DSM-V Overview

1.2 Section II: diagnostic criteria and codes

1.2.1 Neurodevelopmental disorders

- "Mental retardation" has a new name: "intellectual disability (intellectual developmental disorder)."[4]
- Phonological disorder and stuttering are now called communication disorders—which include language disorder, speech sound disorder, childhood-onset fluency disorder, and a new condition characterized by impaired social verbal and nonverbal communication called social (pragmatic) communication disorder.[4]
- Autism spectrum disorder incorporates Asperger disorder, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified (PDD-NOS) - see Diagnosis of Asperger syndrome#Proposed changes to DSM-5.[5]
- A new sub-category, motor disorders, encompasses developmental coordination disorder, stereotypic movement disorder, and the tic disorders including Tourette syndrome.[6]

1.2.2 Schizophrenia spectrum and other psychotic disorders

- All subtypes of schizophrenia were deleted (paranoid, disorganized, catatonic, undifferentiated, and residual).[2]
- A major mood episode is required for schizoaffective disorder (for a majority of the disorder's duration after criterion A [related to delusions, hallucinations, disorganized speech or behavior, and negative symptoms such as avolition] is met).[2]
- Criteria for delusional disorder changed, and it is no longer separate from shared delusional disorder.[2]
- Catatonia in all contexts requires 3 of a total of 12 symptoms. Catatonia may be a specifier for depressive, bipolar, and psychotic disorders; part of another medical condition; or of another specified diagnosis.[2]

1.2.3 Bipolar and related disorders

- New specifier "with mixed features" can be applied to bipolar I disorder, bipolar II disorder, bipolar disorder NED (not elsewhere defined, previously called "NOS", not otherwise specified) and MDD.[7]
- Allows other specified bipolar and related disorder for particular conditions.[2]
- Anxiety symptoms are a specifier (called "anxious distress") added to bipolar disorder and to depressive disorders (but are not part of the bipolar diagnostic criteria).[2]

1.2.4 Depressive disorders

- The bereavement exclusion in DSM-IV was removed from depressive disorders in DSM-5.[8]
- New disruptive mood dysregulation disorder (DMDD)[9] for children up to age 18 years.[2]
- Premenstrual dysphoric disorder moved from an appendix for further study, and became a disorder.[2]
- Specifiers were added for mixed symptoms and for anxiety, along with guidance to physicians for suicidality.[2]
- The term dysthymia now also would be called persistent depressive disorder.

1.2.5 Anxiety disorders

- For the various forms of phobias and anxiety disorders, DSM-5 removes the requirement that the subject (formerly, over 18 years old) "must recognize that their fear and anxiety are excessive or unreasonable". Also, the duration of at least 6 months now applies to everyone (not only to children).[2]
- Panic attack became a specifier for all DSM-5 disorders.[2]
- Panic disorder and agoraphobia became two separate disorders.[2]
- Specific types of phobias became specifiers but are otherwise unchanged.[2]
- The generalized specifier for social anxiety disorder (formerly, social phobia) changed in favor of a performance only (i.e., public speaking or performance) specifier.[2]
- Separation anxiety disorder and selective mutism are now classified as anxiety disorders (rather than disorders of early onset).[2]

1.2.6 Obsessive-compulsive and related disorders

- A new chapter on obsessive-compulsive and related disorders includes four new disorders: excoriation (skin-picking) disorder, hoarding disorder, substance-/medication-induced obsessive-compulsive and related disorder, and obsessive-compulsive and related disorder due to another medical condition.[2]
- Trichotillomania (hair-pulling disorder) moved from "impulse-control disorders not elsewhere classified" in DSM-IV, to an obsessive-compulsive disorder in DSM-5.[2]
- A specifier was expanded (and added to body dysmorphic disorder and hoarding disorder) to allow for good or fair insight, poor insight, and "absent insight/delusional" (i.e., complete conviction that obsessive-compulsive disorder beliefs are true).[2]
- Criteria were added to body dysmorphic disorder to describe repetitive behaviors or mental acts that may arise with perceived defects or flaws in physical appearance.[2]
- The DSM-IV specifier “with obsessive-compulsive symptoms” moved from anxiety disorders to this new category for obsessive-compulsive and related disorders.[2]
- There are two new diagnoses: other specified obsessive-compulsive and related disorder, which can include body-focused repetitive behavior disorder (behaviors like nail biting, lip biting, and cheek chewing, other than hair pulling and skin picking) or obsessional jealousy; and unspecified obsessive-compulsive and related disorder.[2]

