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DSM V: HOPE OR HYPE?

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DSM 5: Hope or hype

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DSM 5: Hope or hype

No conflict of interest for this lecture
DSM 5: Hope or Hype

Learning objectives

1. At the end of the presentation the participants will be able to:
2. Define Diagnostic systems in psychiatry and DSM 5
3. Describe Underlying principles, concept and arguments for new DSM
4. Discuss changes in contents
5. Deconstruct clinical implications
Diagnosis and diagnostic system

- Evolving
- ‘Common language’: ICD by WHO; DSM
- Our medical care system - based on diagnosis.
- Judge the quality of medical care
- Socially acceptable reasons for dysfunction
- Reducing the stigma

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Diagnosis and patients

0 Does it help a clinician, possibly only little bit,:
0 though diagnosis is key for treatment,
0 we yet do not have treatments driven by diagnosis.
0 Treatments based upon psychopathology, symptom manifestation and risk.
0 Treatments are not ‘diagnosis–specific’
Stakeholders
Principles

- No paradigm shift
- No change in basic frame work
- Not to loose advantages of DSM IV
- Incorporate research data
- Based upon Experience of experts and leaders
Principles

- Inclusive for stakeholders
- Dimensional approach be introduced
- Alternatives to dimensional approach be explored
- Categorical approach should not be excluded
- Ensure maximum utility
Changes in DSM 5

- Longitudinal – developmental perspective
- Dimensional as well as categorical approach
- Disorders are re-organized
- Newer disorders have been added
Change in DSM 5

- Some have been revised
- Criteria have been changed
- Non-axial diagnosis severity continuum
- Pathological measurement
- Disability assessment
News value

- Re-organization of categories
- Introduction of newer diagnostic subgroups
- Attenuated syndrome
- Autism spectrum
- Disability assessment
Objections

0 Labelling newer syndromes creates stigma
0 Medication for people having no diagnosis
0 Unfair deal for autism
0 Cuts down benefits
0 Partner with pharmaceutical companies
0 Nothing for the patients
0 Families are ignored
Argument for dimensional approach
SMI, Genotype-phenotype- G x E, fulfills ‘unmet needs’, ‘treatments’
Restructured Order of Chapters - different from DSM IV
DSM V

Section 1

Overview description
Psychopathology, description of the illness,
this section has been retained from DSM IV without changes

Methodology to use the DSM
Formulation of non axial diagnosis
DSM V
Section 3

- Conditions requiring more research
- Conditions rejected for 2 & 3
- Measurements for psychopathology
  Severity on dimensional parameter
- Disability; WHO-DAS
- Psychosocial stress: Descriptive
DSM V

Section 2

Non-axial diagnosis
newer ways of diagnosis and its documentation in three different axis

New and revised diagnosis

All diagnostic category
Consists of reorganized chapters
Axial diagnosis
DSM provides diagnosis
ICD – code provides billing

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>ICD Code</th>
<th>ICD Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSM IV</td>
<td>ICD-9 &amp; 10</td>
<td>ICD-9</td>
</tr>
<tr>
<td>2011</td>
<td>DSM V</td>
<td>ICD-10</td>
</tr>
<tr>
<td>2013</td>
<td>DSM V</td>
<td>ICD-10</td>
</tr>
<tr>
<td></td>
<td>ICD-11</td>
<td>No new code (field trial)</td>
</tr>
</tbody>
</table>

Billing codes
Disability, insurance, third party or Medicaid payments

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## Non axial / descriptive

<table>
<thead>
<tr>
<th>Axis</th>
<th>DSM IV</th>
<th>DSM V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Axis I</td>
<td>Axis I</td>
<td>1. Primary psychiatric diagnosis (more than)</td>
</tr>
<tr>
<td></td>
<td>Axis II</td>
<td>2. Personality disorder, LD</td>
</tr>
<tr>
<td></td>
<td>Axis III</td>
<td>3. medical disorders. Severity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Suicide behavior</td>
</tr>
<tr>
<td>Axis II</td>
<td>Axis IV</td>
<td>Disability assessment by WHO-DAS</td>
</tr>
<tr>
<td></td>
<td>Axis V</td>
<td>Stressful factors</td>
</tr>
<tr>
<td>Axis III</td>
<td>New category</td>
<td>Conditions where more research is required e.g. attenuated psychotic syndrome</td>
</tr>
</tbody>
</table>

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How will the previous multi-axial conditions be coded?

