Review

- DSM-5 – non-axial documentation of diagnosis
- Axis III – combined with Axes I and II; physical health conditions are to be listed
- Axis IV – eliminated; psychosocial and environmental issues – use ICD-9 V codes and ICD-10 Z codes
- Axis V GAF – eliminated; scale developed by WHO (WHODAS) is recommended by DSM-5 task force – best global measure of disability

Subtypes, Unspecified and Other Specified

- Subtypes: mutually exclusive types of a mental disorder – e.g. see handout
- Other specified or unspecified
  - Other specified: allows clinician to give reason why does not meet criteria in narrative – with further versions of ICD will have ability to be specific through coding in some cases
  - If not specified – use unspecified diagnosis; use also when not sufficient information to make a more specific DX – payers are beginning to watch these.
Changes to Depressive Disorders

Disruptive Mood Disregulation Disorder 296.99 (F34.8)

<table>
<thead>
<tr>
<th>Major Depressive Disorder</th>
<th>Single Episode</th>
<th>Recurrent Episode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>296.21 (F32.0)</td>
<td>296.31 (F33.0)</td>
</tr>
<tr>
<td>Moderate</td>
<td>296.22 (F32.1)</td>
<td>296.32 (F33.1)</td>
</tr>
<tr>
<td>Severe</td>
<td>296.23 (F32.2)</td>
<td>296.33 (F33.2)</td>
</tr>
<tr>
<td>With Psychotic Features</td>
<td>296.24 (F32.3)</td>
<td>296.34 (F33.3)</td>
</tr>
<tr>
<td>In partial remission</td>
<td>296.26 (F32.4)</td>
<td>296.35 (F33.4)</td>
</tr>
<tr>
<td>In full remission</td>
<td>296.26 (F32.5)</td>
<td>296.36 (F33.42)</td>
</tr>
<tr>
<td>Unspecified</td>
<td>296.20 (F32.9)</td>
<td>296.30 (F33.9)</td>
</tr>
</tbody>
</table>

Changes to Depressive Disorders

Persistent Depressive Disorder (Dysthymia) 300.4 (F34.1)
Premenstrual Dysphoric Disorder 625.4 (N94.3)
Substance/Medication Induced Depressive Disorder
– Codes are substance-specific and in the substance use section of DSM-5

Depressive Disorder Due to Another Medical Condition 293.83
  › With depressive features (F06.31)
  › With major depressive-like episode (F06.32)
  › With mixed features (F06.34)

Other Specified Depressive Disorder 311 (F32.8)
Unspecified Depressive Disorder 311 (F32.9)

Changes to Depressive Disorders

Several new disorders
  › Disruptive Mood Dysregulation disorder
    To address concerns about over-diagnosis and treatment of bipolar disorder in children
    Diagnosis for children up to 12 years who exhibit persistent irritability and frequent episodes of extreme behavioral dyscontrol.
    › Not made for first time before 6 years or after 18 years
    › Placement recognizes findings that point to these children developing unipolar depressive disorder or anxiety disorder rather than bipolar disorder as they mature
    › It cannot coexist with Oppositional defiant, intermittent explosive or bipolar – but can exist with others
Changes to Depressive Disorders

- **Disruptive Mood Dysregulation disorder**
  - Diagnostic criteria:
    - A. Verbal or behavioral outbursts out of proportion
    - B. Inconsistent with developmental level
    - C. Occur on average 3 or more times/week
    - D. Mood in between is irritable most of the time and is observable
  - Multiple settings for A and D
  - A-D more than 12 months with no period symptomless longer than 3 mos
  - Age of onset before 10 years – hx or obs
  - No period of more than 1 day where full criteria for manic/hypomanic are met

Changes to Depressive Disorders

- **New: Premenstrual dysphoric disorder**: moved from "further study" of DSM IV to body of DSM 5
  - Requires clinically meaningful distress and/or marked impairment in social or occupational functioning
  - Criteria must be met for "most" menstrual cycles in prior year
  - Suggest prospective daily ratings in at least two cycles.

- **New: Persistent Depressive Disorder**
  - Combines dysthymic with chronic major depressive disorder – (inability to find scientifically meaningful differences)
  - However, through specifiers do allow congruence with DSM IV

Changes to Depressive Disorders

- **New: Persistent Depressive Disorder**
  - Specifiers include:
    - With pure dysthymic syndrome
    - With persistent major depressive episode
    - With intermittent major depressive episodes, with current episode
    - With intermittent major depressive episodes, without current episode
Changes to Depressive Disorders

- Major Depression
  - Core criterion unchanged
  - Requisite duration of at least 2 weeks unchanged
  - Specifier for mixed features – at least 3 symptoms but insufficient for manic episode
  - Bereavement exclusion: dropped
    - DSM IV: depressive symptoms lasting less than 2 months following death of loved one precluded diagnosis of MDD
    - DSM 5: did not want to promote idea that bereavement only lasts

