Important DSM-IV-TR to DSM-5 Changes

In May, 2013, the American Psychiatric Association will publish the 5th edition of its *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). These changes from the 1994 4th edition (DSM-IV-TR) are pertinent to David Myers' *Psychology for AP,* 1st edition:

Old: DSM-IV	Text pp.	New: DSM-5	Comment
Diagnosis based on five "axes"	566	Discontinued	Judged incompatible with other medical diagnostics and unclear to physicians; replaced with 0 to 4 severity ratings for each diagnosis
Substance-related disorders	197-210	Substance use and addictive disorders	Now rated by severity, rather than being separated into "abuse" and "dependence." "Gambling disorder" now in this category as a behavioral addiction; "Internet gaming disorder" introduced for more study
Autistic disorder and Asperger's disorder	435, 422, 424-425, 525, 613-614 A-9	Autism spectrum disorder (ASD)	Incorporates the separate disorders into a single continuum of mild to severe
ADHD	562-563	ADHD, with reduced number of symptoms required after age 16	Debated issue: Will it increase diagnosis & medication of adults?
Anxiety disorders, including obsessive-compulsive disorder (OCD) and posttraumatic stress disorder (PTSD)	569-576	Anxiety disorders (including generalized anxiety, phobia, & panic disorder) Obsessive-compulsive & related disorders Trauma & stressor-related disorders (including PTSD)	Obsessive-compulsive and posttraumatic stress disorders are now grouped separately; Social phobia is now "social anxiety disorder"; "Hoarding disorder" is an OCD-related disorder; new to DSM-5
Mood disorders (major depressive and bipolar disorders)	579-589	Bipolar disorders Depressive disorders, including disruptive mood disregulation?	Removed bereavement exclusion from depression; Disruptive behavior may now be diagnosed as a distinct disorder.
Schizophrenia subtypes	591	Discontinued	Judged to have low reliability and validity

Notes:

1) *Other label changes:* Dementia becomes *neurocognitive disorder*; gender identity disorder becomes gender *dysphoria*.
2) *Psychology for AP,* 1st edition already reflects certain other changes, such as relabeling mental retardation as *intellectual disability* and adding *binge-eating disorder* as an official eating disorder.
3) I have deemed other new categories, such as selective mutism and excoriation (skin-picking), as more appropriate for advanced abnormal psychology courses, and thus have not listed them here. I have also omitted here revisions of finer points for defining disorders, such as requiring ADHD symptoms to be "present by age 12" (instead of age 7).

David G. Myers, 2013

DSM-5: Update and Debate

The long-awaited revision of psychiatry's *Diagnostic and Statistical Manual of Mental Disorders,* 5th edition is now reality. This is a big deal: DSM-5 will guide medical diagnoses and define who is eligible for coverage of medications, treatments, and special services.

DSM-5 task force chair, David Kupfer, and colleagues Emily Kuhl and Darrel Regier (2013) report that the new DSM was shaped by the international collaboration of 400 expert volunteers, with input from many conferences and thousands of communications. DSM-5 aims include

- reflecting state-of-the-art science about the validity, childhood origins, and biological bases of disorders and being "readily updatable as relevant knowledge is accumulated."
- offering diagnostic criteria that will be clear and useful to both primary care physicians and mental health professionals (thus discontinuing the multi-axis diagnostic approach).
- defining disorders neither restrictively (leading to a denial of treatment for people in need) nor expansively (leading to excessive medication for everyday problems in living).
- viewing disorders in the context of gender, age, and cultural expectations.

DSM-IV task force chair, Allen Frances (2012, 2013) contends that the DSM-5 is "deeply flawed" and that "people who don't need diagnosis and treatment will get it." Proponents such as Kupfer (2012) contend that it sets "new standards for the organization of disorders and quality of evidence." For those wishing to discuss the controversies, here are some highlights:

Criticism (Frances)	Defense (Kupfer and others)
Removing the "bereavement exclusion" (no longer excluding from "major depression" those grieving a recent death) turns normal grief into a mental illness. That's good for the psychiatry and drug businesses, but "a disaster for grievers."	When triggered by adversity, depression is depression—whether in response to divorce, job loss, disaster, or death. Bereavement-related depression can respond to treatment, as can depression resulting from other forms of loss.
The new Disruptive Mood Dysregulation Disorder "will turn temper tantrums into a mental disorder" and exacerbate excessive drug use with children.	This new disorder will restrain the increasing diagnoses of "bipolar disorder among children with severe emotional and behavioral disturbance."
Excessive eating 12 times in three months—even if overeating great food—becomes, under the newly loosened definition, "a psychiatric illness called Binge-Eating Disorder."	Research indicates that "binge eating disorder is a valid and reliable diagnosis [which] appears unlikely to significantly increase" in prevalence from DSM-IV (where it was "for further study").
The addition of behavioral addictions begins with gambling addiction, but opens the door to future "careless over diagnosis of Internet and sex addiction and the development of lucrative treatment programs to treat these new markets."	Harmful compulsions can be behavioral as well as substance-related. Pathological gambling and substance use appear to involve similar brain reward systems.
With the exception of autism, the DSM-5's loosened diagnostic criteria will lead to "massive over-diagnosis and harmful over-medication."	"Charges that DSM-5 will lower diagnostic thresholds and lead to a higher prevalence of mental disorders are patently wrong. Results from our field trials [indicate] no change in the overall rates of disorders once DSM-5 is in use."

Frances, A. J. (2012, December 2). DSM 5 is guide not Bible—Ignore its ten worst changes. www.psychologytoday.com/blog/dsm5-in-distress/201212/dsm-5-is-guide-not-bible-ignore-its-ten-worst-changes

Frances, A. J. (2013). Last plea to DSM 5: Save grief from the drug companies. www.huffingtonpost.com/allen-frances/saving-grief-from-dsm-5-a_b_2325108.html.

Frances, A. J. (2013, March 24). Letter to the editor. www.nytimes.com.

Kupfer, D. J. (2012, June 1). Dr Kupfer defends DSM-5. www.medscape.com/viewarticle/764735.

Kupfer, D. J., Kuhl, E. A., & Regier, D. A. (2013). DSM-5—The future arrived. *JAMA* doi:10.1001/jama.2013.2298