DSM- 5- TR

Dr. Carissa Muth
R. Psych (AB & BC)

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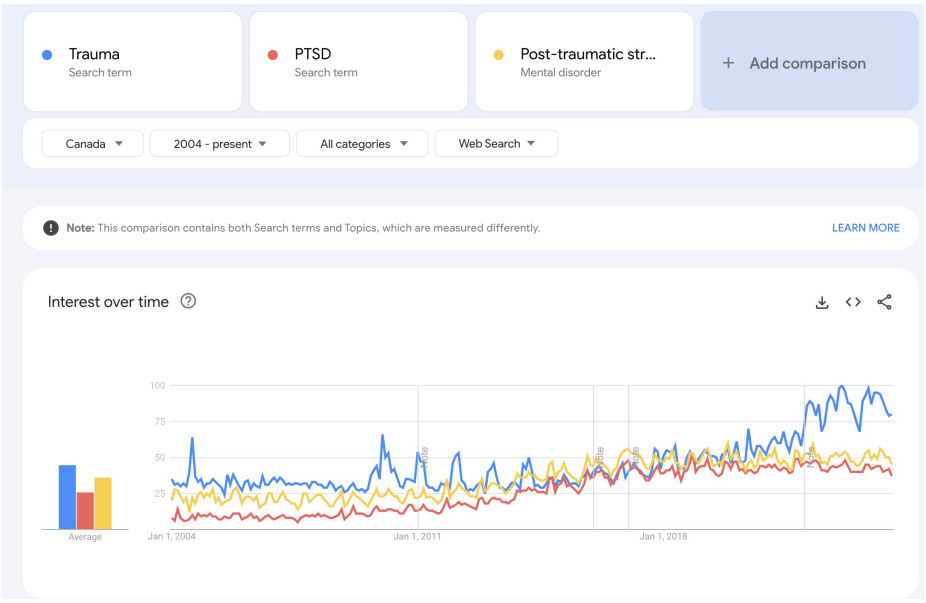

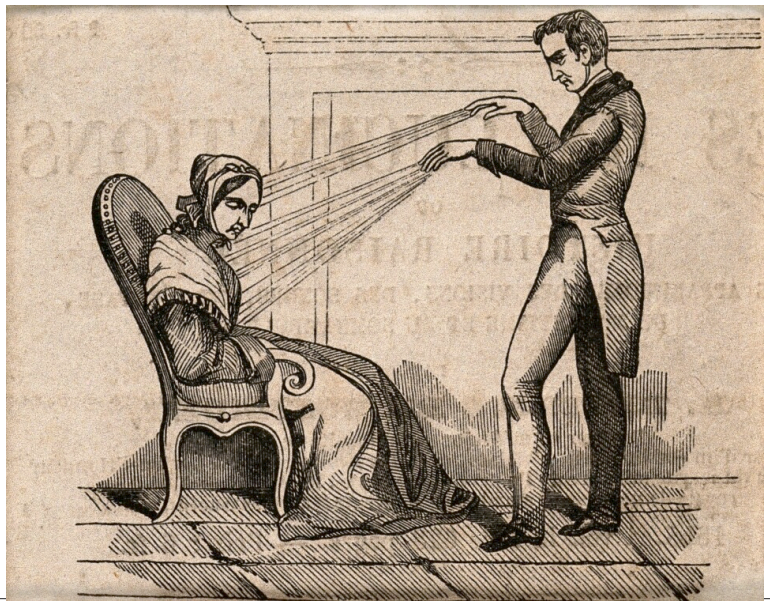

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"Medical Model"

- Coined by Thomas Szasz in the mid – 1950s
- Critiques include reducing mental health to physiochemical factors and not being holistic
- Etiology
- Diagnosis
- Treatment
- Prognosis