Changes to Depressive Disorders

- Major Depression
  - Bereavement exclusion:
    - DSM 5:
      - MDD within the context of bereavement may lead to greater risk including the development of “persistent complex bereavement” – now in section of DSM 5 for “further study” but explicit criteria available now
      - MDD more likely within context of bereavement if there is a family or personal history of depression
      - MDD with bereavement responds same to RX as other non-bereavement MDD
      - Long and detailed footnote, page 161 DSM 5 to guide clinicians

Changes to Depressive Disorders

- Specifiers for all Depressive Disorders
  - With Anxious distress: additional risk for suicidality, longer episode, poor response to treatment if high
  - Mixed features: may indicate risk for development of bipolar disorder
  - Melancholic features: if present at most severe stage of episode again greater risk
  - With Atypical features: does not connote an “odd” or “uncommon” presentation
  - With psychotic features
  - With peripartum onset
  - With seasonal pattern
  - All specifiers associated with greater risk
Changes to Depressive Disorders

› In “further study” suicidal behavior disorder; non-suicidal self-injury – with proposed criteria and specifiers

Changes to Anxiety Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separation Anxiety Disorder</td>
<td>309.21 (F93.0)</td>
</tr>
<tr>
<td>Selective Mutism</td>
<td>312.23 (F94.0)</td>
</tr>
<tr>
<td>Specific Phobia</td>
<td>300.29</td>
</tr>
<tr>
<td>– Animal (F40.218)</td>
<td></td>
</tr>
<tr>
<td>– Natural Environment (F40.228)</td>
<td></td>
</tr>
<tr>
<td>– Blood-injection-injury</td>
<td></td>
</tr>
<tr>
<td>• Fear of blood (F40.230)</td>
<td></td>
</tr>
<tr>
<td>• Fear of injections and transfusions (F40.231)</td>
<td></td>
</tr>
<tr>
<td>• Fear of other medical care (F40.232)</td>
<td></td>
</tr>
<tr>
<td>• Fear of injury (F40.233)</td>
<td></td>
</tr>
<tr>
<td>– Situational (F40.248)</td>
<td></td>
</tr>
<tr>
<td>– Other (F40.298)</td>
<td></td>
</tr>
</tbody>
</table>

Changes to Anxiety Disorders

Social Anxiety Disorder (Social Phobia) 300.23 (F40.10)
Panic Disorder 300.01 (F41.0)
Agoraphobia 300.22 (F40.00)
Generalized Anxiety Disorder 300.02 (F41.1)
Substance/Medication-Induced Anxiety Disorder
– Codes are substance-specific and in the substance use section of DSM-5
Anxiety Disorder Due to Another Medical Condition 293.84 (F06.4)
Other Specified Anxiety Disorder 300.09 (F41.8)
Unspecified Anxiety Disorder 300.00 (F41.9)
## Changes to Anxiety Disorders

- **Obsessive-Compulsive Disorder** – moved other
- **PTSD** – moved other
- **Acute stress disorder** – moved other
- **Separation anxiety disorder and selective mutism** – added to Anxiety
- **Agoraphobia, Specific Phobia, and Social Anxiety Disorder (Social Phobia)**
  - Delete requirement that individuals over 18 years recognize that their anxiety is excessive or unreasonable – individuals often overestimated the danger, older individuals will attribute fears to aging
  - Now must be “out of proportion to the actual danger posed by the specified object or situation and to the sociocultural context”
  - 6 month duration – once limited to those < 18 years, extended to all (intended to minimize misdiagnosis of transient fears)
  - Note: ICD10 will allow specificity on phobias not available in ICD 9 – most individuals who are phobic have >1, and often 3 or more

## Changes to Anxiety Disorders

<table>
<thead>
<tr>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panic disorder and agoraphobia unlinked and are now two separate diagnoses – co-occurrence is coded with both diagnoses</td>
</tr>
<tr>
<td>Each with separate criteria</td>
</tr>
<tr>
<td>No longer: panic disorder w or w/out agor or agoraphobia without history of panic disorder</td>
</tr>
<tr>
<td>Recognition that agoraphobia often occurs without panic symptoms</td>
</tr>
<tr>
<td>For agoraphobia took descriptors from DSM IV but require two or more of the 5 listed situations.  (Helps to distinguish from specific phobias)</td>
</tr>
<tr>
<td>Agoraphobia like other anxiety disorders requires 6 month or more duration and clinical judgment that the fear is out of proportion to the danger</td>
</tr>
<tr>
<td>Panic attacks (not disorder) can now be used as a specifier for any (see exception below) mental disorder and some medical disorders</td>
</tr>
<tr>
<td>For panic disorder, panic attack included within the criteria and cannot be used as a specifier</td>
</tr>
<tr>
<td>Language changes; no more situationally bound/used – now expected</td>
</tr>
<tr>
<td>Clinically important information as a specifier for severity of diagnosis it is attached to</td>
</tr>
</tbody>
</table>

## Changes to Anxiety Disorders

- **Social Anxiety Disorder: formerly social phobia** – essentials are same but number of changes
  - Duration and proportionality discussed in previous slide
  - Generalized specifier deleted
  - Generalized difficult to operationalize as a clinician – fear of most social situations
  - “performance only” specifier added
  - Performance only represents a distinct subset with common characteristics
  - Fear is restricted to speaking or performing in public
  - **Generalized Anxiety D/ order: unchanged**
Changes to Anxiety Disorders

- **Separation Anxiety Disorder**
  - New location
  - No longer onset before age 18
  - Duration 6 months or more
  - Essentials are the same but wording changed to reflect that expression of the symptoms in adults – e.g.
    - DSM IV: reluctance or refusal to go to school or elsewhere because of fear of separation
    - DSM V: persistent reluctance or refusal to go out, away from home, to school, to work, or elsewhere...

