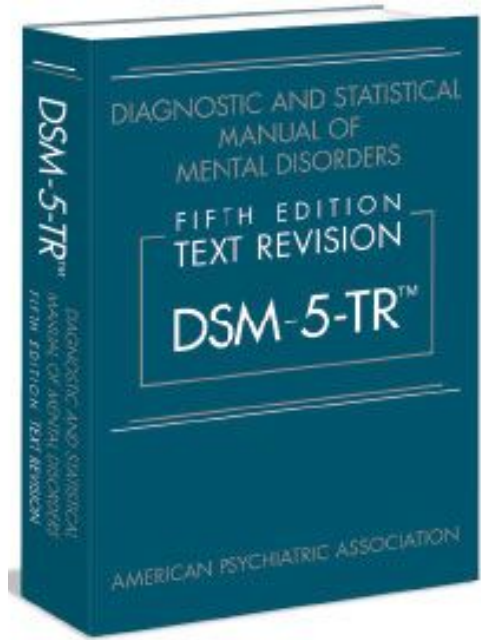


# DSM-TR Changes



**Presented by Resource  
& Training Team**

humantold

# Changes in Language around Culture, Racism & Discrimination

Particular attention was paid to misdiagnosis in socially oppressed racial groups as well as variations of symptom expression across races and possible causes for disorders.

- The term "**racialized**" is used instead of "race/racial" to underscore that race is a social construct.
- "**Ethnoracial**" is used to define and combine the U.S. Census categories that encompass both ethnicity and race, such as White, African-American, and Hispanic.
- "**Minority**" and "**non-White**" are no longer used, as they are thought to describe racial groups in relation to White people, creating a social hierarchy.
- "**Latinx**" is used instead of "Latino" or "Latina" in an effort to promote gender equality.
- "**Caucasian**" is no longer used because of its obsolete description of the origins of the pan-European ethnicity.
- Data about the prevalence of certain disorders in specific ethnoracial groups was added when existing research included reliable data.



# Changes in Language around Gender & Sexuality

The DSM-5-TR is aiming to use culturally-sensitive and less stigmatizing language. *In entries related to gender dysphoria:*

- “desired gender,” is now written as **“experienced gender.”**
- “cross-sex medical procedure,” has been updated to **“gender-affirming medical procedure.”**
- “cross-sex hormone treatment” to **“gender affirming hormone treatment.”**
- “natal male” to **“individual assigned male at birth”**  
and “natal female” to **“individual assigned female at birth.”**
- “disorders of sex development.” has been changed to **“differences in sex development.”**



# Changes in Diagnostic Criteria for Children

They want to provide more precise descriptions to clarify language and reduce confusion with certain diagnoses.

1. Autism spectrum disorder

- Criterion A phrase “as manifested by the following” was revised to read “as manifested by **all** of the following.” This is to maintain a high diagnostic threshold.

2. Disruptive mood regulation disorder

- “Development and Course” section describing the age range at which disruptive mood dysregulation disorder can be diagnosed and for which validity is established was updated to “**6–18 years,**” as noted in criterion G.

3. Post-traumatic stress disorder

- For children 6 years and younger, the note that “witnessing does not include events that are witnessed only in electronic media, television, movies, or pictures” was removed since Criterion A.2 already states that the **events occurring to others must be witnessed in person.**

4. Prolonged grief disorder

- This is a new disorder in DSM-5-TR. Specific language was added to the criteria to define the difference between children and adolescents versus adults. **The intent is to highlight the different reactions children or adolescents might have in such situations.**

# Additions made to DSM-5-TR

1. Prolonged Grief Disorder (removes persistent complex bereavement). Defined as intense yearning or longing for the deceased (often with intense sorrow and emotional pain), and preoccupation with thoughts or memories of the deceased (in children and adolescents, this preoccupation may focus on the circumstances of the death).
  - This is used when someone close to you has died—at least six months ago for children and a year ago or more for adults. It must cause “clinically significant distress,” which means that the reactions and symptoms lead to an impairment or social, occupational or other key areas of functioning occurring most of the day, nearly every day, for at least a month.
2. Unspecified Mood Disorder
  - This diagnosis is used when symptoms are predominantly in line with a depressive disorder diagnosis but they **do not meet the full diagnostic criteria** of any of the depressive or adjustment disorders.
  - It may be used either in situations where a mental health provider decides not to specify the reason criteria aren’t met—or in a situation such as in an emergency room where there isn’t enough information to accurately give a full diagnosis because a provider has only met with someone once and for a short amount of time.
3. Stimulant-Induced Mild Neurocognitive Disorder
  - The DSM has a section for *substance induced* mild neurocognitive disorders (alcohol, inhalants, sedative, hypnotic and anxiolytic substances). **The addition is to specify stimulant-induced** mild neurocognitive disorders (such as cocaine or methamphetamine) to recognize the lingering effects chronic use of stimulants can cause such as with learning, memory and executive functioning.

