Introduction to DSM-5- Part II
Gary M. Henschen, MD, Chief Medical Officer-Behavioral Health
Varun Choudhary, MD, Medical Director, Virginia CMC
Review - What Is Included in DSM-5?
Diagnoses

- Much of DSM-5 is unchanged from DSM IV-TR
- Approximately the same number of diagnoses
- Some diagnoses reclassified
- Some diagnostic criteria clarified
- Only 15 new diagnoses added
- NO MORE AXES!
No More Axes in DSM-5

- DSM-5 – non-axial documentation of diagnosis
- Axis III – combined with Axes I and II; physical health conditions are to be listed
- Axis IV – eliminated; psychosocial and environmental issues – use ICD-9 V codes and ICD-10 Z codes
- Axis V GAF – eliminated; scale developed by WHO (WHODAS) is recommended by DSM-5 task force – best global measure of disability
Scientifically Validated Assessment Measures Encouraged!

- DSM-5 recommends scientifically validated assessment measures, rating scales in diagnosis, monitoring and measuring treatment progress, and assessing impact of culture in key aspects of clinical presentation and care.

- Examples included in DSM-5
  - Adult or parent/guardian DSM-5 self-rated cross-cutting symptom measure
  - Disorder-specific severity measure (e.g., PHQ-9)
  - Cultural Formulation Interview (CFI)
The ICD-10 Transition

- ICD-10 deadline is October 1, 2014
- Magellan will transition to ICD-10-CM at that time
- ICD-10-CM uses 3 to 7 digits instead of 3 to 5 digits as in ICD-9
- Affects all health care providers and payers in the United States
- ICD-10 does not affect CPT coding for outpatient procedures
- ICD-10-PCS may affect some inpatient procedures in behavioral health
Depressive Disorders
Depressive Disorders

• Disruptive Mood Dysregulation Disorder 296.99 (F34.8)

• Major Depressive Disorder

<table>
<thead>
<tr>
<th>Severity/course specifier</th>
<th>Single episode</th>
<th>Recurrent episode</th>
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<tbody>
<tr>
<td>Mild</td>
<td>296.21 (F32.0)</td>
<td>296.31 (F33.0)</td>
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<tr>
<td>Moderate</td>
<td>296.22 (F32.1)</td>
<td>296.32 (F33.1)</td>
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<tr>
<td>Severe</td>
<td>296.23 (F32.2)</td>
<td>296.33 (F33.2)</td>
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<tr>
<td>With psychotic features</td>
<td>296.24 (F32.3)</td>
<td>296.34 (F33.3)</td>
</tr>
<tr>
<td>In partial remission</td>
<td>296.26 (F32.4)</td>
<td>296.35 (F33.41)</td>
</tr>
<tr>
<td>In full remission</td>
<td>296.26 (F32.5)</td>
<td>296.36 (F33.42)</td>
</tr>
<tr>
<td>Unspecified</td>
<td>296.20 (F32.9)</td>
<td>296.30 (F33.9)</td>
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Depressive Disorders

- Persistent Depressive Disorder (Dysthymia) 300.4 (F34.1)
- Premenstrual Dysphoric Disorder 625.4 (N94.3)
- 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
  - 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)
General Changes in this Section

- **Major Depressive Disorder 296.210-296.36 (F32.0-F33.9)**
  - Coexistence of at least three manic symptoms now acknowledged by specifier “with mixed features”
  - Bereavement exclusion to MDD criteria omitted
  - Bereavement—now a severe psychosocial stressor—can precipitate a major depressive episode in a vulnerable individual after the loss
  - Bereavement in MDD - most likely in individuals with past history of family history of MDD
  - Bereavement-related MDD responds to traditional treatments for MDD
General Changes in this Section

• **Disruptive Mood Dysregulation Disorder (DMDD) 296.99  (F34.8)**
  – New disorder in DSM-5
  – Addresses concerns about overdiagnosing bipolar disorder in children
  – Included for children up to age 18 with persistent irritability and frequent episodes of extreme dyscontrol

• **Premenstrual Dysphoric Disorder  625.4  (N94.3)**
  – New disorder in DSM-5
  – Moved from DSM-IV Appendix B to main body
General Changes in this Section

• **Persistent Depressive Disorder**  300.4  (F34.1)
  – New “umbrella” disorder
  – Combines previous dysthymic disorder and chronic MDD

• **Suicidality**
  – Proposed criteria in “Conditions for Further Study”
  – Suicidal Behavior Disorder, Non-suicidal Self-injury
  – Gives clinicians guidance on assessment of suicidal thinking, plans, presence of other risk factors
Anxiety Disorders

- Separation Anxiety Disorder 309.21 (F93.0)
- Selective Mutism 312.23 (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)
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)
General Changes in this Section

