ReviewofDiagnosticandStatisticalManualofMentalDisorders(DSM-5)

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Abstract

TheDiagnosticandStatisticalManualofMentalDisorders–oftenreferredtoastheDSM–isknownwiththetitleofDiagnosticBibleforMentalHealthProfessionals.IntheUnitedStatestheDSMservesasauniversalauthorityforpsychiatricdiagnosis.ThefirstversionofDSMwaspublishedin1952,sincethattimeithasundergoneseveralrevisions,withthemostrecentedition–DSM--publishedinMay18,2013,supersedingtheDSM-IV-TRpublishedin2000.TheDSMincludesallinformationrelatedtoeverypsychiatricdisorder,specificcriteriarequiredforadiagnosis,aswellasacomprehensiveoverviewofeachdisorder.Ineveryrevision,thetargetwastoorganizeandclassifythedisorderbasedonrecentresearchfindings,incorporatingtheinputofexpertsofdifferentprofessionalssuchaspsychiatrists,psychologists,neurologists,pediatriciansandsocialworkers.

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DevelopmentofDSM-5

ThemovementforafiftheditionoftheDSMwasinitiatedinaconferencein1999,jointlysponsoredbyAmericanPsychiatricAssociation(APA)and the NationalInstituteofMentalHealth(NIMH).Atthisconference,workgroupswereformulatedtoworkonthefollowingbroadtopics:Nomenclature,NeuroscienceandGenetics,DevelopmentalIssuesandDiagnosis,Personalitydisorders,Relationaldisorders,Genderissues,DiagnosticissuesintheGeriatricpopulation, andMental disordersin infants andyoung children. In 2007, atask forceconsistingof27memberswasformulatedtooverseethedevelopmentofDSM-5anddothefield-testingofnewclassifications.

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OverallChangestotheDSM

Overall,DSM-5hasundergonesignificantchangesamongthem,theremovalofthemulti-axialsystemandarearrangingthechapterorderofdisorders.Detailsaboutthechangesaregivenbelow.

1. RestructuredOrderofChapters

TheorderofchaptersinDSM-5isdifferentfrompasteditions.Thetwentychapterswererestructuredonthebasisofsimilaritiesindisorders,theapparentrelatednessofdisorderswitheachother,aswellasunderlyingvulnerabilitiesandsymptomcharacteristicsofthedisorders.For example, trauma and stressor-related disorders are all grouped together as 'PostTraumaticStressDisorder'.ThechangesofDSM-5inlinewiththeWorldHealthOrganization's(WHO)InternationalClassificationofDiseaseselevenhedition(ICD-11).

ThesechangestotheDSMfacilitatecommunicationamongmentalhealthprofessionalsandacrossdisorderswithinachapter,providecommondiagnoses.

2. RemovalofMultiaxialSystem

DSM-5shiftedtoanon-axialdocumentationofdiagnosis.ItcombinesformerAxesI,IIandIII,withseparatenotationsforpsychosocialandcontextualfactors(formerlyAxisIV)anddisability(formerlyAxisV).

3. NewDiagnoses

InDSM-5,followingdisorderswereadded:

- DisruptiveMoodDysregulationDisorder
- HoardingDisorder
- BingeEatingDisorder
- ExcoriationDisorder

DisruptiveMoodDysregulationdisorderwasincludedintheDSM-5todiagnosechildrenwhoexhibitpersistentirritabilityandfrequentepisodesofbehavioroutburstsformorethanayear with afrequencyofthreeormoreoutbursta week insteadofdiagnosingthemwithbipolardisorder.

HoardingdisorderwasaddedasanewdisordertotheDSM-5becauseextensivescientificresearchsupportingtheexistenceandseriousnessofthedisorder.Thedisordercharacterizespeoplewithpersistentdifficultydiscardingorpartingwithpossessions,regardless

oftheiractualvalue.Thebehaviorusuallyhasharmfuleffects—emotional,physical,social,financialandevenlegal—forahoarderandfamilymembers.

BingeEatingdisorderbecamearecognizedmentaldisorderintheDSM-5asopposedtoitspreviousplacementintheAppendixBoftheDSM-IV.Theintentionistorepresentthesymptomsandbehaviorsofpeoplewiththisconditioninbetter way.

