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DSM-5: What It Will Mean to Your Practice: Page 3 of 3

News | October 10, 2013 | DSM-5
By Roger Peele, MD, Gustavo Goldstein, MD, and Raymond Crowl, PsyD

One of the controversies surrounding the development of DSM-5 was the placement of severity scales within the diagnostic system. Advocates for increasing the variety of severity codes pointed to the fact that pathology, such as blood pressure, is on a continuum. Severity scales have been part of medicine forever; however, this is not the same as saying that medicine welcomes severity scales as part of the diagnostic system. Blood pressure highlights the reason not to pursue dimensional diagnosing. There are about 140 medical diagnoses of "hypertension" in ICD-9-CM. Almost all are etiologically based, not dimensionally based. Etiologically based diagnoses remain the goal in medicine—including psychiatry.

Another aspect of the multiaxial system, Axis IV, was designed to capture psychosocial and environmental problems. With Axis IV gone, the ICD-9-CM V-codes "Factors Influencing Health Status" have a greater emphasis. DSM-5 adopted from ICD-9-CM 4 times as many V-codes and 9 times as many abuse codes (995.xx) as did DSM-IV-TR IV. Furthermore, DSM-5's text has a marvelous review of cultural factors, and a Cultural Formulation Interview that should enable clinicians to clearly explicate cultural issues.

Living document

There were nearly 2 decades between DSM-IV and DSM-5. It is hoped that DSM-5 will be a living document. That expectation implies that changes will be made fluidly, when indicated. In that spirit, it has been proposed that the title of the next DSM be DSM-5.1 (the wish for decimals led the change from Roman numerals to Arabic).

Each of the changes listed in **Table 1** is easily digested, but a mas-sive number of changes at once might prove beyond anyone's capacity to immediately absorb and incorporate into clinical practices. A proposal has been made that there be a new DSM each year. Foolhardy as that may seem, annual updates would bring psychiatry in step with the rest of medicine's annual ICD changes. Annual reviews generally mean only a few changes each year, which facilitates the task of clinicians to be current with nosological advancements. More important, having changes synchronized with the rest of medicine reduces confusion in dealing with other medical specialists

TABLE 1 Changes from DSM-IV-TR to DSM-5

DSM-IV	DSM-5
Multiaxial	No axis
Not otherwise specified (NOS)	Replaced with "other disorder" or "unspecified disorder"
Coded diagnostic conditions, 214	Coded diagnostic conditions, 214
Number of ICD-9-CM's factors influencing health status, 9 codes, listed 22	Number of ICD-9-CM's Factors influencing Health Status, 9 codes listed 89 V codes
Number of ICD-9-CM's codes representing abuse (995.xx) 9 abuse codes	Number of ICD-9-CM's codes representing abuse (995.xx), 84 abuse codes

Table 1

TABLE 2 New disorders and their codes in DSM-5

Disorder	Code
Social communication	315.29
Disruptive mood dysregulation	298.29
Premenstrual dysphoric	625.4
Hoarding	300.3
Excitatory	844.4
Disordered social engagement	311.99
Single eating	307.51
Child abuse central	307.28
Stimulant hypermotility	740.27
Rapid eye movement sleep behavior	307.42
Restless legs	833.04
Cathexis withdrawal	292.0
Neurocognitive disorder with Lewy body disease, major and mild	292.0
See "other" neurocognitive disorders	AD coded 291.80
"Only-right" "other disorders"	Usually, but not always, coded as usual
"Only" "unspecified disorders"	Usually, but not always, coded as usual

*"Other disorder" and "unspecified disorder" in DSM-5 replace "Not otherwise specified" in DSM-IV-TR.

Table 2

TABLE 3 DSM-IV-TR disorders combined in DSM-5

DSM-IV-TR	DSM-5
Major depressive disorder, single episode	296.2X
Major depressive disorder, recurrent	296.2Y
Minor depressive disorder	296.2Z
Depressive disorder, not otherwise specified	296.2A
Depressive disorder, unspecified	296.2B
Depressive disorder, unspecified, recurrent	296.2C
Depressive disorder, unspecified, single episode	296.2D
Depressive disorder, unspecified, recurrent	296.2E
Depressive disorder, unspecified, recurrent	296.2F
Depressive disorder, unspecified, recurrent	296.2G
Depressive disorder, unspecified, recurrent	296.2H
Depressive disorder, unspecified, recurrent	296.2I
Depressive disorder, unspecified, recurrent	296.2J
Depressive disorder, unspecified, recurrent	296.2K
Depressive disorder, unspecified, recurrent	296.2L
Depressive disorder, unspecified, recurrent	296.2M
Depressive disorder, unspecified, recurrent	296.2N
Depressive disorder, unspecified, recurrent	296.2O
Depressive disorder, unspecified, recurrent	296.2P
Depressive disorder, unspecified, recurrent	296.2Q
Depressive disorder, unspecified, recurrent	296.2R
Depressive disorder, unspecified, recurrent	296.2S
Depressive disorder, unspecified, recurrent	296.2T
Depressive disorder, unspecified, recurrent	296.2U
Depressive disorder, unspecified, recurrent	296.2V
Depressive disorder, unspecified, recurrent	296.2W
Depressive disorder, unspecified, recurrent	296.2X
Depressive disorder, unspecified, recurrent	296.2Y
Depressive disorder, unspecified, recurrent	296.2Z

Table 3

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