DSM V
What’s New

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This will be an overview of the major changes in the DSM 5 in the most common diagnosis, and not an exhaustive look or discussion of the more minor changes.
This replaced the terms “Mental Retardation” previously used in DSM IV.

Diagnostic criteria was changed emphasizing not just cognitive capacity (IQ) but adaptive functioning. Severity is determined by the latter rather than IQ.

Federal law has also replaced the term “mental retardation” with intellectual disability.
Autism Spectrum Disorder has replaced four previously separate disorders that are actually a single condition: Autistic Disorder, Asperger’s Disorder, Childhood Disintegrated Disorder and Pervasive Developmental Disorder NOS.

ASD is characterized by 1. Deficits in social communication and interaction and 2. Restricted repetitive behaviors.

Both are required for a diagnosis.
ask me about my attention deficit disorder or pie or my cat. a dog. i have a bike. do you like tv? i saw a rock. hi.
ADHD

- The diagnostic criteria remain basically the same and continue to be divided into 2 major categories: 1. Inattention and 2. Hyperactivity / Impulsivity.
- The major change regarding this diagnosis was the inclusion of a more long term perspective of the disorder and inclusion of adult ADHD. (Only 5 criteria vs 6 in children)
- The entire chapter of diagnosis usually made in childhood was eliminated.
Both images are accurate for Schizophrenia
Schizophrenia

- The subtypes have been eliminated due to low reliability and poor validity, and instead a dimensional approach has been taken looking at severity of core symptoms.

- The elimination of bizarre delusions and Schneiderian first-rand AH (two or more voices talking).

- In DSM 5 two criterion A symptoms are required for a diagnosis, and in criterion A they must have at least one of 3 positive symptoms delusions, hallucinations, disorganized speech.
Bipolar Disorder

Depression

Mania

Symptoms

People

Manic-depressive

Behavior

Mental

Experience

Diagnosis

Onset

Elevated

Psychotic

Cyclothymia

Nervous

Serious

Observed

Adulthood

States

Many

Hypomanic

Individuals

Depressive

Experience

Manic

Experience
Bipolar Disorder

- The big change here is the elimination of “mixed episode” as one of the diagnosis options and now listed as a specifier.
- Also criterion A for manic or hypomanic episodes now includes and emphasis on changes in activity and energy as well mood.
- Bipolar I and Bipolar II still exists as separate diagnosis.
Depression

- DSM 5 contains several new depressive disorders
  - Disruptive mood dyregulation disorder: As this is included for children up to 18 which will potentially decrease over diagnosis of Bipolar in children
  - Premenstrual dysphoric disorder (strong scientific evidence)
  - Lastly this version looks at chronic forms of depression more closely
Depression Continued

- The core criterion for diagnosis has not changed
- There is a specifier now of “mixed features” for those who do not meet criteria for Bipolar Dis indicating that there is a higher likelihood of developing Bipolar.
- The bereavement exclusion was removed
Hello, my name is Anxiety.
The DSM V chapter on anxiety no longer includes OCD.

Panic attack: Essential features remain unchanged, terminology has been simplified and replaced with “expected and unexpected”. Because panic attacks function as a prognostic marker for severity of all diagnosis, panic attack can now be listed as a specifier where applicable to all DSM 5 disorders.
B. Essential features remain the same however, recognition of anxiety as being excessive and lasting for 6 months or more is applied to all ages.

C. The “generalized” specifier has been removed and replaced with “performance only” specifier.
"Having OCD is like being allergic to life - every waking moment is spent in a state of mental hyper-sensitivity"
This is a completely new chapter added to the DSM to discuss OCD and related disorders.

New disorders in this chapter include hoarding disorder, excoriation disorder, substance / medication induced OCD, and OCD related to another medical condition.

Trichotillomania has been moved under this chapter.
The “poor insight” specifier has been refined in DSM 5 to offer distinction between poor, fair or good insight, as well as absent insight/delusional beliefs. This change hopefully brings better clarification to the severity and prognosis of the disorder.
PTSD
Post Traumatic Stress Disorder
Some wounds aren't visible
PTSD

- The criteria for PTSD have changed significantly from DSM IV.

- The stressor criterion are much more explicit with regard to how the individual experienced trauma.

- There are now 4 symptom clusters vs 3 clusters in the previous DSM IV.

- Specific criteria added for children age 6 or younger.
The forth symptom cluster has arisen from the dividing of the avoidance / numbing cluster from DSM IV

1. Avoidance  2. Persistent negative alterations in cognition and mood

The arousal and reactivity cluster now includes irritable or aggressive behavior and reckless or self-destructive behavior
Sexual Disorders

- In DSM V gender-specific sexual dysfunctions have been added.
- For females sexual arousal and desire have been combined.
- All sexual dysfunctions now require a minimum of 6 months duration and more precise criteria. This helps to distinguish a transient change from a disorder.
Gender Dysphoria

- This is a new diagnostic class for DSM 5 and reflects a change in conceptualization of the defining features.
- Gender dysphoria is considered a multi category concept and DSM 5 acknowledges the wide variation of gender-incongruent conditions.
- A post-transition specifier has been added because many individuals no longer meet criteria after transition surgery.
There are many other changes that were made in the new DSM 5. Please see the following for further details and information.
Sources For More Information

- *American Psychiatric Association* ([www.psych.org](http://www.psych.org))
- *CMS.gov*
- *DSM - 5*