DSM Part 2

Depressive Disorders through Gender Dysphoria

Changes to Depressive Disorders

Disruptive Mood Disregulation Disorder (new) 296.99 (F34.8)

Major Depressive Disorder		
Severity/course specifier	Single Episode	Recurrent Episode
Mild	296.21 (F32.0)	296.31 (F33.0)
Moderate	296.22 (F32.1)	296.32 (F33.1)
Severe	296.23 (F32.2)	296.33 (F33.2)
With Psychotic Features	296.24 (F32.3)	296.34 (F33.3)
In partial remission	296.26 (F32.4)	296.35 (F33.41)
In full remission	296.26 (F32.5)	296.36 (F33.42)
Unspecified	296.20 (F32.9)	296.30 (F33.9)

Changes to Depressive Disorders

Persistent Depressive Disorder (Dysthymia) 300.4 (F34.1)

Premenstrual Dysphoric Disorder 625.4 (N94.3) (new)

Substance/Medication Induced Depressive Disorder

– Codes are substance-specific and in the substance use section of DSM-5

Depressive Disorder Due to Another Medical Condition 293.83 *(note additional specificity with ICD 10)*

- With depressive features (F06.31)
- With major depressive-like episode (F06.32)
- With mixed features (F06.34)

Other Specified Depressive Disorder 311 (F32.8)

Unspecified Depressive Disorder 311 (F32.9)

Changes to Depressive Disorders

- Several new disorders
- Disruptive Mood Dysregulation disorder (pg 156)
  - To address concerns about over-diagnosis and treatment of bipolar disorder in children
  - Diagnosis for children up to 12 years who exhibit persistent irritability and frequent episodes of extreme behavioral dys-control.
    - Not made for first time before 6 years or after 18 years
    - Placement recognizes findings that point to these children developing unipolar depressive d/o or anxiety d/o rather than bipolar d/o as they mature (hence location in this section of DSM)
    - It cannot coexist with Oppositional Defiant, Intermittent Explosive or bipolar disorder –but can exist with others

Changes to Depressive Disorders

- Disruptive Mood Dysregulation disorder
  - Diagnostic criteria:
    - A. Verbal or behavioral outbursts out of proportion
    - B. Inconsistent w/developmental level
    - C. Occur on average 3 or more times/week
    - D. Mood in between is irritable most of time and is observable
    - E. A to D Present for 12 or more mos – no time period of 3 or more mos without all symptoms
    - F. Multiple settings for A and D are required (two of 3- home, school, peers)
    - G. Not before 6 years or after 18 years
    - H. Age of onset of A-E before 10 years – hx or obs
    - I. No period of more than 1 day where full criteria for manic/hypomanic are met
    - J./K – rule outs – does not meet criteria for other disorders

Changes to Depressive Disorders

- Disruptive Mood Disorder (cont) : no specifiers
- New: Premenstrual dysphoric disorder: moved from "further study" of DSM IV to body of DSM 5
  - Requires clinically meaningful distress and/or marked impairment in social or occupational functioning
  - Criteria must be met for "most" menstrual cycles in prior year
  - Suggest prospective daily ratings in at least two cycles for Dx
- New: Persistent Depressive Disorder
  - Combines dysthymic with chronic major depressive disorder – (inability to find scientifically meaningful differences) - criteria are a consolidation
  - However, through specifiers do allow congruence with DSM IV
  - Mood disorder persists for 2 years for adults and 1 year for children

Changes to Depressive Disorders

- New: Persistent Depressive Disorder
  - Specifiers include (for most recent 2 years):
    - With pure dysthmic syndrome
    - With persistent major depressive episode
    - With intermittent major depressive episodes, with current episode
    - With intermittent major depressive episodes, without current episode
  - Specify severity
  - Specifier for anxious distress similar to Bipolar I and II
    - (see others slide 10)
  - Specify if in partial or full remission
  - Specify early or late onset

Changes to Depressive Disorders

- Major Depression
  - Core criterion unchanged
  - Requisite duration of at least 2 weeks unchanged
  - Specifier for mixed features – at least 3 symptoms of mania within a depressive episode but insufficient for manic episode – similar to Bi-polar with new specifier
  - Bereavement exclusion: dropped
    - DSM IV: depressive symptoms lasting less than 2 months following death of loved one precluded diagnosis of MDD
    - DSM 5: did not want to promote idea that bereavement only lasts for this short a period
    - Recognition of bereavement as a major psychosocial stressor

Changes to Depressive Disorders

- Major Depression
  - Bereavement exclusion:
    - DSM 5:
      - MDD within the context of bereavement may lead to greater risk including the development of "persistent complex bereavement" – now in section of DSM 5 for "further study" but explicit criteria available now
      - MDD more likely within context of bereavement if there is a family or personal history of depression
      - MDD with bereavement responds same to RX as other non-bereavement MDD
      - Long and detailed footnote, page 161 DSM 5 to guide clinicians

Changes to Depressive Disorders

- Specifiers for Major and Persistent Depressive Disorders
  - With Anxious distress: additional risk for suicidality, longer episode, poor reponse to treatment if high (mild, moderate, moderate-severe, and severe)
  - Mixed features: may indicate risk for development of bipolar disorder
  - Melancholic features: if present at most severe stage of episode – again greater risk
  - With Atypical features: does not connote an "odd" or "uncommon" presentation
  - With psychotic features
  - With peripartum onset
  - With seasonal pattern
- All specifiers associated with greater risk

