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
DSM IV → 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