1.2.7 Trauma- and stressor-related disorders

- Posttraumatic stress disorder (PTSD) is now included in a new section titled "Trauma- and Stressor-Related Disorders."[10]
- The PTSD diagnostic clusters were reorganized and expanded from a total of three clusters to four based on the results of confirmatory factor analytic research conducted since the publication of DSM-IV.[11]
- Separate criteria were added for children six years old or younger.[2]
- For the diagnosis of acute stress disorder and PTSD, the stressor criteria (Criterion A1 in DSM-IV) was modified to some extent. The requirement for specific subjective emotional reactions (Criterion A2 in DSM-IV) was eliminated because it lacked empirical support for its utility and predictive validity.[11] Previously certain groups, such as military personnel involved in combat, law enforcement officers and other first responders, did not meet criterion A2 in DSM-IV because their training prepared them to not react emotionally to traumatic events.[12][13][14]
- Two new disorders that were formerly subtypes were named: reactive attachment disorder and disinhibited social engagement disorder.[2]
- Adjustment disorders were moved to this new section and reconceptualized as stress-response syndromes. DSM-IV subtypes for depressed mood, anxious symptoms, and disturbed conduct are unchanged.[2]

1.2.8 Dissociative disorders

- Depersonalization disorder is now called depersonalization/derealization disorder.[15]
- Dissociative fugue became a specifier for dissociative amnesia.[2]
- The criteria for dissociative identity disorder were expanded to include "possession-form phenomena and functional neurological symptoms". It is made clear that "transitions in identity may be observable by others or self-reported".[2] Criterion B was also modified for people who experience gaps in recall of everyday events (not only trauma).[2]

1.2.9 Somatic symptom and related disorders

- Somatoform disorders are now called somatic symptom and related disorders.
- Diagnoses of somatization disorder, hypochondriasis, pain disorder, and undifferentiated somatoform disorder were deleted.
- People with chronic pain can now be diagnosed with *somatic symptom disorder with predominant pain*; or *psychological factors that affect other medical conditions*; or with an *adjustment disorder*.[2]
- Somatization disorder and undifferentiated somatoform disorder were combined to become somatic symptom disorder, a diagnosis which no longer requires a specific number of somatic symptoms.[2]

- Somatic symptom and related disorders are defined by positive symptoms, and the use of medically unexplained symptoms is minimized, except in the cases of conversion disorder and pseudocyesis (false pregnancy).[2]
- A new diagnosis is psychological factors affecting other medical conditions. This was formerly found in the DSM-IV chapter "Other Conditions That May Be a Focus of Clinical Attention".[2]
- Criteria for conversion disorder (functional neurological symptom disorder) were changed.[2]

1.2.10 Feeding and eating disorders

- Criteria for pica and rumination disorder were changed and can now refer to people of any age.[2]
- Binge eating disorder graduated from DSM-IV's "Appendix B -- Criteria Sets and Axes Provided for Further Study" into a proper diagnosis.[16]
- Requirements for bulimia nervosa and binge eating disorder were changed from "at least twice weekly for 6 months to at least once weekly over the last 3 months".
- The criteria for anorexia nervosa were changed; there is no longer a requirement of amenorrhea.
- "Feeding disorder of infancy or early childhood", a rarely used diagnosis in DSM-IV, was renamed to avoidant/restrictive food intake disorder, and criteria were expanded.[2]

1.2.11 Sleep–wake disorders

- "Sleep disorders related to another mental disorder, and sleep disorders related to a general medical condition" were deleted.[2]
- Primary insomnia became insomnia disorder, and narcolepsy is separate from other hypersomnolence.[2]
- There are now three breathing-related sleep disorders: obstructive sleep apnea hypopnea, central sleep apnea, and sleep-related hypoventilation.[2]
- Circadian rhythm sleep–wake disorders were expanded to include advanced sleep phase syndrome, irregular sleep–wake type, and non-24-hour sleep–wake type.[2] Jet lag was removed.[2]
- Rapid eye movement sleep behavior disorder and restless legs syndrome are each a disorder, instead of both being listed under "dyssomnia not otherwise specified" in DSM-IV.[2]

1.2.12 Sexual dysfunctions

- DSM-5 has sex-specific sexual dysfunctions.[2]
- For females, sexual desire and arousal disorders are combined into female sexual interest/arousal disorder.[2]
- Sexual dysfunctions (except substance-/medication-induced sexual dysfunction) now require a duration of approximately 6 months and more exact severity criteria.[2]
- A new diagnosis is genito-pelvic pain/penetration disorder which combines vaginismus and dyspareunia from DSM-IV.[2]
- Sexual aversion disorder was deleted.[2]
- Subtypes for all disorders include only "lifelong versus acquired" and "generalized versus situational" (one subtype was deleted from DSM-IV).[2]
- Two subtypes were deleted: "sexual dysfunction due to a general medical condition" and "due to psychological versus combined factors".[2]