Excoriation(skin-picking)disorderisanewdiagnosisintheDSM-5andisincludedintheObsessive-CompulsiveandRelatedDisorderschapter.

4. RevisedDiagnoses

InDSM-5,followingdiagnosticcriteriawererevised:

- AutismSpectrumDisorder
- Post-traumaticStressDisorder
- SubstanceUseDisorder
- SpecificLearningDisorder

AutismSpectrumDisorderisacombinationofpreviousdisordersincludingAutisticdisorder,Asperger'sdisorder,childhooddisintegrativedisorderandpervasivedevelopmentaldisorder(nototherwisespecified).Thecombinationofdisordersoccurredinanattempttodiagnosechildrenwithautismmoreaccuratelyandconsistently.Rett'sdisorderwasdeleted.

Post-traumaticStressDisorder(PTSD)wasaddedasanewchapterinDSM-5onTrauma-andStressor-RelatedDisorders.DSM-5paysmoreattentiontothebehavioralsymptomsthataccompanyPTSDandproposesfourdistinctdiagnosticclustersinsteadofthree.

SubstanceUseDisorderisacombinationoftheDSM-IVcategoriesofsubstanceabuseandsubstancedependence.IntheDSM-5,criteriawerenotonlycombinedbutstrengthenedasprevioussubstanceabusecriteriarequiredonlyonesymptomfordiagnosisbuttheDSM-5nowrequiresatleasttwotothreesymptomsforthemildsubstanceusedisorderdiagnosis.

SpecificLearningDisorderDSM-5makesSpecificLearningDisordermorebroadbyhavingitbeanoverarchingcategorythatdescribesgeneraldifficultiesinacademicskillsbutallowsforspecificdescriptorsoncethediagnosisismadesuchas:orallanguage,reading,writtenlanguage,ormathematics.

5. RemovalofBereavementExclusion

TodiagnosebereavementaccordingtoDSM-IV,oneneedstoexperiencedepressivesymptomslessthantwomonthsfollowingthedeathofalovedone.BereavementExclusionexcludinganindividualexperiencingdepressivedisordersfrombeingdiagnosedwithMajorDepressiveDisorder(MDD)iftheindividualwasexperiencingsymptomswithin2monthsofthedeathofalovedone.Inthe DSM-5,itisreplacedbynumerousnotesinthetextexplainingthedifferencebetweengriefanddepression,suggestivetowardsthefactthatbereavementisaseverepsychosocialstressorwhichmayprecipitateamajordepressiveepisodesoonafterthelossofalovedone.

6. ConditionsRequiringFurtherResearch

IntheDSM-5,thereisanewcategoryofdisorderswhichneedstobefurtherstudiedandareplacedinSectionIIIwhich includes:Attenuatedpsychosissyndrome,Internetusegamingdisorder,Non-suicidalself-injury,andSuicidalbehavioraldisorder.

OverviewofDSM-5

DSM-5canbecategorizedintothreesections

- SectionIincludesanintroductionandinstructionsonhowtousethenewversion;
- SectionIIcoversthediagnosticcategories;
- SectionIIIcontainsconditionsthatneedadditionalresearch,aglossaryofterms,andotherimportantinformation.

SectionI:DSM-5Basics

Thissectionincludesorganizationofthechapters,changesfromthemultiaxialsystem,anddimensionalassessmentsofSectionIII.Theintroductorysectionexplainsthecompleteprocessofrevisionrelatedtofieldtrials,publicandprofessionals'reviews,andexpertreviews.Themaingoalwastosynchronize DSM-5withtheICDsystems.Thenototherwisespecified(NOS)categoriesofDSM-5weresplitintotwotoincreaseutilizationbytheclinicians:otherspecifieddisorderandunspecifieddisorder.Thefirstallowsthecliniciantospelloutthereasonthatthecriteriaforaspecificdisorderarenotmet;thesecondconditiongivestheoptiontothecliniciantoskipthespecification.DSM-5abolishesthemultiaxialsystemofdiagnosisandalldisordersarelistedinSectionII.Axis-IVisreplacedwithsignificantpsychosocialand

contextualfeatures.Axis-Vwascompletelydropped;however,inSection-III,theWorldHealthOrganization's(WHO)DisabilityAssessmentScheduleisaddedasasuggestedmethodofassessingfunctioninginsteadofarequirementfordiagnosis.Thechapterofdisordersusuallyfirstdiagnosedininfancy,childhood,oradolescencewasdeletedanddisorderswerelistedinotherchapters.UnderAnxietyDisorders,DSM-5claimsthatthe"chronologicalorder"ofsomechaptershasitssignificancefromthediagnosticperspective.

