Introduction to DSM-5- Part III
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
Elimination Disorders
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
Elimination Disorders

• No significant changes to the DSM-IV diagnostic class with the following exception

• The disorders in this chapter were previously classified under “Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence.”

• They now exist as an independent classification in DSM-5
Sleep-Wake Disorders
Sleep-Wake Disorders

- Insomnia Disorder 780.52 G47.00
- Hypersomnolence Disorder 780.54 G47.10
- 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
Sleep-Wake Disorders

- **Breathing-Related Sleep Disorders**
  - Obstructive Sleep Apnea Hypopnea \(327.23\) \(G47.33\)

- **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** \(307.47\) \(F51.5\)
Sleep-Wake Disorders

- Rapid Eye Movement (REM)Sleep Behavior Disorder 327.42 G47.52
- Restless Legs Syndrome 333.94 G25.81
- 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
Sleep-Wake Disorders

• DSM-5 mandates concurrent specification of coexisting conditions, medical and mental.

• 10 conditions specified manifested by disturbed sleep and causing distress as well as impairment in daytime functioning: fatigue, cognitive focus and mood

• These changes warranted by neurobiological and genetic evidence validating the reorganization

• DSM-IV diagnoses “sleep disorders related to another mental disorder” and “sleep disorders due to a general medical condition” have been removed

• Pediatric and developmental criteria and text have been integrated where existing science and clinical utility support apply
Sleep-Wake Disorders

• Insomnia Disorder
  – Changed from DSM-IV diagnosis of “primary insomnia” in order to avoid differentiation of primary and secondary insomnia
  – Criteria changed from DSM-IV to DSM-5: frequency threshold of three nights per week and duration of at least three months

• Narcolepsy—important change due to new medical evidence
  – DSM-5 distinguishes narcolepsy which is now known to be associated with hypocretin deficiency from other forms of hypersomnolence
Sleep-Wake Disorders

- Breathing Related Sleep Disorders
  - Previous subtype syndromes revised and reclassified
  - In DSM-5, now 3 relatively distinct disorders

- Circadian Rhythm Sleep-Wake Disorders
  - Subtypes expanded to include 1) advanced sleep phase syndrome, 2) irregular sleep-wake type and 3) sleep-related hypoventilation
  - Jet lag type has been removed

- Rapid Eye Movement (REM) Sleep Behavior Disorder and Restless Legs Syndrome
  - Research supports adding these. Previously called Dyssomnia NOS
Sexual Dysfunctions
# Sexual Dysfunctions

- **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
Sexual Dysfunctions

- DSM-5 definition: clinically significant disturbance in ability to respond sexually or to experience sexual pleasure
- Paraphilias (now Paraphilic Disorders) and Gender Identity Disorder (now Gender Dysphoria) are distinct categories in DSM-5
- Sexual Aversion Disorder removed—rare usage, lack of supporting research
- Gender-specific sexual dysfunctions delineated, more clearly defined
- Females: sexual desire and arousal disorders combined into one diagnosis—Female Sexual Interest/Arousal Disorder
- All sexual dysfunctions (except substance/medication-induced disorders) now require a minimum duration of approximately 6 months, criteria more precise
Sexual Dysfunctions

• Genito-Pelvic Pain/Penetration Disorder
  – New to DSM-5
  – Merges DSM-IV categories of vaginismus and dyspareunia

• Sexual Dysfunctions Subtype
  – DSM-IV subtypes used to designate the onset of difficulty. Now these are modified and clarified
  – For all sexual disorders, DSM-5 has retained “lifelong vs. acquired” and “generalized vs situational” subtypes
  – Removed “psychological factors” vs “due to combined factors”
  – Both psychological and biological factors can contribute to sexual dysfunctions, subtypes as above deleted
  – DSM-5 text describes other important components of sexual dysfunction in the text: (1) partner factors, (2) relationship factors (3) individual vulnerability factors (4) cultural/religious factors and (5) medical factors.
Gender Dysphoria
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
Gender Dysphoria

• Replaces DSM-IV designation of sexual dysfunction or paraphilias with name consistent with current clinical sexology terminology, removed stigma

• Removed connotation that the patient is “disordered”

• Remains psychiatric diagnosis to insure access to medical treatment options

• New diagnostic class-emphasizes “gender incongruence”-i.e. a marked difference between the individual’s expressed/experienced gender and the gender others would assign him.

