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DSM-5, DSM IV and RDoC

Outline

- I. Conceptual differences between DSM-5 and DSM IV?
- II. A few examples of similarities and differences between DSM-5 and DSM IV.
- III. DSM-5 and RDoC – controversy and synergy

DSM-5 Background

- Incorporates 20 years of clinical research
- Needed to coordinate with ICD-11 (to be published in 2015)
- Opportunity to revise groupings and definitions to reflect most recent research findings and current science

DSM-5 Intentions

- To make DSM-5 more “etiological” and more neuroscience and genetics based
- To make DSM-5 more dimensional
- To set up conceptual framework for early detection and prevention

Conceptual Differences Between DSM-5 and DSM IV

- DSM-5 eliminated Axial structure – no more Axis I–V.
- No more GAF scale
- Recognizes new entities and new groupings of disorders
- Emphasizes a dimensional approach

- Elimination of Multiaxial System

- Axis I (clinical disorders), Axis II (personality and mental retardation) and Axis III (medical conditions) listed together
- Axis IV (psychosocial and environmental stressors) can be coded along with disorders
- Axis V (GAF) eliminated completely. WHO-DAS score indicates functioning but no provision for including it in

DSM Embraces Parity

- “Another Medical Condition” instead of “General Medical Condition”

NOS No More

- Not Otherwise Specified [NOS] no longer used
- “Not elsewhere classified” is replacing the old NOS

Down With the Romans – Long Live the Arabs

- DSM-5 eliminates the the Roman number IV would be followed by V
- Instead the current volume uses the Arabic number “5” DSM-5
- The same way computer software versions are updated DSM foresees the release of version 5.1 or 5.1B or 5.2 in th near future, whennew data supports revisions.

Personality Disorders

- No major changes in personality disorders

Greater Emphasis on Comorbidities

- Recognizes importance of comorbidities.
- Allows clinicians to rate level of anxiety in mood disorders (depressive and bipolar disorders).

- DSM-5 Moves Towards Dimensionality
- Combining categories with lower and higher severities into single broad categories with dimensional severity indicators
 - Autistic Disorder (more severe) and Asperger's disorder (less severe) combined into Autism Spectrum Disorder
 - Substance Dependence (more severe) and Substance Abuse (less severe) combined into Substance Use Disorder

- DSM-5 Moves Towards Dimensionality –cont

- Reconceptualization of Neurocognitive Disorders on a dimensional continuum
 - Major Neurocognitive Disorder: significant cognitive decline that interferes with independence in everyday activities
 - Mild Neurocognitive Disorder: modest cognitive decline that does not interfere with capacity for independence but requires greater effort, compensatory strategies, or accommodation

DSM-5 – Early Detection & Prevention

- Applying dimensionality DSM-5 aspires to apply to psychiatry the medical model of early recognition of risk factors and early intervention to prevent future illness (e.g., detecting and treating hypertension early on to prevent heart attacks)

DSM-5 -Early Detection & Prevention

- Attenuated psychotic syndrome (formerly psychotic risk syndrome) risk for schizophrenia
- Mild cognitive impairment risk for dementia
- Mixed anxiety depression risk for full-blown mood and anxiety disorders

Early Detection & Prevention-cont

- Problems:
 - Most of those with “risk factor” do not go on to develop the feared illness
 - Most of those with “risk factor” are indistinguishable from normal variation
 - There are no effective interventions currently available to offset inevitable stigma of label

Similarities and Differences Between DSM-5 and DSM IV

Mergers, Acquisitions,
Spin-offs and IOPs

DSM-5 Establishes 20 Diagnostic Categories of Mental Disorders

- DSM-IV had 17 Chapters
- DSM-5 has 20 diagnostic classes or categories of mental disorders
- Categories based on groupings of disorders sharing similar characteristics; some categories represent spectrums of related disorders

Creates New Category of Obsessive-Compulsive and Related Disorders

- Removes obsessive-compulsive disorder from category of Anxiety Disorders and places it in new category of Obsessive-Compulsive and Related Disorders
- Recognizes a spectrum of obsessive-compulsive type disorders, including body dysmorphic disorder; however, anxiety remains the core feature of OCD, so questions remain about separating it from anxiety disorders