1.2.13 Gender dysphoria

- DSM-IV gender identity disorder is similar to, but not the same as, gender dysphoria in DSM-5. Separate criteria for children, adolescents and adults that are appropriate for varying developmental states are added.
- Subtypes of gender identity disorder based on sexual orientation were deleted.[2]
- Among other wording changes, criterion A and criterion B (cross-gender identification, and aversion toward one's gender) were combined.[2] Along with these changes comes the creation of a separate gender dysphoria in children as well as one for adults and adolescents. The grouping has been moved out of the sexual disorders category and into its own. The name change was made in part due to stigmatization of the term "disorder" and the relatively common use of "gender dysphoria" in the GID literature and among specialists in the area.[17] The creation of a specific diagnosis for children reflects the lesser ability of

children to have insight into what they are experiencing and ability to express it in the event that they have insight.[18]

1.2.14 Disruptive, impulse-control, and conduct disorders

Some of these disorders were formerly part of the chapter on early diagnosis, oppositional defiant disorder; conduct disorder; and disruptive behavior disorder not otherwise specified became other specified and unspecified disruptive disorder, impulse-control disorder, and conduct disorders.[2] Intermittent explosive disorder, pyromania, and kleptomania moved to this chapter from the DSM-IV chapter "Impulse-Control Disorders Not Otherwise Specified".[2]

- Antisocial personality disorder is listed here *and* in the chapter on personality disorders (but ADHD is listed under neurodevelopmental disorders).[2]
- Symptoms for oppositional defiant disorder are of three types: angry/irritable mood, argumentative/defiant behavior, and vindictiveness. The conduct disorder exclusion is deleted. The criteria were also changed with a note on frequency requirements and a measure of severity.[2]
- Criteria for conduct disorder are unchanged for the most part from DSM-IV.[2] A specifier was added for people with limited "prosocial emotion", showing callous and unemotional traits.[2]
- People over the disorder's minimum age of 6 may be diagnosed with intermittent explosive disorder without outbursts of physical aggression.[2] Criteria were added for frequency and to specify "impulsive and/or anger based in nature, and must cause marked distress, cause impairment in occupational or interpersonal functioning, or be associated with negative financial or legal consequences".[2]

1.2.15 Substance-related and addictive disorders

- Gambling disorder and tobacco use disorder are new.[2]
- Substance abuse and substance dependence have been combined into single substance use disorders specific to each substance of abuse within a new "addictions and related disorders" category.[19] "Recurrent legal problems" was deleted and "craving or a strong desire or urge to use a substance" was added to the criteria.[2] The threshold of the number of criteria that must be met was changed.[2] Severity from mild to severe is based on the number of criteria endorsed.[2] Criteria for cannabis and caffeine withdrawal were added.[2] New specifiers were added for early and sustained remission along with new specifiers for "in a controlled environment" and "on maintenance therapy".[2]

Categories of abuse and dependence have been eliminated.Now it is Substance use disorder with different levels of severity - mild moderate and severe. Gambling has been included as an addictive disorder.

1.2.16 Neurocognitive disorders

- Dementia and amnestic disorder became major or mild neurocognitive disorder (major NCD, or mild NCD).[2][20] DSM-5 has a new list of neurocognitive domains.[2] "New separate criteria are now presented" for major or mild NCD due to various conditions.[2] Substance/medication-induced NCD and unspecified NCD are new diagnoses.[2]

1.2.17 Paraphilic disorders

- New specifiers "in a controlled environment" and "in remission" were added to criteria for all paraphilic disorders.[2]
- A distinction is made between paraphilic behaviors, or paraphilias, and paraphilic disorders.[21] All criteria sets were changed to add the word disorder to all of the paraphilias, for example, pedophilia is now pedophilic disorder.[2] There is no change in the basic diagnostic structure since DSM-III-R; however, people now must meet both qualitative (criterion A) and negative consequences (criterion B) criteria to be diagnosed with a paraphilic disorder. Otherwise they have a paraphilia (and no diagnosis).[2]

1.2.18 Personality disorders

- Personality disorder previously belonged to a different axis than almost all other disorders, but is now in one axis with all mental and other medical diagnoses.[22] However, the same ten types of personality disorder are retained. (Paranoid PD, Schizoid PD, Schizotypal PD, Antisocial PD, Borderline PD, Histrionic PD, Narcissistic PD, Avoidant PD, Dependent PD, Obsessive-Compulsive PD)

These conditions and criteria are set forth to encourage future research and are not meant for clinical use.

- Attenuated psychosis syndrome
- Depressive episodes with short-duration hypomania
- Persistent complex bereavement disorder
- Caffeine use disorder
- Internet gaming disorder
- Neurobehavioral disorder associated with prenatal alcohol exposure
- Suicidal behavior disorder
- Non-suicidal self-injury[24]

ARTICLE: DSM-V: Hoarding, Binge Eating & More New Mental-Disorder Diagnoses

SOURCE: www.thedailybeast.com

Advocates of the fifth edition of the psychiatric 'bible,' out May 22, say new mental-disorder diagnoses will lead to more accessible treatment, but critics say we're being overdiagnosed. From sex addiction to Internet disorder, see the additions.