• Critical element—presence of clinically significant distress associated with the condition

• Ensures that gender non-conformity does not meet diagnostic threshold, not in itself a mental disorder
Gender Dysphoria

• Gender dysphoria in children
  – DSM-5 criteria-”strong desire to be of the other gender”
  – Replaces DSM-IV “repeatedly stated desire” to capture situations where children may not verbalize this in a coercive environment

• Gender dysphoria in Adolescents and Adults

• Previous DSM-IV Criterion A (cross-gender identification) and Criterion B (aversion to one’s gender) have been merged since empirical evidence was lacking to keep them separate.

• Criteria now use term “some alternative gender” instead of “other sex”.

• A post-transition specifier is new to DSM-5 – i.e., “individual has transitioned to full-time living in the desired gender (with or without legalization of gender change) and has undergone (or is preparing to have) at least one cross-sex medical procedure or treatment regimen”.
Disruptive, Impulse-control, and Conduct Disorders
Disruptive, Impulse-control, and Conduct Disorders

- Oppositional Defiant Disorder (ODD) 313.81 F91.3
- Intermittent Explosive Disorder 312.34 F63.81
- Conduct Disorder
  - Childhood-onset type 312.81 F91.1
  - Adolescent-onset type 312.32 F91.2
  - Unspecified 312.89 F91.9
- Pyromania 312.33 F63.1
- Kleptomania 312.32 F63.3
- Antisocial Personality Disorder (dual listing – also in Personality Disorders chapter) 301.7 F60.2
- Other Specified Disruptive, Impulse-Control, and Conduct Disorder 312.89 F91.8
- Unspecified Disruptive, Impulse-Control, and Conduct Disorder 312.9 F91.9
Disruptive, Impulse-control, and Conduct Disorders

- New chapter in DSM-5-brings together disorders included in 2 separate DSM-IV chapters
  - Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence
  - Impulse Control Disorders
- All characterized by problems in emotional and behavioral control—considered “externalizing disorders”
- Antisocial Personality coded both here, and in Personality Disorder chapter
Disruptive, Impulse-control, and Conduct Disorders

• Oppositional Defiant Disorder (ODD)- 4 refinements
  – Symptoms grouped into 3 types
    • Angry/irritable mood
    • Argumentative/defiant behavior
    • Vindictiveness
  – Frequency and intensity: occurring on most days for 6 months or less for children <5 years old. Once/week for at least 6 months for children >5 years old
  – Exclusion criteria for conduct disorder removed-can have both ODD and CD. Graduation from ODD to CD removed
  – Severity rating added
Disruptive, Impulse-control, and Conduct Disorders

• Intermittent Explosive Disorder
  – 3 types of outbursts-latter 2 new to DSM-5
    • Physical aggression
    • Verbal aggression
    • Nondestructive/non-injurious physical aggression
  – More specific criteria regarding frequency
    • Aggressive outbursts are impulsive and/or
    • Anger must cause marked distress
    • Cause impairment in occupational or interpersonal functioning
    • Associated with negative financial or legal consequences
    • New epidemiological data: IED common regardless of presence of ADHA, conduct disorder or ODD.
Disruptive, Impulse-control, and Conduct Disorders

- Conduct Disorder
  - Criteria largely unchanged from DSM-IV
  - Specifier “with limited pro social emotions” added for children deficient in pro social behaviors
    - Lack of remorse or guilt
    - Callous-lack of empathy
    - Unconcerned about performance
    - Shallow or deficient affect
  - Stigmatizing phrase “callous and unemotional” replaced with “deficiencies in pro social behaviors or emotion”
  - Research evidence-deficiencies in pro social behaviors indicative of more severe form of disorder with different treatment responses
Substance-Related and Addictive Disorders
# Substance-Related and Addictive Disorders

- **Alcohol Use Disorder**
  - Mild 305.00 F10.10
  - Moderate 303.90 F10.20
  - Severe 303.90 F10.20

- **Alcohol Intoxication** 303.00
  - With use disorder, mild F10.129
  - With use disorder, moderate or severe F10.229
  - Without use disorder F10.929

- **Alcohol Withdrawal** 291.81
  - Without perceptual disturbances F10.239
  - With perceptual disturbances F10.232

- **Other Alcohol-Induced Disorders**

- **Unspecified Alcohol-Related Disorder** 291.9 F10.99
## Substance-Related and Addictive Disorders

- **Cannabis Use Disorder**
  - Mild \(305.20\) \(F12.10\)
  - Moderate \(304.30\) \(F12.20\)
  - Severe \(304.30\) \(F12.20\)