- **Selective Mutism**
  - New location
  - Criteria largely unchanged
  - Moved to anxiety disorders in recognition that most children with selective mutism are anxious

Changes to Obsessive Compulsive Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obsessive-Compulsive Disorder (specify if Tic-related)</td>
<td>300.3 (F42)</td>
</tr>
<tr>
<td>Body Dysmorphic Disorder (specify if with muscle dysmorphia)</td>
<td>300.7 (F45.22)</td>
</tr>
<tr>
<td>Hoarding Disorder (specify if with excessive acquisition)</td>
<td>300.3 (F42)</td>
</tr>
<tr>
<td>Trichotillomania (Hair-pulling Disorder)</td>
<td>312.39 (F63.2)</td>
</tr>
<tr>
<td>Excoriation (Skin-picking Disorder)</td>
<td>698.4 (L98.1)</td>
</tr>
<tr>
<td>Substance/Medication-induced Obsessive-Compulsive and Related Disorder</td>
<td>Codes are substance-specific and in the substance use section of DSM-5</td>
</tr>
</tbody>
</table>

Changes to Obsessive Compulsive and Related Disorder

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obsessive-Compulsive and Related Disorder Due to Another Medical Condition</td>
<td>294.8 (F06.8)</td>
</tr>
</tbody>
</table>
  - Specify if with
    - Obsessive-compulsive-like symptoms
    - Appearance preoccupations
    - Hoarding symptoms
    - Hair-pulling symptoms
    - Skin-picking symptoms
| Other Specified Obsessive-Compulsive and Related Disorder | 300.3 (F42) |
| Unspecified Obsessive-Compulsive and Related Disorder | 300.3 (F42) |
Changes to Obsessive-Compulsive and Related Disorders

- Whole chapter is new to DSM. Recognition of their relationship to one another and the clinical utility of grouping them together
- Hoarding: formerly a symptom is now its own condition
- Body dysmorphic moved here from somatoform
- Trichotillomania – moved here from impulse control, not elsewhere classified
- Excoriation (skin picking) new

Changes to Obsessive-Compulsive and Related Disorders

- Specifier:
  - For obsessive-compulsive disorder, body dysmorphic disorder, and hoarding disorder new refined specifier:
    - Good or fair insight
    - Poor insight
    - Absent insight/delusional beliefs
  - Intended to improve differential DX by recognizing range including absent insight. Signals that in these cases DX should be relevant OC DX rather than schizophrenia spectrum or other psychotic disorder

Changes to Obsessive-Compulsive and Related Disorders

- Obsessive Compulsive Disorder
  - Tic-related specifier: when individual has a current or past history of a tic disorder
    - Co-morbidity may have important clinical implications for course, OCD themes, co-morbidity, and family transmission patterns
- Body dysmorphic disorder:
  - New diagnostic criterion for repetitive behaviors or mental acts (comparing with others) in response to their appearance concerns
  - With muscle dysmorphia specifier added used if the individual is preoccupied with idea that their body build is too small or not enough muscles – used even if they are preoccupied with other body areas as well.
  - Those who have the delusional variety of Body Dys D/O are no longer given both delusional and body dysmorphic diagnoses but instead BDD only with a absent insight/delusional beliefs specifier.
Hoarding Disorder: persistent difficulty discarding or parting with possessions regardless of their actual value and the distress associated with parting with them. May have unique neuro-biological correlates, is usually presents with significant impairment, and may respond to clinical intervention (although generally increases in severity with each decade). Insight specifiers used here as well. Specifier: with excessive acquisition – not needed and no available space.

Trichotillomania (Hair Pulling Disorder) – no change, new location

Excoriation (Skin Picking) Disorder – scientific validity; causes distress and impairment (social and occupational) and possibly medical risk. Not attributable to a substance. Most are women.

Substance/Medication induced OCD and Related & OC and related disorders due to another medical condition: DSM IV included a specifier in anxiety d/or due to a medical condition for OC symptoms and for substance-induced anxiety disorders. With new Chapter for OC and related disorders these are separate diagnoses. Very complicated recording and coding issues associated with these disorders. Specify if onset during intoxication, during withdrawal, or with medication use. Specify substance with substance induced disorder, then specifier above and then separately coded the substance use disorder – with more than one substance list each separately. ICD 10 combines the substance use disorder and the substance induced disorder into a single code.
Changes to Obsessive-Compulsive and Related Disorders

- Other specified and unspecified OC and related disorders
  - Presentations do not meet full criteria
  - Expanded examples such as:
    - Body dysmorphic with actual flaws
    - Obsessional jealousy
    - Fear of offensive body odor