SectionII:DiagnosticCriteriaandCodes

1. Neuro-developmentaldisorders

InNeuro-developmentaldisorders,Intellectualdisabilityisthetermformentalretardation;Communicationdisordersencompassphonologicaldisorderandstuttering:AutismSpectrumdisorderincludesAspergerdisorder,childhooddisintegrativedisorderandpervasivedevelopmentaldisorder.However,MotorDisordersgroupstogetherdevelopmentalcoordinationdisorder,stereotypicmovementdisorder,ticdisorderandTourettesyndrome.WithDSM-5,AttentionDeficitandHyperactivitydisorderisplacedunderNeuro-developmentaldisordersandextendstheagelimitfrom7yearsto12years.

2. SchizophreniaSpectrumandOtherPsychoticDisorders

Thefoursubtypesofschizophreniawereremoved.TodiagnoseSchizoaffectivedisorder,amajormoodepisodeisrequiredanddelusionaldisorderarediagnosedassharedelusional disorder.To diagnose Catatonia, three symptoms from a group of twelve symptomsarerequired.Catatoniacouldbeconsideredaspecifierfordepressive,bipolar,andpsychoticdisorders,partofanothermedicalcondition,orofanotherspecifieddiagnosis.

3. BipolarandRelatedDisorders

Forbipolardisorderanddepressivedisorder,anxietysymptomsareconsideredasspecifiers,butarenotpartofthebipolardiagnosticcriteria.Thespecifierwithmixedfeatures(depressionandmania)isappliedtoMajorDepressiveDisorder(MDD),bipolar-IandIIdisorder,andbipolardisordernotelsewheredefined(NED),whichwaspreviouslynamedasnototherwisespecified(NOS).

4. DepressiveDisorders

InDSM-5,childrenuptoageeighteenyearswithdepressivesymptomsareconsideredashaving disruptivemood dysregulation disorder. For mixed symptoms as well as for

anxiety,newspecifiershavebeenadded.Dysthymiaisnamedaspersistentdepressivedisorder.Theber
eavementexclusionwasremovedfromthecategoryofdepressivedisorderinDSM-5.

Premenstrualdysphoricdisorderhasbecomeanindependentdisorder.

5. AnxietyDisorders

PanicAttackisnowaspecifierforalldisordersandPanicdisorderandAgoraphobiaareentertai nedas two different and independentdisorders. Social phobia whichwas a generalizedspecifierforSocialAnxietydisorderischangedtoreferspecificallytoatypeofperformanc e,suchas,publicspeakingorperformanceinpublic.Fordifferentphobiasandanxietydisorders,DSM-5eliminatedtherequirementofeighteenyearsold.Thedurationrequirementofsixmonthsisapplicabl eforbothchildrenandadults.Specific typesofphobiasbecamespecifiersbutareotherwiseunchanged.Separationanxietyandselectivemuti smnowfallunderanxietydisordersinsteaddisordersofearlyonset.

6. ObsessiveCompulsiveandRelatedDisorders

ThereisanewandseparatechapterforObsessiveCompulsivedisorderandaspecifierwithobs essivecompulsivesymptomsmovedfromanxietydisorders.Thischapterincludesfournewdisorders: Excoriation;Hoardingdisorder;Substance-/medication-inducedobsessive-compulsiveandrelateddisorder,andObsessive-Compulsiveandrelateddisorderduetoanothermedicalcondition.Therearetwonewdiagnoses:others pecifiedobsessivecompulsiveandrelateddisorderincludingbodyfocusedrepetitivebehaviordisord ererobsessionaljealousyandunspecifiedobsessivecompulsiveandrelateddisorder.Trichotillomani aisnowplacedinobsessive-compulsiveandrelateddisordersbutinDSM-IV-TR,itwasdiagnosedunderimpulse-controldisordersnotelsewhereclassified.Aspecifierwasexpandedwhichallowsforgoodorfairinsig ht,poorinsightandabsentinsightandwasaddedintobodydysmorphicandhoardingdisorder.Criteria wereaddedtobodydysmorphicdisordertoexplainrepetitivebehaviorsthatmaycomeupwithperceiv eddefectsorflawsinone'sphysicalappearance.