Changes to Depressive Disorders

- Other specified depressive disorder: examples of specific clinical presentations given as with Bi-polar – page 183
  - Recurrent brief depression
  - Short duration depressive episode (4-13 days)
  - Depressive episode with insufficient symptoms
    - "Depressed affect and at least one of the other eight symptoms of a major depressive episodes associated with clincially significant distress or impairment that persists for at least two weeks in an individual whose presentation has never met criteria for any other depressive or bi-polar disorder, does not currently meet active or residual criteria for any psychotic disorder, and does not meet criteria for mixed anxiety or depressive disorder symptoms. "
- In "further study" suicidal behavior disorder; non-suicidal self-injury – with proposed criteria and specifiers

Changes to Anxiety Disorders

Separation Anxiety Disorder	309.21 (F93.0)
Selective Mutism	313.23 (F94.0)
Specific Phobia	300.29

- Animal (F40.218)
- Natural Environment (F40.228)
- Blood-injection-injury
  - Fear of blood (F40.230)
  - Fear of injections and transfusions (F40.231)
  - Fear of other medical care (F40.232)
  - Fear of injury (F40.233)
- Situational (F40.248)
- Other (F40.298)

Changes to Anxiety Disorders

Social Anxiety Disorder (Social Phobia) 300.23 (F40.10)

Panic Disorder 300.01 (F41.0)

Agoraphobia 300.22 (F40.00)

Generalized Anxiety Disorder 300.02 (F41.1)

Substance/Medication-Induced Anxiety Disorder

– Codes are substance-specific and in the substance use section of DSM-5

Anxiety Disorder Due to Another Medical Condition 293.84 (F06.4)

Other Specified Anxiety Disorder 300.09 (F41.8)

Unspecified Anxiety Disorder 300.00 (F41.9)

Changes to Anxiety Disorders

- Obsessive-Compulsive Disorder – moved over to OC and Related D/O
- PTSD - moved to Trauma and Stressor Related
- Acute stress disorder – moved with PTSD
- Separation anxiety d/order and selective mutism – added here to Anxiety
- For Agoraphobia, Specific Phobia, and Social Anxiety Disorder (Social Phobia)
  - Delete requirement that individuals over 18 years recognize that their anxiety is excessive or unreasonable – individuals often over-estimated the danger, older individuals will attribute fears to aging
    - Now must be "out of proportion to the actual danger posed by the specified object or situation and to the socio-cultural context"
  - 6 month duration – once limited to those < 18 years, extended to all (intended to minimize misdiagnosis of transient fears)
  - Note: ICD10 will allow specificity on phobias not available in ICD 9 – most individuals who are phobic have >1, and often 3 or more
    - Now listed as specifiers – same as before with the same ICD 9 code used – back to slide 12

Changes to Anxiety Disorders

- Panic disorder and agoraphobia uncoupled and are now two separate diagnoses – co-occurrence is coded with both diagnoses
  - Each with separate criteria
  - No longer: panic d/order w or w/out agor or agoraphobia without history of panic d/order
  - Recognition that agoraphobia often occurs without panic symptoms
    - For agoraphobia took descriptors from DSM IV but require two or more of the 5 listed situations. (Helps to distinguish from specific phobias)
    - Agoraphobia like other anxiety d/orders requires 6 month or more duration and clinical judgment that the fear is out of proportion to the danger
- Panic attacks (not disorder) can now be used as a specifier for any (see exception below) mental disorder and some medical disorders
  - Clinically important information as a specifier for severity of diagnosis it is attached to
- For panic disorder, panic attack included within the criteria and cannot be used as a specifier
  - Language changes: no more situationally bound/cued – now expected or unexpected – Expected are cued or triggered/ Unexpected not
  - Culturally specific symptoms may occur but do not count as one of 4 symptoms required, e.g. screaming or crying
  - For both symptoms unchanged (hot flushes = new heat sensations) but are rank ordered in terms of common occurrence

Changes to Anxiety Disorders

- Social Anxiety Disorder: formerly social phobia – essentials are same but number of changes
  - Duration and proportionality discussed in previous slide (6 mos and out of proportion)
  - Generalized specifier deleted
    - Generalized difficult to operationalize as a clinician –fear of most social situations
  - "performance only" specifier added – it's the only one
    - Performance only represents a distinct subset with common characteristics
    - Fear is restricted to speaking or performing in public
- Generalized Anxiety D/order: unchanged

Changes to Anxiety Disorders

- Separation Anxiety Disorder
  - New location in this Chapter
  - No longer onset limited to before age 18
  - Duration 6 months or more
  - Essentials are same but wording changed to reflect the expression of the symptoms in adults –e.g.
    - DSM IV: reluctance or refusal to go to school or elsewhere because of fear of separation
    - DSM V: persistent reluctance or refusal to go out, away from home, to school, to work, or elsewhere…
- Selective Mutism:
  - New location
  - criteria largely unchanged
  - moved to anxiety disorders in recognition that most children with selective mutism are anxious

Changes to Obsessive Compulsive D/orders

Obsessive-Compulsive Disorder (specify if Tic-related) 300.3 (F42)

Body Dysmorphic Disorder (specify if with muscle dysmorphia) 300.7 (F45.22)

Hoarding Disorder (specify if with excessive acquisition) 300.3 (F42)

Trichotillomania (Hair-pulling Disorder) 312.39 (F63.3)

Excoriation (Skin-picking Disorder) 698.4 (L98.1)

