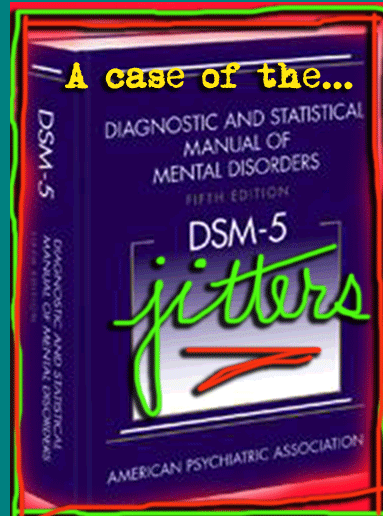


DSM 5

Changes/updates



Axis I

- The multi-axial diagnostic system is GONE
- Everything will now be replaced with criteria and severity specifiers
- Everything that was listed under Axis I will now be listed as (Principal Diagnosis) or (Reason for the visit)
- If the principal diagnosis is a mental disorder, that is attributed to a medical disorder, the medical disorder is listed first.

Provisional Diagnosis

- Previously known as the “rule-out” diagnosis.
- It means that it is believed the criteria will be met but at the time we do not have enough information
- Generally listed under the (Principal Diagnosis)

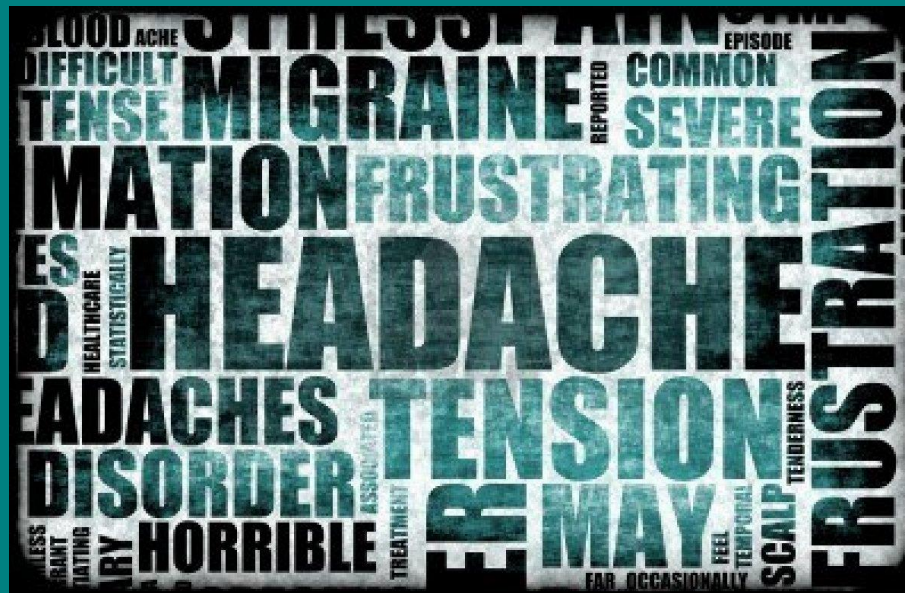
Example

- Post-traumatic Stress Disorder with dissociative symptoms (Principal Diagnosis)



Axis III

- This is where General Medical Conditions were listed
- Now called “Another medical condition”



Axis IV

- This is gone! (V-Codes)
- Replaced by chapter 22 (Other Conditions that may be the focus of Clinical Attention)
- Chapter 22 is divided into areas:
 - Relational problems
 - Abuse and neglect
 - Educational and Occupational Problems
 - Housing and Economic Problems

AXIS V

- Global Assessment of Functioning (GAF)
- GONE!
- Replaced by the WHODAS Disability
 - WHODAS (World Health Organization Disability Assessment Schedule)
 - Clients will complete their own assessment
 - Not really objective...
 - May change soon
 - As of July 2013 the GAF is no longer being required to support Social Security Disability claims.

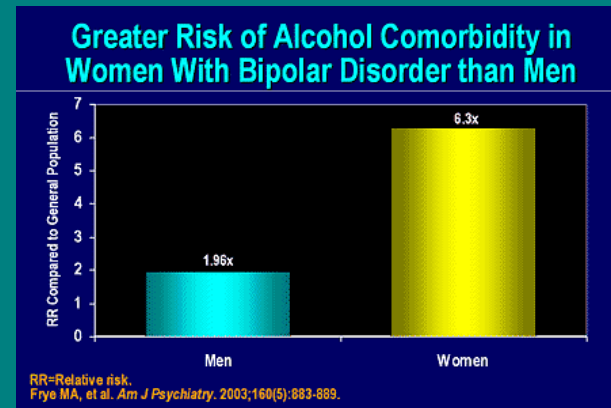


Categorical Diagnosis

- 1) Neurodevelopmental disorders
- 2) Schizophrenia Spectrum and the other psychotic disorders
- 3) Bipolar and the Related Disorders
- 4) Depressive Disorders
- 5) Anxiety Disorders
- 6) Obsessive-Compulsive and the related Disorders
- 7) Trauma and Stressor-Related Disorders
- 8) Dissociative Disorders
- 9) Somatic Symptom and Related Disorders
- 10) Feeding and Eating Disorders
- 11) Elimination Disorders
- 12) Sleep-wake Disorders
- 13) Sexual Dysfunction
- 14) Gender Dysphoria
- 15) Disruptive, Impulse Control and Conduct Disorder
- 16) Substance Use and Addictive Disorders
- 17) Neurocognitive Disorders
- 18) Personality Disorders
- 19) Paraphilic Disorders
- 20) Other Mental Disorders
- 21) Medication Induced Movement Disorders and Other Adverse Effects
- 22) Other Conditions that may be the focus of Clinical Attention