7. Trauma andStressorRelatedDisorders

ThereisanewsectionwiththenameofTraumaandStressorRelatedDisordersforwhatwaspre viouslyjustPost-traumaticStressDisorder(PTSD).ThediagnosticclustersofPTSDwererearranged,organizedandext endeduptofouronthebasisofconfirmatoryfactoranalyticresearchconductedafterpublicationofDS M-IV.Forchildrensixyearsoldoryounger,separatecriteriawereadded.Adjustmentdisorderswerere-conceptualizedasstress-responsesyndromesandweremovedinthisnewsection.DSM-IVsubtypesfordepressedmood,anxioussymptoms,anddisturbedconductremainunchanged.Forac utestressdisorder,thestressor

criteriaofDSM-IV(Criterion A1)wasmodifiedtosomeextentbutduetolackofempiricalsupport,therequirementforspecificsubjective emotionalreactions,setasCriterionA2ofDSM-IVwasabolished.Therearecertaingroups:militarypersonnelinvolvedincombat,lawenforcementofficersandotherfirstrespondersdidnotmeetcriterionA2inDSM-IVbecausetheirtrainingpreparedthemtonotreactemotionallytotraumaticevents,however,theycouldbeclassifiedashavingAcuteStressDisorder.Twoformersubtypeswereupgradedtodisordersreactiveattachmentdisorderanddisinhibitedsocialengagementdisorder.

8. DissociativeDisorders

Depersonalizationandderealizationfallunderdepersonalizationdisorder.Fordissociativeamnesia,dissociativefugeisaspecifier.Thecriteriafordissociativeidentitydisorderwereextendedandincluded possession-formphenomenaandfunctionalneurologicalsymptoms.Itismadeclearthat“transitionsinidentitymaybeobservablebyothersorself-reported”(DSM-5,2013).Moreover,CriterionBwasalsomodifiedwhichincludesthatpeoplewhoexperiencegapsinrecallofeverydayevents(recallisnotfocusingtoonlytrauma).

9. Somaticsymptomandrelateddisorders

SomatoformdisordersarecalledsomaticsymptomandrelateddisordersinDSM-5.Somatizationdisorder,hypochondriasis,paindisorder,andundifferentiateddisorderwerediscarded.Patientsthatpresentwithchronicpaincannowbediagnosedwithsomaticsymptomdisorderwithpredominantpain,psychologicalfactorsthataffectothermedicalconditionsoranadjustmentdisorder.Somatizationdisorderandundifferentiatedsomatoformdisorderwerecombinedundersomaticsymptomdisorder,adiagnosiswhichdoesnotneedaspecificnumberofsomaticsymptoms.Somaticsymptomandrelateddisordersaredefinedbypositivesymptoms,andtheuseofmedicallyunexplainedsymptomisminimized,exceptinthecasesofconversiondisorderand psuedocyesis(false pregnancy).Criteriafor conversiondisorder werechanged.OtherConditionsThatMayBeaFocusofClinicalAttentionarecategorizedasanewdiagnosisaspsychologicalfactorsaffectingothermedicalconditions.

10. Feedingandeatingdisorders

RuminationandPicadisorderarenolongerdisordersforchildren;anypersonofanyagecouldbediagnosedwithit.Forchildren,ararelyuseddiagnosisofDSM-IVwasrenamedfromFeedingdisorderofinfancyorearlychildhoodtoavoidant/restrictivefoodintakedisorderandcriteriawereextended.Bingeeatinghasbeenrecognizedasanindependentdisorderin DS

M-

5.ForBingeeatingdisorderandBulimiaNervosa,thedurationofatleasttwiceweeklyfor6monthswas changedtoatleastonceweeklyoverthelast3months.Thecriteriaforanorexianervosawerechangedan dnowinDSM-5,Anorexiaisnotarequirementforamenorrhea.