Creates New Category of Trauma and Stressor-Related Disorders

- Removes ASD and PTSD from Anxiety Disorders and places them in new category of Trauma and Stressor-Related Disorders
- Groups all stress-related psychological disorders under the same umbrella; Adjustment Disorders may now be coded in context of traumatic stressors

Eliminates Distinction

Between Substance Abuse and Dependence Disorders

- Collapses substance abuse and dependence disorders into single category of substance use disorders
- Recognizes that there is no clear line between substance abuse and dependence disorders; also brings certain compulsive patterns of behavior into a spectrum of addictive disorders

Creates New Diagnostic Category of Substance- Related and Addictive Disorders

- Now includes Gambling Disorder (previously Pathological Gambling) but other forms of nonchemical addiction, such as compulsive Internet use and compulsive shopping, don't make it into the manual and remain under study

Schizophrenia Spectrum and Other Psychotic Disorders

- Schizotypal Personality Disorder *criteria in Personality Disorders*
- Delusional Disorder
- Brief Psychotic Disorder
- Schizophreniform Disorder
- Schizophrenia
- Schizoaffective Disorder
- Substance/Medication-Induced Psychotic Disorder
- Psychotic Disorder Due to Another Medical Condition

Associated Features Supporting Diagnosis

- Individuals with schizophrenia may display inappropriate affect (e.g., laughing in the absence of an appropriate stimulus); a dysphoric mood that can take the form of depression, anxiety, or anger; a disturbed sleep pattern (e.g., daytime sleeping and nighttime activity); and a lack of interest in eating or food refusal.

- Depersonalization, derealization, and somatic concerns may occur and sometimes reach delusional proportions. Anxiety and phobias are common ([Tandon et al. 2009](#)).

Cognitive Deficits in Schizophrenia

- Cognitive deficits in schizophrenia are common and are strongly linked to vocational and functional impairments. These deficits can include decrements in declarative memory, working memory, language function, and other executive functions, as well as slower processing speed ([Mesholam-Gately et al. 2009](#)).

- Abnormalities in sensory processing and inhibitory capacity, as well as reductions in attention, are also found. Some individuals with schizophrenia show social cognition deficits, including deficits in the ability to infer the intentions of other people (theory of mind) ([Bora et al. 2009](#)), and may attend to and then interpret irrelevant events or stimuli as meaningful, perhaps leading to the generation of explanatory delusions. These impairments frequently persist during symptomatic remission.

- Schizophrenia Spectrum & Psychotic, cont.

- Major changes.
 - Rate symptoms on Clinician-Rated Dimensions of Psychosis Symptom Severity (Section III).
 - Symptoms (clusters)
 - Psychotic symptoms: Hallucinations, Delusions, Disorganization
 - Psychomotor symptoms: Abnormal Psychomotor Behavior
 - Negative symptoms: Restricted Emotional Expression, Avolition
 - Cognition: Impaired Cognition
 - Mood: Depression, Mania
 - You may still make a diagnosis in this group even without this rating.

Schizophrenia Subtypes No More

- Subtypes, some dating back to turn of the century, are eliminated
 - Paranoid Schizophrenia
 - Catatonic Schizophrenia
 - Disorganized Schizophrenia
 - Undifferentiated Schizophrenia
 - Residual Schizophrenia
- Not actually “types”; patients often changed types over time
- Catatonia still can be indicated as a specifier

Severity Profile of Current Schizophrenia Symptoms

- Severity rated by quantitative assessment of primary symptoms of psychosis (i.e., delusions, hallucinations, disorganized speech, abnormal psychomotor behavior, and negative symptoms)
- Rated for current severity (at its most severe point in the past 7 days) on a 5-point scale from 0 (not present) to 4 (present and severe)
- Each psychotic disorder (including substance-induced and psychotic disorder not otherwise specified)

Examples: Current Severity Rating for Delusion and Disorganized Speech

Domain	Absent	Equivocal	Present but Mild	Present and Moderate	Present and Severe
II. Delusions	0	1 = severity or duration not sufficient to be considered psychosis	2 = little pressure to act upon delusional beliefs, not very bothered by delusions	3 = some pressure to act upon beliefs, or is somewhat bothered by beliefs	4 = severe pressure to act upon beliefs, or is very bothered by beliefs
III. Disorganized Speech	0	1 = severity or duration not sufficient to be considered disorganization	2 = some difficulty following speech	3 = speech often difficult to follow	4 = speech almost impossible to follow