- **Cannabis Intoxication-without perceptual disturbances** \(292.89\)
  - With use disorder, mild \(F12.129\)
  - With use disorder, moderate or severe \(F12.229\)
  - Without use disorder \(F12.929\)

- **Cannabis Intoxication-with perceptual disturbances**
  - With use disorder, mild \(F12.122\)
  - With use disorder, moderate or severe \(F12.222\)
  - Without use disorder \(F12.922\)

- **Cannabis Withdrawal** \(292.0\) \(F12.288\)

- **Unspecified Cannabis-related Disorder** \(292.0\) \(F12.99\)
### Substance-Related and Addictive Disorders

- **Phencyclidine Use Disorder**
  - Mild: 305.90, F16.10
  - Moderate: 304.60, F16.20
  - Severe: 304.60, F16.20

- **Other Hallucinogen Use Disorder**
  - Mild: 305.30, F16.129
  - Moderate: 304.50, F16.229
  - Severe: 304.50, F16.929

- **Phencyclidine Intoxication**
  - With use disorder, mild: 292.89, F16.129
  - With use disorder, moderate or severe: F16.229
  - Without use disorder: F16.929
Substance-Related and Addictive Disorders

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<td>Other Phencyclidine-Induced Disorders</td>
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<td>Other Hallucinogen-Induced Disorders</td>
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<td>Unspecified Hallucinogen-Related Disorder</td>
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<td>F16.99</td>
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Substance-Related and Addictive Disorders

- **Inhalant Use Disorder**
  - Mild 305.90 F18.10
  - Moderate 304.60 F18.20
  - Severe 304.60 F18.20

- **Inhalant Intoxication** 292.89
  - With use disorder, mild F18.129
  - With use disorder, moderate or severe F18.229
  - Without use disorder F18.929

- **Other Inhalant Induced Disorders** --------- ---------

- **Unspecified Inhalant-Related Disorder** 292.9 F18.99
Substance-Related and Addictive Disorders

• Caffeine Intoxication 305.90 F15.929

• Caffeine Withdrawal 292.0 F15.93

• Other Caffeine-Induced Disorders

• Unspecified Caffeine-Related Disorder 291.9 F10.99
# Substance-Related and Addictive Disorders

- **Opioid Use Disorder**
  - Mild 305.50 F11.10
  - Moderate 304.00 F11.20
  - Severe 304.600 F11.20

- **Opioid Intoxication-without perceptual disturbances 292.89**
  - With use disorder, mild F11.129
  - With use disorder, moderate or severe F11.229
  - Without use disorder F11.929

- **Opioid Intoxication-with perceptual disturbance**
  - With use disorder, mild F11.122
  - With use disorder, moderate or severe F11.222
  - Without use disorder F11.922

- **Opioid Withdrawal** 292.0 F11.23

- **Unspecified Opioid-Related Disorder** 292.9 F11.99
Substance-Related and Addictive Disorders

• Sedative, Hypnotic, or Anxiolytic- Use Disorder
  – Mild 305.40 F11.10
  – Moderate 304.10 F11.20
  – Severe 304.10 F11.20

• Sedative, Hypnotic, or Anxiolytic Intoxication 292.89
  – With use disorder, mild F13.129
  – With use disorder, moderate or severe F13.229
  – Without use disorder F13.929

• Sedative, Hypnotic, or Anxiolytic Withdrawal 292.0
  – Without perceptual disturbances F12.239
  – With perceptual disturbances F12.232

• Other Sedative-, Hypnotic- or Anxiolytic-Related Disorder

• Unspecified Sedative-, Hypnotic, or Anxiolytic-Related Disorder 292.9 F13.99
Substance-Related and Addictive Disorders

• Stimulant Use Disorders
  – Mild
    • Amphetamine-type substance 305.70 F15.10
    • Cocaine 305.60 F14.10
    • Other or unspecified stimulus 305.70 F15.10
  – Moderate
    • Amphetamine-type substance 304.40 F15.20
    • Cocaine 304.20 F14.20
    • Other or unspecified stimulus 304.40 F15.20
Severe
• Amphetamine-type substance 304.40 F15.20
• Cocaine 304.20 F14.20
• Other or unspecified stimulus 304.40 F15.20
## Substance-Related and Addictive Disorders

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<td>F14.922</td>
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</table>
Substance-Related and Addictive Disorders

• Stimulant Withdrawal 292.0
  – Amphetamine or other stimulant F15.23
  – Cocaine F14.23