- DSM-5 contains both ICD-9-CM codes for immediate use and ICD-10-CM codes in parentheses.
- On October 1, 2014, the USA adopts ICD-10-CM as its standard coding system.
Section 2 Disorders:
Changes in categories (11 categories)

1. Autism spectrum disorder
2. Binge eating disorder
3. Disruptive mood dysregulation disorder
4. Excoriation (skin-picking) disorder
5. Hoarding disorder
Section 2 Disorders: Changes in categories (11 categories)

6. Pedophilic disorder
7. Personality disorders
8. Posttraumatic stress disorder
9. Removal of bereavement exclusion
10. Specific learning disorders
11. Substance use disorder
Section 2 individual Disorders

1. Autism spectrum disorder – DSM 5

More accurately and consistently diagnose children with autism. Several diagnosis from DSM IV including:

- Autistic disorder,
- Asperger’s disorder,
- Childhood disintegrative disorder, and
- Pervasive developmental disorder (not otherwise specified),
Binge eating disorder Will be moved from DSM-IV’s Appendix

Removal of bereavement exclusion

Disruptive mood dysregulation disorder

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Conditions for Further Study

0 Attenuated Psychosis Syndrome
0 Depressive Episodes With Short-Duration Hypomania
0 Persistent Complex Bereavement Disorder
Conditions for Further Study

0 Caffeine Use Disorder
0 Internet Gaming Disorder
0 Neurobehavioral Disorder Associated With Prenatal Alcohol Exposure
0 Suicidal Behavior Disorder
0 Nonsuicidal Self-Injury
Disorders Not Accepted for Sections 2 or 3

- Anxious depression
- Hypersexual disorder
- Parental alienation syndrome
- Sensory processing disorder
Schizophrenia “Spectrum” and Other Psychotic Disorders

- The first change is the elimination of the special attribution of bizarre delusions and Schneiderian first-rank auditory hallucinations (e.g., two or more voices conversing).
- This special attribution was removed due to the nonspecificity.
- Therefore, in DSM-5, two Criterion A symptoms are required for any diagnosis of schizophrenia.
Schizophrenia: second change

- addition of a requirement in Criterion A that the “individual must have at least one of these three symptoms:
  - delusions,
  - hallucinations, and
  - disorganized speech.

- At least one of these core “positive symptoms” is necessary for a reliable diagnosis of schizophrenia.

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Schizophrenia subtypes

0 Eliminated
0 (i.e., paranoid, disorganized, catatonic, undifferentiated, and residual types) due to
0 limited diagnostic stability,
0 low reliability, and poor validity.
0 treatment response
0 longitudinal course.
A dimensional approach to Rating severity

- for the core symptoms of schizophrenia is
- Included in section III
- To capture the important heterogeneity
- In symptom type and
- Severity expressed across individuals with psychotic disorders
Major and Mild Neurocognitive Disorders

Intellectual Disability

Neurodevelopmental Disorders

(mental Retardation: to :Intellectual Developmental
cognitive capacity (IQ)
and adaptive functioning.)
Attenuated syndrome
Bipolar and Related Disorders

Criterion A includes changes in activity and energy & mood

- *mixed episode*, requiring simultaneous full criteria for both mania and major depressive episode, has been removed.
- Instead, *a new specifier, “with mixed features,”* has been added
Suicide behavior on diagnostic severity

Deliberate self harm in Children and its quantification by a scale given in DSM 5
Disability

ICD has made an effort to keep disability out of the definition because disability depends on the social environment.

DSM, in contrast, includes disability as one of the defining characteristics of disorder.
Assessment Measures

- Cross-Cutting Symptom Measures
  - DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult
  - Parent/Guardian-Rated DSM-5 Level 1 Cross-Cutting Symptom Measure—Child Age 6–17
Severity dimension

- Clinician-Rated Dimensions of Psychosis Symptom Severity
- World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0)
DSM 5 (disability:
Public health & stigma

- DSM-Mental illness is a disability; ICD - NOT a disability
Clinical implication & patient care

1. Spectrum concept
2. Dimensional rather than categorical diagnoses retained
3. Categorical diagnoses retained
4. Co-Morbidity
5. Change of multi-axial
6. Rating scales
7. Shared risk (genetic, other), severity and impairment
8. Importance of sub-syndromes

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Clinical implication

1. Developmental perspectives
2. Utility of a diagnostic system in non-psychiatric settings
3. New diagnoses
4. Comprehensive and quantified
5. Dimensional rather than Categorical diagnoses
6. Age-related manifestations and subtypes
7. Possible support for more early intervention
8. Can explain mental disorder better
Therapeutics

Implications for the patients

Prevention
Insurance

Third party payments

Compensation and benefits
Implications for research

Implications for advocacy groups