Changes to Trauma and Stressor-Related Disorder

- Reactive Attachment Disorder 313.89 (F94.1)
- Disinhibited Social Engagement Disorder 313.89 (F94.2)
- Post-traumatic Stress Disorder 309.81 (F43.10)
- Acute Stress Disorder 308.3 (F43.0)

Adjustment Disorders Specify whether:
  - With depressed mood 309.0 (F43.21)
  - With anxiety 309.24 (F43.22)
  - With mixed anxiety and depressed mood 309.28 (F43.23)
  - With disturbance of conduct 309.3 (F43.24)
  - With mixed disturbance of emotions and conduct 309.4 (F43.20)
  - Unspecified 309.9 (F43.20)

Other Specified Trauma and Stressor-Related Disorder 309.89 (F43.8)
Unspecified Trauma and Stressor-Related Disorder 309.9 (F43.9)
Changes to Trauma and Stressor-Related Disorder

- New chapter in DSM 5
- Brings together the anxiety disorders that are preceded by an exposure to trauma with variability of psychological distress: anxiety or fear based; anhedonic/dysphoric symptoms; externalized anger/aggression or dissociative symptoms

Acute Stress Disorder:
- Stressor criterion A changed from DSM IV – requires being explicit as to whether the qualifying event(s) were experienced directly, indirectly or witnessed
- DSM IV A 2 criterion that the person’s response involved fear, helplessness or horror – removed
- Can now meet criteria if they experience any 9 of 14 symptoms organized into Intrusion, Negative Mood, Dissociative, Avoidance and Arousal
- DSM IV requiring dissociative symptoms felt too restrictive

Adjustment Disorder:
- Heterogeneous array of stress response after exposure to a distressing, traumatic or non-traumatic event
- Sub-types same
- Require distress and/or impairment not as before distress or impairment

PTSD: criteria differ from DSM IV
- Divided into > 6 year and 6 years and younger
- Criterion A: more explicit – direct, indirect, witness
- Criterion A2 from DSM IV: subjective reaction – gone
- 4 symptom clusters, not 3:
  - Reexperiencing
  - Persistent Avoidance – part of numbing DSM IV
  - Negative alterations in cognitions and mood – part of number DSM IV – contains most of DSM numbing but also includes new and reconceptualized
  - Alterations in arousal and reactivity: includes new behavior symptoms
Changes to Trauma and Stressor-Related Disorder

- Reactive Attachment Disorder
  - DSM IV sub-types are now distinct disorders
  - Formerly: emotionally withdrawn/inhibited – now Reactive Attachment Disorder
  - Formerly: indiscriminately social/disinhibited – now Disinhibited Social Engagement Disorder
  - Both are a result of social neglect
  - RAD: more internalizing
  - DSED: more like ADHD – child may have formed secure attachment

Changes to Dissociative Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissociative Identity Disorder</td>
<td>300.14 F44.81</td>
</tr>
<tr>
<td>Dissociative Amnesia</td>
<td>300.12 F44.0</td>
</tr>
<tr>
<td>– With Dissociative Fugue</td>
<td>300.13 F44.1</td>
</tr>
<tr>
<td>Depersonalization/Derealization Disorder</td>
<td>300.6 F48.1</td>
</tr>
<tr>
<td>Other Specified Dissociative Disorder</td>
<td>300.15 F44.89</td>
</tr>
<tr>
<td>Unspecified Dissociative Disorder</td>
<td>300.15 F44.9</td>
</tr>
</tbody>
</table>

Changes to Dissociative Disorders

- Dissociative Identity Disorder
  - Criterion A expanded so symptoms of disruption of identity may be reported as well as observed
  - May be described in some cultures as periods of possession
  - Notes non-epileptic seizures and other forms of conversion may be prominent in some primarily non-western settings
  - Criterion B – gaps in recall may occur for everyday events – not just traumatic experiences – inconsistent with ordinary forgetting
  - Derealization is included in name of what was once called depersonalization disorder
  - Dissociative fugue is now a specifier of dissociative amnesia and not a separate disorder
Changes to Somatic Symptom and Related Disorders

- No longer somatoform
- Primarily seen in medical settings
- DSM IV overlap and squishy boundaries
- DSM V reduces numbers:
  - Somatization disorder - gone
  - Hypochondriasis – gone
  - Pain disorder – gone
  - Undifferentiated somatoform disorder – gone

Somatic Symptom Disorder 300.82 (F45.1)
Illness Anxiety Disorder 300.7 (F45.21)
Conversion Disorder (Functional Neurological Symptom Disorder) 300.11
  - With weakness or paralysis (F44.4)
  - With abnormal movement (F44.4)
  - With swallowing symptoms (F44.4)
  - With speech symptom (F44.5)
  - With anesthesia or sensory loss (F44.6)
  - With special sensory symptom (F44.6)
  - With mixed symptoms (F44.7)

Psychological Factors Affecting Other Medical Conditions 316 (F54)
Factitious Disorder 300.19 (F68.10)
Other Specified Somatic Symptom and Related Disorder 300.89 (F45.8)
Unspecified Somatic Symptom and Related Disorder 300.82 (F45.9)
Changes to Somatic Symptom and Related Disorders