Substance/Medication-induced Obsessive-Compulsive and Related Disorder

– Codes are substance-specific and in the substance use section of DSM-5

Changes to Obsessive Compulsive D/orders

Obsessive-Compulsive and Related Disorder Due to Another Medical Condition 294.8 (F06.8)

- Specify if with
  - Obsessive-compulsive-like symptoms
  - Appearance preoccupations
  - Hoarding symptoms
  - Hair-pulling symptoms
  - Skin-picking symptoms

Other Specified Obsessive-Compulsive and Related Disorder 300.3 (F42)

Unspecified Obsessive-Compulsive and Related Disorder 300.3 (F42)

Changes to Obsessive-Compulsive and Related Disorders

- Whole chapter is new to DSM. Recognition of their relationship to one another and the clinical utility of grouping them together
- Hoarding: formerly a symptom is now its own condition
- Body dysmorphic moved here from somataform
- Tricchotillomania –moved here from impulse control, not elsewhere classified
- Excoriation (skin picking) new

Changes to Obsessive-Compulsive and Related Disorders

- Specifier:
  - For obsessive-compulsive disorder, body dysmorphic disorder, and hoarding disorder new refined insight specifier:
    - Good or fair insight: recognition that beliefs and/or behaviors (depending on diagnosis) are definitely, probably or may or may not be true
    - Poor insight: believes beliefs/behaviors probably true
    - Absent insight/delusional beliefs: completely convinced true
  - Intended to improve differential DX by recognizing range including absent insight.
    - Signals that in cases, with absent insight or delusional beliefs the DX should be relevant OC DX rather than schizophrenia spectrum or other psychotic d/order when no other
    - Poor insight linked to worse outcomes

Changes to Obsessive-Compulsive and Related Disorders

- Obsessive Compulsive Disorder
  - In addition to insight specifier - Tic-related specifier: when individual has a current or past history of a tic disorder
    - Co-morbidity may have important clinical implications for course, similar OCD themes, co-morbidity, and family transmission patterns
- Body dysmorphic disorder:
  - New diagnostic criterion for repetitive behaviors or mental acts (comparing with others) in response to their appearance concerns
  - Specifier added: With muscle dysmorphia: used if the individual is preoccupied with idea that their body build is too small or not enough muscles – used even if they are preoccupied with other body areas as well.
  - Those who have the delusional variety of Body Dys D/O are no longer given both delusional and body dysmorphic diagnoses but instead BDD only with a absent insight/delusional beliefs specifier.

Changes to Obsessive-Compulsive and Related Disorders

- Hoarding Disorder(new): persistent difficulty discarding or parting with possessions regardless of their actual value and distress associated with parting with them.
  - May have unique neuro-biological correlates. It usually presents with significant impairment, and may respond to clinical intervention (although generally increases in severity with each decade)
  - Insight specifiers used here as well.
  - Specifier: with excessive acquisition – items not needed and no available space – excessive buying often followed by collection of free items or stealing – DSM 5 states "this characterizes most but not all individuals diagnosed with hoarding disorder"

Changes to Obsessive-Compulsive and Related Disorders

- Trichotillomania (Hair Pulling Disorder) – no change, new location
- Excoriation (Skin Picking) Disorder – scientific validity; causes distress and impairment (social and occupational) and possibly medical risk
  - Not attributable to a substance
  - Most are women
  - Criteria:
    - Recurrent picking resulting in lesions
    - Repeated attempts to stop
    - Clinically significant distress or impairment in social, occupational or other important areas of functioning
    - Not attributable to a substance
    - Not better explained by another disorder

Changes to Obsessive-Compulsive and Related Disorders

- Substance/Medication induced OCD and Related D/O & OC and related disorders due to another medical condition:
  - DSM IV included a specifier in anxiety d/or due to a medical condition for OC symptoms and for substance-induced anxiety d/orders. With new Chapter for OC and related disorders these are separate diagnoses and included here.
  - See always coding notes on these diagnoses that include a substance or medication induced disorder.

Changes to Obsessive-Compulsive and Related Disorders

- Other specified and unspecified OC and related disorders
  - Presentations do not meet full criteria
  - Expanded examples such as:
    - Body dysmorphic-like disorder with actual flaws
    - Body dysmorphic-like disorder without repetitive behaviors
    - Obsessional jealousy
    - Fear of offensive body odor
    - See complete listing page 263/264

Changes to Trauma and Stressor-Related Disorder

Reactive Attachment Disorder 313.89 (F94.1)
Disinhibited Social Engagement Disorder 313.89 (F94.2)
Post-traumatic Stress Disorder 309.81 (F43.10)
Acute Stress Disorder 308.3 (F43.0)
Adjustment Disorders Specify whether:

- With depressed mood 309.0 (F43.21)
- With anxiety 309.24 (F43.22)
- With mixed anxiety and depressed mood 309.28 (F43.23)
- With disturbance of conduct 309.3 (F43.24)
- With mixed disturbance of emotions and conduct 309.4 (F43.20)
- Acute vs persistent (Chronic)
- Unspecified 309.9 (F43.20)

Changes to Trauma and Stressor-Related Disorder

Reactive Attachment Disorder 313.89 (F94.1)
Disinhibited Social Engagement Disorder 313.89 (F94.2)
Post-traumatic Stress Disorder 309.81 (F43.10)
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Adjustment Disorders Specify whether:

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- With mixed anxiety and depressed mood 309.28 (F43.23)
- With disturbance of conduct 309.3 (F43.24)
- With mixed disturbance of emotions and conduct 309.4 (F43.20)
- Unspecified 309.9 (F43.20)

Other Specified Trauma and Stressor-Related Disorder 309.89 (F43.8)
Unspecified Trauma and Stressor-Related Disorder 309.9 (F43.9)

Changes to Trauma and Stressor-Related Disorder

- New chapter in DSM 5
- Brings together the anxiety disorders that are preceded by an exposure to trauma with variability of psychological distress: anxiety or fear based but also anhedonic/dysphoric symptoms; externalized anger/aggression, or dissociative symptoms
- Acute Stress Disorder:
  - Stressor criterion A changed from DSM IV –requires being explicit as to whether the qualifying event(s) were experienced directly, indirectly or witnessed or are being reexperienced.
  - DSM IV A 2 criterion that the person's response involved fear, helplessness or horror – removed
  - Can now meet criteria if they experience any 9 of 14 symptoms organized into Intrusion, Negative Mood, Dissociative, Avoidance and Arousal (page 281)
    - DSM IV requiring dissociative symptoms felt too restrictive

Changes to Trauma and Stressor-Related Disorder

- Adjustment Disorder:
  - Heterogeneous array of stress responses after exposure to a distressing, traumatic or non-traumatic event - reconceptualized as its own disorder rather than a residual where no other specific d/order works. (Not all authors agree)
  - Criteria: Distress is out of proportion to the stressor and/or 2. significant impairment requiring treatment
  - DSM IV with either distress or impairment , DSM 5 – one or both
  - Sub-types same and have own codes. Specify whether:
    - Depressed mood
    - Anxiety
    - Mixed anxiety and depressed mood
    - Disturbance of conduct
    - Mixed disturbances of emotion and conduct
    - Unspecified – this is for maladaptive reactions – should be able to be described

Changes to Trauma and Stressor-Related Disorder

- Adjustment Disorder:
  - Coding update: two specifiers added March 2014 –not in book – add to page 287
    - Specify if:
      - Acute: if disturbance lasts less than 6 months
      - Persistent (Chronic): if disturbance lasts for 6 months or longer
        - If persists longer than 6 months after termination of stressor or consequences consider "Other specified Trauma and Stressor Related Disorder
          - Page 289 includes:
            - "Adjustment-like disorders with prolonged duration of more than 6 months without prolonged duration of stressor"

Changes to Trauma and Stressor-Related Disorder

- PTSD: criteria differ from DSM IV
  - Criteria divided into > 6 year and 6 years and younger (lower threshholds and elimination of some symptoms)
  - Criterion A: more explicit –describe exposure -direct, indirect, witness, experiencing repeated/extreme exposure
  - Criterion A2 from DSM IV: subjective reaction –gone – e.g. person reacted with intense fear, horror or some other sort of intense emotional response. Acknowledgement of range of responses
  - Symptom clusters, not 3 as in DSM IV now 4 clusters: (page 271-274)
    - Intrusion – re-experiencing
    - Persistent Avoidance – part of numbing DSM IV
    - Negative alterations in cognitions and mood –part of numbing DSM IV – contains most of DSM numbing but also includes new criteria and reconceptualized
    - Alterations in arousal and reactivity: includes new behavior symptoms

Changes to Trauma and Stressor-Related Disorder

- Reactive Attachment Disorder
  - DSM IV sub-types are now distinct disorders
    - Formerly: emotionally withdrawn/inhibited – now Reactive Attachment Disorder
    - Formerly: Indiscriminately social/disinhibited -now Disinhibited Social Engagement Disorder
  - Both are a result of social neglect ("grossly inadequate parenting")
  - RAD: more internalizing – consistent patterns of emotionally withdrawn behavior.
  - DSED: more like ADHD – child may have formed secure attachment but also exhibits problem behaviors in relationship to unfamiliar adults

Changes to Trauma and Stressor-Related Disorder

- Reactive Attachment Disorder (page 265)
  - Criterion A, B, C:
    - Withdrawn behavior towards adult caregiver with required manifestations
    - Persistent emotional and social disturbance with at least two of 3 characterizations listed
    - Experience of extreme insufficient care with at least one of three scenarios
  - D: Criterion C is the reason for A
  - Not autism spectrum
  - Evident before 5 years
  - Developmental age of at least 9 months
  - Specify if:
    - Persistent
    - Current Severity: severe = all symptoms and all manifested at high levels

Changes to Trauma and Stressor-Related Disorder

- Dis-inhibited Social Engagement Disorder (page 268) - rare
  - Criterion A, B, C
    - Pattern of behavior in approaching and interacting with unfamiliar adults as exhibited by 2 of 4 listed: overly familiar, reduced or absent reticence to engage; willing to go off with unfamiliar adult; absent or diminished checking back
    - Behaviors in A are not limited to impulsive behaviors (as in ADHD) but include also socially dis-inhibited behaviors
    - Experience of an extreme pattern of insufficient care with one of 3 scenarios required
  - Criterion D: C is responsible for A
  - Developmental age of at least 9 months
  - Specify:
    - Persistent: more than 12 months
    - Severe = all symptoms with each at high level – no other advice given for mild or moderate forms