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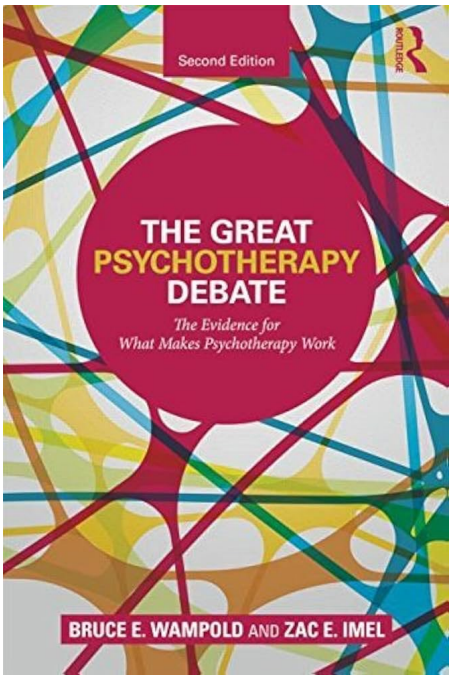

International Causes of Death- 1851

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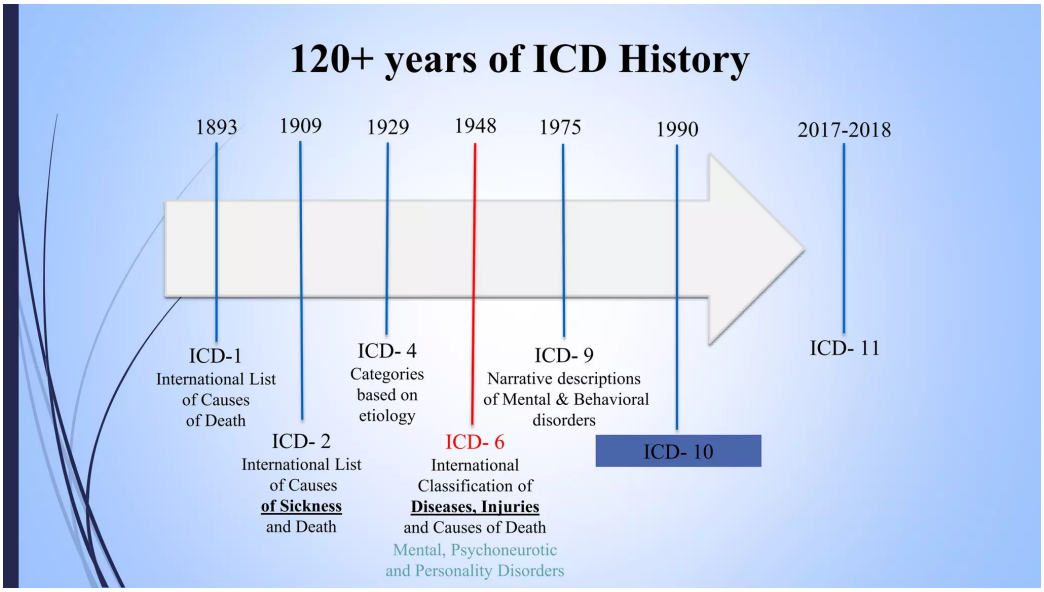
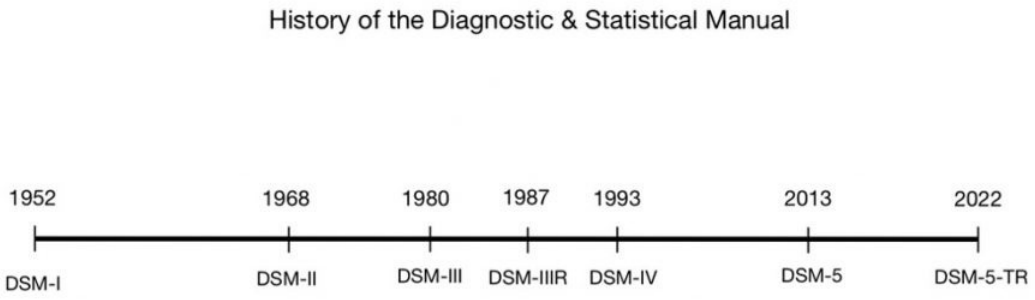
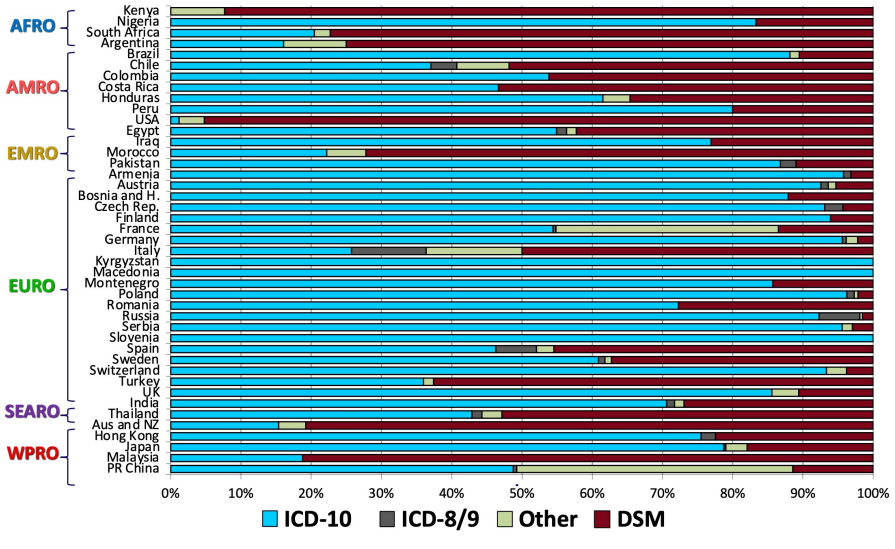