- Medically unexplained symptoms: overemphasized by DSM IV
  - Reliability is limited and grounding a diagnosis in the absence of an explanation is problematic
  - DSM 5 focused on positive symptoms – distressing symptoms plus abnormal thoughts, feelings and behavior in response.
  - MUS do remain key feature is conversion disorder and pseudocyesis
- Somatic Symptom Disorder: no specific number of somatic symptoms required (1 or more) but need to have maladaptive/excessive thoughts, feelings and behaviors in addition to somatic symptoms
  - DSM IV felt had too high a symptom count
  - Hypochondriasis gone – pejorative – most would fit with somatic symptom disorder
  - Pain disorder gone – a specifier for Somatic Sym D/O for some experiencing pain possibly another disorder associated with a medical condition
  - Can accompany diagnosed medical conditions
- New: Illness Anxiety Disorder: persons with high healthy anxiety but no somatic symptoms – preoccupation with having or acquiring a serious illness.

Changes to Somatic Symptom and Related Disorders

- New: Psychological Factors Affecting Other Medical Conditions
  - There is a medical diagnosis or condition
  - Psychological factors are adversely affecting the medical condition – one or more of 4 ways listed
  - Specify: mild, moderate, severe, extreme
- Conversion Disorder: modified criteria to emphasize the importance of the neurological exam
  - Emphasis on somatic symptoms not compatible with recognized medical or neuro conditions
  - Relevant psychological factors may not be present at the time of the diagnosis, e.g. stress, trauma, dissociative symptoms, etc.
  - Note specificity of ICD 10 coding options

Changes to Somatic Symptom and Related Disorders

- Factitious Disorder
  - Falsification of physical or psychological symptoms or induction of injury
  - Two sets of criteria: Imposed on self or imposed on another (formerly Factitious Disorder by Proxy found under FD NOS)
  - Single DX code given to either the person with the disorder or the perpetrator in the by proxy situation.
Changes to Eating and Feeding Disorders

- Pica 307.52
  - In children (F98.3)
  - In adults (F50.8)
- Rumination Disorder 307.53 (F98.21)
- Avoidant/Restrictive Food Intake Disorder 307.59 (F50.8)
- Anorexia Nervosa 307.1
  - Restricting type (F50.01)
  - Binge-eating/purging type (F50.02)
- Bulimia Nervosa 307.51 (F50.2)
- Binge-Eating Disorder 307.51 (F50.8)
- Other Specified Feeding or Eating Disorder 307.59 (F50.8)
- Unspecified Feeding or Eating Disorder 307.50 (F50.9)

Changes to Eating and Feeding Disorders

- Newly organized chapter
- Some brief descriptions and DX criteria for several other conditions under “other specified”
- PICA and Rumination: DX can be made at any age; criteria revised to provide greater clarity but not substantially changed
- New: Avoidant/Restrictive Food Intake Disorder
  - New name for Feeding D/O of Infancy or Early Childhood – not often used
  - Expanded to include adults and adolescent
  - Expanded to those who restrict food intake with associated psychological/psychosocial problems but do not meet criteria for another eating d/o

Changes to Eating and Feeding Disorders

- Anorexia nervosa
  - Requirement for amenorrhea eliminated – no difference found in course of disease with or without
  - Criterion A same: significantly low body weight for developmental stage but clarified guidance on how to judge this
    - No longer uses “refusal” in terms of maintaining weight but instead “restriction”
    - No longer uses maintenance at 85% of expected body weight
  - Criterion B: not only expressed and intense fear or gaining weight but also persistent behavior that prevents weight gain.
  - Specifiers for severity use WHO BMI index or % (children)
Changes to Eating and Feeding Disorders

» Bulimia Nervosa
  » Reduction in required minimum average frequency of binging and purging from twice to once per week

» New: Binge Eating Disorder (was in Appendix B in DSM IV)
  » Research supported
  » Individuals who experience persistent, recurrent episodes of overeating marked by loss of control and significant clinical distress – 3 out of 5 criteria
  » Same criteria as bulimia – once per week over past 3 months
  » Definition of binge eating: 2 characteristics – lots of food, lack of control over eating
  » Specifiers for severity and if in partial or full remission

Changes to the Elimination Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enuresis</td>
<td>307.6  (F98.0)</td>
</tr>
<tr>
<td>Encopresis</td>
<td>307.7  (F98.1)</td>
</tr>
<tr>
<td>Other Specified Elimination Disorders</td>
<td></td>
</tr>
</tbody>
</table>
  » With urinary symptoms   | 788.39 (N39.498) |
  » With fecal symptoms     | 787.60 (R15.9)  |
| Unspecified Elimination Disorders |
  » With urinary symptoms   | 788.30  (R32)   |
  » With fecal symptoms     | 787.60  (R15.9) |
Changes to Elimination Disorders

- No significant changes
- Used to be: Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence – now in their own chapter

Changes to Sleep-Wake Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insomnia Disorder</td>
<td>780.52</td>
<td>G47.00</td>
</tr>
<tr>
<td>Hypersomnolence Disorder</td>
<td>780.54</td>
<td>G47.10</td>
</tr>
</tbody>
</table>