# Additions made to DSM-5-TR (Con't.)

## 4. Suicidal Behavior and Nonsuicidal Self-Injury (NSSI)

- Previously NSSI was only included for borderline personality disorder; it has been **changed to allow this designation to be independent of a specific diagnosis**. They are aiming to have this help encourage research on treating this not as simply a manifestation of other disorders.
- Non-suicidal self-injury is defined as the purposeful self-inflicted destruction of one's body without the goal of suicide. Research shows that the incidence of these behaviors may be as high as 40% among adolescents, warranting clinical attention.

## 5. Attenuated Psychosis Syndrome (APS)

- In order to eliminate over/misdiagnosis leading to harmful use of antipsychotic medication. Wording has been changed to capture a client's current state vs. what state may develop. This refers to a person not fully in psychosis, but has some criteria meeting a subclinical threshold. The person may be aware that their perceptions are altered whereas someone fully in psychosis would not.
- The text previously states "with relatively intact reality testing" and has been **changed to distinguish attenuated forms (lessened) of delusion, hallucinations, and disorganized speech and the non-attenuated forms of these symptoms**.

# Changes to Existing Diagnoses

Many of these revisions are to provide **more clarity in the language used.**

## 1. Autism spectrum disorder

- Criterion A phrase “as manifested by the following” was revised to read “as manifested by **all** of the following.” This is to maintain a high diagnostic threshold.

## 2. Avoidant-restrictive food intake disorder

- An inconsistency in the criteria was eliminated by removing in criterion A “as manifested by persistent failure to meet appropriate nutritional and/or energy needs.”
- This conflicts with point A.4 which allowed criterion A to be met by “marked interference with psychosocial functioning,” **With this revision criterion A can continue to be met if point A.4 is occurring for the client.**

## 3. Bipolar I and bipolar II disorder

- For Bipolar I disorder “B. At least one manic episode is not better explained by schizoaffective disorder and **is not superimposed** on schizophrenia, schizophreniform disorder, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder.”
- For Bipolar II Disorder “C. At least one hypomanic episode and at least one major depressive episode are not better explained by schizoaffective disorder and **are not superimposed** on schizophrenia, schizophreniform disorder, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder.”

# Changes to Existing Diagnoses

## 4. Manic episode

- This refers to **specifiers for manic episodes** that allow to provide insight on the level of impairment of functioning
  - Mild: The manic episode meets the minimum symptom criteria.
  - Moderate: The manic episode causes a very significant increase in impairment.
  - Severe: The person experiencing the manic episode needs nearly continual supervision to prevent harm from being done to themselves and/or others.

## 5. Delirium

- In DSM-5, criterion A for delirium: “A disturbance in attention (i.e., reduced ability to direct, focus, sustain, and shift attention) and awareness (reduced orientation to the environment)” it has been **changed to “A disturbance in attention (i.e., reduced ability to direct, focus, sustain, and shift attention) accompanied by reduced awareness of the environment.”**

## 6. Functional Neurological Symptom Disorder (Conversion Disorder)

- Conversion disorder is now in parentheses since it is becoming less widely used and Functional Neurological Symptom Disorder is becoming the term of choice for clients and researchers.

## 7. Intellectual Development Disorder (Intellectual Disability)

- **Previously known as “intellectual disability”** this term is now placed in parentheses.
- Within the diagnostic features section revises the text to communicate the idea that although one should not be bound narrowly to the 65–75 IQ score range, the diagnosis would not be appropriate for those with substantially higher IQ scores.



# Changes to Existing Diagnoses

## 8. Major depressive disorder

- Criterion D was modified to reflect the relationship between mood episodes and psychotic disorders
- It clarifies that the mood disorder can be diagnosed if the basic episode requirements for that disorder have been met (i.e., “at least one major depressive episode” for major depressive disorder).
- In addition, when other psychotic disorders from the exclusion criterion (i.e., schizophrenia, delusional disorder, psychotic disorder NOS) do not have mood episodes as part of their diagnostic criteria so there is no way for the mood episodes to be “explained by” by the diagnosis.
- For these disorders, major depressive episodes can instead be **“superimposed on”** the psychotic disorder, rather than being explained by it.

## 9. Narcolepsy

- Subtypes updated to be in line with international classification of sleep disorders, 3rd ed.