• Anxiety Disorders
  – Two former diagnoses in this category—reclassified
    • Obsessive-compulsive disorder - now has own section
    • Post-Traumatic Stress Disorder (PTSD) and Acute Stress Disorder (ASD) now in Trauma and Stressor-Related Disorders
    • Located after anxiety disorders to show close relationship

• Agoraphobia, Specific Phobia and Social Anxiety Disorder (Social Phobia)
  300.22, 300.29, 300.23  (F40.00, F40.218-40.298, F40.10)
  – Important modifications made
    • Deleted requirement that individuals over 18 recognize their anxiety is excessive or unreasonable
    • 6-month duration of symptoms required for all ages
General Changes in this Section

- **Separation Anxiety Disorder**
  - New positioning in DSM-5
  - Was classified under DSM-IV “Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence”
  - Core features unchanged from DSM-IV
  - Better descriptors for adult expression of separation anxiety from home or major attachment
  - No longer specify that age onset must be before 18 years of age
  - Duration should typically last for 6 months or more

- **Specific Phobia**
  - Core features unchanged from DSM-IV
  - Age of onset and symptom duration noted above
• **Social Anxiety Disorder (Social Phobia)** 300.23 (F40.10)
  – Essential features remain the same
  – The “generalized” specifier from DSM-IV (“fears related to most social situations”) has been deleted
  – A “performance only” specifier - new feature in DSM-5; coded when fear is restricted to speaking or performing in public

• **Selective Mutism** 312.23 (F94.0)
  – New positioning in DSM-5
  – Was classified in “Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence”
  – The majority of these children are anxious, so place in this category
  – Diagnostic criteria unchanged from DSM-IV
General Changes in this Section

• Panic Disorder  
  300.01 (F41.0)  
  - Unlinked with agoraphobia in DSM-5  
  - Panic Disorder and Agoraphobia are now separate diagnoses with distinct criteria  
  - A significant number of individuals with agoraphobia do not experience panic symptoms

• Panic Attack Specifier  
  - Can be listed as a specifier that is applicable to all DSM-5 disorders  
  - Modifications include  
    • Criteria terminology clearer and less complicated  
    • Different types of panic attacks termed “expected” or “unexpected”  
    • Panic attacks - marker and prognostic factor for severity of diagnosis, course, comorbidity for many disorders
General Changes in this Section

• **Agoraphobia** 300.22 (F40.00)
  – DSM-5 requires manifestation of fear, intense anxiety
  – Triggered by at least two of the following:
    • Public transportation
    • Open spaces
    • Enclosed spaces
    • Standing in line
    • Being in a crowd
    • Being outside of the home alone

• **Generalized Anxiety Disorder** 300.02 (F41.1)
  – Unchanged from DSM-IV
Obsessive-Compulsive and Related Disorders
Obsessive-Compulsive and Related Disorders

- 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 (F63.2)
- 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
Obsessive-Compulsive and Related Disorders

• 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)
General Changes in this Section

• Obsessive-Compulsive and Related Disorders
  – New category and chapter in DSM-5
  – New disorders and repositioning of older diagnoses reflect evidence of relatedness to one another
    • Symptoms
    • Neurobiological substrates
    • Familiality
    • Course of illness
    • Treatment response
  – Clinical features – drivenness and repetitive behaviors common feature
  – New specifier – “with poor insight” added with cognitive component
  – Allows for distinction between individuals with good or fair insight and absent insight/delusional OCD beliefs - but not psychotic disorder
  – Tic-related specifier important – comorbidity affects clinical management
General Changes in this Section

• **Body Dysmorphic Disorder** 300.7  (F45.22)
  – New criterion and new specifier added
  – Requires repetitive behaviors or mental acts done in response to preoccupations with perceived defects or flaws in appearance
  – Descriptors for above include
    • Mirror checking, excessive grooming, skin picking, reassurance-seeking
    • Comparing appearance with that of others
    • “Muscle dysphoria” specifier - individual preoccupied with idea that body build too small or insufficiently muscular

• **Hoarding Disorder** 300.3  (F42)
  – New disorder in DSM-5
  – Research - not a variant of OCD
  – Prevalent causes - impairment and distress
General Changes in this Section

• **Excoriation (Skin Picking) Disorder**  
  698.4  (L98.1)  
  – New disorder in DSM-5  
  – Prevalent disorder, causes distress and impairment (lesions and infection)  
  – Not attributable to another disorder

• **Substance/Medication-induced OCD and Related Disorder* & Obsessive-Compulsive and Related Disorder Due to Another Medical Condition**  
  294.8  (F06.8)  
  – Both changes consistent with intent of DSM-5  
  – Both replace former specifier “with OC symptoms” in diagnoses of anxiety disorders due to a general medical condition and substance-induced anxiety disorder  
  – Reflect recognition that substances, medication and medical conditions can present with symptoms similar to primary OC and related disorders such as pediatric acute-onset neuropsychiatric syndrome (PANS)

