

DSM-5 UPDATES TO PSYCHIATRIC-MENTAL HEALTH NURSING: AN INTERPERSONAL APPROACH

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A range of diagnostic changes or modifications have been made to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, published by the American Psychiatric Association (2013). The changes include diagnostic criteria modifications related to specific disorders, a few diagnoses moving out of previous disorder categories, and in some cases, criteria required to diagnose specific disorders have been modified (criteria added or removed).

This *DSM-5* Update captures the significant changes related to chapters in this textbook,

These changes involve the following chapters:

- Chapter 11: Thought Disorders
- Chapter 12: Affective Disorders
- Chapter 13: Anxiety Disorders
- Chapter 15: Addictive Disorders
- Chapter 16: Cognitive Disorders
- Chapter 17: Impulse Control Disorders
- Chapter 18: Sexual Disorders and Dysfunctions
- Chapter 19: Eating Disorders
- Chapter 21: Working with Children

For a more in-depth detail of *DSM-5* changes, consult the references listed below. The Highlights of Changes from the *DSM-IV-TR* to *DSM-5* document, found on the American Psychiatric Association website, is a particularly helpful summary of changes.

REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.). Arlington, VA: Author.
- American Psychiatric Association. (2013). Highlights of changes from *DSM-IV-TR* to *DSM-5*. *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.

CHAPTER 11: THOUGHT DISORDERS

Referred to in the *DSM-5* as Schizophrenia Spectrum and Other Psychotic Disorders

Level of Change: *Moderate*

Changes include:

- The elimination of subtypes (paranoid, disorganized, etc.)
- The elimination of special attribute of bizarre delusions
- The addition that one of the criteria A must be delusions, hallucinations, or disorganized speech.
- Schizoaffective Disorder is conceptualized as longitudinal disorder with a major mood disorder being present for a majority of the duration.
- Delusional Disorder no longer has the requirement that the delusion be bizarre in nature
- Catatonia is now described uniformly across the *DSM-5* and can now be used as a specifier for bipolar, schizophrenia, and psychotic disorders.

CHAPTER 12: AFFECTIVE DISORDERS

Level of Change: *Moderate*

Most notable change:

Bipolar and related disorders, and the depressive disorders now have their own categories.

New diagnostic criteria related to the bipolar disorders include:

- The previous specifier of Bipolar I—“with mixed episodes”—has been replaced “with mixed features.”
- An anxious distress specifier has been added.

New diagnostic criteria related to depressive disorders include:

- An anxious distress specifier has been added.

New diagnosis of Disruptive Mood Dysregulation Disorder that:

- Addresses mood issues for children up to age 18
- Further addresses concerns of over treating and over diagnosing.

New diagnosis of Premenstrual Dysphoric Disorder that:

- Has been added to the depressive disorders.

Other changes to depressive disorders:

- The bereavement exclusion has been deleted in the revised edition as further research has shown that the length of normal bereavement is longer than previously believed.
- The diagnosis of dysthymia has been deleted and is now listed as “Persistent Depressive Disorder.”

CHAPTER 13: ANXIETY DISORDERS

Referred to in the *DSM-5* as Anxiety Disorders

Level of Change: *Significant*

Changes include:

- Anxiety disorders no longer include Obsessive-Compulsive Disorder (which now has its own category called Obsessive-Compulsive and Related Disorders).
- They also do not include Posttraumatic Stress Disorder (PTSD) and Acute Stress Disorder (which are in a new category called Traumatic and Stress Related Disorders).
- Criteria for Specific Phobia and Social Anxiety Disorder have now deleted requirement for individuals over 18 to feel that their anxiety is excessive or unreasonable.
- Panic attacks can now be listed as a specifier to any *DSM-5* disorder.
- Panic disorder and agoraphobia are no longer linked together and thus are two separate diagnoses, each with their own criteria.
- The specifier of “generalized” for Social Anxiety Disorder has now been replaced by the term “performance only.”
- Separation Anxiety Disorder and Selective Mutism are now classified as anxiety disorders.
- Language clarifying duration of “typically lasting for 6 months or more” is added for anxiety disorders to reduce chance of over diagnosis of normal transient fears.

CHAPTER 15: ADDICTIVE DISORDERS

Referred to in the *DSM-5* as Substance Related and Addictive Disorders

Level of Change: *Significant*

New diagnosis of Substance Use Disorder that:

- Combines two previous diagnoses of substance abuse and dependence
- Increases and strengthens the diagnostic criteria requirements.

New diagnostic criteria for:

The category of craving.

Unchanged are diagnostic criteria for:

Withdrawal, intoxication, unspecified substance related, and substance-induced disorders remain.