120+ years of ICD History
1893
1909
1929
1948
1975
1990
2017-2018
ICD-1
International List of Causes of Death
ICD- 2
International List of Causes of Sickness and Death
ICD- 4
Categories based on etiology
ICD- 6
International Classification of Diseases, Injuries and Causes of Death
Mental, Psychoneurotic and Personality Disorders
ICD- 9
Narrative descriptions of Mental & Behavioral disorders
ICD- 10
ICD- 11


History of the Diagnostic & Statistical Manual
1952
1968
1980
1987
1993
2013
2022
DSM-I
DSM-II
DSM-III
DSM-IIIR
DSM-IV
DSM-5
DSM-5-TR

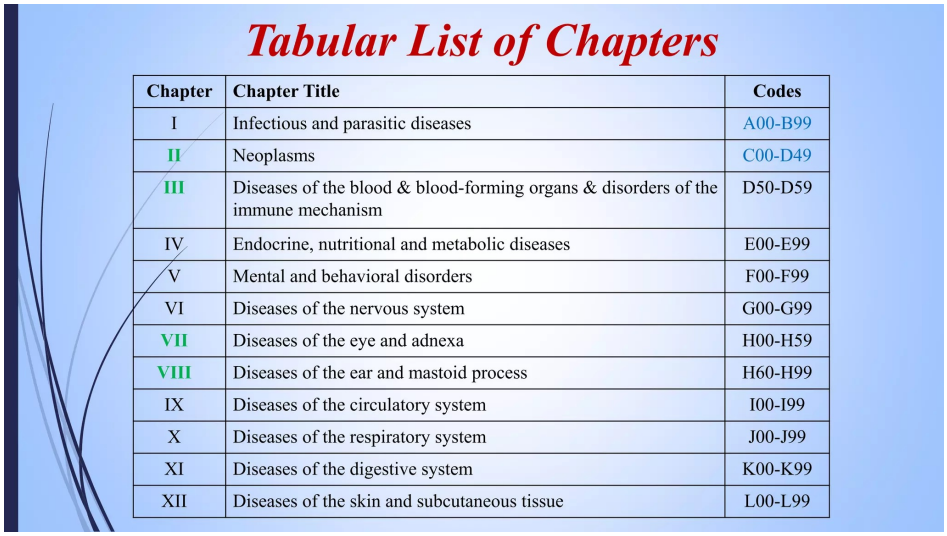
Fundamental ICD/DSM Differences

ICD	DSM
Produced by global health agency of UN	Produced by American Psychiatric Association (APA)
Free and open resource for public health benefit	Intellectual property of APA
For countries; and front-line service providers	Primarily for psychiatrists and psychologists
Global, multidisciplinary, multilingual development	Dominated by US, Anglophone perspective
Approved by World Health Assembly	Approved by APA Board of Trustees and APA Assembly