## 10. Olfactory Reference Disorder

- Previously known as “Jikoshu-kyofu” a term used in Japanese psychiatry this unintentionally implied a culture bound syndrome whereas it has been reported around the world.
- It had been under “other specified obsessive-compulsive and related disorders”. **It has been added as a separate disorder to ICD-11, in the chapter on obsessive-compulsive or related disorders.** Key features of the disorder are similar to the other obsessive-compulsive and related disorders. Excessive showering because it has been identified as one of the most common repetitive behaviors, and its inclusion may facilitate a correct diagnosis.

# Changes to Existing Diagnoses

## 11. Persistent depressive disorder

- This change **removes the word dysthymia** was originally to impose a limit on severity of the depression by requiring that the depression not meet the criteria for a major depressive episode at any time during the first two years.
- Specifiers: The criteria set for persistent depressive disorder in DSM-5 listed seven out of the eight specifiers that apply to major depressive disorder. **Now only two are explicitly applicable:** the anxious distress specifier and the atypical features specifier.

## 12. Social Anxiety Disorder

- Removal of parentheses “social phobia”

# Changes to Existing Diagnoses

## 13. Substance/medication-induced mental disorders

Changes had to be made due to the **elimination of groupings for “mood disorders” and “bipolar and related disorders”** then for the **split of “substance induced/medication induced” and “disorders due to another medical condition”**.

- In criterion A this could have resulted in mistakenly being interpreted as requiring elevated, expansive, or irritable mood or markedly diminished interest or pleasure in all, or almost all, activities, which was not the intent.
- Even if it is read in the intended way, i.e., that the “with or without” applies both to depressed mood and diminished interest or pleasure in activities, these phrases become superfluous as they carry no diagnostic weight.
- Hence, the criterion was reworded in DSM-5-TR to be clearer and match that in “substance/medication-induced bipolar and related disorder” and “depressive disorder due to another medical condition” to enhance the consistency in its application.

### **The changes affect the diagnoses:**

- *Bipolar and Related Disorder Due to Another Medical Condition*
- *Depressive Disorder Due to Another Medical Condition*
- *Substance/Medication-Induced Bipolar and Related Disorder*
  - Additional changes were made for this in criterion B.2, **the addition of “or withdrawal from”** before medication was intended to indicate the context and time frame for the development of the substance/medication-induced symptoms (i.e., during or soon after substance intoxication or withdrawal or after exposure to the medication).
  - This is to reflect symptoms that can arise in the context of taking a medication either while the person is taking the medication or after stopping it, if the medication is prone to causing a withdrawal syndrome.

# Changes to Existing Diagnoses

## 14. Other Specified Disorders

- Other Specified *Bipolar and Related Disorder*:
  - In example #3 hypomanic episode without prior major depressive episode were revised to resolve a conflict with criterion E for persistent depressive disorder.
  - In addition, a fifth example, **“manic episode superimposed” was added**. This applies when a manic episode occurs concurrently with a psychotic disorder that does not have mood episodes as part of its diagnostic criteria.
- Other Specified *Schizophrenia Spectrum and Other Psychotic Disorder*:
  - Terminology updated to “delusional symptoms in the context of relationship with an individual with prominent delusions” **to eliminate the term “partner,”** which could imply a romantic relationship.
  - In addition, the change clarifies that the diagnosis of the “inducer” is not limited to individuals with delusional disorder. It can occur with individuals suffering from any chronic psychotic disorder with prominent delusions.
- Other Specified *Delirium*: the example of attenuated delirium syndrome was changed to **subsyndromal delirium**.
- Other Specified *Depressive Disorder*: a fourth example, **major depressive episode superimposed**. This applies when a major depressive episode occurs concurrently with a psychotic disorder that does not have mood episodes as part of its diagnostic criteria.
- Other Specified *Feeding or Eating Disorder*: for Atypical Anorexia Nervosa text was added “individuals with atypical anorexia nervosa **may experience many of the physiological complications** associated with anorexia nervosa”

# Humantold & AdvancedMD (AMD)

All of these changes are in effect as of Oct. 1st 2022. Many of these changes come along with coding changes

- **As of this presentation (Early Oct. 2022) AMD has not made diagnostic and coding additions/changes from the DSM-5-TR.**
  - For example, no F code is listed for persistent depressive disorder
- We can utilize the changes in the criteria as clinicians when assessing clients, but **for now we must continue to use the old F codes we have within AMD.**
- Kristjana is speaking to AMD to get a timeline on when the new diagnostic codes will appear. Once AMD makes the changes the billing and auditing are prepared to handle it.

# Questions?

For a deeper look check out [Psychiatry.org](https://www.psychiatry.org).