Other changes include:

- Introduction of a category called behavioral addictions.
- Adjustments for culture and international use.
- A greater emphasis on levels of severity.
- New disorders pending further study from the fourth edition.
- Many of the changes have been the result of a focus on research findings and arise from an awareness of clinical expression, comorbidity, physiology, and brain origin.

General recommendations include:

More study in the area of behavioral addictions. The expectation is to better define the disorder, to increase understanding of the disorder, and to improve treatment services for individuals impacted by these disorders.

CHAPTER 16: COGNITIVE DISORDERS

Level of Change: *Significant*

Now classified under the category of Major Neurocognitive Disorder (NCD), which includes all types of dementia.

A new disorder of *mild NCD* is identified; this new disorder is one that includes less disabling characteristics. Also new criteria have been added for major or mild frontotemporal NCD, NCD with Lewy bodies, and NCDs due to traumatic brain injury, substances, and/or medications, and several other types of NCDs.

There also is an inclusion of a diagnosis of unspecified NCD.

CHAPTER 17: IMPULSE CONTROL DISORDERS

Level of Change: *Significant*

The *DSM-5* now includes disruptive, impulse-control, and conduct disorders as a new combined category. Disorders previously addressed in the category of Infancy, Childhood, or Adolescence and Impulse Control Disorders Not Elsewhere Classified are included in this new grouping.

While comorbid with this category of diagnoses, Attention Deficit Hyperactivity Disorder (ADHD) is listed elsewhere, with the neurodevelopmental disorders.

There are changes in the criteria for Oppositional Defiant Disorder (now grouped into three types: angry/irritable mood, argumentative/defiant behavior, and vindictiveness), Conduct Disorder (individuals present with limited prosocial emotions), and Intermittent Explosive Disorder (criteria beyond physical aggression added, such as verbal aggression). Also the minimum age for this new combined category is 6 years of age or equivalent developmental level.

CHAPTER 18: SEXUAL DISORDERS AND DYSFUNCTIONS

Referred to in the *DSM-5* Now as Separate Diagnosis of Sexual Dysfunctions, Gender Dysphoria, and Paraphilic Disorders

Level of Change: *Significant*

New category of Paraphilic Disorder that:

- Now distinguishes between those that have a paraphilia and those that have a paraphilic disorder. Those with the sexual urges and fantasies would be diagnosed with a paraphilia. Those that have acted on the urges to the result of distress or impairment would be diagnosed with a paraphilic disorder.
- Adds specifiers of in a “controlled environment” and “in remission.”

New category of gender dysphoria that:

- Reflects a change in conceptualizing the phenomenon as one of gender incongruence.
- Now includes separate sets of criteria for children, adults, and adolescents.
- A posttransition specifier is now added for individuals having undergone at least one medical procedure.

Sexual Dysfunctions

Changes include:

- For females, Sexual Desire Disorder and Sexual Arousal Disorder have been combined into one disorder: Female Sexual Interest/Arousal Disorder.
- All of the sexual dysfunctions (except substance induced) now require 6 months duration and more precise criteria.
- Vaginismus and dyspareunia have now been combined into one diagnosis of Genito-Pelvic Pain/Penetration Disorder.
- There are now only two subtypes of sexual dysfunctions: lifelong versus acquired and generalized versus situational.
- Other correlates have now been added such as partner factors, religious, cultural, and so on.

CHAPTER 19: EATING DISORDERS

Level of Change: *Significant*

New diagnosis:

None

Change of diagnostic criteria for binge Eating Disorder and for Bulimia Nervosa that:

- Decreases episode criteria to once weekly for a period of 3 months (for both diagnoses)

Change of diagnostic criteria for Anorexia Nervosa that:

- Deletes previous criteria that amenorrhea must be present.
- Addition of criteria to establish that weight is significantly below normal weight

Other changes include:

- Addition of feeding and eating disorders of infancy or early childhood (these are not addressed initially in the textbook chapter titled Eating Disorders).

CHAPTER 21: WORKING WITH CHILDREN

Level of Change: *Moderate*

New diagnostic criteria for:

Oppositional Defiant Disorder

- Now grouped into three types
- Listed as angry/irritable mood, argumentative/defiant behavior, or vindictiveness.

New Conduct Disorder includes specifier titled:

- “Limited prosocial emotions.”

Other changes include:

- Autistic and Aspergers’ disorder are now categorized as neurodevelopmental disorders.
- Attention Deficient Hyperactivity Disorder (ADHD) is now categorized as a neurodevelopmental disorder.
 - Criteria needed to diagnosis ADHD has been changed from six to five.