Changes to Dissociative Disorders

Dissociative Identity Disorder	300.14 F44.81
Dissociative Amnesia	300.12 F44.0
– With Dissociative Fugue	300.13 F44.1
Depersonalization/Derealization Disorder	300.6 F48.1
Other Specified Dissociative Disorder	300.15 F44.89
Unspecified Dissociative Disorder	300.15 F44.9

Changes to Dissociative Disorders

- Dissociative Identity Disorder
  - Criterion A expanded so symptoms of disruption of identity may be reported as well as observed
    - May be described in some cultures as periods of possession
    - Notes non-epileptic seizures and other forms of conversion may be prominent in some primarily non-western settings
  - Criterion B – gaps in recall may occur for everyday events – not just traumatic experiences – but are inconsistent with ordinary forgetting
- Derealization is included what was once called depersonalization disorder - now Depersonalization/ Derealization Disorder – criteria for one or other or both required (page 302)
- Dissociative fugue is now a specifier of dissociative amnesia and not a separate d/order (two codes must be used)
- Other specified dissociative disorder: examples of clinical pictures given, e.g. brainwashing

Changes to Somatic Symptom and Related Disorders

Somatic Symptom Disorder 300.82 (F45.1)

Illness Anxiety Disorder 300.7 (F45.21)

Conversion Disorder (Functional Neurological Symptom Disorder) 300.11

- With weakness or paralysis (F44.4)
- With abnormal movement (F44.4)
- With swallowing symptoms (F44.4)
- With speech symptom (F44.5)
- With anesthesia or sensory loss (F44.6)
- With special sensory symptom (F44.6)
- With mixed symptoms (F44.7)

Changes to Somatic Symptom and Related Disorders

Psychological Factors Affecting Other Medical Conditions 316 (F54)

Factitious Disorder 300.19 (F68.10)

Other Specified Somatic Symptom and Related Disorder 300.89 (F45.8)

Unspecified Somatic Symptom and Related Disorder 300.82 (F45.9)

Changes to Somatic Symptom and Related Disorders

- Changed to be more user friendly
- No longer somatoform
- Primarily seen in medical settings – users represent a very high proportion of primary care visits
  - Disorders can cause considerable distress and impaired functioning; repeat surgeries and other medical interventions, anxiety, substance use.
  - Changes intended to make the language easier for non-psychiatry medical and other staff
  - With integration this group may be more visible in practice
- In DSM IV overlap and squishy boundaries
  - DSM V reduces numbers of DX. For example, now Somatic Symptom Disorder
    - Somatization disorder- gone
    - Hypochodriasis – gone
    - Pain disorder –gone
    - Undifferentiated somatoform disorder –gone

Changes to Somatic Symptom/Related Disorders

- Medically unexplained symptoms: overemphasized by DSM IV
  - Reliability is limited and grounding a diagnosis in the absence of an explanation is problematic – and felt to be pejorative in many situations
  - DSM 5 focused on positive symptoms – distressing symptoms plus abnormal thoughts, feelings and behavior in response to these symptoms
  - MUS do remain key feature in conversion disorder and pseudocyesis –can confirm
- Somatic Symptom Disorder: no specific number of somatic symptoms required (1 or more)
  - Criteria A: One or more somatic symptom(s)that are distressing or result in significant disruption of daily life
    - DSM IV felt had too high a symptom count
  - Criteria B: excessive thoughts, feelings or behaviors as manifested by one of three listed: thoughts, anxiety and/or time and attention.
  - Criteria C: somatic for more than 6 months – possibly with different somatic symptoms
  - Pain disorder gone – a specifier for Somatic Sym D/O now; recognition that the pain may not be only physiological but that psychological factors can influence the perception of pain. This specifier used if pain is predominant symptom
  - Specify also: persistent (more than 6 months) and severity
  - Somatic Symptom Disorder can accompany diagnosed medical conditions – it is the thoughts, behaviors, and feelings in reaction that may elevate it to this disorder
  - Hypochondriasis - most would fit with somatic symptom disorder (estimate 75%) – the others likely in Illness Anxiety Disorder

Changes to Somatic Symptom/Related Disorders

- New: Illness Anxiety Disorder: persons with high health anxiety
  - A. Preoccupation with having or acquiring a serious illness.
  - B. Somatic symptoms present or mild; or preoccupation is disproportionate
  - C. High level of anxiety about health –easily alarmed about health status
  - D. Performance of excessive health related behaviors
  - E. Illness pre-occupation for 6 months or longer but may not be same illness
  - F. Not better explained by another diagnosis
  - Specify care seeking (lots of doc visits/testing) or avoiding

Changes to Somatic Symptom and Related Disorders

- New: Psychological Factors Affecting Other Medical Conditions
  - There is a medical diagnosis or condition
  - Psychological/behavioral factors are adversely affecting the medical condition – one or more of 4 ways listed - page 322 – factors affect course, treatment, health risks, exacerbate requiring additional care
  - Specify: mild, moderate, severe, extreme
  - Not clear if this can be used for Health and Behavior Interventions which currently don't allow for a mental illness to be treated with these codes
- Conversion Disorder: modified criteria to emphasize the importance of the neurological exam (page 318)
  - Emphasis on somatic symptoms not compatible with recognized medical or neuro conditions – want clear evidence and testing
  - Relevant psychological factors may not be present at the time of the diagnosis, e.g. stress, trauma, dissociative symptoms, etc. – do not withhold diagnosis because of this
  - Note specificity of ICD 10 coding options for symptom type

