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American Psychiatric Association Board of Trustees Approves DSM-5
Diagnostic manual passes major milestone before May 2013 publication

ARLINGTON, Va. (December 1, 2012) – The American Psychiatric Association (APA) Board of Trustees has approved the final diagnostic criteria for the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. The trustees' action marks the end of the manual's comprehensive revision process, which has spanned over a decade and included contributions from more than 1,500 experts in psychiatry, psychology, social work, psychiatric nursing, pediatrics, neurology, and other related fields from 39 countries. These final criteria will be available when *DSM-5* is completed and published in spring 2013.

“The Board of Trustees approval of the criteria is a vote of confidence for *DSM-5*,” said Dilip Jeste, MD, president of APA. “We developed *DSM-5* by utilizing the best experts in the field and extensive reviews of the scientific literature and original research, and we have produced a manual that best represents the current science and will be useful to clinicians and the patients they serve.”

DSM-5 is the guidebook used by clinicians and researchers to diagnose and classify mental disorders. Now that the criteria have been approved, review of the criteria and text describing the disorders will continue to undergo final editing and then publication by American Psychiatric Publishing.

The manual will include approximately the same number of disorders that were included in *DSM-IV*. This goes against the trend from other areas of medicine that increase the number of diagnoses annually.

“We have sought to be conservative in our approach to revising *DSM-5*. Our work has been aimed at more accurately defining mental disorders that have a real impact on people's lives, not expanding the scope of psychiatry,” said David J. Kupfer, MD, chair of the *DSM-5* Task Force. “I'm thrilled to have the Board of Trustees' support for the revisions and for us to move forward toward the publication.”

Organization of DSM-5

DSM-5 will be comprised of three sections:

- Section 1 will give an introduction to *DSM-5* with information on how to use the updated manual;
- Section 2 will outline the categorical diagnoses according to a revised chapter organization; and
- Section 3 will include conditions that require further research before their consideration as formal disorders, as well as cultural formulations, glossary, the names of individuals involved in *DSM-5*'s development and other information.

Summary of Decisions for *DSM-5*

Key decisions made by the Board of Trustees include:*

- **Overall Substantive Changes**
 - Chapter order
 - Removal of multiaxial system
- **Section 2 Disorders**
 - Autism spectrum disorder
 - Binge eating disorder
 - Disruptive mood dysregulation disorder
 - Excoriation (skin-picking) disorder
 - Hoarding disorder
 - Pedophilic disorder
 - Personality disorders
 - Posttraumatic stress disorder
 - Removal of bereavement exclusion
 - Specific learning disorders
 - Substance use disorder
- **Section 3 Disorders**
 - Attenuated psychosis syndrome
 - Internet use gaming disorder
 - Non-suicidal self-injury
 - Suicidal behavioral disorder
- **Disorders Not Accepted for Sections 2 or 3**
 - Anxious depression
 - Hypersexual disorder
 - Parental alienation syndrome
 - Sensory processing disorder

* More information on select decisions is available in Attachment A.

Collaborative Process for Development of *DSM-5*

Beginning in 1999, during the initial phase of this *DSM* revision, the APA engaged almost 400 international research investigators in 13 conferences supported by the National Institutes of Health. To invite comments from the wider research, clinical and consumer communities, the APA launched a *DSM-5 Prelude* website in 2004 to garner questions, comments, and research findings during the development process.

Starting in 2007 and 2008, the *DSM-5* Task Force and Work Groups, made up of more than 160 world-renowned clinicians and researchers, were tasked with building on the previous seven

years of scientific reviews, conducting additional focused reviews, and garnering input from a breadth of advisors as the basis for proposing draft criteria. In addition to the Work Groups in diagnostic categories, study groups were assigned to review gender, age and cross-cultural issues. The Work Groups have led the effort to review the scientific advances and research-based information that have formed the basis of the content for *DSM-5*.

The first draft of proposed changes was posted publicly on the website www.DSM5.org in February 2010 and the site also posted two subsequent drafts. With each draft, the site accepted feedback on proposed changes, receiving more than 13,000 comments on draft diagnostic criteria from mental health clinicians and researchers, the overall medical community, and patients, families, and advocates. Following each comment period, the *DSM-5* Task Force and Work Groups reviewed and considered each response and made revisions where warranted.

The Work Groups' proposals were evaluated by the Task Force and two panels convened specifically to evaluate the proposals—a Scientific Review Committee and a Clinical and Public Health Committee. The Scientific Review Committee looked at the supporting data for proposed changes. The Clinical and Public Health Committee was charged with assessing the potential impact of changes to clinical practice and public health. Additionally, there was a forensic review by members of the Council on Psychiatry and Law.