Comorbidity

- Bipolar I: Anxiety Disorders, ADHD and Disruptive Control Disorders, Alcohol Use Disorder
 - Medical conditions:
 - Bipolar I: Metabolic Syndrome and Migraines
 - Bipolar II: Eating Disorders- Binge Eating Disorder
 - Cyclothymic: Substance and Sleep-related Disorders



Substance Related Disorders

- Alcohol
- Amphetamines
- Cocaine
- Hallucinogens
- Inhalants
- Nicotine
- Opioids
- Phencyclidine
- Cannabis
- Sedatives-hypnotics-anxiolytics



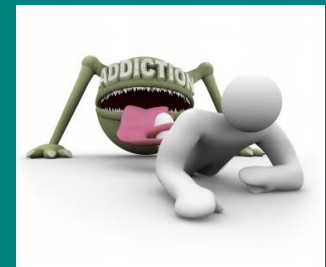
Withdrawals

- There are withdrawal symptoms for all the previously listed drugs except for:
 - Hallucinogens
 - Inhalants
 - PCP
 - Ketamine (horse tranquilizers)



Substance Related Disorders

- DSM 5 eliminated substance abuse and dependence
- Created substance use disorders
- There are 11 characteristics for each substance, the last 2, #10 and #11 are different for each.
- Polysubstance dependence has been thrown out!



Medical Necessity for Chronic Pain

- Want to avoid using the label “dependence” when compulsive out of control drug use remains problematic
- Clients with normal tolerance and withdrawal are often labeled addicts
- This has resulted in withholding adequate doses of opioids for severe pain because of fear of producing addiction.

Medically Prescribed- Not a MENTAL disorder

- If medically prescribed as part of pain management it will not be considered a substance disorder
- The presence of tolerance and withdrawal symptoms (#10 and #11) will not be counted for the diagnosis of substance use disorder when occurring in the context of appropriate medical treatment with prescribed medications.

New category: Substance USE Disorder

- Combine abuse and dependence into ONE category- Substance USE Disorders
- Elimination of “Legal problems criterion for substance use disorder diagnosis”
- Add criteria for CRAVING- defined as a strong desire for a substance, tending to be present on the sever end of the severity spectrum.

Substance Use Disorder

- Occurring within a 12 month period, manifested by 2 or more...
- 3 severity specifiers:
 - Mild: 2-3 of the 11 criteria are positive
 - Moderate: 4 or 5
 - Severe: 6 or more

What will all this stuff look like

- Evals, documents, records, they will no longer have the multi-axial diagnostic system.
- How to Document:
 - Alcohol Use Disorder (Principal Diagnosis)
 - Cocaine Use Disorder (Principal Diagnosis)
 - Liver Cirrhosis (Another medical Condition)
 - History of Seizures (Patient self-report)
 - List of relevant V or Z-Codes (Chapter 22)
 - ie. Problems related to crime or interaction with the legal environment

Facts

- SSRI's stay in your system for over a week
- Methamphetamines should ONLY be available through a prescription that can not be refilled
- Marijuana is still a schedule I drug, not deemed for medical use (this should change pretty soon)

Meth

- Meth's half life is 24-32 hours after initial consumption (Schedule II drug)
- Blackened, stained or rotten teeth
- When meth is ingested the user's blood vessels shrink limiting blood to the mouth, oral tissues can decay
- Dries mouth out and reduces saliva in the mouth
- Teeth are broken at the gums and can not be repaired
- Acne and sores take longer to heal
- Formication: a disorder noted by skin picking and hallucinations of bugs crawling below the skin
 - Fun facts:
 - Your house will smell like cat pee
 - Red stained coffee filters or red stained rags
 - Lots of waste!
 - Tin foil on the windows
 - Lots of cold medicine preparations, empty boxes

Conditions for “FURTHER STUDY”

- Suicidal Behavior Disorder
- Non-Suicidal Self-Injury (cutters)
- Attenuated Psychosis Syndrome
- Persistent, Complex Bereavement Disorder
- Internet Gaming Disorder
- Depressive Episodes with short duration
hypomania
- Caffeine Use Disorder
- Neurobehavioral Disorder Associated with
Prenatal Alcohol Syndrome

Malingering

- Intentional production of false or grossly exaggerated symptoms
- Four areas to strongly suspect malingering:
 - Attorney refers or self-referred during litigation or criminal charges are pending
 - Marked discrepancy with what individual claims and what are the objective findings
 - Lack of cooperation during the diagnostic evaluation and following treatment regime
 - The presence of antisocial personality disorder

MR

- No longer Mental Retardation
- Intellectually Disabled is the new politically correct word!

