Diagnostic Developments and the DSM-5-TR: A Deeper Dive

DSM-5-TR (2022)
The DSM-5 (2013)
The ICD 10-CM (2014)
The ICD-10 (1990)
Greg Neimeyer, PhD
Professor Emeritus
Department of Psychology
University of Florida
Learning Objectives

1. Discuss the relationship between the DSM and the International Classification of Diseases (ICD)
2. Identify at least five diagnostic additions or revisions in the DSM-5-TR
3. Discuss the rationale for at least three of the diagnostic manual’s novel inclusions or revisions
4. Identify at least three assessment tools that offer potential use in clinical practice
Wild Diagnostic Ride
Poll: How familiar are you with the changes in the DSM-5-TR?

A. I am very familiar. I’ve read it from cover to cover, so much so that I could conduct this training myself, but I don’t want to.

B. I’m somewhat familiar. I’ve read about most, if not all of them, but I just wanted a deeper dive or more comprehensive coverage.

C. I’ve heard bits and pieces here and there, but not much else.

D. I am genuinely clueless. If I’ve heard anything at all I honestly can’t recall a single word of it.
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In our limited time we will be able to cover many of the major changes in the DSM-5-TR, but there are specialty areas of practice that will surely benefit from deeper dives.

Please feel free to ask anything you would like at any time. Even if we don’t get to everything, I want to be sure to address areas of interest to you. It’s your training.
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Not representing the other APA.

Not representing the WHO.

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Risks and limitations

We all bring perspectives. I will share mine but there is nothing sacrosanct about it.
I. The DSM-5-TR: Who, What, When and Why (now)?

II. Dual/Dueling Diagnostic Systems: The ICD and the DSM

III. New Disorders in the DSM-5-TR
   A. Prolonged Grief Disorder
   B. Unspecified Mood Disorders
   C. Suicidal Behavior
   D. Non-suicidal Self-Injury (NSSI)

IV. Culturally Sensitive and Affirming Revisions

V. “To Infinity and Beyond”.... Future directions for the ICD and the DSM
I. Who, What, When and Why?
A. Who

Michael B. First, M.D., and Philip Wang, M.D., Dr.PH., Revision Subcommittee Co-Chairs

Wilson M. Compton, M.D., and Daniel S. Pine, M.D., Revision Subcommittee Vice Chairs

Over 200 Subject Matter Experts
Comparative Percentages of Mental Health Professionals Involved in the Revision of the DSM-5-TR

<table>
<thead>
<tr>
<th></th>
<th>Psychiatrists</th>
<th>Psychologists</th>
<th>Other</th>
</tr>
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<tbody>
<tr>
<td>DSM-5</td>
<td>60%</td>
<td>10%</td>
<td>30%</td>
</tr>
<tr>
<td>DSM-5-TR</td>
<td>70%</td>
<td>20%</td>
<td>10%</td>
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<tr>
<td>New Disorders (e.g., Prolonged Grief Disorder; Stimulant-Induced Mild Neurocognitive Disorder)</td>
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<tr>
<td>Resurrected Disorders (e.g., Unspecified Mood Disorders)</td>
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<td>Conceptually Revised Disorders (e.g., Gender Dysphoria and Dysthmia)</td>
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<td>New Codes: Includes all addenda</td>
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<tr>
<td>Includes new codes (e.g., Suicide and Non-suicidal Self-Injury)</td>
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<td>Drops all ICD-9 codes</td>
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<tr>
<td>Revised 70 Criteria sets (from the lofty to the sublime)</td>
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<tr>
<td>Performed a Culturally Informed Extreme Makeover (TR and Assessments)</td>
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**B. What: The Outcome**
C. When

- Functionally, began immediately after DSM-5
- Officially, appointed in 2019
- Launched in March, 2022
- Concentrated on last 10 years of advances in the literature
D. Why (now)

- It’s been a decade (conceptual, sociocultural, and empirical advances)
- Need to align with ICD
- Why DSM-5-TR and not DSM 5.1, DSM-R, or DSM-6?
II. Dual/Dueling Diagnostic Systems
Development of the ICD

THE GREAT EXHIBITION IN LONDON
1851
IDC’s Revisions Across Time

Approved in 2019 for Adoption beginning in 2022
Editions of the DSM

- DSM-I (1952)- Psychoanalytic
- DSM-II (1968)- Multi-theoretical
- DSM-III (1980)- R. Spitzer
- DSM-III-R (1987)- R. Spitzer
- DSM-IV (1994)- A. Frances
- DSM-IV-TR (2000)- A. Frances
- DSM-5 (2013)- D. Kupfer
- DSM-5-TR (2022)- M. First
<table>
<thead>
<tr>
<th>ICD</th>
<th>DSM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Produced by global health agency of UN</td>
<td>Produced by the American Psychiatric Association</td>
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<tr>
<td>Covers all health conditions</td>
<td>Covers only mental disorders</td>
</tr>
<tr>
<td>Mortality and Morbidity</td>
<td>Morbidity</td>
</tr>
<tr>
<td>Free and open resource for public health benefit</td>
<td>Copyrighted by the APA</td>
</tr>
<tr>
<td>For countries; front-line service providers</td>
<td>For (U.S.) psychiatrists</td>
</tr>
<tr>
<td>Global, multidisciplinary, multilingual development</td>
<td>Dominated by U.S., Anglophone perspective</td>
</tr>
<tr>
<td>Approved by World Health Assembly</td>
<td>Approved by APA Assembly</td>
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Harmonizing the DSM and the ICD
Harmonizing the DSM and the ICD
# ICD-10-CM Sample Chapters and Codes