Changes to Somatic Symptom and Related Disorders

- Factitious Disorder
  - Falsification of physical or psychological symptoms or induction of injury
  - Two sets of criteria: Imposed on self or imposed on another (formerly in DSM IV Factitious Disorder by Proxy found under FD NOS)
    - Single DX code given to either the person with the disorder or the perpetrator in the by proxy situation. (specified in narrative description of diagnosis, not in code)
    - Each have 4 criterion that are similar
    - Specify single or recurrent episode

Changes to Eating and Feeding Disorders

Pica 307.52
- In children (F98.3)
- In adults (F50.8)

Rumination Disorder 307.53 (F98.21

Avoidant/Restrictive Food Intake Disorder 307.59 (F50.8)

Anorexia Nervosa 307.1
- Restricting type (F50.01)
- Binge-eating/purging type (F50.02)

Bulimia Nervosa	307.51 (F50.2)
Binge-Eating Disorder	307.51 (F50.8)
Other Specified Feeding or Eating Disorder	307.59 (F50.8)
Unspecified Feeding or Eating Disorder	307.50 (F50.9)

Changes to Eating and Feeding Disorders

- Newly organized chapter
- Rumination, avoidant/restrictive food intake disorder, anorexia, bulimia, binge eating disorder are mutually exclusive
  - Pica can be comorbid
- Some brief descriptions and DX criteria for several other conditions under “other specified”
- PICA and Rumination: DX can be made at any age; criteria revised to provide greater clarity but not substantially changed

Changes to Eating and Feeding Disorders

- New: Avoidant/Restrictive Food Intake Disorder
  - New name for Feeding D/O of Infancy or Early Childhood –not often used
  - Expanded to include adults and adolescents
  - Expanded to those who restrict food intake with associated psychological/psychosocial problems but do not meet Criteria for another eating d/o
- A. an eating disturbance resulting in persistent failure to meet nutritional or energy needs as manifested by one or more of 4 listed: significant weight loss, significant nutritional deficiency, dependence or oral or tube additional feedings/supplements, marked interference with psychosocial functioning
- B. Not better explained by lack of food or cultural issues
- C. Does not occur during anorexia or bulimia and no evidence of way in which ones body weight or shape is experienced
- D. Not attributable to another diagnosis
- Specify if in remission

Changes to Eating and Feeding Disorders

- Anorexia nervosa (page 338)
  - Requirement for amenorrhea eliminated – no difference found in course of disease with or without
  - Criterion A same: significantly low body weight for developmental stage but clarified guidance on how to judge this
    - No longer uses “refusal” in terms of maintaining weight but instead “restriction”, e.g. “Restriction of energy intake….”.
    - No longer uses maintenance at 85% of expected body weight but instead “weight that is less than minimally normal or for kids/adolescents less than minimally expected.”
  - Criterion B: not only expressed and intense fear or gaining weight but also persistent behavior that prevents weight gain.
  - Criterion C: experience of body weight, influence of body weight and/or non-recognition of seriousness of low body weight
  - Specifiers for severity use WHO BMI index or BMI % (children) – severity can be ↑ for symptoms, disability, need for supervision

Changes to Eating and Feeding Disorders

- Bulimia Nervosa
  - Reduction in required minimum average frequency of binging and purging from twice to once per week
- New: Binge Eating Disorder (was in Appendix B in DSM IV)
  - Research supported – significant clinical distress
  - Criterion A: Definition of binge eating: 2 characteristics – lots of food within time period and lack of control over eating
  - Criterion B: 3 of 5: eating more rapidly, until uncomfortably full; large amounts when not hungry; eating alone cuz of embarrassment; disgusted, depressed or guilty
  - Criterion C: Marked distress regarding eating
  - Criterion D: Same criteria as bulimia –once per week over past 3 months
  - Specifiers for severity (number of binges) and if in partial or full remission

Changes to the Elimination Disorders

Enuresis	307.6 (F98.0)
Encopresis	307.7 (F98.1)
Other Specified Elimination Disorders	
– With urinary symptoms	788.39 (N39.498)
– With fecal symptoms	787.60 (R15.9)
Unspecified Elimination Disorders	
– With urinary symptoms	788.30 (R32)
– With fecal symptoms	787.60 (R15.9)

Changes to Elimination Disorders

- No significant changes
- Used to be: Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence – now in their own chapter

Changes to Sleep-Wake Disorders

Insomnia Disorder	780.52	F51.01
Hypersomnolence Disorder	780.54	F51.11

Narcolepsy

- Narcolepsy without cataplexy but with hypocretin deficiency
  347.00 G47.419
- Narcolepsy with cataplexy but without hypocretin deficiency
  347.01 G47.411
- Autosomal dominant cerebellar ataxia, deafness, and narcolepsy
  347.00 G47.419
- Narcolepsy secondary to another medical condition
  347.10 G47.429

Changes to Sleep-Wake Disorders

Breathing-Related Sleep Disorders

- Obstructive Sleep Apnea Hypopnea 327.23 G47.33
- Central sleep apnea
  - Idiopathic central sleep apnea 327.21 G47.31
  - Cheyne-Stokes breathing 786.04 R06.3
  - Central Sleep Apnea Comorbid with Opioid Use 780.57 G47.37
- Sleep related hypoventilation
  - Idiopathic hypoventilation 327.24 G47.37
  - Congenital central aveolar hypoventilation 327.26 G47.35
  - Comorbid sleep-related hypoventilation 327.26 G47.36