CLASSIFICATION MOST USED



ICD- 10



Tabular List of Chapters

Chapter	Chapter Title	Codes
I	Infectious and parasitic diseases	A00-B99
II	Neoplasms	C00-D49
III	Diseases of the blood & blood-forming organs & disorders of the immune mechanism	D50-D59
IV	Endocrine, nutritional and metabolic diseases	E00-E99
V	Mental and behavioral disorders	F00-F99
VI	Diseases of the nervous system	G00-G99
VII	Diseases of the eye and adnexa	H00-H59
VIII	Diseases of the ear and mastoid process	H60-H99
IX	Diseases of the circulatory system	I00-I99
X	Diseases of the respiratory system	J00-J99
XI	Diseases of the digestive system	K00-K99
XII	Diseases of the skin and subcutaneous tissue	L00-L99

ICD- 11

- https://icd.who.int/

Personality disorders and related traits

ICD 11 Personality disorders and related traits	ICD 10 Disorders of adult personality and behavior	DSM 5 Personality Disorders
	Specific personality disorders	Cluster A Personality Disorders
Personality disorder: (mild/moderate/sever/unspecified) Prominent personality traits or patterns: ➢ Negative affectivity in personality disorder or personality difficulty ➢ Detachment in personality disorder or personality difficulty ➢ Dissociality in personality disorder or personality difficulty ➢ Disinhibition in personality disorder or personality difficulty ➢ Anankastia in personality disorder or personality difficulty ➢ Borderline pattern	Paranoid personality disorder	Paranoid Personality Disorder
	Schizoid personality disorder	Schizoid Personality Disorder
		Schizotypal Personality Disorder
	Dissocial personality disorder	Cluster B Personality Disorders
		Antisocial Personality Disorder
	Emotionally unstable personality disorder	Borderline Personality Disorder
	Histrionic personality disorder	Histrionic Personality Disorder
		Narcissistic Personality Disorder
	Anankastic personality disorder	Cluster C Personality Disorders
		Obsessive-Compulsive Personality Disorder
	Anxious [avoidant] personality disorder	Avoidant Personality Disorder
	Dependent personality disorder	Dependent Personality Disorder

Text Revision

- Cannot release new addition until a new edition of the ICD is released
- Been ten years since DSM-5 was released
- Updated with new research
- Updated to be more inclusive

DSM-5 Table of Contents

Updated Disorders

Download fact sheets that cover changes to disorders in the *DSM–5-TR*.

- Attenuated Psychosis Syndrome
- Autism Spectrum Disorder
- Avoidant Restrictive Food Intake Disorder
- Bipolar and Related Disorders Due to Another Medical Condition
- Bipolar I and Bipolar II Disorders
- Delirium
- Depressive Disorder Due to Another Medical Condition
- Functional Neurological Symptom Disorder
- Gender Dysphoria
- Intellectual Disability
- Major Depressive Disorder
- Narcolepsy
- Olfactory Reference Disorder
- Other Specified Bipolar and Related Disorder
- Other Specified Delirium Disorder
- Other Specified Depressive Disorder
- Other Specified Feeding Disorder
- Other Specified Schizophrenia
- Persistent Depressive Disorder
- Prolonged Grief Disorder
- PTSD
- Social Anxiety Disorder
- Substance Medication Induced Bipolar Disorder
- Suicidal Behavior and Nonsuicidal Self-Injury
- Unspecified Mood Disorder

Changes with TR

- Prolonged Grief Disorder (New Diagnosis)
- Unspecified Mood Disorder (Newly added category)
- Suicidal behavior and nonsuicidal self-injury (Added to chapter- Other conditions that mya be a focus of clinical attention)
- Changes in criterion A for ASD to clarify diagnostic threshold

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Trauma- and Stressor-Related Disorders

- Reactive Attachment Disorder
- Posttraumatic Stress Disorder
- Acute Stress Disorder
- Adjustment Disorder
- Other Specified Trauma- and Stressor- Related Disorder
- Unspecified Trauma- and Stressor- Related Disorder

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Adjustment Disorder

A. Development of emotional or behavioural symptoms in response to an identifiable stressor

B. Clinically significant symptoms – marked by impairment or out of proportion distress

E. Once the stressor resolved, symptoms do not persist

(Paraphrased from the DSM- 5-TR)

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Table 1. Summary of corresponding DSM-5 [1] and ICD-11 [19] diagnostic criteria for adjustment disorder.

