Diagnosis with DSM-5 and ICD

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Overview

• Introduction
• General Classification Changes for DSM-5
• New and Revised Disorders
• ICD and the DSM
• DSM-5 and Implications for Diagnostic Classification - Discussion
Introduction: Diagnostic & Statistical Manual of Mental Disorders

Purposes:
- Clinical utility
- Research
- Common language
- Educational tool
General Classification Changes
DSM-5 Organizational Structure

Sections:

Section I: DSM-5 Basics

Section II: Essential Elements: Diagnostic Criteria & Codes

Section III: Emerging Measures and Models

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Removal of Multiaxial System

- New nonaxial documentation of diagnosis
- Combined former Axes I, II and III
- Eliminated Axis IV. Use “Z codes” (V codes)
- Eliminated Axis V: GAF.
  - Propose use of World Health Organization Disability Assessment Schedule (WHODAS) (in Section III).
New Diagnostic Codes

- Changed diagnostic codes from numeric to alphanumeric.
- Examples:

<table>
<thead>
<tr>
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<th>ICD-9</th>
<th>ICD-10</th>
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<tr>
<td>PTSD</td>
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Coding Example in DSM-5

Obsessive-Compulsive Disorder

Diagnostic Criteria

A. Presence of obsessions, compulsions, or both:
   Obsessions are defined by (1) and (2):

ICD-9 Code

300.3 (F42)

ICD-10 Code
Current approach:

- *Categorical* (binary): presence or absence of disorder (DSM-IV)

Proposed approach:

- *Dimensional* (ordinal): disorders are dimensions on continuous distribution
New and Revised Disorders
Major Depressive Disorder

- Removed bereavement criterion
- Added “anxious distress” specifier
- Added “with mixed features”
Persistent Depressive Disorder (Dysthymia)

• Incorporates both Dysthymia and Major Depressive Disorder, Chronic
• No longer considered “milder” form of depression
Bipolar I Disorder

- Criterion A for Manic Episode and Hypomanic Episode emphasizes changes in *activity* and *energy*, as well as mood
- Dropped “mixed episode”
- Added “mixed specifier”
- Added “with anxious distress” specifier
Disruptive Mood Dysregulation Disorder (DMDD)

- Temper outbursts involving yelling, rages or physical aggression
- Overreacting to common stressors
- Temper outbursts occurring on average 3 or more times a week for at least 12 months (not symptom-free for more than 3 months at a time)
- Children age 6 to 18 years
Anxiety Disorders

- Generalized anxiety disorder
- Panic disorder
- Agoraphobia
- Specific phobia
- Social anxiety disorder (social phobia)
- Separation anxiety disorder
- Selective mutism
Obsessive-Compulsive & Related Disorders

New grouping:

- Obsessive-Compulsive Disorder
- Body Dysmorphic Disorder
- Hoarding disorder
- Trichotillomania (Hair-Pulling Disorder)
- Excoriation (Skin-Picking) Disorder
Posttraumatic Stress Disorder

- Criterion A is more explicit with regard to how an individual experienced “traumatic” events.

- 4 symptom clusters:
  1. Re-experiencing
  2. Avoidance
  3. Negative cognitions
  4. Specify

Note: Separate criteria set for “PTSD for Children 6 Years and Under”
Schizophrenia

• Eliminated schizophrenia subtypes.

• Two criterion A symptoms (one must include 1-3)
  1. Delusions
  2. Hallucinations
  3. Disorganized speech
  4. Grossly abnormal psychomotor behavior
  5. Negative symptoms
Personality Disorders

- DSM-5 maintained the 10 personality disorder categories and criteria from DSM-IV

- Axis II eliminated

- A new trait-specific model of personality disorders will be included in Section III to encourage further study.
Substance Use Disorder

- Combined Abuse and Dependence
- Requires 2 of 11 symptoms
- Deleted legal criterion
- Added “craving” criterion
- Severity of a Substance Use Disorder:
  - Mild: 2 to 3 symptoms
  - Moderate: 4-5 symptoms
  - Severe: 6 or more symptoms
Gambling Disorder

• Moved to “Substance Use and Addictive Disorders”
• New “behavioral addiction”
• Added Internet Gaming Disorder to Section 3
Autism Spectrum Disorder

- Combines autistic disorder, Asperger’s disorder, childhood disintegrative disorder, & pervasive developmental disorder NOS.
- Symptoms in two core areas:
  1. deficits in social communication & social interaction
  2. restricted repetitive behaviors, interests, & activities
- New dimensional assessment
Intellectual Disability (Intellectual Developmental Disorder)

- Name change
- Severity specifiers:
  - Determined by adaptive functioning rather than IQ score
  - Assessed using new dimensional assessment
  - Severity Levels: Mild, Moderate, Severe, Profound
Major Neurocognitive Disorder
Mild Neurocognitive Disorder

- Cognitive decline from previous level of functioning in at least 1 of 6 domains (complex attention, executive function, learning and memory, language, perceptual motor, social cognition)
- Specify etiology

Difference:
- Major: interferes with independence
- Mild: no interference with independence
Feeding and Eating Disorders

• Feeding disorders: pica, rumination disorder and avoidant/restrictive food intake disorder

• Eating disorders: anorexia nervosa, bulimia nervosa, binge eating disorder
Gender Dysphoria

Gender Dysphoria
- Replaces the term “gender identity disorder”
- Separated from Sexual Disorders
Somatic Symptom & Related Disorders

• Eliminated the term “somatoform”
• Drops centrality of “unexplained medical symptoms”
• The disorders:
  • Somatic Symptom Disorder
  • Illness Anxiety Disorder
  • Conversion Disorder
  • Psychological Factors Affecting Other Medical Conditions
  • Factitious Disorder
ICD and the DSM
International Classification of Diseases (ICD)

- Classification system used to track morbidity and mortality of all diseases.
- Developed by the World Health Organization
ICD and DSM

In U.S.:

- Current version: ICD-9-CM
- As of October 2014: ICD-10-CM

DSM-IV lists ICD-9-CM codes
DSM-5 lists both ICD-9-CM and ICD-10-CM codes
DSM-5 and Implications for Diagnostic Classification

Questions and Discussion
References


www.google.com/url?
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