11. EliminationDisorders

Eliminationdisorderwasnotadiagnosticcategoryin DSM-IV.Eliminationdisorderswerepreviouslyclassifiedunderdisordersusuallyfirstdiagnosedininfancy, childhood,oradolescenceandexistsnowasanindependentclassificationinDSM-5.

12. Sleep–wakedisorders

Sleepdisordersrelatedtoanothermentaldisorderandsleepdisordersrelatedtoageneralmedi calconditionwereeliminated;however,primaryinsomniabecameanindependentdisorder.Narcolep sywasseparatedfromotherhyper-somnolence.InDSM-5,therearethreebreathingrelatedsleepdisorders:Obstructivesleepapneahypopnea,centralsleepapn ea,andsleeprelatedhypoventilation.Jetlagwasremovedbutcircadianrhythmsleepwakedisordersw ereextendedwhich includethefollowing:Advanced Sleep PhaseSyndrome; Irregular SleepWakeType;andNon24hourSleepWakeType.Insteadoflistingrapideyemovementsleepbehavi ordisorderandrestlesslegsyndromeunderdyssomnianototherwisespecified,bothwereaffordedinde pendentdisorderstatus.

13. Sexualdysfunctions

DSM-5introducessex-specificsexualdysfunctions.Forfemales,sexualdesireandarousaldisordersarecombinedintofemal esexualinterest/arousaldisorder.Nowsexualdysfunctionsrequireaperiodofatleast6monthsofsymp tomsfordiagnosis.Sexualaversiondisorderwasexcluded.Thesubtypes,lifelong/acquiredandgener alized/situational,wereincludedforalldisordersandtwosubtypes,sexualdysfunctionduetoageneral medicalconditionandduetopsychologicalversuscombinedfactorsweredeleted.Vaginismusanddy pareuniawerecombinedandgiventhetitlegenitor-pelvicpain/penetrationdisorder.

14. Gender dysphoria

Genderdysphoriaisquitesimilartogenderidentitydisorderof DSM-IV.Subtypesofgenderidentitydisorderbasedonsexualorientationweredeleted.Besidesmakingchan gesinwords,criterionA:cross-genderidentificationandcriterionB: Aversiontowardone'sgenderwerecombinedtogetherandseparatecriteriaforchildren,adolescentsa ndadults,accordingtodevelopmentalstateswereaddedinDSM-5..Thechangeofnamewasmadepartiallydue

tostigmatizationoftheterm‘disorder’andtherelativelycommonuseofgenderdysphoriainthegenderidentitydisorder’s literature.The specificdiagnosisforchildrenisduetotheirpoorinsightaboutwhattheyareexperiencingandhowtheyareexpressingit?

15. Disruptive,ImpulseControlandConductDisorders

Somedisordersincludedinthischapterareoppositionaldefiantdisorder,conductdisorder,anddisruptivebehaviordisordernototherwisespecifiedwerenownamedas:otherspecifiedandunspecifieddisruptivedisorder,impulsecontroldisorder,andconductdisorder.Intermittentexplosivedisorder,pyromania,andkleptomaniaweremovedtothischapterfromimpulsecontroldisordersnototherwisespecified.Antisocial personalitydisorderislistedhereandinthechapteronpersonalitydisorders,butADHDhasbeenmovedtoneurodevelopmentaldisorders.Symptomsforoppositionaldefiantdisorderareofthreetypes:angry/irritablemood,argumentative/defiantbehavior,andvindictiveness.Theconductdisorderexclusionisdeleted.Frequencyrequirementsandameasureofseveritywerechanged.Criteriaforconductdisorderareunchanged; however,aspecifierwasaddedforthosewhohavelimitedpro-socialemotion,showingcallousandunemotionaltraits.Thosewhometthecriteriabutareofmorethansixyears(disorder’sminimumage)maybediagnosedwithintermittentexplosivedisorderwithoutoutburstsofphysicalaggression.Criteriawereaddedforfrequencyandtospecifyimpulsiveand/ortraitangerandmustcausemarkeddistress,causeimpairmentinoccupationalorinterpersonalfunctioning,orbeassociatedwithnegativefinancialorlegalconsequences.

