NEW AND REVISED DSM DISORDERS

Disruptive Mood Dysregulation Disorder
Autism Spectrum Disorders
Substance Use Disorders
Objectives

1. Identify the rationale for the Disruptive Mood Dysregulation Disorder diagnosis
2. Describe the controversy behind renaming the Autism Spectrum Disorders
3. Discuss changes to addiction terminology and their controversy in the Substance Use Disorders chapter
DISRUPTIVE MOOD DYSREGULATION DISORDER
What do you do with a kid who has:

- Persistent, non-episodic irritability
- Abrupt mood swings
- Increased energy
- Temper outbursts
- Frustration intolerance
- Low energy, boredom
- Social withdrawal
- Suicidal thoughts
- Combativeness

Might be conduct disorder

- Few treatments
- Low insurance
Bipolar Disorder in Children?

Janet Wozniak, M.D.
• Studied kids with ADHD
• Severe mood dysregulation similar to bipolar
• Award-winning research 1995
Bipolar Disorder NOS

Bipolar Disorder NOS created in 2000 for individuals who do not meet full criteria for Bipolar Disorder

- A biological disorder: insurance companies would pay
- Parents no longer blamed
- Medication available for agitation
Bipolar Disorder in Children

- Rare before the mid-1990s
- Diagnosis soared by 40% in 10 years
- Unknown prevalence in children
- 3% in adolescents
- Results in heavy medication, weight gain, diabetes, decreased life expectancy
- Lifelong label

*Source: Mark Olfson, Columbia University*
Alternatives

- Revise a current disorder?
- Add a subtype of Oppositional Defiant Disorder?
- Create a new disorder?
- How about Temper Dysregulation Disorder?

“If we recast children with severe mood dysregulation as children with prominent combined ADHD and oppositional defiant disorder, we find we have considerable knowledge about them already.”

~ Gabrielle Carlson
Disruptive Mood Dysregulation Disorder

"They may get many of the same [medications]. But the difference is going to be that you won't have to take this for the rest of your life."

~Gabrielle Carlson
Disruptive Mood Dysregulation Disorder (DMDD) Criteria

A. Severe recurrent temper outbursts manifested verbally and/or behaviorally that are grossly out of proportion in intensity or duration to the situation or provocation.

B. The temper outbursts are inconsistent with developmental level.

C. The temper outbursts occur, on average, three or more times per week.

D. The mood between temper outbursts is persistently irritable or angry most of the day, nearly every day, and is observable by others.

E. Criteria A-D have been present for 12 or more months without 3 or more months without these symptoms.
Disruptive Mood Dysregulation Disorder (DMDD) Criteria

F. Criteria A and D are present in at least two of three settings (i.e., at home, at school, with peers) and are severe in at least one these.

G. The diagnosis should not be made for the first time before age 6 years or after age 18 years.

H. By history or observation, the age of onset of Criteria A-E is before 10 years.

I. There has never been a distinct period lasting more than 1 day during which the full symptom criteria, except duration, for a manic or hypomanic episode have been met.
Disruptive Mood Dysregulation Disorder (DMDD) Criteria

J. The behaviors do not occur exclusively during an episode of major depressive disorder and are not better explained by another mental disorder.

K. The symptoms are not attributable to the physiological effects of a substance or to another medical or neurological condition.
Concerns

- Allen Frances: “Will exacerbate, not relieve, the already excessive and inappropriate use of medication in young children.”
- Another concern is that it will lower the threshold for diagnosing kids who are just having a hard time,
Results of Research

Two community samples
Relatively rare, ranging from 0.8% to 3.3%
Higher rates in preschool age and in boys
Co-occurred with all common psychiatric disorders particularly with depressive disorders and oppositional defiant disorder

No medication has been shown to be effective for DMDD

Copland et al. (2013)
AUTISM SPECTRUM DISORDERS
Autism Spectrum Disorders

Combines
• Autistic disorder
• Asperger disorder
• Childhood disintegrative disorder
• Pervasive developmental disorder not otherwise specified (PDD-NOS)
Why Make a Change?

APA Rationale
• Clinicians had been applying the criteria inconsistently and incorrectly
• Reliability data to support their continued separation was poor
• Severity specifiers can describe variants of ASD

Other Rationale
• Autism rate increases coincided with broadening of criteria in the DSM-IV
• Criteria shifted diagnoses from mental retardation to autism
• In California 26% of increase was directly attributable to the dx
## History of Autism Diagnoses