• Other Stimulant-Induced Disorders

• Unspecified Stimulant-Related Disorder 292.9
  – Amphetamine or other stimulant F15.98
  – Cocaine F14.98
Substance-Related and Addictive Disorders

• Tobacco-Use Disorder
  – Mild 305.1 Z72.0
  – Moderate 304.1 F17.200
  – Severe 304.1 F17.200
• Tobacco Withdrawal 292.0 F17.203
• Other Tobacco-Induced Disorders --------- ---------
# Substance-Related and Addictive Disorders

- **Other (or Unknown) Substance Use Disorder**
  - Mild 305.90 F19.10
  - Moderate 304.90 F19.20
  - Severe 304.90 F19.20

- **Other (or Unknown) Substance Intoxication** 292.89
  - With use disorder, mild F19.129
  - With use disorder, moderate of severe F19.229
  - Without use disorder F19.929

- **Other (or Unknown) Substance Withdrawal** 292.0 F19.239

- **Other (or Unknown) Substance-Induced Disorders**
  
- **Unspecified Other (or Unknown) Substance-Related Disorder** 292.9 F19.99

- **Gambling Disorder** 312.31 F63.0
Substance-Related and Addictive Disorders

- Substantive changes made to these disorders—changes to criteria in certain conditions

- No longer separates diagnoses of substance abuse vs. substance dependence. Viewed as one, continuous variable

- Criteria provided with a relevant substance use disorder accompanied by criteria for intoxication, withdrawal, substance/medication-induced disorders and unspecified substance-induced disorders

- SUD criteria nearly identical to DSM-IV SA and SD criteria combined into a single list. Two exceptions—
  - “recurrent legal problems” deleted due to cultural considerations, difficult to apply internationally
  - “craving or a strong desire or urge to use substances”—added
Substance-Related and Addictive Disorders

• Threshold for SUD set at 2 or more criteria. DSM-IV-threshold was 1 or more criteria for SA, 3 or more for SD

• Polysubstance dependence-eliminated-not clinically useful

• Physiological subtype-eliminated-not clinically useful

• Severity based on the number of criteria met by the individual
  – Mild disorder-2-3 criteria
  – Moderate disorder-4-5 criteria
  – Severe disorder-6 or more criteria

• Remission specifiers-consolidated to “in early remission” and “in sustained remission”

• Early remission-at least 3 but less than 12 months

• Sustained remission-at least 12 months without criteria except craving

• DSM-5 specifiers “in a controlled environment” & “on maintenance therapy” may be used
Caffeine-Related Disorders

- Only substance for which individual cannot be diagnosed with a substance use disorder in DSM-5
- Caffeine Use Disorder-included in Section III-“Emerging Measures and Models:Conditions for Further Study”
- Caffeine withdrawal-new diagnosis-moved from DSM-IV Appendix B
- Other caffeine-induced disorders include
  - Caffeine-induced Anxiety Disorder
  - Caffeine-induced Sleep Disorder
  - These delineated in respective DSM-5 chapters
Substance-Related and Addictive Disorders

• Cannabis-Related Disorders
  – New diagnosis to this category
  – Cannabis Withdrawal-scientific research validates
  – DSM-5 lists specific symptoms for the withdrawal syndrome
  – In adolescents and adults-50-90%-cannabis withdrawal

• Gambling Disorder
  – Replaces Pathological Gambling from Impulse Disorder section of DSM-IV
  – Research evidence-reward-related neurocircuitry and behavior patterns similar to substance-related disorders
  – Internet Gaming Disorder-included in section for further study
Substance-Related and Addictive Disorders

• Stimulant Use Disorder, Stimulant Intoxication, Stimulant Withdrawal and Other Stimulant-Induced Disorders, Unspecified Stimulant-Related Disorder
  – Category includes amphetamines and cocaine

• Tobacco Use Disorder
  – Criteria same as other SUDs
  – DSM-IV-called “nicotine dependence” and “nicotine withdrawal”
Neurocognitive Disorders
Neurocognitive Disorders

• Probable Major Neurocognitive Disorder Due to Alzheimer’s Disease
  – Code first 331.0 (G30.90) Alzheimer’s Disease
  – With behavioral disturbance 294.11 F02.81
  – Without behavioral disturbance 294.10 F02.80

• Possible Major Neurocognitive Disorder Due to Alzheimer’s Disease
  331.9 G31.9

• Mild Neurocognitive Disorder Due to Alzheimer’s Disease
  331.83 G31.84
Neurocognitive Disorders