All of the reviews were coordinated in meetings of the Summit Group, which includes the *DSM-5* Task Force co-chairs, and review committee co-chairs, consultants, and members of the Executive Committee of the Board of Trustees. The criteria were then put before the APA Assembly for review and approval. The Board of Trustees' review was the final step in this multilevel, comprehensive process.

“At every step of development, we have worked to make the process as open and inclusive as possible. The level of transparency we have strived for is not seen in any other area of medicine,” said James H. Scully, MD, medical director and chief executive officer of APA.

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The American Psychiatric Association is a national medical specialty society whose physician members specialize in the diagnosis, treatment, prevention and research of mental illnesses, including substance use disorders. Visit the APA at www.psychiatry.org.

Attachment A: Select Decisions Made by APA Board of Trustees

Overall Changes

- **Chapter order:** *DSM-5*'s 20 chapters will be restructured based on disorders' apparent relatedness to one another, as reflected by similarities in disorders' underlying vulnerabilities and symptom characteristics. The changes will align *DSM-5* with the World Health Organization's (WHO) International Classification of Diseases, eleventh edition (ICD-11) and are expected to facilitate improved communication and common use of diagnoses across disorders within chapters.
- **Removal of multiaxial system:** *DSM-5* will move to a nonaxial documentation of diagnosis, combining the former Axes I, II, and III, with separate notations for psychosocial and contextual factors (formerly Axis IV) and disability (formerly Axis V).

Section 2 Disorders

1. **Autism spectrum disorder:** The criteria will incorporate several diagnoses from *DSM-IV* including autistic disorder, Asperger's disorder, childhood disintegrative disorder, and pervasive developmental disorder (not otherwise specified), into the diagnosis of autism spectrum disorder for *DSM-5* to help more accurately and consistently diagnose children with autism.
2. **Binge eating disorder** will be moved from *DSM-IV*'s Appendix B: Criteria Sets and Axes Provided for Further Study to *DSM-5* Section 2. The change is intended to better represent the symptoms and behaviors of people with this condition.
3. **Disruptive mood dysregulation disorder** will be included in *DSM-5* to diagnose children who exhibit persistent irritability and frequent episodes of behavior outbursts three or more times a week for more than a year. The diagnosis is intended to address concerns about potential over-diagnosis and overtreatment of bipolar disorder in children.
4. **Excoriation (skin-picking) disorder** is new to *DSM-5* and will be included in the Obsessive-Compulsive and Related Disorders chapter.
5. **Hoarding disorder** is new to *DSM-5*. Its addition to *DSM* is supported by extensive scientific research on this disorder. This disorder will help characterize people with persistent difficulty discarding or parting with possessions, regardless of their actual value. The behavior usually has harmful effects—emotional, physical, social, financial and even legal—for a hoarder and family members.
6. **Pedophilic disorder** criteria will remain unchanged from *DSM-IV*, but the disorder name will be revised from pedophilia to pedophilic disorder.
7. **Personality disorders:** *DSM-5* will maintain the categorical model and criteria for the 10 personality disorders included in *DSM-IV* and will include the new trait-specific methodology in a separate area of Section 3 to encourage further study how this could be used to diagnose personality disorders in clinical practice.
8. **Posttraumatic stress disorder (PTSD)** will be included in a new chapter in *DSM-5* on Trauma- and Stressor-Related Disorders. *DSM-5* pays more attention to the behavioral symptoms that accompany PTSD and proposes four distinct diagnostic clusters instead of three. PTSD will also be more developmentally sensitive for children and adolescents.
9. **Removal of bereavement exclusion:** the exclusion criterion in *DSM-IV* applied to people experiencing depressive symptoms lasting less than two months following the death of a loved one has been removed and replaced by several notes within the text delineating the

differences between grief and depression. This reflects the recognition that bereavement is a severe psychosocial stressor that can precipitate a major depressive episode beginning soon after the loss of a loved one.

10. **Specific learning disorder** broadens the *DSM-IV* criteria to represent distinct disorders which interfere with the acquisition and use of one or more of the following academic skills: oral language, reading, written language, or mathematics.
11. **Substance use disorder** will combine the *DSM-IV* categories of substance abuse and substance dependence. In this one overarching disorder, the criteria have not only been combined, but strengthened. Previous substance abuse criteria required only one symptom while the *DSM-5*'s mild substance use disorder requires two to three symptoms.