Narcolepsy

- Narcolepsy without cataplexy but with hypocretin deficiency 347.00 G47.419
- Narcolepsy with cataplexy but without hypocretin deficiency 347.01 G47.411
- Autosomal dominant cerebellar ataxia, deafness, and narcolepsy 347.00 G47.419
- Narcolepsy secondary to another medical condition 347.10 G47.429

Changes to Sleep-Wake Disorders

Breathing-Related Sleep Disorders

- Obstructive Sleep Apnea Hypopnea 327.23 G47.33
- Central sleep apnea
  - Idiopathic central sleep apnea 327.21 G47.31
  - Cheyne-Stokes breathing 786.04 R06.3
- Central Sleep Apnea Comorbid with Opioid Use 780.57 G47.37
- Sleep related hypoventilation
  - Idiopathic hypoventilation 327.24 G47.37
  - Congenital central hypoventilation 327.26 G47.35
  - Comorbid sleep-related hypoventilation 327.26 G47.36
Changes to Sleep-Wake Disorders

Circadian Rhythm Sleep-Wake Disorders
- Delayed sleep phase type 307.45 G47.21
- Advanced sleep phase type 307.45 G47.22
- Irregular sleep-wake type 307.45 G47.23

Non-Rapid Eye Movement (NREM) Sleep Arousal Disorders
- Sleepwalking type 307.46 F51.3
- Sleep terror type 307.46 F51.4

Nightmare Disorder 307.47 F51.5

Changes to Sleep-Wake Disorders

Rapid Eye Movement (REM) Sleep Behavior Disorder 327.42 G47.52

Restless Legs Syndrome 333.94 G25.81

Substance/Medication-Induced Sleep Disorder—see SUD criteria set

Other Specified Insomnia Disorder 780.52 G47.09
Unspecified Insomnia Disorder 780.52 G47.00
Other Specified Hypersomnolence Disorder 780.54 G47.19
Unspecified Hypersomnolence Disorder 780.54 G47.10
Other Specified Sleep-Wake Disorder 780.59 G47.8
Unspecified Sleep-Wake Disorder 780.59 G47.9

Changes to Sleep-Wake Disorders

- Removed sleep conditions related to another mental disorder or general medical condition—DSM 5 mandates specificity of any co-existing condition.
  - The change is intended to emphasize that:
    - there is a sleep condition that needs independent clinical attention.
    - This is in addition to any other mental or medical disorder.
- Lumping: While recognizing the interactivity between sleep disorders and co-existing disorders—incorporation of most current thinking in field of sleep disorder medicine—moves away from causal attribution.
  - So, primary insomnia has been renamed insomnia disorder to avoid differentiation of primary and secondary insomnia.
    - Frequency threshold from DSM IV: now 3 nights per week and at least 3 months.
- Splitting: Distinction of narcolepsy from other forms of hypersomnolence—now known to be associated with hypocretin deficiency.
  - For 347.10—Narcolepsy secondary to another medical condition—code first the medical condition—e.g. sarcoidosis, Whipple’s Disease.
Changes to Sleep-Wake Disorders

Throughout there have been added pediatric and developmental criteria where supported scientifically, e.g. Development and Course notes discuss typical age of onset to give guidance. Non-rapid Eye Movement Sleep Arousal Disorders usually occur most commonly in childhood, diminish over time and if occur in an adult with no prior history “should prompt a search for specific etiologies” such as sleep apnea.

Most require specifiers related severity of the disease.

In any cases with a co-morbid medical condition or substance use condition

If name of disorder includes the co-morbidity – code first the underlying condition, e.g. Narcolepsy Secondary to Another Medical Condition – coding note.

If specifier states relationship to another mental disorder, medical condition, or sleep disorder – then code the related disorder second – e.g. Hypersomnia Disorder.

A number of these require specifiers related to duration.

Changes to Sleep-Wake Disorders

Breathing related sleep disorders are now divided into 3 disorders:

- Obstructive sleep apnea hypopnea
- Central sleep apnea
- Sleep related hypoventilation

Treatment planning differentials: e.g. Obstructive Sleep Apnea – functionality impacts need to be considered – work related accidents, driving accidents, etc.

Change related to growing body of knowledge related to these disorders.

Circadian Rhythm Sleep-Wake Disorders expanded and contracted – same code all sub-types (ICD 10 distinguishes)

- Added sub-types: Advance Sleep Phase Type and Irregular Sleep-Wake Type and Non-24 hour sleep-wake type
- Removed Jet Lag Type

REM Sleep Behavior Disorder and Restless Leg Syndrome

- Reduction of Dyssomnia NOS by adding above as distinct disorders
- Research supports their full diagnostic status
- REM: arousal during REM sleep with vocalization or complex behavioral movements – must cause significant distress or impact functionality
- No specifiers
Changes to Sleep-Wake Disorders

