DSM-5

BY MARK FABER M.D.

DSM-5: ADHD

- Onset of symptoms has changed from before the age 7 to before the age of 12
- Over the age of 17, 5 symptoms instead of 6 are needed to make a diagnosis
- May also be given a second diagnosis on the autism spectrum
- Because adults may recall symptoms since middle school (by age 12 onset) and because 5 symptoms instead of 6 are required, more adults may meet criteria for ADHD

DSM-5: ADHD (Continued)

- Diagnosis for children: requires input from at least 2 settings (parents/teachers/third party)
- Diagnosis for adults: input helpful from significant other, parent(s), old school records
- 3 subtypes have shifted to "current presentations"

DSM-5: ANXIETY

- OCD now included in "obsessive compulsive-related disorders" (OCD, hoarding, hair-pulling, skin-picking, body dysmorphic, stereotypic movement, repetitive conduct, and paraphilias)
- PTSD now included in trauma/stressor related disorders
- Specific anxiety disorders include: separation anxiety, selective mutism, social anxiety, specific phobias, manic disorder, generalized anxiety disorder

DSM-5: OCD/RELATED MOTOR DISORDERS

	Stereotypies	**Tics**
Onset	Before age 3	Age 4-7 (peak age 12)
Location	Arms, hands, body	Eyes, face, head, shoulders
Movement	Rhythmic + prolonged	Brief + rapid
Promonitory Urges	No urge	Urges noted
Examples	Hand flap, body rock, biting self, head banging	Facial grimacing, exaggerated eye blink, shoulder shrug

DSM-5: OCD/RELATED MOTOR DISORDERS

	Stereotypies	**Tics**
Onset	Before age 3	Age 4-7 (peak age 12)
Location	Arms, hands, body	Eyes, face, head, shoulders
Movement	Rhythmic + prolonged	Brief + rapid
Promontory Urges	No urge	Urges noted
Examples	Hand flap, body rock, biting self, head banging	Facial grimacing, exaggerated eye blink, shoulder shrug

DSM-5: AUTISM SPECTRUM DISORDER

- "Lumping" of autism, PDD, Asperger's, Child Disintegrative Disorder vs. "splitting" of these disorders
- Onset in early childhood (before 30 months)
- Focus on social communication **and** repetitive behaviors/restricted interests
- Core features: perseveration, preoccupation, fixations, inflexibility, adherence to routine, self stim, hyper/hyporeactive to sensory input

DSM-5: AUTISM SPECTRUM DISORDERS (Continued)

- May make a diagnosis of ADHD in addition to autism spectrum
- May make a diagnosis of schizophrenia in addition to autism spectrum
- May have associated diagnosis of intellectual disability
- Social communication deficit without repetitive behaviors may be referred to as social communication disorder

DSM-5: INTELLECTUAL DISABILITY

- Use of "mental retardation" no longer in the DSM
- Diagnosis age 5+
- Level of severity based on adaptive functioning, not just IQ
- In future, may be referred to as intellectual developmental disorder

DSM-5: DISRUPTIVE MOOD DISREGULATION DISORDER

- Onset before age 10, diagnosis between age 6-18
- Outbursts and mood instability out of proportion to triggers 3+ times/week
- Symptom-free periods are >3 months
- Occurs in at least 2 settings
- May include oppositional defiant behavior

DSM-5: BIPOLAR DISORDER

- Distinct periods of expansive mood, increased activity/energy lasting most of each day for more than one week
- Noticeable change from usual or baseline behavior
- Decreased need for sleep with grandiosity

DSM-5: PERSISTENT DEPRESSIVE DISORDER

- Was referred to as dysthymia
- Lasting at least one year in children/adolescence and two years in adults
- Cannot be symptom-free for more than two months at a time

DSM-5: NON-SUICIDAL SELF INJURY

- To be considered in DSM-5 revisions
- Examples: cutting, hitting, burning, excessive rubbing
- Associated with a stressor, urge, preoccupation, expectation of relief
- UCLA Safety Program (3 month program including: youth, parent, and family) – Joan Asarnow, Ph.D

DSM-5: ADDITIONAL

- Axis I-V discontinued
- Substance abuse/dependence eliminated and shifted to Substance Use Disorder
- Major depression may be described as associated with “anxious distress”
- Future DSM-5 revisions will be termed 5.1, 5.2, 5.3, etc. with shorter time between revisions

DSM-5: ADDITIONAL (Continued)

- "Rule out" to be replaced with "Provisional Diagnosis"
- Not otherwise specified (NOS) to be replaced by "unspecified"
- Hypochondriasis shifts to "somatic symptom disorder"
- Dementia shifts to "major/mild neurocognitive disorder"