DSM-5	ICD-11
A. Onset of emotional or behavioural symptoms must occur in response to identifiable stressor, and within 3 months of the stressor.	1. Presence of an identifiable psychosocial stressor(s). Symptoms emerge within 1 month of the stressor.
B. These symptoms are clinically significant, marked by: - Distress that is disproportionate to the severity or intensity of the stressor, taking into account contextual and cultural factors. or - Significant impairments in social, occupational or other domains of functioning.	2. Preoccupation related to the stressor or its consequences in the form of at least one of the following: (a) excessive worry about the stressor (b) recurrent and distressing thoughts about the stressor (c) constant rumination about the implications of the stressor. 3. Failure to adapt to the stressor that causes significant impairment in personal, family, social, educational, occupational or other important areas of functioning
C. The disturbance does not meet the diagnostic criteria for another mental disorder, and is not an exacerbation of a pre-existing disorder.	4. Symptoms are not of a sufficient specificity or severity to justify diagnosis of another mental or behavioural disorder.
D. The symptoms do not represent normal bereavement.	
E. Symptoms do not last for more than six additional months after the stressor or its consequences have been resolved.	5. Symptoms typically resolve within 6 months, unless the stressor persists for a longer duration

Adjustment Disorder- Treatment

- CBT
- Characterized a subclinical disorder- responsive to lower intensity, brief intervention
- Self- directed interventions

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Posttraumatic Stress Disorder

A. Exposure to actual or threatened death, serious injury, or sexual violence in one or more of the following ways
   1. Directly experiences the traumatic event(s)
   2. Witnessing in person the event(s) as it occurred to others
   3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
   4. Experiences repeated or

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Posttraumatic Stress Disorder

B. Presence of one (or more) of the following intrusive symptoms associated with the traumatic event and beginning after the traumatic event(s) occurred.

- Recurrent, involuntary and intrusive distressing memories of the traumatic event(s)
- Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s)
- Dissociative reactions in which the individual feels or acts like the events were occurring
- Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s)
- Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s)

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Posttraumatic Stress Disorder

C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred

D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred

E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred

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Posttraumatic Stress Disorder- Treatment

APA Clinical Practice Guidelines recommends:

- CBT
- CPT
- CT
- PE

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Complex Posttraumatic Stress Disorder

- Only in the ICD – 11
- Includes the criteria of PTSD with additional symptoms of disturbances of self- organization (DSO)
  - Affect dysregulation
  - Negative self-concept
  - Disturbances in relationship

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Complex Posttraumatic Stress Disorder

- Involves prolonged or repetitive events from which escape is difficult or impossible
- Personality changes include
  - Inflexible and maladaptive features
  - Hostile or mistrustful attitudes toward the world
  - Difficulty creating social bonds

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Complex Posttraumatic Stress Disorder

- Guidelines for treatment currently recommend a staged treatment
  - Stage 1: Stabilization
  - Stage 2: Exposure
  - Stage 3: Integration

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Depressive Disorders

Major Depressive Disorder: DSM-5

- A. 5 (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
  Note: do not include symptoms that are clearly attributable to another medical condition
  - (1) Depressed mood most of the day, nearly every day
  - (2) Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day
  - (3) Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.
  - (4) Insomnia or Hypersomnia nearly every day
  - (5) Psychomotor agitation or retardation nearly every day
  - (6) Fatigue or loss of energy nearly every day
  - (7) Feelings of worthlessness or excessive or inappropriate guilt nearly every day
  - (8) Diminished ability to think or concentrate, or indecisiveness, nearly every day
  - (9) Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide
- B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- C. The episode is not attributable to the physiological effects of a substance or another medical condition
- E. There has never been a manic episode or a hypomanic episode
- **Note**: This exclusion does not apply if all of the manic-like or hypomanic-like episodes are substance-induced or are attributable to the physiological effects of another medical condition. The symptoms are not better accounted for by Bereavement

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Bipolar and Related Disorders

https://floridabhcenter.org/wp-content/uploads/2021/02/Bipolar-Disorders_Adult-Guidelines-2019-2020.pdf

Bipolar II Disorder:

- Criteria have been met for at least one hypomanic episode and at least one major depressive episode
- There has never been a manic episode
- The occurrence of the hypomanic episode(s) and major depressive episode(s) is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder.
- The symptoms of depression or the unpredictability caused by frequent alternation between periods of depression and hypomania causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

For a diagnosis of bipolar II disorder, it is necessary to meet the following criteria for a current or past hypomanic episode and the criteria for a current or past major depressive episode (See Box 4 on page 30 for Major Depressive Episode criteria).

