

Child Psychiatry and the DSM-5



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Objectives

New in the DSM-5: Child and Adolescent

1. To be aware of the new diagnostic classification organization in the DSM-5
2. To be aware of the history of the DSM
3. To be aware of the new diagnosis for child and adolescent





Why the DSM?



Facilitates Mental Health Professionals:

- Ability to communicate
- Use of a common language
- Organize information to aid in accurate diagnosis
- Educational resource
- Requirement of clear diagnostic features
- Reference for researchers

You need a diagnostic manual!!!



The DSM

The **Diagnostic and Statistics Manual of Mental Health Disorders (DSM)**

- Published by the American Psychiatric Association (APA)
- The manual evolved from a manual that was developed by the US Army to collect census and psychiatric hospital statistics
- First published in 1952



The DSM-I

The purpose of DSM-I was to create a **common nomenclature**

- Based on a consensus of the contemporary knowledge about psychiatric disorders
- APA sent questionnaires to 10% of its membership
- The final version, which assigned categories based on lists of symptoms, was approved by a vote of the membership and published in 1952 (*Blashfield, 1998*)



The DSM-I

DSM-I included 3 categories of psychopathology:

- a) organic brain syndromes
- b) functional disorders
- c) mental deficiency

It included 106 diagnoses

- Only one diagnosis (Adjustment Reaction of Childhood/Adolescence) could be applied to children



The DSM-II

DSM-II

- Published in 1968
- The purpose was to further facilitate communication among professionals
- Divided into 11 major diagnostic categories
- Included 185 diagnoses



The DSM-II

In the **DSM-II**, increased attention was given to the problems of children and adolescence with the categorical addition of “Behavior Disorders of Childhood-Adolescence” which included:

- Hyperkinetic Reaction
- Withdrawing Reaction
- Overanxious Reaction
- Runaway Reaction
- Unsocialized Aggressive Reaction
- Group Delinquent Reaction

The DSM-III

DSM-III was based on scientific evidence

- DSM-III stimulated additional research to ensure the adequacy of criteria

Published in 1980

- A theoretical and a multiaxial system for assessment
- Diagnosis improved with the addition of more explicit diagnostic criteria and structured interviews

