DSM V for Psychosomatic Medicine: Current Progress and Controversies

Lawson Wulsin, MD
University of Cincinnati

Joel Dimsdale, MD
University of California, San Diego
Disclosure:
Lawson Wulsin, MD

With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between the party listed above (and/or spouse/partner) and any for-profit company in the past 24 months which could be considered a conflict of interest.
Workshop Plan

- DSM V Task Force
  - Current Status of Revisions Process
- General Medical Interface Study Group
  - DSM V PC: How to make it useful
  - What to do with Axis III?
- Somatoform Disorders Work Group
  - Proposed revisions
Workshop Plan

Questions for you:
- What’s wrong with DSM IV for PM?

Recommendations from you to the Task Force
- How to make DSM V PC useful for primary care
- Revisions of proposed changes to Somatoform Disorders section

Best sites for field trials?
DSM V Task Force

- David Kupfer, Chair
- Darrel Regier, Vice-chair
- 16 Work Groups (Disorder Chapters)
- 4 Study Groups (Cross-cutting issues)
- Semi-annual TF and WG Mtgs
- Monthly WG and SG conf calls
- Ad Hoc subcommittees
DSM V Timeline

- Drafts of additions, deletions: 12/09
- Public comment: 12/09
- Field trials, phase I: 1-6/10 (5/10-3/11)
- Field trials, phase II: 7-12/10 (12/10-2/12)
- Final drafts: 2-11/11 (2-8/12)
- Submission to APPI: 1/12 (12/12)
- DSM V released: 5/12 (6/13)
Current Questions?

Can DSM V be more useful to primary care and general medicine?

- DSM V can narrow the gap
- Useful DSM V PC, fewer dx’s, clearer terms and criteria, better measures, simpler dx system
- Harmony with ICD 11
Current Questions

- Can we reduce the number of diagnoses while improving validity?
  - Delete those not used, or not reliable, or not valid
Current Questions?

- Should we collapse Axis I, II, and III into a single Axis I?
  - As in ICD 10
  - Five axes: cumbersome, ignored, unnecessary
  - Boundary between Axis I and III?
Current Questions?

- Should impairment be integral to, or independent of, the diagnostic criteria?
  - integral in substance abuse, eating d/o
  - independent in schizophrenia
  - Somatic disorders?

- Revise Axis V?
  - What is the best measure of impairment?
  - How is impairment different from disability?
Discussion

- DSM V Process for Psychosomatic Medicine
  - Somatic Disorders (somatoform) Workgroup
  - General Medical Interface Study Group

- Questions?
General Medical Interface Study Group

How to make DSM V more useful for non-psychiatrists

- A better DSM V PC?
- Problems with DSM IV PC:
  - Too long, too complicated, not used
  - ICD 10 PC is shorter, simpler, more useful

Your recommendations
General Medical Interface
Study Group

- Collapse Axis I, II, III into single Axis I?

- Pros
  - ICD 10 does this
  - Rest of medicine does this
  - Consistent with “Parity”
  - Boundary between I and III is often arbitrary, not useful
  - Many psychiatrists and the rest of medicine ignore the axial system
  - There are better ways to describe comorbidity

- Cons
  - Easier to forget about medical comorbidity?

- Your recommendations
The Axis III Problem

Reimbursement disincentive:

- Payors refuse to pay for “medical dx’s” in psychiatric facilities:
  - Dementia due to Alzheimer’s
  - Personality change due to medical conditions (e.g. organic personality due to TBI, epilepsy, etc)
  - Psychosis due to medical conditions
  - Mood disorder due to medical condition

- [Read Dr Boronow’s note to Dr Regier]
Axis III?

Other ways to show related disorders:
- List on single Axis by priority for treatment
- New 5th digit specifiers
- Specific combination diagnoses
  - Alzheimers with depression
  - Mixed anxiety and depression disorder
  - Chronic pain with dysthymia
  - PFAGMC