Hypomanic Episode:

- A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy, lasting at least 4 consecutive days and present most of the day, nearly every day.
- During the period of mood disturbance and increased energy and activity, 3 (or more) of the above symptoms (4 if the mood is only irritable) have persisted, represent a noticeable change from usual behavior, and have been present to a significant degree.
- The episode is associated with an unequivocal change in functioning that is uncharacteristic of the individual when not symptomatic.
- The disturbance in mood and the change in functioning are observable by others.
- The episode is not severe enough to cause marked impairment in social or occupational functioning or to necessitate hospitalization. If there are psychotic features, the episode is, by definition, manic.
- The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment).

Note: A full hypomanic episode that emerges during antidepressant treatment (e.g., medication, ECT) but persists at a fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a hypomanic episode diagnosis. However, caution is indicated so that one or two symptoms (particularly increased irritability, edginess or agitation following antidepressant use) are not taken as sufficient for a diagnosis of a hypomanic episode nor necessarily indicative of a bipolar diathesis.

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Bipolar and Related Disorders

The panel agreed that screening for BD is essential for any person presenting with mood related symptoms and/or in clinical scenarios wherein conventional treatments for a mood disorder are inadequate. Results from longitudinal studies consistently report that most individuals with BD exhibit depression, depressive symptoms, and/or episodes as the predominant presentation of the illness as well as polarity at first presentation. Consequently, many adults with BD transition from the diagnosis of Major Depressive Disorder (MDD) to BD over multiple years of prospective follow-up. For example, it is reported that approximately 1% of adults with "MDD" transition to BD annually underscoring the importance of vigilance for hypo/manic presentations in adults originally diagnosed with having MDD.

https://floridabhcenter.org/wp-content/uploads/2021/02/Bipolar-Disorders_Adult-Guidelines-2019-2020.pdf

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Table 2. Overlapping Symptoms of Bipolar II Disorder Mood Episodes and Common Comorbid Disorders

Comorbid Disorder	Overlapping Symptoms With Depressive Episodes	Overlapping Symptoms With Hypomanic Episodes
Anxiety disorders	Irritability, psychomotor agitation, poor sleep, low energy (easy fatigability), negative cognitions, rumination, social avoidance, cognitive dysfunction	Irritability, psychomotor agitation, racing thoughts, cognitive dysfunction
Impulse control disorders	Psychomotor agitation, cognitive dysfunction	Hyperactivity, irritability, psychomotor agitation, distractibility, inattention, impulsivity
Substance use disorders	Substance use described as "self-medicating"	Impulsive excessive substance use
Personality disorders	Negative cognitions, interpersonal problems, social withdrawal, rejection sensitivity, suicidality, subjective emptiness	Impulsivity, angry outbursts, irritability, mood lability, affective dysregulation
Eating disorders	Change in eating patterns (increased or decreased)	Change in eating patterns (increased or decreased)

Source: Holly A. Swartz, M.D., Trisha Suppes, M.D., Ph.D. (eds.), *Bipolar II Disorder: Recognition, Understanding, and Treatment,* APA Publishing, 2019.

Bipolar and Related Disorders

https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures

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LEVEL 2—Mania—Adult*
***Altman Self-Rating Mania Scale (ASRM)**

ame: _____ Age: ____ Date:_____

If the measure is being completed by an informant, what is your relationship with the individual receiving care? _____

In a typical week, approximately how much time do you spend with the individual receiving care? _____ hours/week

Instructions: On the DSM-5-TR Level 1 cross-cutting questionnaire you just completed, you indicated that *during the past 2 weeks* y (the individual receiving care) have been bothered by "sleeping less than usual, but still having a lot of energy" and/or "starting lots more projects than usual or doing more risky things than usual" at a mild or greater level of severity. The five statement groups or questions below ask about these feelings in more detail.

