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New Jersey Center for Tourette Syndrome
and Associated Disorders, Inc.

Demystifying DSM 5 Diagnosis

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Why diagnose?

- Reimbursement
- Eligibility for programs and services
- Communication
- Inform treatment

Why diagnose accurately?

Misdiagnosis can lead to problems, including the wrong
treatments being provided.

Slide 3

Background-the ICD

- International Classification of Diseases (ICD) Europe, late
  1800's, first introduced in US in 1900 to introduce standard
  terminology and concepts in physical medicine (specific to
  documenting causes of death). This is still used today for
  research and clinical purposes worldwide.

the American view of psychiatry

- American Psychiatric Association
- Psychiatrist- medical doctor with special training in mental illnesses/mental disorders
- 1917-1921 a national standard classification of psychiatric disorders (primarily for severe/inpatient psychiatry)

The Diagnostic and Statistical Manual of Mental Disorders

- First DSM 1952 (expanded to encompass war veterans, outpatients) the same time that ICD-6 added a section on mental disorders
- DSM II 1978
- DSM III 1980 provided specific definitions of mental disorders/ diagnostic criteria
- DSM III-R 1987
- DSM IV 1994 research to address inconsistencies categories and criteria, more interdisciplinary
- DSM IV -TR 2000
- DSM 5 2013, used by researchers worldwide and clinicians in the United States

Changes from DSM IV-TR to DSM 5

- Mental Retardation changed to Intellectual Disability
- Autism Spectrum Disorder
- Major Depressive Disorder, the Bereavement exclusion
- Selective Mutism
- Separation Anxiety Disorder
- Reactive Attachment Disorder/ Disinhibited Social Engagement Disorder
- Gender Dysphoria

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS
FIFTH EDITION
DSM-5
AMERICAN PSYCHIATRIC ASSOCIATION

New diagnoses in DSM 5

- Disruptive Mood Dysregulation Disorder
- Premenstrual Dsyphoric Disorder
- Hoarding Disorder
- Binge Eating Disorder
- Skin Picking Disorder

What the DSM 5 provides

- Chapters of disorders/diagnoses, organized by commonalities in risk factors and treatments
- Diagnosis names and corresponding ICD 10 codes
- Diagnostic criteria for disorders
  - Symptoms/behaviors
  - Duration
  - To be considered a disorder:
    - Must not be developmentally appropriate
    - Must impact functioning

Format of a diagnosis

- Clinical Disorder name, ICD 10 code
- Medical conditions
- Other conditions, ICD code

- Example:

Selective Mutism, F94.0

Juvenile diabetes

Homelessness, Z59.0

Academic or educational problem, Z55.9

Determining DSM 5 diagnosis

- Intake/assessment
- Clinical interview
  - Clinical assessment tools
  - Caregiver report
  - Observation
- Record review, including previous diagnoses
- Information from other sources
- There are no lab tests (x rays, etc) for mental disorders

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The clinical interview

- Rapport takes time
- Disclosure of information
- Mood/observation over time

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Determining DSM 5 diagnosis

- Usually one clinician (pediatrician, psychiatrist, social worker, psychologist, nurse)
- Often in one session
- Diagnostic criteria
  - Some are more objective: (Trichotillomania) 'recurrent pulling out of one's own hair, resulting in hair loss'
  - Some are more subjective: (ADHD) '**often** fails to give **close** attention to details or makes **careless** mistakes'
- Discussion with client/family?

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How accurate is DSM 5 diagnosis?

- How often do 2 different clinicians come up with the same diagnosis for a client?
- Inter-rater reliability
  - Perfect agreement = 1 (100% agreement)
  - No agreement = 0 (0% agreement)
  - Range from .01 to .99
- 2013 Field Trials for DSM 5
- Looked at inter-rater reliability in outpatient clinical settings
- What kind of results would you hope to see?

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Inter-rater reliability in DSM 5 field trials

Autism 69% agreement
ADHD 61% agreement
Oppositional Defiant Disorder 40% agreement
Major Depressive Disorder 28% agreement
Disruptive Mood Dysregulation Disorder 25% agreement

This means, that for these child clients, two clinicians came up with different diagnoses for the same client between 31 and 75% of the time. (For adults, the rate of disagreement was between 22 and 80%)

American Journal of Psychiatry, Volume 170, issue 1 (2013)

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DSM 5 diagnosis is not without problems

- Does DSM 5 pathologize normal human experience?
- Interrater reliability
- Misdiagnosis and overdiagnosis⟶ mismedication and overmedication
- Stigma

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What a DSM 5 diagnosis is not

- Always correct
- Truth
- A life sentence
- A solution
- Universal

What can you do to obtain an accurate diagnosis?

- Use trusted, respected clinicians
- Trust your gut feelings
- Ask and expect to participate in the process of diagnosing
- Seek additional diagnostic assessment

- At its best, the diagnostic process is part of a comprehensive assessment where the clinician and the child/family are developing a trusting, working relationship. Agreeing upon a diagnosis can be a helpful beginning step on the course of effective treatment.

Resources

- Follow me on facebook: Colleen Daly Martinez Consultation and Supervision https://www.facebook.com/drcdm/

- DSM 5 APA official website http://www.dsm5.org

- The American Academy of Pediatrics on emotional wellness https://www.healthychildren.org/english/healthy-living/emotional-wellness/pages/default.aspx

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Thank you for your attention

- Do you have questions for me?

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