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1943</td>
<td>Leo Kanner publishes “Autistic Disturbance of Affective Contact” describing 11 socially isolated children who share an obsessive desire for sameness</td>
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<tr>
<td>1950s-1960s</td>
<td>Autism widely regarded as a form of “childhood schizophrenia.” Psychoanalysts blame emotionally cold mothering</td>
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<tr>
<td>1970s</td>
<td>Autism understood as a biological disorder of brain development</td>
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<tr>
<td>1980</td>
<td>DSM-III distinguishes autism from childhood schizophrenia</td>
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<td>1987</td>
<td>DSM-III-R lays out a checklist of criteria for diagnosing autism</td>
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<td>1994, 2000</td>
<td>DSM-IV and DSM-IV-TR expand definition of autism and include Asperger syndrome</td>
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<tr>
<td>2013</td>
<td>DSM-5 folds all subcategories into one umbrella diagnosis of autism spectrum disorder (ASD)</td>
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Autism Prevalence On The Rise*
There has been a 600% increase in prevalence over the last two decades.
Autism Spectrum Disorder

A. Persistent deficits in **social communication** and **social interaction** across multiple contexts as manifested by the following:
   1. Deficits in social-emotional reciprocity
   2. Deficits in nonverbal communicative behaviors used for social interaction
   3. Deficits in developing, maintaining, and understanding relationships

B. Restricted, **repetitive patterns** of behavior, interests, or activities as manifested by at least two of the following:
   1. Stereotyped or repetitive motor movements, use of objects, or speech.
   2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior
Autism Spectrum Disorder (cont’d)

3. Highly restricted, fixated interests that are abnormal in intensity or focus.
4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

E. These disturbances are not better explained by intellectual developmental disability or global developmental delay.
Autism Spectrum Disorder (cont’d)

Specify if:
• With or without accompanying intellectual impairment
• With or without accompany language impairment
• Associated with a known medical or genetic condition or environmental factor
• Associated with another neurodevelopmental, mental, or behavioral disorder
• With catatonia

Severity Levels
Level 3 Requiring very substantial support
Level 2 Requiring substantial support
Level 1 Requiring support
Concerns

- Children who had borderline Asperger's will lose services
- The APA recommends that no one already diagnosed should be re-evaluated to prevent treatment disruption

I do not feel disabled, defective, or the need to be cured. I like being an Aspie. It would be like changing the color of my eyes.
“Autism and Asperger’s mean such different things. I vehemently oppose the proposal and will think of myself as someone with Asperger’s no matter what.”

Rebecca, 23, graduate student from Massapequa, N.Y.
Results of Research

- McPartland and colleagues (2012):
  - Evaluated 933 individuals; 657 were diagnosed with ASD and 276 diagnosed with non-ASD
  - 61% of ASD-diagnosed individuals retained ASD diagnosis under the DSM-5
  - Revised criteria improve specificity for autistic disorder
  - Excludes cognitively able people with other autistic disorder
  - 75% of people with Asperger’s Disorder would be eliminated
Results of Research

- Maenner and colleagues (2014)
  - Reviewed 6,577 individuals diagnosed with autism under DSM-IV-TR
  - 81% retained the autism spectrum disorder diagnosis under the DSM-5
  - Most of the remaining 19% were missing only one criteria for the diagnosis
    - Missing criterion was problems with nonverbal communication, i.e., no trouble reading or using body language or facial expressions
  - Professionals may *adapt* to the new criteria and numbers increase
ADDICTIONS
Sociopathic Personality Disorders
- Alcoholism (addiction)
- Drug addiction
- No classes of drugs listed
- DSM-I no criteria specified
- DSM-II definitions added
Early Definitions

Alcoholism:
Well established addiction to alcohol without recognizable underlying disorder.
Simple drunkenness and acute poisoning due to alcohol are not included in this category.

Drug Addiction:
Symptomatic of a personality disorder.
Personality classification is an additional diagnosis
Drug addictions symptomatic of organic brain disorders, psychotic disorder, psychophysiologic disorders, and psychoneurotic disorders are classified here as a secondary diagnosis.
DSM-III (1980)

Substance Use Disorders
• Each substance a separate disorder
• Alcoholism disappeared
• Abuse and dependence added
• Specifiers
  • Continuous
  • Episodic
  • In remission

DSM-III-TR (1987)

Psychoactive Substance Use Disorders
• Dependence (e.g., “Alcohol Dependence Syndrome”)
  • Physiological: tolerance and withdrawal
  • Psychological: impaired control over drinking
• Abuse
  • Problem drinking no dependence
**DSM-IV (1994)**

*Substance Related Disorders*

- Inhalants added
- Maintained categories of abuse and dependence
- Abuse continues “despite recurrent social, interpersonal, or legal problems”


- Ditto
DSM-IV-TR Substance Abuse

A pattern of substance use leading to significant impairment or distress, as manifested by one or more of the following during in the past 12 month period:

- Failure to fulfill major role obligations
- Frequent use of substances in situations in which it is physically hazardous
- Frequent legal problems for substance abuse
- Continued use despite having persistent or recurrent social or interpersonal problems
DSM-IV-TR Substance Dependence

Significant impairment or distress, as manifested by 3 or more of the following during a 12 month period:

- **Tolerance** or markedly increased amounts of the substance to achieve intoxication
- **Withdrawal** symptoms or the use of certain substances to avoid withdrawal symptoms
- Persistent desire or unsuccessful efforts to control use
- Efforts to obtain, use, or recover from the substance
- Reduction or abandonment of [usual] activities because of substance use
- Recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
Chapter Names Considered for the DSM-5