1. **Please read each group of statements/question carefully.**
2. Choose the one statement in each group that best describes the way you (the individual receiving care) have been feeling fo **the past week**.
3. Check the box (✓ or x) next to the number/statement selected.
4. **Please note:** The word "occasionally" when used here means once or twice; "often" means several times or more and "frequently" means most of the time.

		Clinician Use Item score
Question 1		
❑ 1	I do not feel happier or more cheerful than usual.	
❑ 2	I occasionally feel happier or more cheerful than usual.	
❑ 3	I often feel happier or more cheerful than usual.	
❑ 4	I feel happier or more cheerful than usual most of the time.	
❑ 5	I feel happier of more cheerful than usual all of the time.	
Question 2		
❑ 1	I do not feel more self-confident than usual.	
❑ 2	I occasionally feel more self-confident than usual.	
❑ 3	I often feel more self-confident than usual.	
❑ 4	I frequently feel more self-confident than usual.	
❑ 5	I feel extremely self-confident all of the time.	
Question 3		
❑ 1	I do not need less sleep than usual.	
❑ 2	I occasionally need less sleep than usual.	
❑ 3	I often need less sleep than usual.	
❑ 4	I frequently need less sleep than usual.	
❑ 5	I can go all day and all night without any sleep and still not feel tired.	
Question 4		
❑ 1	I do not talk more than usual.	
❑ 2	I occasionally talk more than usual.	
❑ 3	I often talk more than usual.	
❑ 4	I frequently talk more than usual.	
❑ 5	I talk constantly and cannot be interrupted.	
Question 5		
❑ 1	I have not been more active (either socially, sexually, at work, home, or school) than usual.	
❑ 2	I have occasionally been more active than usual.	
❑ 3	I have often been more active than usual.	
❑ 4	I have frequently been more active than usual.	
❑ 5	I am constantly more active or on the go all the time.	

Personality Disorders

Cluster A	Cluster B	Cluster C
Paranoid personality disorder	Antisocial personality disorder	Avoidant personality disorder
Schizoid personality disorder	Borderline personality disorder	Dependent personality disorder
Schizotypical personality disorder	Histrionic personality disorder	Obsessive-compulsive personality disorder
	Narcissistic personality disorder	

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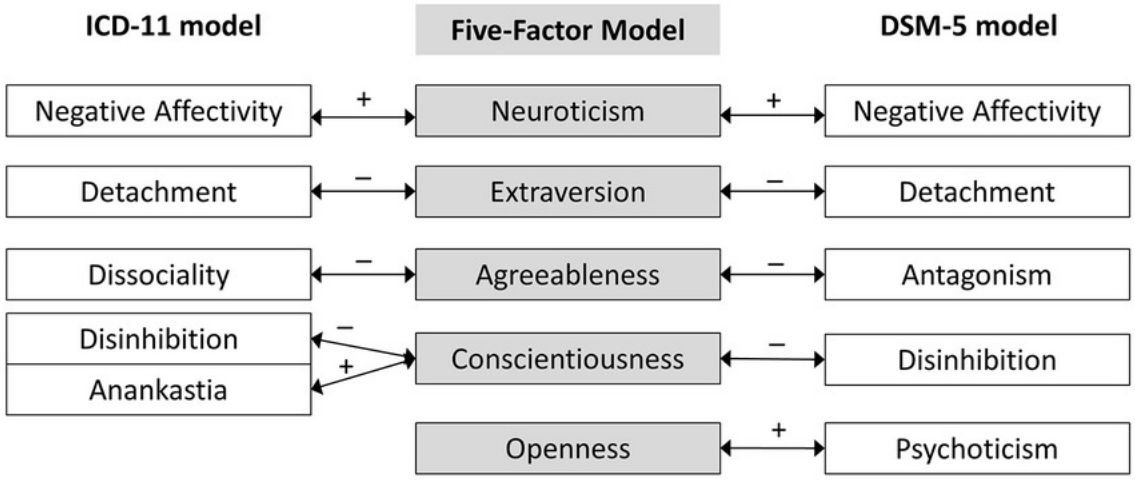
Personality Disorders