Changes to Sleep-Wake Disorders

Circadian Rhythm Sleep-Wake Disorders

- Delayed sleep phase type 307.45 G47.21
- Advanced sleep phase type 307.45 G47.22
- Irregular sleep-wake type 307.45 G47.23

Non-Rapid Eye Movement (NREM) Sleep Arousal Disorders

- Sleepwalking type 307.46 F51.3
- Sleep terror type 307.46 F51.4

Nightmare Disorder 307.47 F51.5

Changes to Sleep-Wake Disorders

Rapid Eye Movement (REM)Sleep Behavior Disorder (New)	327.42	G47.52
Restless Legs Syndrome (NEW) G25.81	333.94	
Substance/Medication-Induced Sleep Disorder-see SUD criteria set		
Other Specified Insomnia Disorder	780.52	G47.09
Unspecified Insomnia Disorder	780.52	G47.00
Other Specified Hypersomnolence Disorder	780.54	G47.19
Unspecified Hypersomnolence Disorder	780.54	G47.10
Other Specified Sleep-Wake Disorder	780.59	G47.8
Unspecified Sleep-Wake Disorder	780.59	G47.9

Changes to Sleep-Wake Disorders

- The DSM 5 is compatible with but not as extensive as the 2nd Edition of the International Classification of Sleep Disorders (ICSD 2) by American Academy of Sleep Medicine
- Basically the clinician is expected to determine the primary nature of the complaint, divided into:
  - Insomnia
  - Excessive Daytime Sleepiness
  - Disturbed mentation or behavior during sleep
  - Difficulties in the Circadian Placement of Sleep
- Acknowledgement that they bleed into one another.
- Intended to help figure out when to refer out

Changes to Sleep-Wake Disorders

- Removed Sleep Conditions Related to Another Mental Disorder or General Medical Condition – DSM 5 mandates specificity of any co-existing condition and these are provided
  - The change is intended to emphasize that:
    - there is a sleep condition that needs independent clinical attention
    - This is in addition to any other mental or medical disorder
- Lumping: While recognizing the interactivity between sleep disorders and co-existing disorders – incorporation of most current thinking in field of sleep disorder medicine – moves away from causal attribution
  - So, primary insomnia has been renamed Insomnia Disorder to avoid differentiation of primary and secondary insomnia
    - Frequency threshold from DSM IV changed : now 3 nights per week and at least 3 months
- Splitting: Distinction of narcolepsy from other forms of hypersomnolence – with and without cataplexy – now known to be associated with hypocretin deficiency
  - For 347.10 – Narcolepsy secondary to another medical condition – code first the medical condition -e.g. sarcoidosis, Whipple's Disease

Changes to Sleep-Wake Disorders

- Throughout there have been added pediatric and developmental criteria where supported scientifically, e.g. Development and Course notes discuss typical age of onset to give guidance . Non-rapid Eye Movement Sleep Arousal Disorders: usually occur most commonly in childhood, diminish over time and if occur in an adult with no prior history "should prompt a search for specific etiologies" such as sleep apnea.
- Most require specifiers related severity of the disease
- In any cases with a co-morbid medical condition or substance use condition – look carefully at coding notes for all disorders
  - If name of disorder includes the co-morbidity – code first the underlying condition , e.g. Narcolepsy Secondary to Another Medical Condition -coding note
  - If specifier states relationship to another mental disorder, medical condition, or sleep disorder – then code the related disorder second -e.g. Hypersomnolence Disorder (e.g. does not include reference to another condition in name of disorder)
- A number of these require specifiers related to duration

Changes to Sleep-Wake Disorders

- Breathing related sleep disorders are now divided into 3 disorders:
  - Obstructive sleep apnea hypopnea
  - Central sleep apnea
  - Sleep related hypoventilation
  - Treatment planning differentials: e.g. Obstructive Sleep Apnea – functionality impacts need to be considered –work related accidents, driving accidents, other
  - Change related to growing body of knowledge related to these disorders
- Circadian Rhythm Sleep-Wake Disorders (new name) expanded and contracted – same code all sub-types (ICD 10 distinguishes)
  - Added sub-types: Advance Sleep Phase Type and Irregular Sleep-Wake Type and Non-24 hour sleep-wake types and kept as in DSM IV – shift work type, delayed sleep phase type and unspecified type
  - Removed: Jet Lag Type

Changes to Sleep-Wake Disorders

- Circadian Rhythm Sleep-Wake Disorders expanded and contracted – same code all sub-types (ICD 10 distinguishes)
  - New specifiers:
    - Advance Sleep Type: inability to remain asleep or awake until desired or conventionally acceptable time
    - Irregular: timing of sleep/wake variable throughout the 24 hour cycle
    - Non-24 hour: non-synchronized with 24 hour cycle with a drift (usually to later) times of sleep onset and wake
- REM Sleep Behavior Disorder and Restless Leg Syndrome
  - Reduced use of Dyssomnia NOS by adding above as distinct disorders
  - Research supports their full diagnostic status
  - REM: arousal during REM sleep with vocalization or complex behavioral movements – must cause significant distress or impact functionality
    - No specifiers