* Codes are substance-specific and in the substance use section of DSM-5
General Changes in this Section

- **Other Specified Obsessive-Compulsive and Related Disorder  300.3 (F42)**
  - Presentation characteristic of these disorders but do not meet full criteria
  - Includes many various presentations
    - Body-dysphoric-like disorder with actual flaws
    - Body dysphoric-like disorder without repetitive behaviors
    - Nail biting, lip biting, cheek chewing, other body-focused repetitive behaviors
    - Obsessional jealousy
    - Excessive fear of having deformity
    - Fear that sexual organs will recede into body
    - Fear of offensive body odor
Trauma and Stressor-Related Disorders
Trauma and Stressor-Related Disorders

• 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)
  – Unspecified 309.9 (F43.20)
Trauma and Stressor-Related Disorders

• Other Specified Trauma and Stressor-Related Disorder 309.89 (F43.8)

• Unspecified Trauma and Stressor-Related Disorder 309.9 (F43.9)
General Changes to this Section

• Trauma and Stressor-Related Disorders
  – A new chapter in DSM-5
  – Brings together anxiety disorders preceded by a distressing or traumatic event
  – New criteria - variability of psychological distress following exposure to traumatic event
    – Anxiety or fear based
    – Anhedonic/dysphoric symptoms
    – Externalized anger/aggression or dissociative symptoms
General Changes to this Section

• **Acute Stress Disorder** 308.3 (F43.0)
  – The stressor criterion (Criterion A) has been changed
  – Requires qualifying the traumatic events - experienced directly, witnessed or experienced indirectly)
  – DSM-IV Criterion A2 - subjective reaction to the traumatic event - eliminated
  – DSM-IV emphasis on dissociative symptoms - overly restrictive
  – Now may meet 9:14 symptoms in the following categories:
    • Intrusion
    • Negative mood
    • Dissociation
    • Avoidance
    • Arousal
General Changes to this Section

• **Adjustment Disorders** 309.0-309.9 (F43.20-F43.25)
  - The grouping has been reconceptualized from DSM-IV
  - Heterogeneous array of stress-response syndromes after exposure to a distressing, traumatic or non-traumatic event
  - DSM-IV subtypes retained and unchanged

• **Post-Traumatic Stress Disorder (PTSD)** 309.81 (F43.10)
  - Significant differences in criteria from DSM-IV
  - Stressors criterion (Criterion A) more explicit with regard to how an individual experiences a “traumatic event”- subjective reaction has been eliminated
  - PTSD diagnostic thresholds - developmentally sensitive - lowered for children ages 6 and under
  - Four symptom clusters (DSM-IV had only 3 clusters):
    • Re-experiencing
    • Avoidance
    • Persistent negative alterations in cognitions and mood
    • Arousal
General Changes to this Section

• **Post-Traumatic Stress disorder (PTSD) - continued**
  – Negative alterations in cognitions and mood - retains most of DSM-IV numbing symptoms
  – Includes new, reconceptualized symptoms
  – Retains symptoms delineated in DSM-IV for arousal and reactivity
  – Includes irritable or aggressive behavior and reckless or self-destructive behavior

• **Reactive Attachment Disorder** 313.89 (F94.1)
  – DSM-IV subtypes are now distinct disorders
  – Emotionally withdrawn/inhibited, indiscriminately social/disinhibited subtypes now discrete entities
    • Reactive attachment disorder
    • Disinhibited social engagement disorder
  – Both disorders - result of social neglect, limit child’s forming selective attachments
  – Dampened positive affect - lack of attachments to caregiving adults
General Changes to this Section

• **Disinhibited Social Engagement Disorder** 313.89 (F94.2)
  – Occurs in children who do not lack attachment
  – May have established secure attachment
  – Closely resembles ADHD in DSM-5
  – Correlates, course and response to intervention - differs from reactive attachment disorder
Dissociative Disorders
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
General Changes to this Section

- **Dissociative Identity Disorder** 300.14 (F44.81)
  - Criterion A expanded (“disruption of identity...two or more distinct personality states”)
    - Includes certain possession-form phenomena and certain neurological symptoms
    - Accounts for more diverse presentations
    - More reflective of diverse cultural presentations
    - Transitions in identity - may be observable by others OR self-reported
  - Criterion B - gaps in recall for everyday events - not just traumatic experiences
General Changes to this Section

• **Dissociative Amnesia** 300.12 (F44.0)
  – Criteria largely unchanged from DSM-IV

• **Dissociative Fugue** 300.13 (F44.1)
  • Purposeful travel or bewildered wandering
  • Associated with amnesia for identity or other autobiographical information
    • No longer a separate diagnosis
    • Specifier to diagnosis of dissociative amnesia