- REM Sleep Behavior Disorder and Restless Leg Syndrome
  - Restless Leg:
    - Urge to move legs in response to unpleasant sensations characterized by:
      - Beginning or worsening during periods of inactivity
      - Urge is partially or totally relieved by movement
    - Urge is worse at night or only occurs then
    - 3 times per week for at least 3 months
    - Significant distress or functional impairment as a result of first criteria
    - Not attributable to another disorder or substance use/medication

- Substance/Medication Induced Sleep Disorder
  - Recording of diagnosis begins with the substance (ICD-9 separate codes for alcohol and for all other substances) (ICD 10 –codes substances separately and must distinguish between use disorder or no – and if use disorder, severity)
    - For non-categorized substance but known use Other Substance; for unknown substance use Unknown Substance

Changes to Sleep-Wake Disorders

- Substance/Medication Induced Sleep Disorder
  - After substance then onset: during intoxication or during discontinuation/withdrawal
  - Then subtype: insomnia, daytime sleepiness, parasomnia, or mixed type
  - E.g.: insomnia during intoxication with severe cannabis use disorder
    - 292.85 – Cannabis induced sleep disorder, with onset during intoxication, insomnia type
    - 304.30 – Severe Cannabis use disorder

Changes to Sleep-Wake Disorders

- Note that many of the diagnoses in ICD 10 fall under “Diseases of the Nervous System” not the F codes for Mental, Behavioral and Neurodevelopmental Disorders – may impact approved or allowed diagnoses
Changes to Sexual Dysfunction

<table>
<thead>
<tr>
<th>Condition</th>
<th>ICD-10</th>
<th>DSM-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delayed Ejaculation</td>
<td>302.74</td>
<td>F52.32</td>
</tr>
<tr>
<td>Erectile Disorder</td>
<td>302.72</td>
<td>F52.21</td>
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<tr>
<td>Female Orgasmic Disorder</td>
<td>302.73</td>
<td>F52.31</td>
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<tr>
<td>Female Sexual Interest/Arousal Disorder</td>
<td>302.72</td>
<td>F52.22</td>
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<tr>
<td>Genito-Pelvic Pain/Penetration Disorder</td>
<td>302.76</td>
<td>F52.6</td>
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<tr>
<td>Male Hypoactive Sexual Desire Disorder</td>
<td>302.71</td>
<td>F52.0</td>
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<tr>
<td>Premature (Early) Ejaculation</td>
<td>302.75</td>
<td>F52.4</td>
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<tr>
<td>Substance/Medication-Induced Sexual Dysfunction</td>
<td>-see substance-specific disorder section</td>
<td></td>
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<tr>
<td>Other Specified Sexual Dysfunction</td>
<td>302.79</td>
<td>F52.8</td>
</tr>
<tr>
<td>Unspecified Sexual Dysfunction</td>
<td>302.70</td>
<td>F52.9</td>
</tr>
</tbody>
</table>

Changes to Sexual Dysfunction

- To reduce over-diagnosis:
  - All require (except medication/substance induced) a minimum duration of 6 months and more precise criteria – help to distinguish those difficulties that are just transient
  - DSM 5 definition: clinically significant disturbance in ability to respond sexually or to experience sexual pleasure – acknowledges that this is a heterogeneous grouping

Changes to Sexual Dysfunction

- Gender specific added
- Women’s sexual desire and arousal disorders – combined into Female Sexual Interest/Arousal Disorder
- Vaginismus and dyspareunia: merged into genito-pelvic pain/penetration disorder – formerly very difficult to distinguish
- Sexual aversion disorder eliminated – not used
Changes to Sexual Dysfunction

- Two subtype specifiers now:
  - Lifelong vs Acquired
  - Generalized vs Situational
- Gone: due to psychological factors vs due to combined factors; due to general medical condition – because most presentations include both medical and psychological factors contributing
- Specify also severity

Changes to Sexual Dysfunction

- Text describes other components/associated features:
  - Partners
  - Relationships
  - Individual vulnerability
  - Cultural/religious
  - Medical

Changes to Gender Dysphoria

- Gender Dysphoria in Children 302.6  F64.2
- Gender Dysphoria in Adolescents and Adults 302.85  F64.1
- Other Specified Gender Dysphoria 302.6  F64.8
- Unspecified Gender Dysphoria 302.6  F64.9
Changes to Gender Dysphoria

- New diagnostic class — emphasizing gender incongruence vs. cross gender identification (DSM IV gender identity disorder)
- Sexual and Gender Identity Disorders in DSM IV: included gender identity; sexual dysfunction and paraphilias
  - DSM 5: recognition of a unique condition — not a sexual dysfunction or a paraphilia (now separate chapter)
  - Chapter contains one overarching diagnosis — Gender Dysphoria
  - Subtypes for Children, Adolescents/Adults and Other Specified or Unspecified
  - Diagnosed by mental health — treated by endocrinologists and surgeons

Changes to Gender Dysphoria

- Gender incongruence and the resulting dysphoria take on many forms — not a dichotomy
  - Described in number and types of indicators and the severity measures
- Separate criteria for children and adolescent/adults
- Previous criterion: cross gender ID and aversion to one's gender — merged "a strong desire to be of the other gender"
- No longer use "the other sex" instead "some alternative gender" — sex felt to be inadequate