Changes to Sleep-Wake Disorders

- REM Sleep Behavior Disorder and Restless Leg Syndrome
  - Restless Leg:
    - Urge to move legs in response to unpleasant sensations characterized by:
      - Beginning or worsening during periods of inactivity
      - Urge is partially or totally relieved by movement
      - Urge is worse at night or only occurs then
    - 3 times per week for at least 3 months
    - Significant distress or functional impairment as a result of first criteria
    - Not attributable to another disorder or substance use/medication
- Substance/Medication Induced Sleep Disorder – read all coding notes carefully t/out DSM 5
  - Recording of diagnosis begins with the substance (ICD -9 separate codes for alcohol and for all other substances) (ICD 10 – codes substances separately and must distinguish between use disorder or no – and if use disorder, severity)
    - For non-categorized substance but known use Other Substance; for unknown substance use Unknown Substance

Changes to Sleep-Wake Disorders

- Substance/Medication Induced Sleep Disorder
  - After substance then onset specifier: during intoxication or during discontinuation/withdrawal
  - Then subtype: insomnia, daytime sleepiness, parasomnia, or mixed type
  - E.g.: insomnia during intoxication with severe cannabis use disorder
    - 292.85 – Cannabis induced sleep disorder, with onset during intoxication, insomnia type
    - 304.30 – Severe Cannabis use disorder

Changes to Sleep-Wake Disorders

- Note that many of the diagnoses in ICD 10 fall under "Diseases of the Nervous System" not the F codes for Mental, Behavioral and Neurodevelopmental Disorders – may impact approved or allowed diagnoses

Changes to Sexual Dysfunction

Delayed Ejaculation		302.74	F52.32
Erectile Disorder	302.72	F52.21	
Female Orgasmic Disorder	302.73	F52.31	
Female Sexual Interest/Arousal Disorder		302.72	F52.22
Genito-Pelvic Pain/Penetration Disorder		302.76	F52.6
Male Hypoactive Sexual Desire Disorder		302.71	F52.0
Premature (Early) Ejaculation		302.75	F52.4
Substance/Medication-Induced Sexual Dysfunction -see substance-specific disorder section			
Other Specified Sexual Dysfunction	302.79	F52.8	
Unspecified Sexual Dysfunction		302.70	F52.9

Changes to Sexual Dysfunction

- To reduce over-diagnosis:
  - All require (except medication/substance induced) a minimum duration of 6 months and more precise criteria – help to distinguish those difficulties that are just transient
  - DSM 5 definition: clinically significant disturbance in ability to respond sexually or to experience sexual pleasure –acknowledges that this is a heterogeneous grouping with lots of potential clinical pictures

Changes to Sexual Dysfunction

- Gender specific disorders added
- Women's sexual desire and arousal d/orders – combined into Female Sexual Interest/Arousal Disorder
- Vaginismus and dyspareunia: merged into genito-pelvic pain/penetration disorder – formerly very difficult to distinguish between the two
- Sexual aversion disorder eliminated – not used, no research

Changes to Sexual Dysfunction

- Two subtype specifiers now for most (not sub or medical induced):
  - Lifelong vs Acquired
    - Lifelong: present since individual sexually active
    - Acquired: begun after relatively normal sexual function
  - Generalized vs Situational
    - Generalized: not limited to certain stimulation, situations or partners
    - Situational: opposite of above
  - Gone: due to psychological factors vs due to combined factors or due to general medical condition – because most presentations include both medical and psychological factors contributing
- Specify also severity

Changes to Sexual Dysfunction

- Text describes other associated features depending on the disorder – recognition that there are often medical and non-medical issues as well.
  - Partners
  - Relationships
  - Individual vulnerability
  - Cultural/religious
  - Medical

Changes to Gender Dysphoria

Gender Dysphoria in Children	302.6 F64.2
Gender Dysphoria in Adolescents and Adults	302.85 F64.1
Other Specified Gender Dysphoria	302.6 F64.8
Unspecified Gender Dysphoria	302.6 F64.9

Changes to Gender Dysphoria

- New diagnostic class – emphasizing gender incongruence vs. cross gender identification (DSM IV gender identity disorder)
- Sexual and Gender Identity Disorders in DSM IV: included gender identitiy; sexual dysfunction and paraphilias
  - DSM 5: recognition of a unique condition - not a sexual dysfunction or a paraphilia (now separate chapter)
  - Chapter contains one overarching diagnosis –Gender Dysphoria
    - Subtypes for Children, Adolescents/Adults and Other Specified or Unspecified
  - Diagnosed by mental health –treated by endocrinologists and surgeons

Changes to Gender Dysphoria

- Gender incongruence and the resulting dysphoria take on many forms – not a dichotomy
  - Described in number and types of indicators and the severity measures
- Separate criteria for children and adolescent/adults
- Previous criterion: cross gender ID and aversion to one's gender – merged " a strong desire to be of the other gender"
- No longer use "the other sex" instead "some alternative gender" – sex felt to be inadequate

Changes to Gender Dysphoria

- Child criteria: Criterion A1 – a strong desire to be of the other gender or insistence that one is the other gender – necessary but not sufficient
  - 6 of 8 criteria required in A – more restrictive and conservative diagnosing
  - Also note: no longer from DSM IV –repeatedly stated desire - removal intended to capture situations in which child may not verbalize this in an un-accepting environment
- Sub-types on sexual orientation eliminated – not felt to be useful
- Specifier: with a disorder of sex development – separate code – coding note does not specify order

Changes to Gender Dysphoria

- Specifier: Posttransition: person has transitioned full time to the desired gender (w/w/out legal) and is planning at least one cross-sex medical procedure or treatment
  - Many people who undergo transition no longer meet criteria for gender dysphoria but still continue to need treatment to continue to facilitate successful transition – sort of like in remission but not suitable term for this status.