• **Depersonalization/Derealization Disorder** 300.6 (F48.1)
  – Derealization included in name and symptom structure of DSM-IV depersonalization disorder
  – In DSM-5, essential feature - persistent or recurrent episodes of depersonalization, derealization, or both
Somatic Symptom and Related Disorders
# 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  
  (F44.4)

  - With weakness or paralysis
  - With abnormal movement
  - With swallowing symptoms
  - With speech symptom
  - With anesthesia or sensory loss
  - With special sensory symptom
  - With mixed symptoms
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)
General Changes to this Section

• New chapter - brings together disorders with:
  – Disproportionate thoughts, feelings, behaviors related to somatic symptoms

• Were named Somatoform Disorders in DSM-IV

• Eliminates the following diagnoses:
  – Somatization disorder
  – Hypochondriasis
  – Pain disorder
  – Undifferentiated somatoform disorder

• Removes centrality of medically unexplained symptoms

• Somatic symptom disorders CAN accompany diagnosed medical conditions
General Changes to this Section

• **Somatic Symptom Disorder** \(300.82\) (F45.1)
  – Merging of two DSM-IV diagnoses: Somatization Disorder & Undifferentiated Somatoform Disorder
  – No specific number of somatic symptoms required
  – Most individuals previously diagnosed Somatization Disorder will meet criteria for Somatic Symptom Disorder, but...
  – Only if they have maladaptive thoughts, feelings, behaviors in addition to their somatic symptoms

• **Illness Anxiety Disorder** \(300.7\) (F45.21)
  – High health anxiety WITHOUT somatic symptoms
General Changes to this Section

• **Conversion Disorder**
  300.11  (F44.4-F44.7)
  – Emphasizes essential importance of neurological examination
  – Relevant psychological factors may not be demonstrable at diagnosis
  – Emphasizes somatic symptoms not compatible with recognized medical or neurological conditions

• **Psychological Factors affecting Other Medical Conditions (PFAMC)**
  316  (F54)
  – In DSM-IV, “Other Condition That May Be a Focus of Clinical Attention”
  – One or more clinically significant psychological or behavioral factors that adversely affect a medical condition
General Changes to this Section

• **Factitious Disorder** 300.19 (F68.10)
  – DSM-IV distinctions on the psychological or medical nature of falsified symptoms have been removed
  – Factitious Disorder Imposed on Self
  – Factitious Disorder Imposed on Another (by Proxy)
  – “by Proxy” had been classified in DSM-IV as Factitious Disorder NOS
Eating and Feeding Disorders
# 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)
General Changes to this Section

• Chapter renamed - several disorders from DSM-IV chapter “Disorders Usually Diagnosed in Infancy, Childhood or Adolescence” included

• Binge Eating Disorder now recognized - many previously diagnosed with Eating Disorder NOS in DSM-IV.

• Other Specified Feeding or Eating Disorder - brief descriptions and preliminary diagnostic criteria - atypical anorexia nervosa, bulimia nervosa of low frequency and/or limited duration, binge-eating disorder of low frequency and/or limited duration, purging disorder and night eating syndrome
General Changes in this Section

• **Pica and Rumination Disorder** 307.52 (F98.3, F50.8)
  – Diagnoses can be made at any age
  – Previous criteria reworded for clarity

• **Avoidant/Restrictive Food Intake Disorder** 307.59 (F50.8)
  – New name for DSM-IV diagnosis “Feeding Disorder of Infancy or Early Childhood”
  – Criteria expanded - individuals who restrict food intake and experience significant associated physiological or psychosocial problems but do not meet criteria for any other eating disorder
General Changes to this Section

- **Anorexia Nervosa  307.1  (F50.01, F50.02)**
  - Amenorrhea requirement eliminated
  - Criteria focuses on behaviors (restricting calorie intake)
  - No longer includes “refusal” in terms of weight maintenance
  - Criteria no longer uses “maintenance at less than 85% IBW”
  - Denotes “significantly low weight” using WHO Body Mass Index percentiles
  - Guidance provided to judge whether individual at or below significantly low weight
  - Criterion B - expanded to include not overtly expressed fear of weight gain, but also persistent behavior that interferes with weight gain
General Changes to this Section

• Bulimia Nervosa 307.51 (F50.2)
  – Reduces frequency of binge eating, compensatory behaviors that must be exhibited at least once/weekly over the previous 3 months
  – DSM-IV required twice weekly for 6 months

• Binge-Eating Disorder 307.51 (F50.8)
  – Research supported clinical validity
  – Individuals who experience persistent, recurrent episodes of overeating marked by loss of control and significant clinical distress
  – Binge eating at least once weekly for the last 3 months
  – Cites differences between binge eating and simple overeating
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