Five Changes in DSM 5

Principles for Primary Care

Tom Janzen, M.D.
STEGH Mental Health
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Overall Learning Objectives

• Review 5 changes to DSM 5 which have significance for Family Physicians
• Examine the new definition of Mental Illness
• Identify tools for assessing impairment
“Most of the things we see we already know the diagnostic criteria for them.”

Perry A. Pugno, MD, MPH, Vice President for education, American Academy of Family Physicians, June 17, 2013
DSM
A brief history
Nosology of Mental Disorders

- **1840** – Single Category
  - Idiocy/Insanity

- **1880** – Seven Categories

- **1917** - American Psychiatric Association
  - Statistical Manual for use of Institutions for the Insane

- **1943** – Medical 203
  - Post War Technical Bulletin (first non-institution)

- **1949** – WHO *ICD-6*
  - First inclusion of Mental Illness
The History of DSM

- **1952** – First Edition of DSM
  - Adaptation of Medical 203
- **1968** – 2nd Edition DSM
- **1980** – Robert Spitzer to chair DSM III taskforce 1974
  - Goal to improve *uniformity of diagnosis* (Rosenhan experiment)
  - Establish criteria to aid *pharmaceutical regulatory process*
  - Medical Insurance push to *legitimize* mental illness diagnosis
- **1987** – DSM IIIR
  - Multi-axial diagnosis
  - Recognized PTSD in post war vets
The History of DSM

• 1994 – DSM IV
  – Clinical Significance Criterion
    • Impairment in social, occupational or other areas

• 2000 – DSM IV TR (Allen Frances – chair)
  – Increased descriptions of disorders
  – Move from consensus based to evidence based
Change #1

DSM 5 not V ... Intent
DSM 5 Intent

• Re-define the meaning of a mental illness
• Add *dimensional* criteria
  – Age differences
  – Gender differences
  – Cultural differences
• *Embrace evidence* as it emerges
  – Genetics and pharmacogenomics
  – Structural and functional imaging
  – Continued search for neurobiological markers

DSM 5 ... Striving to be Etiologic

• Mental Illnesses are caused by complex interactions of multiple factors
  – *Different stressors* can result in similar symptom clusters
  – *Similar stressors* can result in very different clinical presentations

• DSM 5 strives to include the “*dimensional*” aspects of mental illness

Change #2

Defining Mental Illness
WHO Definitions

• **Health**
  – “... a state of complete physical, mental and social well-being and not merely the absence of infirmity”

• **Mental Health**
  – “... a feeling of well-being in which the individual realizes his/her own abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to make contributions to his or her community”
“A mental disorder is a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress or disability or with a significantly increased risk of suffering, death, pain, disability, or an important loss of freedom.”

DSM IV (1992-2013)
"A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress in social, occupational, or other important activities."

DSM 5 (May 16, 2013)
A Mental Illness IS NOT...

- “An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one”
- “Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual”
Change #3

Impairment
Sheehan Disability Scale

A brief, patient rated, measure of disability and impairment.
Please mark ONE circle for each scale.

**WORK** / **SCHOOL**
The symptoms have disrupted your work / school work:

- Net of all
- Mildly
- Moderately
- Markedly
- Extremely

☐ I have not worked / studied at all during the past week for reasons unrelated to the disorder.
* Work includes paid, unpaid volunteer work or training

**SOCIAL LIFE**
The symptoms have disrupted your social life / leisure activities:

- Net of all
- Mildly
- Moderately
- Markedly
- Extremely

**FAMILY LIFE / HOME RESPONSIBILITIES**
The symptoms have disrupted your family life / home responsibilities:

- Net of all
- Mildly
- Moderately
- Markedly
- Extremely

**Days Lost**
On how many days in the last week did your symptoms cause you to miss school or work or leave you unable to carry out your normal daily responsibilities?

**Days Unproductive**
On how many days in the last week did you feel so impaired by your symptoms, that even though you went to school or work, your productivity was reduced?
Global Assessment of Functioning

91 - 100  Superior functioning in a wide range of activities, life's problems never seem to get out of hand. is sought out by others because of his or her many qualities. No symptoms.

90 - 81  Absent or minimal symptoms, good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday

80 - 71  If symptoms are present they are transient and expectable reactions to psychosocial stresses; no more than slight impairment in social, occupational, or school functioning.

70 - 61  Some mild symptoms OR some difficulty in social, occupational, or school functioning, but generally functioning pretty well has some meaningful interpersonal relationships.

60 - 51  Moderate symptoms OR any moderate difficulty in social, occupational, or school functioning.

50 - 41  Serious symptoms OR any serious impairments in social, occupational, or school functioning.

40 - 31  Some impairment in reality testing or communication OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood.

30 - 21  Behavior is considered influenced by delusions or hallucinations OR serious impairment in communications or judgment OR inability to function in all areas.

20 - 11  Some danger or hurting self or others OR occasionally fails to maintain minimal personal hygiene OR gross impairment in communication.

10 - 1  Persistent danger of severely hurting self or others OR persistent inability to maintain minimum personal hygiene OR serious suicidal act with clear expectation of death.

OK  Cancel

WHODAS II

WHODAS 2.0 12-item Questionnaire (Self-administered)

In the past 30 days, how much difficulty did you have in...

