorders and now is part of a group of disorders that are related on a range of diagnostic validators. A tic related specifier identifies a predominantly familial form with early onset and characteristic obsessions and compulsions (symmetry and ordering).
- Body Dysmorphic Disorder
  - Delusional forms are no longer considered to be a type of Delusional Disorder but are characterized as BDD with absent insight.
- Hoarding Disorder
  - This new disorder describes a persistent difficulty with discarding possessions that results in cluttered active living areas, compromising their intended use.
- Excoriation (Skin-Picking) Disorder
  - This new disorder comprises compulsive skin picking that results in lesions.

### Trauma- and stressor-related disorders

- Reactive Attachment Disorder/Disinhibited Social Engagement Disorder
  - These two disorders, originally subtypes of DSM-IV reactive attachment disorder, occur as a result of extremely pathogenic care during early life.
- Posttraumatic Stress Disorder
  - The exposure to trauma requirement has been broadened to include occupational exposure to aversive details of the trauma and no longer requires that the person's response involve intense fear, helplessness, or horror. Avoiding reminders of the trauma is now required for a diagnosis. Additional items include irritable, aggressive, or self-destructive behavior and persistent negative alterations in cognitions and moods. An alternative criteria set is available for children age 6 or younger.
- Acute Stress Disorder
  - The criteria de-emphasize the previous need for dissociative symptoms as a hallmark of the disorder.
- Adjustment Disorders
  - Adjustment Disorders are now included in the Trauma and Stressor-Related Disorders and no longer constitute a major diagnostic class.

### Dissociative disorders

- Dissociative Identity Disorder
  - Symptoms can now be observed by others or self-reported. In addition, gaps in recall include everyday events and are not restricted to traumatic events.
- Dissociative Amnesia
  - This now includes the subtype Dissociative Fugue, which has been eliminated as a discrete diagnosis.
- Depersonalization/Derealization Disorder
  - Derealization symptoms have been added to both the name and definition of this disorder.

### Somatic symptom and related disorders

- Somatic Symptom Disorder
  - The concept of "somatoform" (i.e., psychological symptoms taking the form of somatic symptoms) has been eliminated, as has the DSM-IV requirement that the symptoms be medically unexplained. It is now defined in terms of distressing somatic symptoms accompanied by excessive thoughts, feelings, or behaviors related to the symptoms.
- Illness Anxiety Disorder
  - This new disorder is for those cases of DSM-IV hypochondriasis that occur in the absence of somatic symptoms. Those with somatic symptoms are to be diagnosed as Somatic Symptom Disorder.

### Feeding and eating disorders

- Avoidant/Restrictive Food Intake Disorder
  - This is a reformulated version of the DSM-IV Feeding Disorder of Infancy or Early Childhood that can now be applied to adults as well. It is defined by an eating or feeding disturbance leading to significant low weight or nutritional deficiency.
- Anorexia Nervosa
  - The amenorrhea requirement has been eliminated.
- Bulimia Nervosa
  - The number of binge eating episodes has been reduced to once weekly.

- Binge-Eating Disorder
  - This new disorder is characterized by recurrent binge eating without abnormal compensatory behavior. It has been promoted from the DSM-IV research appendix.

### Sleep-wake disorders

- Insomnia and Hypersomnolence Disorder
  - These disorders combine the DSM-IV diagnoses of primary insomnia/hypersomnia, insomnia/hypersomnia related to another mental disorder, and sleep disorder due to medical condition. Etiological factors are now indicated using specifiers.
- Breathing-Related Sleep Disorders
  - Breathing-Related Sleep Disorders are now divided in to three disorders: obstructive sleep apnea hypopnea, central sleep apnea, and sleep-related hypoventilation.
- Rapid Eye Movement Sleep Behavior Disorder
  - This new disorder occurs when individuals have REM sleep without muscle atonia resulting in the acting out of parts of the dream (e.g., kicking, flailing).
- Restless Legs Syndrome
  - A new disorder involving an urge to move the legs which is usually accompanied by uncomfortable and unpleasant sensations in the legs.

### Sexual dysfunctions

- Female Sexual Interest/Arousal Disorder
  - A new diagnosis in the DSM-5 which combines the previous diagnoses of female hypoactive sexual desire disorder and female hypoactive arousal disorders due to frequent concurrence of these phases in women.
- Genito-Pelvic Pain/Penetration Disorder
  - A new DSM-5 disorder which merges the previous DSM-IV diagnoses of vaginismus and dyspareunia.
- Sexual Aversion Disorder
  - This diagnosis has been removed from DSM-5.

### Gender dysphoria

- Gender Dysphoria
  - A new diagnostic class and disorder in the DSM that highlights dysphoria regarding gender incongruence and separates issues of gender identity from the paraphilias and sexual dysfunctions where they were classified in the DSM-IV.

### Disruptive, impulse-control, and conduct disorders

- Oppositional Defiant Disorder
  - This disorder can now be diagnosed comorbidly with conduct disorder because of evidence that these disorders can occur independently and have different life trajectories.
- Conduct Disorder
  - The disorder has a new specifier, "with limited prosocial emotions," that identifies a subgroup with a more severe form of the disorder and a worse treatment response.
- Intermittent Explosive Disorder
  - Verbal aggression is now included within the construct of aggressive outbursts.

## Substance-related and addictive disorders

- Gambling Disorder
  - The substance-related disorders chapter has been expanded to include gambling disorder, reflecting research which shows that similar brain reward pathways are activated.
- Substance Use Disorders
  - The DSM-IV substance abuse and substance dependence categories have been combined to form a single Substance Use disorder category, reflecting the dimensional nature of substance use.

## Neurocognitive disorders

- Major and Mild Neurocognitive Disorder
  - The DSM-IV diagnoses of dementia and amnesic disorders are subsumed under the newly named entity called major neurocognitive disorder. Mild neurocognitive disorder is a new category for neurocognitive problems that reflect an only “modest” decline in functioning.

## Personality disorders

- The criteria for personality disorders have not changed from those in DSM-IV. An alternative hybrid dimensional/categorical approach to the diagnosis of personality disorders was developed for DSM-5 but was rejected because of concerns about its reliability, validity, and clinical utility. It is included in a section called “Emerging Measures and Models”.

## Paraphilic disorders

- There are minor changes in criteria from DSM-IV. Paraphilias can now be specified as “in remission.”

## Reading list

- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, 5th edn. Arlington, VA: American Psychiatric Publishing, 2013.
- Barnhill JW. DSM-5 Clinical Cases. Arlington, VA: American Psychiatric Publishing, 2013.
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