Introduction of new diagnostic category of Neurodevelopmental Disorders

- Category includes Autism Spectrum Disorder and ADHD and other disorders reflecting abnormal brain development
- Increasing emphases on neurobiological bases of mental disorders and the developing understanding that abnormal brain development underlies many types of disorders

Eliminates the category of “Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence”

- Makes it easier to diagnose traditional childhood disorders like ADHD and even separation anxiety disorder in adults. It may also make it easier to diagnose disorders typically seen in adults, like bipolar disorder, in children.

- Autism Spectrum Disorder
- Combined five DSM-IV categories: Autistic Disorder, Asperger's disorder, Childhood Disintegrative Disorder, Rett's Disorder, and Pervasive Developmental Disorder
- Reflects dimensional nature of autism
- Evidence that Asperger's is simply milder form of Autism rather than distinct condition (e.g., relatives of Asperger's have increased risk of both Asperger's and Autistic Disorder)

- ASD Controversies
- Loss of Asperger's as a distinct category
 - Rare example of destigmatized category (“Aspies” who claim Einstein had Asperger's)
 - Concern about being put into same boat as more ill Autistic patients

Bipolar and Related Disorders

- Disorders in this group
 - Bipolar I Disorder
 - Bipolar II Disorder
 - Cyclothymic Disorder
 - Substance/Medication-Induced Bipolar and Related Disorder
 - Bipolar and Related Disorder Due to Another Medical Condition
 - Other Specified...
 - Unspecified...

Bipolar and Related Disorders, cont.

- Bipolar and Related Disorders are separated from Depressive Disorders and placed between Depressive Disorders and Schizophrenia Spectrum and Other Psychotic Disorders to recognize their place as a bridge in terms of symptoms, family history, and genetics.

Depressive Disorders

- Disorders in this group.
 - Disruptive Mood Dysregulation Disorder
 - Major Depressive Disorder
 - Persistent Depressive Disorder (Dysthymia)
 - Premenstrual Dysphoric Disorder
 - Substance/Medication-Induced Depressive Disorder
 - Depressive Disorder Due to Another Medical Condition
 - Other Specified Depressive Disorder
 - Unspecified Depressive Disorder
 - Specifiers for Depressive Disorders
 - [Persistent Complex Bereavement Disorder in Section III.]
 - [Suicidal Behavior Disorder and Nonsuicidal Self-Injury in Section III.]

Depressive Disorders, cont.

- Major changes
 - New disorders.
 - Disruptive Mood Dysregulation Disorder—new.
 - Persistent Depressive Disorder—replaces Dysthymic Disorder and Chronic Major Depressive Disorder.
 - Premenstrual Dysphoric Disorder—moved to this group from DSM-IV Appendix B (Criteria Sets for Further Study).
 - Mixed features specifier may be added to major depression episode if features (at least three symptoms) of mania or hypomania are present. (Increases probability that the illness is in a bipolar spectrum, though if the person has never had an illness that met criteria for a manic or hypomanic episode the diagnosis of Major Depressive Disorder is retained.)

- Residual Categories in DSM-5

- Not Otherwise Specified replaced by two categories:
 - “Other Specified ___ Disorder”
 - “Unspecified ____ Disorder”
- For presentations that do not meet criteria for specific disorder but cause distress or impairment
- For “other specified,” write in reason: e.g., “Other Depressive Disorder, Short Duration Depressive Episode (4–13 days)”

Conceptual and Utilitarian Differences Between DSM-5 and RDoC?



DSM-5 Vs. RDoC

Is the system currently useful for:	DSM	RDoC
Treating patients?	Yes	No
Selecting treatments?	Yes	No
Predicting clinical outcome?	Yes	No
FDA approval of new drugs?	Yes	No
Communicating among professionals?	Yes	Yes
NIMH Grants?	No	Yes
Making new discoveries	Yes	Yes