DSM-II

- 92 pages
- 185 diagnoses

DSM-III

- 482 pages
- 265 diagnoses



The DSM-IV

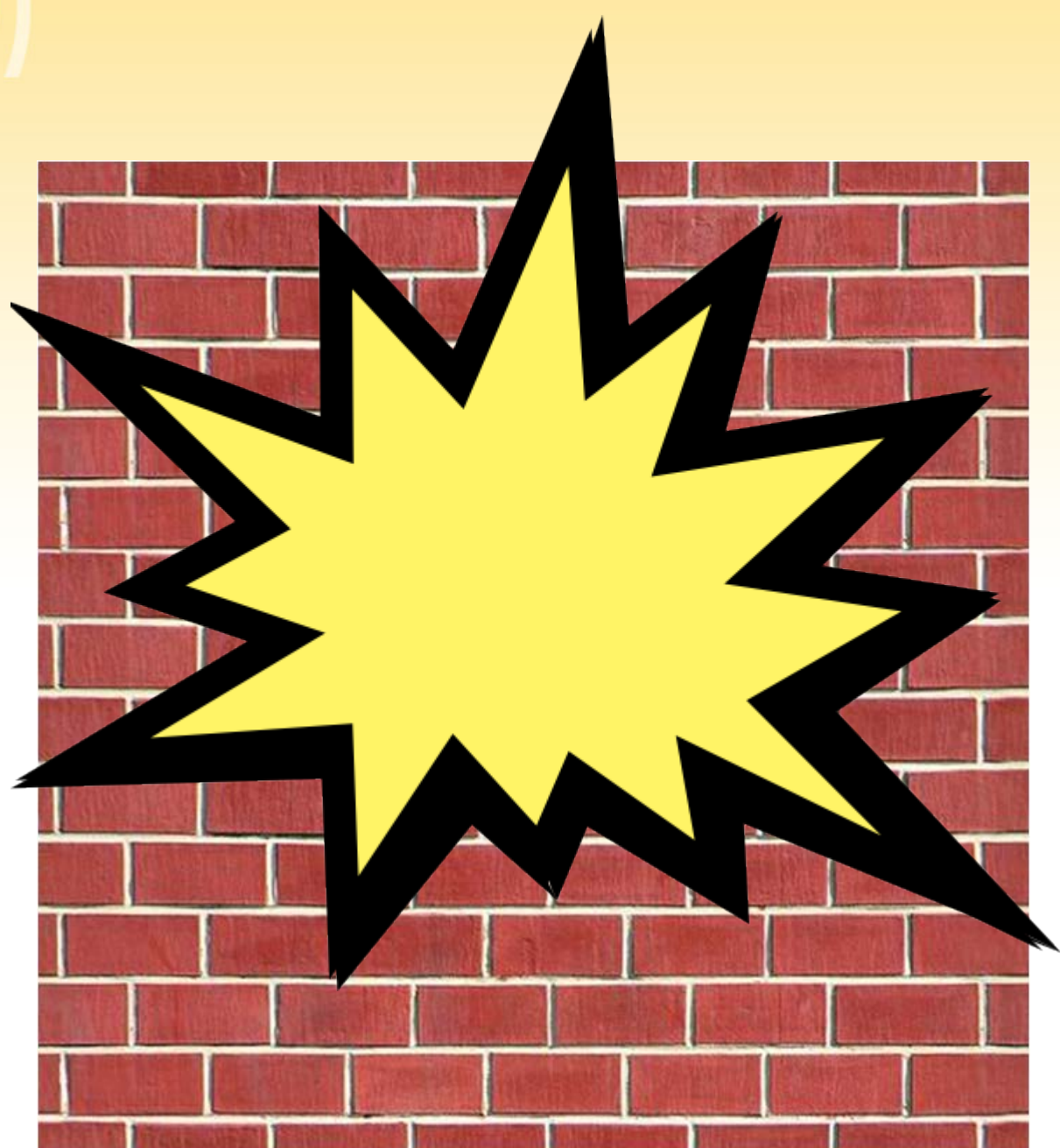
DSM-IV was Published in 1994

A steering committee created 13 work groups

- 20 advisors with knowledge in the field
- Purpose was to maximize diversity

The work groups conducted a 3-step process

- a) Extensive literature review of the diagnoses
- b) Analysis of data from researchers
- c) Multicenter field trials





The DSM-5

Revision guidelines for the **DSM-5**

- Recommendations grounded in empirical evidence
- Any changes to the DSM-5 in the future must be made in light of maintaining continuity with previous editions
 - For this reason the DSM-5 uses Arabic Numerals vs. Roman Numerals
 - Later editions/revision will be DSM-5.1, DSM-5.2, etc.
- The DSM-5 will continue to exist as a living, evolving document that can be updated and reinterpreted over time
- There are no preset limitations on the number of changes that may occur



DSM-5 Changes



- Emphasis on developmental, culture, and gender adjustment criteria
- Dimensional component to the categories
- Integrating data from genetics, neuroimaging, psychology and other disciplines
- Multi-axial system discontinued
- No more **NOS**

DSM Comparisons

DSM-IV

- 1) Mental Retardation
 - 2) Learning Disorders
 - 3) Motor Skills Disorders
 - 4) Communication Disorders
 - 5) Pervasive Development Disorder
 - 6) Attention Deficit Hyperactive Disorder
 - 7) Tourette's and Tics
-
- 8) Conduct Disorder
 - 9) Oppositional Defiant Disorder



DSM-5

Neurodevelopmental Disorders

Disruptive, Impulse-Control and
Conduct Disorders

DSM Comparisons

| DSM-IV | | DSM-5 |
|--|---|--|
| Disorders first diagnosed in infancy, childhood, and adolescents | | |
| 10) Elimination Disorders (Enuresis, Encopresis) | ➔ | Elimination Disorders |
| 11) Separation Anxiety 12) Selective Mutism | ➔ | Anxiety Disorders |
| 13) Reactive Attachment Disorder | ➔ | Trauma and Stressor Related Disorders |
| | | NEW under Depressive Disorders: ➤ Disruptive Mood Dysregulation Disorder |