The fifth edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders hits shelves on May 22, and with it, a slew of new mental-disorder diagnoses. Advocates of the DSM-V say recognition of new disorders like hoarding and skin picking will lead to more accessible treatment and greater understanding of these conditions in the psychiatric world. But others say the new diagnoses will only fuel a pharmaceutical industry that already overprescribes, with more than 10 percent of American adults taking antidepressants. From Internet addiction to binge eating, six additions to the "bible" of psychiatry.

Hoarding Disorder

Hoarding has long been considered a symptom of obsessive-compulsive disorder, but it will get its own clinical definition in the DSM-V. As of May 22, hoarding disorder will be defined as "persistent difficulty discarding or parting with possessions, regardless of their actual value." According to the APA, hoarding is defined by its harmful emotional, social, and financial effects both on the hoarder and the hoarder's family members. Some 4 million people in the U.S. are believed to suffer from the disorder.

Disruptive Mood Dysregulation Disorder

Added under the category of depressive disorders, the new DMDD diagnosis has prompted outcry from prominent names in the psychiatric profession. Duke University psychiatrist Allen J. Frances, who was chairman of the APA's DSM-IV task force, said the new diagnosis for kids ages 6 to 18 will "turn temper tantrums into a mental disorder." (DMDD was originally named "temper dysregulation disorder with dysphoria," a.k.a. temper tantrums in conjunction with general moodiness.) Frances put DMDD at the top of his list of diagnoses we should "just ignore" because "a new diagnosis can be more dangerous than a new drug," while clinical social worker Joe Wegmann said it was based on "no credible research" and would prompt an "zealous binge" of overdiagnosis.

Those in favor of DMDD hope the new diagnosis will have the opposite effect, slowing the increasing rate at which troubled, disrupted kids are being misdiagnosed—and mistreated—with bipolar disorder. The rate of diagnosing

children and teens who are bipolar is now 40 times greater than it was in 2001, despite the debate over whether the disorder even exists in children.

Binge Eating Disorder

According to the new DSM, eating to excess 12 times in three months makes you a candidate for binge eating disorder, which makes us think twice about the last time we devoured a pizza pie (last week) or ate three doughnuts in one sitting (this morning).

Skin-Picking Disorder

Are you one of those people who can't resist peeling the dead skin off your feet or popping blemishes, whether they're yours or your boyfriend's? Don't freak out—you probably don't have skin-picking disorder, a new criterion under obsessive-compulsive related disorders that's similar to trichotillomania, or excessive hair pulling. For those with skin-picking disorder, the picking often results in bleeding or scabbing and leads to "loss of function," according to Karen Pickett, the director of the OCD Center of Los Angeles. "They often feel ashamed, embarrassed, and will avoid school or other social activities," Pickett tells The Daily Beast, and adds that sufferers also have a tendency to "scan" their skin and pick unconsciously. Where most of us stop after prodding one or two pimples, people with the disorder will linger in front of the mirror for hours and "do extensive damage," says Pickett.

Hypersexual Disorder

Sex addiction has an official clinical diagnosis in the DSM-5, though it will be listed in Section III among other conditions that "require further research." In other words, no one's getting a diagnosis—yet. But the psychiatric community should study it and consider promoting it to a full-blown disorder in the future. According to a study published last October in *The Journal of Sexual Medicine*, the diagnostic criteria proposed by the DSM-5 work group on sexual and gender-identity Disorders demonstrated "high reliability and validity when applied to patients in a clinical setting among a group of raters with modest training on assessing HD [hypersexual disorder]." In other words, the criteria proposed for HD diagnosis will make it hard for doctors to falsely classify sex addicts. (The study correctly diagnosed 93 percent of participants.)

Internet Disorder

All right, now it's really time to panic. Along with sexual hyperactivity, Internet disorder will be added to Section III for "further research." In short, the new classification signals that people who spend a lot of time on the Internet demonstrate the same symptoms as people diagnosed with other addiction disorders. In the age of social media, it's easy to see how classifying excessive Internet use as a psychiatric disorder might be contentious. Think of all the people you know who almost never unplug, the ones who update Facebook every hour on the hour and tweet what they're eating on an airplane (yes, many airlines have Wi-Fi these days). Are they addicts, or are we just addicted to the idea of being addicted? As Slate's Christopher Lane wrote in a critique of the DSM-V, "If you spend hours online, have sex more frequently than aging psychiatrists, and moan incessantly that the federal government can't account for all its TARP funds, take heed: You may soon be classed among the 48 million Americans the APA already considers mentally ill."