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American Psychiatric Association Releases *DSM-5**Publication of diagnostic manual culminates 14-year development process*

ARLINGTON, Va. (May 17, 2013) – The American Psychiatric Association (APA) today announced the release of the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. The manual’s publication marks an important milestone—revising the classifications and criteria of mental disorders for the first time since 1994 to reflect nearly two decades of scientific advances and clinical experience.

DSM-5 is the guidebook used by clinicians and researchers to diagnose and classify mental disorders in this country as well as around the world. The new edition is available first in print, with an electronic version to be offered later this year. Both versions, as well as supplementary publications from the *DSM-5* Collection, can be ordered at www.psychiatry.org/dsm5.

“The changes to the manual will help clinicians more precisely identify mental disorders and improve diagnosis while maintaining the continuity of care,” said David J. Kupfer, MD, chair of the *DSM-5* Task Force. “We expect these changes to help clinicians better serve patients and to deepen our understanding of these disorders based on new research.”

Organization of *DSM-5*

DSM-5 is different from its predecessors in fundamental ways. The revised chapter organization signals how disorders may relate to each other based on underlying vulnerabilities or symptom characteristics. It also breaks out some disorders because of greater understanding of their basic causes. As an example, the previous single chapter on “Anxiety disorders, including obsessive compulsive disorder and posttraumatic stress disorder” now is three sequential chapters detailing Anxiety Disorders, Obsessive-Compulsive and Related Disorders, and Trauma- and Stressor-Related Disorders. This move both emphasizes the distinctiveness of the categories covered while signaling their interconnectedness. (The table of contents for *DSM-5* is included in Attachment A.)

Throughout the manual, disorders are framed in the context of age, gender, and cultural expectations. In fact, disorders now are organized along a developmental lifespan within each chapter; conditions first evident in childhood and adolescence are no longer set apart but integrated throughout the manual. And although *DSM-5* includes several new categories—such

as binge eating disorder, disruptive mood dysregulation disorder, and hoarding disorder—the new manual will have approximately the same number of disorders as *DSM-IV*.

More Precise Diagnoses

Many of the changes in *DSM-5* were adjustments made to better characterize disorder symptoms in terms of appearance, duration or severity. Certain conditions were combined because of the recognized overlap between some categories or, in the case of autism spectrum disorder, because the relationships among categories clearly placed them along a single continuum. In Section III, which is new to the manual, several conditions are introduced that warrant more research before they might be considered as formal disorders for the main book. Two such conditions—suicidal behavioral disorder and nonsuicidal self injury—reflect *DSM-5*'s increased recognition of suicidal ideation and its related issues. Their inclusion in Section III should help to determine if they have clinical utility and their diagnostic criteria can be used reliably.

The Development Process

The product of the most comprehensive and transparent development process in APA history, the new book represents the strongest science and the contributions of more than 1,500 U.S. and international experts from a diversity of mental health and medical fields. Draft diagnostic criteria were made available online as part of three open-comment periods that drew more than 13,000 responses from consumers, advocates, mental health and medical professionals and organizations. Every response was reviewed and considered by the Task Force and *DSM-5* Work Groups.

“When the APA set out to revise *DSM*, we wanted to facilitate the broadest participation possible to ensure we captured a diversity of opinions. We also wanted to strengthen the final manual for clinicians, patients and researchers,” said Dilip Jeste, MD, president of APA. “We have achieved both goals and expect *DSM* to have immediate utility for clinicians and benefit for patients.”

APA is looking to make future revision processes more responsive to breakthroughs in research with incremental updates until a new edition is required. Since the research base of mental disorders is evolving at different rates for different disorders, diagnostic guidelines will not be tied to a static publication date but rather to scientific advances.

More information on changes to *DSM-5* and how to purchase the manual and other products from the *DSM-5* Collection can be found at www.psychiatry.org/dsm5.

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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.

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