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Range of Codes</th>
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<tbody>
<tr>
<td>I. Certain infectious and parasitic diseases</td>
<td>A00-B99</td>
</tr>
<tr>
<td>II. Neoplasms</td>
<td>C00-D48</td>
</tr>
<tr>
<td>III. Disease of the blood</td>
<td>D50-D89</td>
</tr>
<tr>
<td>IV. Endocrine, nutritional and metabolic diseases</td>
<td>E00-E90</td>
</tr>
<tr>
<td>V. Mental and behavioral disorders</td>
<td>F00-F99</td>
</tr>
<tr>
<td>VI. Diseases of the nervous system</td>
<td>G00-G99</td>
</tr>
<tr>
<td>VII. Diseases of the eye and adnexa</td>
<td>H00-H59</td>
</tr>
<tr>
<td>VIII. Diseases of the ear and mastoid process</td>
<td>H60-H95</td>
</tr>
<tr>
<td>IX. Diseases of the circulatory system</td>
<td>I00-I99</td>
</tr>
<tr>
<td>X. Diseases of the respiratory system</td>
<td>J00-J99</td>
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</tbody>
</table>

…continues through XXI. Factors influencing health status and contact with health services (Z00-Z98)
III. “New Disorders” in the DSM-5-TR

A. Prolonged Grief Disorder
B. Unspecified Mood Disorder
C. Suicidal Behavior and Non-suicidal Self-Injury (NSSI)
D. Gender Dysphoria
A. Prolonged Grief Disorder Added to Trauma and Stress-Related Disorders

REACTIVE ATTACHMENT DISORDER

DISINHIBITED SOCIAL ENGAGEMENT DISORDER

POSTTRAUMATIC STRESS DISORDER

ACUTE STRESS DISORDER

ADJUSTMENT DISORDERS

PROLONGED GRIEF DISORDER
(UNDER TRAUMA AND NOT DEPRESSIVE DISORDERS)
Prolonged Grief Disorder

Grief is a natural response to the loss of a loved one. For most people, the symptoms of grief decrease over time. For a small group of people, the feeling of intense grief persists, and the symptoms are severe enough to cause problems and stop them from continuing with their lives.
Diagnostic Criteria for Prolonged Grief Disorder

A. The death, at least 12 months ago, of a person who was close to the bereaved individual (6 months for children)

B. The development of a persistent grief response characterized by one or both of the following nearly every day for the last month:
   1. Intense yearning/longing for the deceased person
   2. Preoccupation with thoughts or memories of the deceased person

C. Since the death, at least three of the following nearly every day:
   1. Identity disruption (feeling as though part of oneself has died)
   2. Marked sense of disbelief about the death
   3. Avoidance of reminders that the person is dead
   4. Intense emotional pain (anger, bitterness, sorrow)
   5. Difficulty reintegrating into relationships and activities
   6. Emotional numbness
   7. Feeling that life is meaningless
   8. Intense loneliness
Diagnostic Criteria for Prolonged Grief Disorder

D. Clinically significant distress or impairment
E. Duration and severity clearly exceed expected social, cultural or religious norms for the person
F. Not better explained by another disorder (PTSD, depression, etc.)
Prevalence of Prolonged Grief Disorder
Lundorff et al., (2017)

- Approximately 2.5 million people die in the U.S. per year
- On average, each person leaves behind 5 grieving friends and family
- Meaning that grief visits the doorstep of approximately 10 million people in the U.S. each year
- Approximately 7-10% of them will suffer from PGD
- That translates into roughly 1 million people per year
Self-Reported data from 306 adults within first year of bereavement (Wave 1) and again 1 year later (Wave 2).

10.1% met criteria for probable Prolonged Grief disorder (Wave 2).

People meeting criteria at Wave 1 had a significantly increased risk of meeting criteria at Wave 2 (71% of Wave 1).

Highest predictors were loss of child, unnatural loss, lower education.
Prolonged Grief Disorder (PG-13-Revised)

Q1. Have you lost someone significant to you?  
   ☐ Yes  ☐ No

Q2. How many months has it been since your significant other died?  ☐ Months

For each item below, please indicate how you currently feel:

<table>
<thead>
<tr>
<th>Since the death, or as a result of the death</th>
<th>Not at all</th>
<th>Slightly</th>
<th>Somewhat</th>
<th>Quite a bit</th>
<th>Overwhelmingly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q3. Do you feel yourself longing or yearning for the person who died?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Q4. Do you have trouble doing the things you normally do because you are thinking so much about the person who died?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Q5. Do you feel confused about your role in life or feel like you don't know who you are any more (i.e., feeling like that a part of you has died)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Q6. Do you have trouble believing that the person who died is really gone?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Q7. Do you avoid reminders that the person who died is really gone?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Q8. Do you feel emotional pain (e.g., anger, bitterness, sorrow) related to the death?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Q9. Do you feel that you have trouble re-engaging in life (e.g., problems engaging with friends, pursuing interests, planning for the future)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Q10. Do you feel emotionally numb or detached from others?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Q11. Do you feel that life is meaningless without the person who died?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Q12. Do you feel alone or lonely without the deceased?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Q13. Have the symptoms above caused significant impairment in social, occupational, or other important areas of functioning?  
   ☐ Yes  ☐ No

Available at:
https://endoflife.weill.cornell.edu/sites/default/files/pg_13_r.pdf
Unspecified Mood Disorder was an inadvertent casualty of the DSM-5’s discontinuation of the category of Mood Disorders.

So, the DSM-5-TR “resurrects” the disorder and looks for where to best place it.
Unspecified Mood Disorder

“This category applies to presentations in which symptoms characteristic of a mood disorder occur but do not at the time of the evaluation meet the full criteria for any of the disorders in either the bipolar or the depressive disorders diagnostic classes and in which it is difficult to choose between unspecified bipolar and related disorder and unspecified depressive disorder (e.g., acute agitation).”

-Appears in Depressive Disorders AND in Bipolar Disorders Sections from the DSM5-TR
Depressive Disorders

Disruptive Mood Dysregulation Disorder
Major Depressive Disorder
Persistent Depressive Disorder (Dysthymia)
Premenstrual Dysphoric Disorder
Other Specified Depressive Disorder
Unspecified Depressive Disorder

Unspecified Mood Disorder
Bipolar and Other Related Disorders

Bipolar I
Bipolar II
Cyclothymia

Unspecified Mood Disorder
C. Suicidal Behavior and Non-suicidal Self-Injury

Remain as proposed disorders in Section III as Conditions of Further Study

But, are brought forward in the “Z codes” from the ICD-10
Suicidal Behavior

“This category may be used for individuals who have engaged in potentially self-injurious behavior with at least some intent to die as a result of the activity. Evidence of intent to end one’s life can be explicit or inferred from the behavior or circumstances. A suicide attempt may or may not result in actual self-injury. If the individual is dissuaded by another person or changes his or her mind before initiating the behavior, this category does not apply.”
Suicide Rates

Globally, 800,000 deaths per year

In the U.S., 50,000 deaths per year

For 10-24-yr-olds, the rate of deaths has nearly doubles in the last 10 years to 6,700+

A survey by the Centers for Disease Control and Prevention (2017) of 15,000 high school students found that 7.4% had attempted suicide in the previous 12 months

Source: Centers for Disease Control and Prevention (CDC)
Nonsuicidal Self-Injury (NSSI)

“This category may be used for individuals who have engaged in intentional self-inflicted damage to their body of a sort likely to include bleeding, bruising, or pain (e.g., cutting, burning, stabbing, hitting, excessive rubbing) in the absence of suicidal intent.”

-Much more common than Suicidal Behavior
-More diverse and less lethal form of Self-injurious behavior (SIB)
-Less medically severe outcomes
-No suicidal intent
-Strong predictor of Suicidal Behavior (more than depression and even prior suicidal attempts)
Non-suicidal Self-Injury: Functions

- Affect Regulation/Reduction or Consolidation of Pain
- Self-Punishment
- Influencing Other People
- Anti-Dissociation
- Anti-Suicide
- Thrill Seeking
Nonsuicidal Self-Injury (NSSI)
Cornyn Hates Hurting

https://youtu.be/s_oJ3nU3Sj4
Poll: Is Cornyn a candidate for a NSSI coding?

A. Yes. She demonstrates several non-suicidal self-injurious behaviors, and she talks about them in terms of punishing herself.

B. Maybe. Her self-injurious behaviors seem more anxiety-related so it’s not clear whether or not they are intended as self-harm.

C. Probably not. They seem secondary to anxiety disorders (excoriation disorder and trichotillomania), and she specifically denies any clearer instances of self-harm, like burning or cutting.

D. Definitely not. They are ego dystonic, lack injurious intent, respond to anti-anxiety medications, and are better accounted for by Obsessive-Compulsive and Other Related Disorders.
IV. The DSM-5-TR changes aimed at reducing racial and cultural biases

- The term "race" was replaced with "racialized" to call out that race is socially constructed.
- The term "ethnoracial" is used to refer to categories like Hispanic, White, and African American.
- The terms "minority," and "non-White" are not used because they imply that Whiteness is prioritized over other social groups.
- The term "Caucasian" is not used. The APA notes that this term is based on erroneous views about the geographic origin of people who are called Caucasian.
- The term Latinx is used instead of Latino/Latina for gender inclusivity.
V. “To Infinity and Beyond…”

What’s next for the ICD?
What’s next for the DSM?
American Psychiatric Association (APA) (2020) Board approves new prolonged grief disorder for DSM. Available at: https://doi.org/10.1176/appi.pn.2020.11a12