- **Probable Major Neurocognitive Disorder Due to Frontotemporal Lobar Degeneration**
  - Code first 331.19 (G31.09) Frontotemporal Disease
  - With behavioral disturbance 294.11 F02.81
  - Without behavioral disturbance 294.10 F02.80

- **Possible Major Neurocognitive Disorder Due to Frontotemporal Lobar Degeneration**
  - 331.9 G31.9

- **Mild Neurocognitive Disorder Due to Frontotemporal Lobar Degeneration**
  - 331.83 G31.84
# Neurocognitive Disorders

- **Probable Major Neurocognitive Disorder with Lewy Bodies**
  - Code first 331.82 (G31.83) Lewy Body Disease
  - With behavioral disturbance 294.11 F02.81
  - Without behavioral disturbance 294.10 F02.80

- **Possible Major Neurocognitive Disorder with Lewy Bodies**
  - 331.9 G31.9

- **Mild Neurocognitive Disorder with Lewy Bodies**
  - 331.83 G31.84
Neurocognitive Disorders

• Probable Major Vascular Neurocognitive Disorder
  – No additional code for medical disorder
  – With behavioral disturbance 290.40 F01.51
  – Without behavioral disturbance 290.40 F01.50

• Possible Major Vascular Neurocognitive Disorder
  331.9 G31.9

• Mild Vascular Neurocognitive Disorder
  331.83 G31.84
Neurocognitive Disorders

- **Major Neurocognitive Disorder due to Traumatic Brain Injury**
  - ICD-9-code 907.0 first-late effect of intracranial injury without skull fracture
  - ICD-10-code S06.2X9S-diffuse traumatic brain injury with loss of consciousness of unspecified duration, sequela
    - With behavioral disturbance 294.11 F02.81
    - Without behavioral disturbance 294.10 F02.80

- **Mild Neurocognitive Disorder Due to Traumatic Brain Injury**
  331.83 G31.84
Neurocognitive Disorders

- Substance/Medication-Induced Major or Mild Neurocognitive Disorder
  - No additional medical code
  - Use substance-specific codes

- Major Neurocognitive Disorder due to HIV Infection
  - Code first 042 or B20- HIV infection
  - With behavioral disturbance: 294.11 F02.81
  - Without behavioral disturbance: 294.10 F02.80

- Mild Neurocognitive Disorder Due to HIV Infection: 331.83 G31.84
Neurocognitive Disorders

• Major Neurocognitive Disorder due to Prion Disease
  – Code first 046.79 or A81.9- Prion Disease
  – With behavioral disturbance 294.11 F02.81
  – Without behavioral disturbance 294.10 F02.80

• Mild Neurocognitive Disorder Due to Prion Disease
  331.83 G31.84
Neurocognitive Disorders

• Major Neurocognitive Disorder Probably Due to Parkinson’s Disease
  – Code first 332.0 or G20- Parkinson’s Disease
  – With behavioral disturbance 294.11 F02.81
  – Without behavioral disturbance 294.10 F02.80

• Major Neurocognitive Disorder Possibly Due to Parkinson’s Disease
  331.9 G31.9

• Mild Neurocognitive Disorder Due to Parkinson’s Disease
  331.83 G31.84
Neurocognitive Disorders

• Major Neurocognitive Disorder due to Huntington’s Disease
  – Code first 333.4 or G10- Huntington’s Disease
  – With behavioral disturbance 294.11 F02.81
  – Without behavioral disturbance 294.10 F02.80

• Mild Neurocognitive Disorder Due to Huntington’s Disease
  331.83 G31.84
Neurocognitive Disorders

- **Major Neurocognitive Disorder due to Another Medical Condition**
  - Code first the other medical condition
  - With behavioral disturbance: 294.11 F02.81
  - Without behavioral disturbance: 294.10 F02.80

- **Mild Neurocognitive Disorder Due to Another Medical Condition**
  - 331.83 G31.84

- **Major Neurocognitive Disorder due to Multiple Etiologies**
  - Code first all the etiological medical conditions with the exception of vascular disease
  - With behavioral disturbance: 294.11 F02.81
  - Without behavioral disturbance: 294.10 F02.80

- **Mild Neurocognitive Disorder Due to Multiple Etiologies**
  - 331.83 G31.84

- **Unspecified Neurocognitive Disorder**
  - 799.59 R41.9
Neurocognitive Disorders

• Criteria for NCDs based on 6 defined domains, severity levels and subtypes
  – Complex attention
  – Executive function
  – Learning and memory
  – Language
  – Perceptual-motor
  – Social cognition

