

DSM5- TR initial changes

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Who can diagnose?

- Let's talk a bit about this process, the power of labeling, and the need to continue to open your DSM and stay mindful
- Important things to know as a diagnostician
- Decision Tree

What copyright is your DSM5?

- All texts made after 2015 will have the minor changes to the specifiers and typos that I will discuss.
- All the texts made in 2013/2014 will not and will need to be noticed and corrected.
- There are changes to F codes that will not be reviewed here, but the sections to notice with these changes will be revealed
- There are some new diagnoses/clinical conditions
- There are some changes to wording and definitions
- The hard copy of the text will be out at the end of May 2022
- Read the DSM-5-TR classification section first, to note the differences as they begin here. Coding and terminology.

DSm-5-TR classification section

- Intellectual Disabilities is now called Intellectual Developmental disorders
- Bipolar coding
- Depression coding
- Substance coding notes
- OCD coding notes
- Adjustment disorder re-gained a specifier it lost in the DSM 5, Persistent is now added that means the same thing as “chronic” did in the DSM-IV-TR
- Gender Dysphoria has new language
- The substance section has exploded with some new coding and new references to the mental disorders

Codes

- There will be a code for suicidal behavior (clinical condition)
- There will be a code for non-suicidal self injury (clinical condition)
- There will be fully updated ICD-10-CM codes as you will see the three digit.two digit coding is totally eliminated

Sections with new coding to watch for

- 50 new coding updates for substance intoxication and withdrawal
- In this section, you will see more detailed reference to substance induced mental disorders, with reference to where they are in the other sections of the DSM

Racism and Discrimination

- There will be more considerations of the impact of racism and discrimination in the narratives
- The introduction touches on this, pages 18-19, and there is a new section in the back of this text on page 859 that references the considerations

Unspecified Mood Disorder

- Was removed in the DSM5-2013 version but has been added back in.
- Look at the end of the depression section and the bipolar sections to find this added back into the DSM when there is confusion around which category it is, bipolar or depression.
- (Remember, if you learned in the DSM-IV-TR mood disorders was one section, and the two were not divided yet, depression and bipolar. So mood disorders as a section was taken out)

Changes to language around gender and gender identity

- “desired gender” to “experienced gender”
- “cross-sex medical procedure” to “gender-affirming medical procedure”
- “natal male/native female” to “individual assigned male/female at birth”

Prolonged Grief Disorder has been added

- Features a new disorder: Prolonged Grief Disorder-Added to the trauma section, page 322
 - “It can happen when someone close to the bereaved person has died within at least 6 months for children and adolescents, or within 12 months for adults”
 - “The bereaved individual may experience intense longings for the deceased or preoccupation with thoughts of the deceased, or in children and adolescents, with the circumstances around the death”
 - “These grief reactions occur most of the day, nearly every day for at least a month. The individual experiences clinically significant distress or impairment in social, occupational, or other important areas of functioning”

Suicidal Behavior and Nonsuicidal self-injury

- Added to the clinical conditions section on page 822.

Let's go through the small changes in text...

- Everyone get out your purple DSM 5's!
- This will help the transition before you buy a new book.

Questions in general about diagnosis

- As time allows, I can answer general questions about diagnosis

DSM 5 Changes to the Substance Disorders Section

Introduction to Substance in the DSM V

- Substance and other Addictive Disorders is the new name which includes gambling disorder
- Substance Abuse and Dependence has been replaced with Substance Use Disorder, Mild, Moderate and Severe
- If intoxication or withdrawal is co-morbid with a use disorder, you code under intoxication or withdrawal with a specifier that shows a use disorder is also there (cuts down on 2 diagnoses)

Introduction continued...

- There is no longer a polysubstance dependence option. All substances should be listed separately now according to severity.
- The 5 different disorders that are in this section are:
 - Substance Use Disorder (main diagnosis that replaced abuse and dependence)
 - Substance Intoxication
 - Substance Withdrawal
 - Other (Induced-Mental Disorders)
 - Unspecified (Old NOS)

Criteria

- Substance Use Disorder has 11 criteria. These are almost a true combination of the old abuse and dependence criteria with the exception of 1. (1 is a combination of 2.)
- The new one is craving. It's important to note that there is an exception here to sustained remission. A client only needs to have the OTHER 10 criteria gone for 12 months or more to be in remission...meaning you are "allowed" to crave your whole life (like people in recovery do) and still be considered in remission

Criteria

- Each substance is discussed separately in this new DSM. Meaning the layout is DRUG, then the list of possible diagnoses, then course and prevalence and then criteria.

Substances

- Alcohol
- Cannabis
- Hallucinogen (list specifically when diagnosing)- write phencyclidine or hallucinogen
- Inhalant (be specific)
- Opioids
- Sedative/hypnotic
- Stimulant- write amphetamine or cocaine
- Tobacco
- Other
- Caffeine (no option of use disorder in this DSM)

When coding..

- Code the specific drug, not the category
- Amphetamine Use Disorder, mild- not stimulant disorder

Criteria A

- A problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period of time.

11 Criteria for Substance Use Disorders

- Substance is often taken in larger amounts or over a longer period than was intended
- There is a persistent desire or unsuccessful efforts to cut down or control alcohol use
- A great deal of time is spent in activities necessary to obtain, use, or recover from it's effects
- Craving, or a strong desire or urge to use. (new)
- Recurrent use resulting in a failure to fulfill major role obligations at work, school, or home

Criteria continued...

- Continued use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol
- Important social, occupational, or recreational activities are given up or reduced because of the substance
- Recurrent use in situations in which it is physically hazardous
- Use is continued despite knowledge of having a persistent or recurrent physical problem that is likely to have been caused or exacerbated by (drug)

Criteria continued..

- Tolerance- Increased or decreased need
- Withdrawal- syndrome- or taken to relieve or avoid withdrawal symptoms

Mild/Moderate/Severe

- 2-3 criteria are met- mild
- 4-5 criteria are met- moderate
- 6 or more are met- severe
- You can now meet tolerance and withdrawal and still have a “mild” disorder if you are “only” meeting these two.
- This would indicate a physiological dependence ONLY, and not necessarily someone who is in later stage dependence under the old rules. If you are under appropriate medical supervision these criteria CAN'T be counted AT ALL to diagnose

Things to note regarding specifics in each substance sub-sections

- Opioids- watch differential diagnoses. Can't meet tolerance or withdrawal if "appropriately under medical supervision"
- Other criteria can be used to see if there is a substance disorder, just not those

Early Remission

- After full criteria are met, none have been met for at least 3 months. (exception of craving, it can be met and still be in remission)

Sustained Remission

- 12 months not met when previously met
- **Controlled environment is a specifier
- (exception of craving, it can be met and still in remission)

New Specifiers

- Use Disorder specifier- on maintenance therapy (suboxone or methadone)
- Intoxication- with perceptual disturbances

Opiate withdrawal

- 2 main choices due to maintenance
- Presence of either of the following
 1. Cessation of or reduction in opioid use that has been heavy and prolonged.
 2. Administration of an opioid antagonist after a period of opiate use

Sedative-hypnotic

- Also notes on tolerance and withdrawal that if given under appropriate medical supervision these 2 criteria can't be counted in the diagnosis process.

Other and Unspecified

- No more NOS- these 2 have replaced
- Other- meets in a unique way
- Unspecified- not enough criteria met to meet a diagnosis but there is enough significant impairment in functioning.

Thank you!