Q1. Standing for long periods such as 30 minutes?
   None  Mild  Moderate  Severe  Extreme/Cannot Do
   0  1  2  3  4

Q2. Taking care of your household responsibilities?
   None  Mild  Moderate  Severe  Extreme/Cannot Do
   0  1  2  3  4

Q3. Learning a new task, for example learning how to get to a new place?
   None  Mild  Moderate  Severe  Extreme/Cannot Do
   0  1  2  3  4

Q4. How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?
   None  Mild  Moderate  Severe  Extreme/Cannot Do
   0  1  2  3  4

Q5. How much have you been emotionally affected by your health problems?
   None  Mild  Moderate  Severe  Extreme/Cannot Do
   0  1  2  3  4

Q6. Concentrating on doing something for ten minutes?
   None  Mild  Moderate  Severe  Extreme/Cannot Do
   0  1  2  3  4

Q7. Walking a long distance such as a kilometer (or equivalent)?
   None  Mild  Moderate  Severe  Extreme/Cannot Do
   0  1  2  3  4

Q8. Washing your whole body?
   None  Mild  Moderate  Severe  Extreme/Cannot Do
   0  1  2  3  4

Q9. Getting dressed?
   None  Mild  Moderate  Severe  Extreme/Cannot Do
   0  1  2  3  4

Q10. Dealing with people you do not know?
     None  Mild  Moderate  Severe  Extreme/Cannot Do
     0  1  2  3  4

Q11. Maintaining a friendship?
     None  Mild  Moderate  Severe  Extreme/Cannot Do
     0  1  2  3  4

Q12. Your day to day work?
     None  Mild  Moderate  Severe  Extreme/Cannot Do
     0  1  2  3  4

WHODAS Disability Score = Sum of the above

8
Change #4

Anxiety and Related Disorders
Chapter 5: Anxiety Disorders

**DSM IV-TR**
- Panic Disorder *with or without* Agoraphobia
- Agoraphobia *without* Panic Disorder
- Social Phobia [Social Anxiety Disorder]
- Specific Phobia
- Generalized Anxiety Disorder
- Obsessive Compulsive Disorder
- Post Traumatic Stress Disorder
- Anxiety NOS

**DSM 5**
- Panic Disorder
- Agoraphobia
- Social Anxiety Disorder [Social Phobia]
- Specific Phobia
- Generalized Anxiety Disorder
- Separation Anxiety Disorder
- Selective Mutism

- **Moved from Anxiety Disorders in DSM IV**
- **Removed from DSM 5**
- **Added to DSM 5**
- Obsessive Compulsive Disorder (OCD)
- Body Dysmorphic Disorder (BDD)
- **Trichotillomania (Hair-Pulling Disorder)**
- Excoriation (Skin Picking) Disorder
- Hoarding Disorder

- Moved from Impulse Control Disorder
- Added to DSM 5
CHAPTER 7: TRAUMA/STRESSOR RELATED DISORDERS

ANXIETY Disorders Preceded by Distressing or Traumatic Event

• Posttraumatic Stress Disorder (PTSD)
• Acute Stress Disorder
• Adjustment Disorders
• Reactive Attachment Disorder
• Disinhibited Social Engagement Disorder

Moved from its’ own chapter

Added to DSM 5
ADJUSTMENT DISORDERS

Same Criteria as DSM IV-TR

**Subtypes (DSM IV-TR)**

**Specifiers (DSM 5) **

- With Depressed Mood
- With Anxiety
- With Disturbed Conduct
- With Mixed Anxiety and Depressed Mood
- With Mixed Disturbance of Emotions

*The symptoms do not represent normal bereavement*

** Specifiers replace DSM IV-TR Subtypes
Change #5

SIGECAPS Survives the Change
Acronym for DSM 5 Criteria: MDD SIGECAPS
Core Symptoms of Depression

**Depressed Mood**
- **Sleep decreased**
- **Interest decreased in activities (anhedonia)**
- **Guilt or worthlessness**

**Energy decreased**
- **Concentration difficulties**
- **Appetite disturbance or weight loss**
- **Psychomotor retardation / agitation**
- **Suicidal thoughts**

SIGECAPS

**PATIENT HEALTH QUESTIONNAIRE (PHQ-9)**

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<td>1. Little interest or pleasure in doing things</td>
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<td>2. Feeling down, depressed, or hopeless</td>
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<td>3. Trouble falling or staying asleep, or sleeping too much</td>
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<td>4. Feeling tired or having little energy</td>
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<td>5. Poor appetite or overeating</td>
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<td>6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down</td>
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<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
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<td>8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual</td>
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<td>9. Thoughts that you would be better off dead, or of hurting yourself in some way</td>
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THE ANXIETY “SPECIFIER” IN MDD

• **Specifier** – ”With Anxious Distress”

• **Assess if symptoms present:**
  1. Keyed up/tense
  2. Unusually restless
  3. Difficulty concentrating because of worry
  4. Fear that something awful may happen
  5. Feeling of losing control of self

• **Assess Severity:**
  - **Mild** - 2 symptoms
  - **Moderate** - 3 symptoms
  - **Moderate to Severe** - 4 symptoms
  - **Severe** - 4 to 5 symptoms with motor agitation

Diagnosis: MDD with Anxious Distress (Moderate)
Summary

- DSM 5 intends to better capture the individual experience
- Perhaps it’s biggest achievement is to acknowledge what we don’t know