• Major NCD-new diagnostic entity in DSM-5-had been in appendix

• Etiology for Major and Minor NCDs each have same delineated clinical subtypes
Neurocognitive Disorders

• Clinical Subtypes
  – Alzheimer’s disease
  – Frontotemporal lobar degeneration
  – Lewy body disease
  – Vascular disease
  – Traumatic brain injury
  – Substance/medication use
  – HIV infection
  – Prion disease
  – Parkinson’s disease
  – Another medical condition
  – Multiple etiologies
  – Unspecified
Neurocognitive Disorders

• Major and Minor NCDs with their subtypes have own separate diagnostic criteria

• “Dementia” not precluded from use where usage is widespread and standard

• Both Major and Minor NCDs have specifiers “without behavioral disturbances” and “with behavioral disturbances”
Neurocognitive Disorders

• Mild Neurocognitive Disorder
  – Not used for issues in normal aging
  – Patient must show modest decline in one of 6 cognitive domains
  – Level of cognitive functioning-compensatory strategies and accommodations to maintain independence and perform ADLs
  – Symptoms observed by individual, close relative or other reliable informant
  – May be detected through neuropsychological testing
  – Recent research-identifying mild NCDs early-may allow interventions to retard progression & may be more effective
Neurocognitive Disorders

• Major Neurocognitive Disorder
  – Patient must show significant decline in at least one of the six cognitive domains and have clinical impairment
  – Level of cognitive functioning interferes with independence in ADLs due to major cognitive impairments
  – Substantial impairment — documented by clinical assessment or standardized neuropsychological assessment

• Delirium
  – Criteria updated, clarified on basis of current evidence
  – In DSM-IV these were standalone diagnoses
  – In DSM-5 now specifiers to Delirium along with “medication-induced delirium” and “delirium due to multiple etiologies”
Personality Disorders
Personality Disorders

- **Cluster A Personality Disorders**
  - Paranoid Personality Disorder 301.0  F60.0
  - Schizoid Personality Disorder 301.20  F60.1
  - Schizotypal Personality Disorder 301.22  F21

- **Cluster B Personality Disorders**
  - Antisocial Personality Disorder 301.7  F60.2
  - Borderline Personality Disorder 301.83  F60.3
  - Histrionic Personality Disorder 301.50  F60.4
  - Narcissistic Personality Disorder 301.81  F60.81
Personality Disorders

• Cluster C Personality Disorders
  – Avoidant Personality Disorder 301.82 F60.6
  – Dependent Personality Disorder 301.6 F60.7
  – Obsessive-Compulsive Personality Disorder 301.4 F60.5

• Other Personality Disorders
  – Personality Change Due to Another Medical Condition 310.1 F07.0
  – Other Specified Personality Disorder 301.89 F60.89
  – Unspecified Personality Disorder 301.9 F60.9
Personality Disorders

- Criteria have not changed from DSM-IV
- New models for diagnosing too complex for use in actual clinical practice
- Hybrid model included in section III for further study
- Model endorses concept of a continuum of traits
- Hybrid model: intended to diagnose these personality disorders;
  - Antisocial
  - Avoidant
  - Borderline
  - Obsessive-compulsive
  - Schizotypal
Paraphilic Disorders
Paraphilic Disorders

- Voyeuristic Disorder 302.82 F65.3
- Exhibitionistic Disorder 302.4 F65.2
- Frotteuristic Disorder 302.89 F65.81
- Sexual Masochism Disorder 302.83 F65.51
- Sexual Sadism Disorder 302.84 F65.52
- Pedophilic Disorder 302.2 F65.4
- Fetishistic Disorder 302.81 F65.0
- Transvestic Disorder 302.2 F65.1
- Other Specified Paraphilic Disorder 302.89 F65.89
- Unspecified Paraphilic Disorder 302.9 F65.9
Paraphilic Disorders

- DSM-5 defines “atypical sexual practices”

- Many may practice atypical sexual practices without meriting a diagnosis of mental illness

- Diagnosis of Paraphilic Disorder requires
  - Personal distress about their interest, not merely society’s disapproval
  - Have sexual desire or behavior involving unwilling persons or persons unable to give legal consent
  - All DSM-IV diagnoses renamed in this section to give distinction between atypical sexual interest and a disorder
  - Specifiers not changed except for addition of “in remission” or “in a controlled environment”
Paraphilic Disorders

• Transvestic Disorder
  – Sexually aroused by dressing as the opposite sex-limited to heterosexual males in DSM-IV
  – No such restriction in DSM-5

