

Diagnostic and Statistical Manual of
Mental Disorders
(DSM-5) and Geriatric Psychiatry

DSM-5 Background

- Latest in series of manuals published since 1940s
- 12 years in the making
 - APA, WHO, NIMH, NIDA, NIAAA
 - >500 international experts
 - 13 international research conferences
 - Lengthy field trials
 - 2010 Public review(>8000 responses)
 - 2011 Public review(>13000 responses)
- Replaces DSM-IV-TR(2000)
- Provides guidelines for psychiatric diagnoses

DSM-5 Goals

- Creates common language between clinicians
- Facilitate Scientific Investigation
- Conservative, evolutionary diagnostic reform based upon emerging scientific evidence
- Contains ICD-9-CM and ICD-10(effective October 2014)codes

DSMIV → DSM V
Changes

NOS is Gone!

- “Other specified disorder”-describe the REASON an illness does not meet formal criteria
- “Unspecified disorder”-no specific description of the deviation from standard disorders is noted

Multiaxial Format is Gone!

- ▣ Axis I, II and III combined into non-axial documentation of all diagnoses (medical and psychiatric)
- ▣ Axis IV-(psychosocial/environmental problems)
 - Use ICD-9-CM V codes or ICD-10-Z codes
 - V60.2(Z59.2)-Extreme Poverty
 - V62.89(Z65.4)-Victim of Crime

Axis V-Dropped entirely

Autism Spectrum

- Autism, Asperger's and PDD-NOS all consolidated into 'Autism Spectrum disorders'
 - Single continuum(Level 1-3) of two domains of behavior
 - Social Communication
 - Repetitive Behaviors

Mood Disorders

- Diagnoses streamlined to
 - Major Depressive Disorder
 - Bipolar I Disorder(mania)
 - Bipolar II Disorder(hypomania)
- Dysthymic→Persistent Depressive Disorder
- Disruptive Mood Dysregulation Disorder(new)
 - Chronic severe irritability, temper outbursts

Substance Use Disorders

- Categories of 'Abuse' and 'Dependence' eliminated
 - Replaced with 'substance use disorders'
 - Impaired control
 - Social Impairment
 - Risky use
 - Craving
 - Tolerance/Withdrawal(not to be counted when appropriate medical treatment with prescribed meds)

Delirium

- Criteria essentially unchanged
 - Specify-hyperactive, hypoactive, or mixed
 - ‘Attenuated delirium syndrome’-some but not all criteria met

Delirium

Diagnostic Criteria

- A. A disturbance in attention (i.e., reduced ability to direct, focus, sustain, and shift attention) and awareness (reduced orientation to the environment).
- B. The disturbance develops over a short period of time (usually hours to a few days), represents a change from baseline attention and awareness, and tends to fluctuate in severity during the course of a day.
- C. An additional disturbance in cognition (e.g., memory deficit, disorientation, language, visuospatial ability, or perception).

Delirium

Diagnostic Criteria

- D. The disturbances in Criteria A and C are not better explained by another preexisting, established, or evolving neurocognitive disorder and do not occur in the context of a severely reduced level of arousal, such as coma.

- E. There is evidence from the history, physical examination, or laboratory findings that the disturbance is a direct physiological consequence of another medical condition, substance intoxication or withdrawal (i.e., due to a drug of abuse or to a medication), or exposure to a toxin, or is due to multiple etiologies.

'Dementia' is Gone(not really)

- Replaced by 'Neurocognitive Disorders'
 - Major-'Significant' Cognitive decline in one or more cognitive domains, with impairment in independent living
 - Substantial Impairment in cognitive performance, preferably documented by standard neuropsychologic testing
 - Mild-'Modest' cognitive decline in one or more cognitive domains-deficits do not interfere with capacity for independent living

Neurocognitive Disorders

▣ Specify:

- Alzheimer's Disease
- Frontotemporal lobar degeneration
- Lewy Body Disease
- Vascular Disease
- Traumatic Brain Injury
- Substance/Medication use
- HIV infection
- Prion disease
- Parkinson disease
- Huntington's Disease

Neurocognitive Disorders

- Specify
 - With/without behavioral disturbance
 - Mild, moderate, severe(for Major only)

Neurocognitive Domains

- Complex Attention-sustained attention, divided attention, selective attention, processing speed
- Executive Functioning-planning, decision making, working memory, error correction, mental flexibility
- Learning and memory-immediate memory, recent memory, long term memory

Neurocognitive Domains

- Language-expressive language, word finding, naming, fluency, grammar
- Perceptual-Motor-visual perception, praxis
- Social cognition-recognition of emotions, social appropriateness

Complex Attention

- Major NCD-Difficulty with multiple stimuli, easily distracted, difficulty with multistep tasks.
- Mild NCD-tasks take longer, needs to double check more often

Executive Functioning

- Major NCD-Must rely upon others for planning daily activities or making decisions
- Mild NCD-Complains about extra effort required to plan, organize, and make decisions

Learning and Memory

- Major NCD-Repeats self often, requires frequent reorientation, reminders
- Mild NCD-difficulty recalling recent events, relies more on written lists, reminders.

Language

- Major NCD-significant impairment in understanding or expressing language, difficulty naming, reduced output of spoken communication
- Mild NCD-Word finding difficulty, subtle grammatical errors

Perceptual-Motor

- Major NCD-Significant difficulty with familiar tasks(driving, use of tools), navigation
- Mild NCD-More reliance on others for directions, greater effort needed for assembly, carpentry, etc.

Social Cognition

- Major NCD-Clear unacceptable social behavior in terms of dress, grooming, and topics of conversation; no regard or awareness of reaction of others, or safety, no insight
- Mild NCD-Subtle changes in personality, less able to recognize social cues

DSM 5 Summary for Geriatric Clinicians

- Elimination of Multiaxial Format
- Replacement of 'Dementia' with 'Neurocognitive disorder'
 - Major
 - Mild
- 'Attenuated Delirium Syndrome'
- AxisIV→V codes
- NOS→ 'other specified disorder' or 'unspecified disorder'
- Substance Abuse/Dependence→Substance Use Disorder