- Addictions and Related Disorders
- Substance, Gambling, and Related Disorders

Disorder Names Considered for the DSM-5

- Substance Use Disorder (as in alcohol use disorder, amphetamine use disorder, etc.)
- Minimal support for: Addiction (i.e. alcohol addiction, amphetamine addiction, etc.) and Substance Dependence (i.e. alcohol dependence, amphetamine dependence, etc.)
Invited Comments to Draft DSM-5

- “Substance "Use" Disorder is an abomination.”
- “…‘addiction’ more clearly distinguishes a maladaptive state of compulsive drug use from the expected physiologic state of physical dependence than do the terms ‘dependence’ or ‘disorder’ “.
- “I prefer substance use disorder”
- “THERE IS ONLY OBSCURITY TO BE ACHIEVED BY AVOIDING THE TERM ADDICTION.
- “I agree with the proposal for a single substance use disorder diagnosis with levels of severity.”
- “Including craving as a criterion is a wonderful advance.”
Invited Comments to Draft DSM-5 (cont’d)

• “I like that there is an addiction emphasis in the name of this category and that gambling was moved here.”

• “Very, very bad idea to move back to the concept of ‘addiction’ and the suggestion that compulsive behaviors are akin to substance dependence.”
DSM-5 (2013)

Chapter: *Substance-Related and Addictive Disorders*

Disorder: Substance Use Disorders*

Other problems:

• Intoxication
• Withdrawal
• Substance-induced disorders
• Unspecified substance-induced disorders

*Combination of abuse and dependence
DSM-5 (2013)

- Recurrent legal problems removed
- *Craving* and *strong urge to use* added
- Substance use disorder is set at two or more criteria compared to one or more criteria for an abuse diagnosis and three or more for a dependence diagnosis in DSM-IV-TR
DSM-5 (2013)

- Specifiers: Severity (mild, moderate, severe)
  - Mild - 2 to 3 criteria
  - Moderate - 4 to 5 criteria!
  - Severe - 6 or more criteria
- Remission (eliminated partial and full)
  - Early - No criteria except A4 (craving) met for 3 months but less than 12 months
  - Sustained - No criteria except for craving met for 12 or more months
DSM-5 (2013)

- Caffeine (not use disorder) intoxication and withdrawal added
- Cannabis withdrawal added
- Tobacco use disorder added
- New process addiction: gambling
- Abuse and dependence eliminated
Why Remove Abuse?

- Stigma barrier to seeking help for substance conditions
- Ascribed more personal responsibility and need for abuser punishment

“Mr. Williams is responsible for his problem” (.59)

“He should be given a jail sentence to serve as a wake-up call” (.53)

“His problem is caused by poor choices” (.51)

Abuse and Dependence Terms Arbitrary?

- Previous editions distinguished between abuse (consequences of drinking) and dependence (psychological and physiological relationship with the substance)
- Abuse was seen as a mild or early phase that led to dependence
- Dependence was seen as the more severe manifestation.
- In practice, the abuse criteria were sometimes quite severe
- APA considered the distinction between abuse and dependence to be arbitrary
DSM-IV Vote

• Abuse and dependence remained in the DSM-IV based on ONE vote
Sample Diagnosis

Alcohol Use Disorder

A. A problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

1. Alcohol is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
4. Craving, or a strong desire or urge to use alcohol.
5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
Alcohol Use Disorder (cont’d)

6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.

7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.

8. Recurrent alcohol use in situations in which it is physically hazardous.

9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.

10. Tolerance, as defined by either of the following:
   a. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
   b. A markedly diminished effect with continued use of the same amount of alcohol.
Alcohol Use Disorder (cont’d)

11. Withdrawal, as manifested by either of the following:
   a. The characteristic withdrawal syndrome for alcohol.
   b. Alcohol is taken to relieve or avoid withdrawal symptoms.
ICD 10

Harmful use
• A pattern of psychoactive substance use that is causing damage to health. The damage may be physical or mental.

Dependence syndrome
• … strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

Withdrawal state
• A group of symptoms of variable clustering and severity occurring on absolute or relative withdrawal of a psychoactive substance after persistent use of that substance.
Responses

Griffith Edwards:
• “There is intermediary step of disruptive drinking, such as alcohol abuse, that does not meet the higher threshold for dependence
• The single category would deviate significantly from the ICD diagnostic criteria

May result in many more people being diagnosed as having a substance use disorder than was seen using the DSM-IV and may strain health care resources.
Non-Substance-Related Disorders

Gambling Disorder
• Previously listed in Impulse Control Disorder Not Otherwise Classified
• Similar to substance-related disorders in clinical expression, brain origin, comorbidity, physiology, and treatment
• Committing an illegal act to finance gambling will no longer be included
• Internet gaming disorder added to Section III
References


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