• Pedophilic Disorder
  – Hebephilia NOT included-sexual attraction to individuals in early to mid-adolescence-lack of clinical evidence on validity
Other Mental Disorders
Other Mental Disorders

- Other Specified Mental Disorder Due to Another Medical Condition
  294.8  F06.8
- Unspecified Mental Disorder Due to Another Medical Condition
  294.9  F09
- Other Specified Mental Disorder
  300.9  F99
- Unspecified Mental Disorder
  300.9  F99
Other Mental Disorders

- Residual category
- Apply to presentations that do not meet the full criteria for any of the DSM-5 disorders
- Codes and list the medical condition for Other or Unspecified Mental Disorder due to Another Medical Condition
Medication-Induced Movement Disorders and Other Adverse Effects of Medication
<table>
<thead>
<tr>
<th>Disorder</th>
<th>ICD-10 Code</th>
<th>DSM-5 Code</th>
</tr>
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<tr>
<td>Neuroleptic-Induced Parkinsonism</td>
<td>332.1</td>
<td>G21.11</td>
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<tr>
<td>Other Medication-Induced Parkinsonism</td>
<td>332.1</td>
<td>G21.19</td>
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<td>Neuroleptic Malignant Syndrome</td>
<td>333.92</td>
<td>G21.0</td>
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<td>Medication-Induced Acute Dystonia</td>
<td>333.72</td>
<td>G24.02</td>
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<td>Medication-Induced Acute Akathisia</td>
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<td>G25.71</td>
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<td>Tardive Dyskinesia</td>
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<tr>
<td>Tardive Dystonia</td>
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<td>Tardive Akathisia</td>
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<td>Medication-induced Postural Tremor</td>
<td>333.1</td>
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<tr>
<td>Other Medication-Induced Movement Disorder</td>
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<td>G25.79</td>
</tr>
</tbody>
</table>
Medication-Induced Movement Disorders and Other Adverse Effects of Medication

• Antidepressant Discontinuation Syndrome  
  – Initial encounter 995.29 T43.205A  
  – Subsequent encounter 995.29 T43.205D  
  – Sequelae 995.29 T43.205S

• Other Adverse Effect of Medication  
  – Initial encounter 995.20 T50.905A  
  – Subsequent encounter 995.20 T50.905D  
  – Sequelae 995.20 T50.905S
Other Conditions that May Be a Focus of Clinical Attention
Other Conditions that May Be a Focus of Clinical Attention

• Other conditions and problems that may be a focus
• May affect diagnosis, course, prognosis or treatment
• ICD-9- usually V codes
• ICD-10-usually Z codes
• May help explain reason for a visit, test, procedure or treatment
• Helpful information in the clinical record to outline circumstances that may affect patient’s care
• Not mental disorders-draws attention to additional issues that may be encountered, and provides a means for documentation
Conditions for Further Study
Conditions for Further Study

• **Proposed Conditions** – Consensus of the DSM-5 Work Group indicated these conditions have merit but require further research before their inclusion as formal disorders:

  • **Attenuated Psychosis Syndrome** – Seen in a person who does not have a full-blown psychotic disorder but exhibits minor versions of relevant symptoms. Identification of the syndrome could be critical for effective early intervention.

  • **Depressive Episodes With Short-Duration Hypomania** – Individuals exhibit bipolar behavior characterized by a hypomanic episode that lasts less than four days.

  • **Persistent Complex Bereavement Disorder** – A prolonged and excessively debilitating grief that keeps an individual from recovering from a loss. The condition likely requires a different treatment approach.

  • **Caffeine Use Disorder** – The potential addictive behavior caused by excessive, sustained consumption of caffeine.
Conditions for Further Study

- **Internet Gaming Disorder** – The compulsive preoccupation by some individuals to play online games, often to the exclusion of other needs and interests.

- **Neurobehavioral Disorder Due to Prenatal Alcohol Exposure (ND-PAE)** – This is a new clarifying term intended to encompass the full range of development disabilities associated with exposure to alcohol in utero.

- **Suicidal Behavior Disorder** – Used to describe someone who has attempted suicide within the last 24 months. Should this disorder be formalized and coded, it may help identify the risk factors associated with suicide attempts including depression, substance abuse or lack of impulse control.

- **Nonsuicidal Self-Injury** – This condition is a major public health problem (i.e., on college campuses) and is used for those individuals who repeatedly inflict shallow, yet painful injuries to the surface of the body. The purpose is to reduce negative emotions (tension, anxiety and self-reproach) and/or to reduce an interpersonal conflict.