DSM Comparisons

DSM-IV

Pervasive Developmental Disorders



DSM-5

Autism Spectrum Disorders

Social
Impairment

Autism

Speech/
Communication
Deficits and
Language Delay

Repetitive
Behaviors and
Restricted
Interests

Social
Communication

**Autism
Spectrum
Disorder**

Restricted
and Fixated
Interests

DSM Comparisons

DSM-IV

- 1) Autism Disorder
- 2) Pervasive Developmental Disorder Not Otherwise Specified
- 3) Childhood Disintegrative Disorder
(normal development for 1st two years followed by deterioration)
- 4) Asperger's Disorder



DSM-5

Autism Spectrum Disorder

DSM Comparisons

DSM-IV Autistic Disorder

Total 6 items

- Minimum of 2 from (A) and 1 from (B) and (C)

A) Impaired social interaction

- Nonverbal behavior
 - Lack of eye contact/facial expression
- Lack of social emotional reciprocity
- Lack of interest sharing
- Deficits in peer relationships

B) Impaired Communication

- Delayed/no language
- Poor conversation
- Stereotyped language
- Lack of imaginative play



DSM-5 Autism Spectrum Disorder

- ### A) Deficits in social communication and interactions
- Deficits in nonverbal communication and behavior
 - Deficits in social emotional reciprocity
 - Interest sharing and abnormal social approach
 - Deficits in peer relationships
 - Poor imaginative play and lack of interest in peers

DSM Comparisons

DSM-IV Autistic Disorder

- C) Restricted repetitive stereotypic behavior and interests
 - Stereotyped movements
 - Flapping
 - Inflexible routines
 - Fixed interests
 - Persistent preoccupation with parts of objects
- D) Present before age 3



DSM-5 Autism Spectrum Disorder

- B) Restricted repetitive patterns of behavior, interests or activities (minimum of 2)
 - Stereotypic/repetitive movements or speech
 - Insistence on sameness
 - Fixated interests
 - Hyper or hypo sensory reactivity
- C) Present in early development
- D) Symptoms impairing not secondary to intellectual disability
 - Autism Spectrum Disorder and Intellectual Disability can coexist

DSM Comparisons

The term **Mental Retardation** has been replaced with the term **Intellectual Disabilities**

Defined not by IQ numbers but by functioning in the following domains:

- Conceptual Domain (reasoning, problem solving)
- Social Domain
- Practical Domain (self-care)

Includes 4 levels

- Mild
- Moderate
- Severe
- Profound

DSM Comparisons

DSM-IV Mental Retardation

Mild Mental Retardation

- IQ 50-55 to 70



DSM-5 Intellectual Disabilities

Mild Intellectual Disability

- Difficulties learning
 - Reading, writing, math
- Immature in social interactions, poor social judgement and assessment or risk
- Language more concrete
- Difficulties regulating emotions and behavior
- Needs support in complex daily living tasks
 - Such as grocery shopping, child care, banking

DSM Comparisons

DSM-IV Mental Retardation

Moderate Mental Retardation

- IQ 35-40 to 50-55



DSM-5 Intellectual Disabilities

Moderate Intellectual Disability

- Understanding time occurs slowly
- Training needed for hygiene, dressing, and household tasks
- Simple spoken language
- Poor interpretation of social cues

DSM Comparisons

Communication Disorders

DSM-IV

- Distinction between **expressive** and **receptive** language disorder



DSM-5

- **Language Disorder** encompasses expressive and receptive dysfunction

DSM Comparisons

Learning Disorders

DSM-IV

- 1) Reading Disorder
- 2) Mathematics Disorder
- 3) Disorder of Written Expression



DSM-5

Specific Learning Disorders with impairments in:

- i. Reading
- ii. Mathematics
- iii. Written Expression

- Minimum of 6 months despite provision of intervention
- Impairment at school or work
- Not due to intellectual disability or other pathology

DSM Comparisons

Attention Deficit Hyperactive Disorder

DSM-IV

Have a minimum 6/9 and/or hyperactive-impulsivity symptoms



DSM-5

Have a minimum 6/9 and/or hyperactive-impulsivity symptoms

Minimum 5/9 symptoms if 17 years of age or older

DSM Comparisons

Attention Deficit Hyperactive Disorder

| DSM-IV | | DSM-5 |
|--|---|---|
| Onset after 7 years of age | → | Onset after 12 years of age |
| Symptoms do not occur exclusively during the course of Schizophrenia, Pervasive Developmental Disorders, or are better explained by another mental disorder (e.g. mood, anxiety, dissociative, substance abuse, personality disorders) | → | Autism Spectrum Disorder <i>not</i> excluded |
| Occurs in a minimum of 2 settings and interferes with functioning | → | <i>Same</i> - Occurs in a minimum of 2 settings and interferes with functioning |

DSM Comparisons

Attention Deficit Hyperactive Disorder

DSM-IV

3 types

- a) Predominately inattentive
- b) Predominately hyperactive-impulsive
- c) Combined



DSM-5

Deletion of types

- Not stable over time

Now involve severity

- Mild
- Moderate
- Severe

DSM Comparisons

Attention Deficit Hyperactive Disorder

Intent:

- Maintain core diagnostic criteria while improving applicability across the lifespan
- Onset younger than 12 years of age to avoid recall difficulties in adults
- Out of 5 vs. 6 symptoms for individuals older than 17 years of age

Potential Consequences:

- Increase in diagnosis, especially for high school, college, and university students and adults

Problem:

- Adults with Attention Deficit Hyperactive Disorder have numerous comorbidities
- Important to understand primary diagnosis and not diagnoses everyone with Attention Deficit Hyperactive Disorder

DSM Comparisons

Oppositional Defiant Disorder

Grouped under **Disruptive Impulse-Control and Conduct Disorders** with Antisocial Personality Disorder, Pyromania, Kleptomania, and Intermittent Explosive Disorder

Same Criteria as in DSM-IV but grouped in:

- Anger/Irritable Mood
- Argumentative/Defiant Behavior
- Vindictiveness

Can occur with Conduct Disorder

- No longer exclusion criteria

Cannot occur with Disruptive Mood Dysregulation

DSM Comparisons

Conduct Disorder

Similar 15 Criteria

- 3/15 symptoms in the past 12 months
- And 1/15 in the past 6 months

Symptoms grouped in

- Aggression to people and animals
- Destruction of property
- Deceitfulness or theft
- Serious violations of the rules
 - Such as staying out all night without permission before the age of 13, running away from home order to notify, truant from school before age 13

Childhood onset before age 10

Adolescent onset after age 10

DSM Comparisons

Conduct Disorder

New specifier: with **limited prosocial emotions**

- Need a minimum of 2/3 characteristics over 12 months
 - Lack of remorse or guilt
 - Callous – lack of empathy
 - Unconcerned about performance (also blames others for their poor performance)
 - Shallow or deficient affect (insincere, superficial)

Current Severity:

- Mild
- Moderate
- Severe

Note: This specifier is important because it predicts outcome

DSM Comparisons

Separation Anxiety Disorder

- Goal:** To facilitate the application of the diagnosis to adults
- Moved from disorders usually arising in childhood to **Anxiety Disorders**
 - Text was modified to be more applicable to adults
 - E.g. refusal to go to work or school due to fear of separation
 - Lasts at least 4 weeks in children (DSM-IV and DSM-5)
 - Lasts at least 6 months in adults (DSM-5 only)



DSM Comparisons

Selective Mutism

Same criteria but also moved under **Anxiety Disorders** to facilitate the application of the diagnosis to adults