16. Substance-relatedandaddictivedisorders

SubstanceabuseandSubstancedependencehavebeencombinedintoasinglesubstanceusedisorderspecifictoeachsubstanceofabusewithinanewaddictionsandrelateddisorderscategory.Recurrentlegalproblemswasdeletedandcravingorastrongdesireorurgetouseasubstancewasaddedtothecriteria.Thethresholdofthenumberofcriteriathatmustbemetwaschanged.Severityfrommildtosevereisbasedonthenumberofcriteriaendorsed.GamblingandTobaccousedisorderarenewentities.Criteriaforcannabisandcaffeinewithdrawalwereadded. Newspecifierswereadded for earlyand sustainedremissionalong withnew specifiersforsymptomsinacontrolledenvironmentandinmaintenancetherapy.

17. Neurocognitivedisorders

Majorormildneurocognitivedisorder(NCD)includeswhatwaspreviouslydementiaandamnesticdisorder.Anewlistofneuro-cognitivedomainsisaddedinDSM-5.Therearenew

separatecriteriapresentedformajorormildNCDduetovariousconditions.Neuro-cognitivedisorderduetosubstanceormedicationandunspecifiedneurocognitivedisorderarenewdiagnoses.

18. Personalitydisorders

InDSM-5,alltentypesofpersonalitydisordersareretained;however,inDSM-IV,theywereplacedonaxisIIbutnowtheyareonthesameaxiswithallmentalandothermedicaldiagnoses

19. Paraphilicdisorders

Newspecifiers‘inacontrolledenvironment’and‘inremission’wereaddedtocriteriafor all paraphilic disorders.Adistinction is madebetweenparaphilic behaviors, or paraphilias,andparaphilicdisorders.The word‘disorder’was addedtoalloftheparaphilias. Forexample,pedophiliabecamepedophilicdisorder.Thereisnochangeinthebasicdiagnosticstructuresince DSM-III-R;however,nowonemustmeetbothqualitative(criterionA)andnegativeconsequences(criterionB)criteriatobediagnosedwithaparaphilicdisorder,otherwisehe/shehaveaparaphilia(andnodiagnosis).

SectionIII:EmergingMeasuresandModels

Analternativehybriddimensional-categoricalmodelforpersonalitydisordersisincludedtostimulatefurtherresearchonthismodifiedclassificationsystem.Thefollowingconditionsandcriteriaaresetforthtofacilitatefutureresearchandtheseconditionsarenotforclinicaluse.

Attenuatedpsychosissyndrome,depressiveepisodeswithshortdurationhypomania;persistentcomplexbereavementdisorder;caffeineusedisorder,internetgamingdisorder,neurobehaviouraldisorderassociatedwithprenatalalcoholexposure,suicidalbehaviouraldisorder;non-suicidalself-injury.

Conclusion

Overall,itisconcludedthatpublicationofthefifthEditionofDSMhascompletelychangedthediagnosticstylefordifferentpsychiatricdisorders.Duetowhich,ithastofacecriticismbothbeforeandafteritwasformallypublished.Criticsassert,forexample,thatmanyDSM-5revisionsoradditionslackempiricalsupport;inter-raterreliabilityislowforsomedisorders;severalsectionsareconfusingorhavingcontradictoryinformation;andthepsychiatric

drugindustryundulyinfluencedthemanual'scontent.Variousscientistshavearguedthat DSM-5forcesclinicianstomakedistinctionsthatarenotsupportedbysolidevidence,distinctionsthathavemajortreatmentimplications,includingdrugprescriptionsandtheavailabilityofhealthinsurancecoverage.Itisworthstatingherethat DSM-5isausefulrevisiondespitebeingcriticizedasitisbeingusedallovertheworldafteritspublication.Sinceitintroducedanewapproachfordiagnosis,therefore,cliniciansallovertheworldneedsometimetorelatewiththesechangesaswellastheyneedtoconductresearchesonchangedcriteriainordertovalidatethecriticisminlightofempiricalevidence.

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