- **Intended Usage** – These conditions are not intended for routine clinical use. Clinicians should select the appropriate “other specified” disorder and then indicate parenthetically that one of these proposed conditions is present.
Summary of Significant Changes
Summary of DSM-5 Significant Changes

- Multi-axial system removed in favor of nonaxial documentation of diagnosis. Former Axes, I, II, and III were combined with separate notations for psychosocial/contextual factors and disability.

- **Autism Spectrum Disorder (ASD)** incorporates several DSM-IV diagnoses: autistic disorder, Asperger’s disorder, childhood disintegrative disorder and PDD-NOS. Requires both deficits in social communication and social interaction (Criterion A) and restricted repetitive behaviors, interests and activities (Criterion B).

- **Binge Eating Disorder** is no longer under study – a diagnosis in Feeding and Eating Disorders chapter.

- **Disruptive Mood Dysregulation Disorder (DMDD)** is new and to be used to diagnose children who exhibit persistent irritability and frequent episodes of behavior outbursts >3/week for > year.

- **Excoriation** (aka skin picking disorder), **Hoarding Disorder, Substance-/Medication-induced Obsessive-Compulsive and Related Disorder** and **Obsessive-Compulsive and Related Disorder due to Another Medical Condition** are new diagnoses included in the Obsessive-Compulsive and Related Disorders.
Summary of DSM-5 Significant Changes

- **Pedophilic Disorder** criteria are unchanged but its name was revised from “pedophilia”.

- Ten **Personality Disorders** maintain the DSM-IV categorical model and criteria. A new trait-specific methodology has been proposed for study.

- **Posttraumatic Stress Disorder (PTSD) and Acute Stress Disorder (ASD)** are no longer categorized as anxiety disorders but are designated in a unique category: Trauma- and Stressor-related Disorders.

- The **bereavement exclusion** has been removed from Major Depressive Disorder (MDD). Grief and depression are clarified. Bereavement now recognized as a stressor that can precipitate MDD.

- **Premenstrual Dysphoric Disorder** is no longer under study – moved to Depressive Disorders.

- **Specific Learning Disorder** is a consolidation of three learning disorders but include specifiers for deficiencies in reading, written expression and mathematics.

- **Gambling Disorder** moved from Impulse-Control Disorders NOS to the Substance-Related and Addictive Disorders.

- **Substance abuse** and **substance dependence** are no longer separate and distinct disorders.
DSM-5 Controversial Issues
DSM-5 Controversial Issues

- **Disruptive Mood Dysregulation Disorder** – may exacerbate the problem of overmedicating young children. This may turn temper tantrums into a mental disorder and result in a new fad of overdiagnosis – e.g., ADHD and childhood bipolar disorder which caused huge spikes in prescriptions.

- **Normal grief will become Major Depressive Disorder** as the expected and necessary emotional reaction to death of a loved one will become medicalized.

- Forgetting in old age will be misdiagnosed as **Minor Neurocognitive Disorder**. This will create a large false positive population of people who are not at special risk of dementia.

- The new criteria for **Adult Attention-Deficit Hyperactivity Disorder (ADHD)** may trigger a fad in overdiagnosing this disorder. If stimulants are prescribed inappropriately, they will be misused for performance, recreation and possible diversion to the illicit secondary drug market.
DSM-5 Controversial Issues

• The criteria for Binge Eating (i.e., excessive eating 12 times in 3 months) may not be a psychiatric condition but a manifestation of gluttony or the easy availability tasty foods.

• The changes in the definition of Autism could result in lower rates of the disorder (estimates range from 10-50%). While the new criteria are more accurate, it will result in a diminution of school services where they are tied to the psychiatric diagnosis more than educational need.

• Combining substance abuse and substance dependence may result in first time substance abusers being combined with “hard-core addicts” despite differing treatment needs and prognosis.

• Introducing the concept of behavioral addictions (e.g., gambling disorder in substance-related and addictive disorders) has created a “slippery slope” and pave the way for careless overdiagnosis of internet and sex addiction. This will lead to a proliferation of exploitative (and lucrative) treatment programs.

• Both Generalized Anxiety Disorder (GAD) and Posttraumatic Stress Disorder (PTSD) criteria have “fuzzy” boundaries in their criteria (i.e., every worries in life, reactions to extreme stress) and can cause increase in prescriptions of anti-anxiety drugs. The lack of diagnostic clarity will pose problems in forensic settings.
Thank you! Time for Questions