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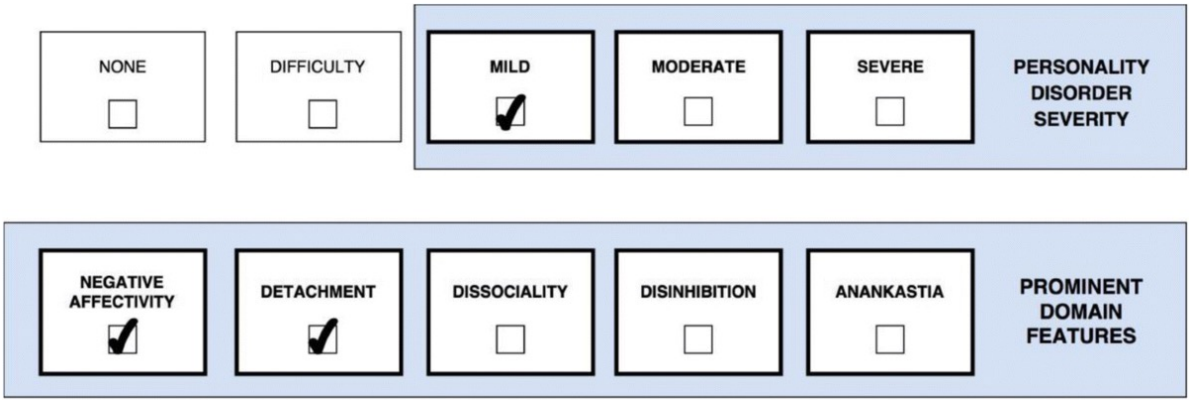
Personality Disorders



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Personality Disorders

The Personality Inventory for DSM-5—Brief Form (PID-5-BF)—Adult

Name: _____ **Age:** ____ **Date:**_____

	Instructions: This is a list of things different people might say about themselves. We are interested in how you would describe yourself. There are no right or wrong answers. So you can describe yourself as honestly as possible, we will keep your responses confidential. We'd like you to take your time and read each statement carefully, selecting the response that best describes you.				**Clinician Use**
		Very False or Often False	**Sometimes or Somewhat False**	**Sometimes or Somewhat True**	**Very True or Often True**	**Item score**
1	People would describe me as reckless.	0	1	2	3	
2	I feel like I act totally on impulse.	0	1	2	3	
3	Even though I know better, I can't stop making rash decisions.	0	1	2	3	
4	I often feel like nothing I do really matters.	0	1	2	3	
5	Others see me as irresponsible.	0	1	2	3	
6	I'm not good at planning ahead.	0	1	2	3	
7	My thoughts often don't make sense to others.	0	1	2	3	
8	I worry about almost everything.	0	1	2	3	
9	I get emotional easily, often for very little reason.	0	1	2	3	
10	I fear being alone in life more than anything else.	0	1	2	3	
11	I get stuck on one way of doing things, even when it's clear it won't work.	0	1	2	3	
12	I have seen things that weren't really there.	0	1	2	3	
13	I steer clear of romantic relationships.	0	1	2	3	
14	I'm not interested in making friends.	0	1	2	3	
15	I get irritated easily by all sorts of things.	0	1	2	3	
16	I don't like to get too close to people.	0	1	2	3	
17	It's no big deal if I hurt other peoples' feelings.	0	1	2	3	
18	I rarely get enthusiastic about anything.	0	1	2	3	
19	I crave attention.	0	1	2	3	
20	I often have to deal with people who are less important than me.	0	1	2	3	
21	I often have thoughts that make sense to me but that other people say are strange.	0	1	2	3	
22	I use people to get what I want.	0	1	2	3	
23	I often "zone out" and then suddenly come to and realize that a lot of time has passed.	0	1	2	3	
24	Things around me often feel unreal, or more real than usual.	0	1	2	3	
25	It is easy for me to take advantage of others.	0	1	2	3	
				Total/Partial Raw Score:		
				Prorated Total Score: (if 1-6 items left unanswered)		
				Average Total Score:		

Krueger RF, Derringer J, Markon KE, Watson D, Skodol AE.

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Free DSM-5- TR Assessments

https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures

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Questions?

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