DSM Comparisons

Reactive Attachment Disorder

DSM-IV

- A) Failure to respond to social interactions
 - Inhibited or hypervigilant
 - Indiscriminate attachment (can be over familiar with strangers)
- B) Insufficient care (neglect or attachment figures)
- C) Not Pervasive Developmental Disorder
- D) Before the age of 5



DSM-5

- A) Inhibited and withdrawn from caregivers
- B) Social and emotional disturbances
 - Little responsiveness to others
 - Little positive affect
 - Episodes of irritability, sadness, and fearfulness with caregivers
- C) Insufficient care
- D) Not Autism Spectrum Disorder
- E) Before the age of 5

DSM Comparisons

Reactive Attachment Disorder

Moved to **Trauma and Stress Related Disorders**

- Contrary to the DSM-IV, there is no discussion of indiscriminate sociability with excessive familiarity with strangers
- More emphasis on inhibited, withdrawn behavior and episodes of irritability, sadness, and fearfulness
- Specifier: persistent if duration is greater than 12 months



DSM Comparisons

Disruptive Mood Dysregulation

New disorder!

USA phenomenon: a 40 fold increase in the diagnosis of bipolar disorder in children as young as 2 years of age

Bipolar Disorder vs. Severe Mood Dysregulation in Children and Adolescents

1. Controversial issue
2. Irritability is a crucial issue
3. Poorly validated criteria for Bipolar Disorder in children and adolescents
4. Severe Mood Dysregulation (SMD) has been suggested as an alternative
5. SMD does NOT lead to manic episodes in a 2 year follow up (Stringeris, 2010)



Irritability in Children and Adolescents

Irritability is a common symptom in:

- Major Depressive Disorder
- Bipolar Disorder
- Attention Deficit Hyperactive Disorder
- Conduct Disorder
- Oppositional Defiant Disorder
- Generalized Anxiety Disorder



Irritability in Children and Adolescents

Measuring Irritability is problematic

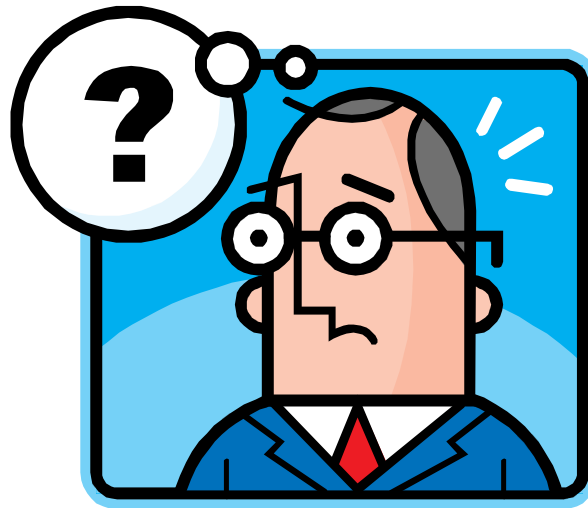
- Definition
- Presentation in several disorders
- Which scale?
 - ABC – Irritability Scale
 - Conners Rating Scale
 - CBCL
 - Barkley Executive Function
 - Affective Reactivity Index
 - SNAP-IV

DSM Comparisons

Disruptive Mood Dysregulation

- A) Severe recurrent temper outbursts out of proportion in intensity and duration to the situation
- B) Outbursts inconsistent with developmental level
- C) At least 3 times a week
- D) Mood between outbursts is irritable or angry
- E) Duration of 12 months with no symptom free period of greater than 3 months
- F) In at least 2/3 settings (home, school, and with peers)
- G) First diagnosis between the ages of 6-18
- H) Symptoms start before age 10 (by history or observation)
- I) No mania or hypomania
- J) Not secondary to Depression, Autism Spectrum Disorder, Posttraumatic Stress Disorder, Separation Anxiety, Dysthymic Disorder
- K) Can be comorbid with Attention Deficit Hyperactive Disorder and Conduct Disorder
- L) If Oppositional Defiant Disorder and Disruptive Mood Dysregulation Disorder, only give a diagnosis of Disruptive Mood Dysregulation Disorder

Questions?



Thank you for your time and attention!