Changes to Gender Dysphoria

- Child criteria: Criterion A — a strong desire to be of the other gender or insistence that one is the other gender — necessary but not sufficient
  - 6 of 8 criteria required in A — more restrictive and conservative diagnosing
  - Also note: no longer DSM IV — repeatedly stated desire — intended to capture situations in which child may not verbalize this in an unaccepting environment
- Subtypes on sexual orientation eliminated — not felt to be useful
- Specifier: with a disorder of sex development — must code this disorder as well — does not specify order
- Specifier: Posttransition: person has transitioned full time to the desired gender (w/ w/out legal) and is planning at least one cross-sex medical procedure or treatment
  - Many people who undergo transition no longer meet criteria for gender dysphoria but still continue to need treatment to continue to facilitate successful transition — sort of like in remission but not suitable term for this status.
Changes to Disruptive, Impulse Control and Conduct Disorders

Oppositional Defiant Disorder (ODD)  313.81 F91.3
Intermittent Explosive Disorder  312.34 F63.81
Conduct Disorder
  – Childhood-onset type  312.81 F91.1
  – Adolescent-onset type 312.32 F91.2
  – Unspecified 312.89 F91.9
Pyromania 312.33 F63.1
Kleptomania 312.32 F63.3
Antisocial Personality Disorder (dual listing – also in Personality Disorders chapter) 301.7 F60.2
Other Specified DIC 312.89 F91.8
Unspecified DIC 312.9 F91.9

Changes to Disruptive, Impulse Control and Conduct Disorders

- New Chapter in DSM 5 – brings together some of the Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence and Impulse Control Disorders
- Externalizing: all include problems in the self-regulation of emotional and behavioral control
- Anti-social Personality Disorder included here and in personality disorders (discussed here)
- ODD: 4 changes
  - Removed exclusionary criteria from DSM IV that said that Oppositional Defiant Disorder could only be diagnosed if criteria for Conduct Disorder not met.
  - Graduation from ODD to Conduct Disorder also eliminated

Changes to Disruptive, Impulse Control and Conduct Disorders

- ODD: 4 changes
  - Symptoms grouped into 3 types: at least 4 required with an individual who is not a sibling
    - Angry irritable mood
    - Argumentative/defiant behavior
    - Vindictiveness
  - Frequency and intensity: occurring on most days for 6 months or less for children < 5 yrs. Once/week for children >5 years.
    - Vindictiveness has its own criteria – “at least twice in past 6 months”
    - States also to consider beyond frequency if it is out of range for “normal” for gender, culture and developmental level
  - Severity rating added: mild, moderate, severe – related to the numbers of settings in which occurs
Changes to Disruptive, Impulse Control and Conduct Disorders

- ODD: 4 changes
  - Severity rating added: mild, moderate, severe - related to the numbers of settings in which occurs
  - Mild: only one
  - Moderate: some symptoms in at least 2
  - Severe: some symptoms in 3 or more settings

Changes to Disruptive, Impulse Control and Conduct Disorders

- Intermittent Explosive Disorder
  - 3 types of outbursts with 2 of them being new to DSM 5
  - Physical aggression required in DSM IV but now
    - Verbal and non-destructive/non-injurious physical aggression also meet criteria in DSM 5
  - Minimum age of 6 years: there is no research to back up younger and it is difficult to distinguish between IED and normal temper tantrums in those younger
  - More specific criteria regarding frequency
    - Verbal or non-destructive physical: twice weekly on average for 6 months
    - Physical: 3 outbursts occurring within 12 months - must cause damage or destruction of property; physical assault with physical injury to others or animals
  - Must be impulsive or anger based - not committed to achieve a tangible objective
  - Must cause marked distress or impairment in occupational or interpersonal functioning or associated with financial or legal consequences

Changes to Disruptive, Impulse Control and Conduct Disorders

- Intermittent Explosive Disorder
  - Can be diagnosed with ADHD, Conduct Disorder, ODD, or autism spectrum when “recurrent, aggressive outbursts are in excess of those usually seen in these disorders”. The IED requires independent clinical attention.

- Conduct Disorder
  - Not much change in criteria
  - New specifier “with limited prosocial emotions”
    - To qualify must have met at least 3 characteristics over a 12 month period AND in multiple relationships and settings. Should reflect a typical pattern. Consider self and "other" reports
      - Lack of remorse or guilt cannot count remorse if expressed only when caught or facing consequences
      - Callous - lack of empathy “described as cold and uncaring”; more concern for self and impact Unconcerned about performance poor performance school/work despite clear expectations; blames others
      - Shallow or deficient affect does not express emotions except in shallow, seemingly insincere or superficial ways; turns on and off quickly; express only what can be used for gain
Changes to Disruptive, Impulse Control and Conduct Disorders

- **Intermittent Explosive Disorder**
  - Can be diagnosed with ADHD, Conduct Disorder, ODD, or autism spectrum when “recurrent, aggressive outbursts are in excess of those usually seen in these disorders”. The IED requires independent clinical attention.

- **Conduct Disorder**
  - New specifier: “with limited prosocial emotions”
  - Research supports that this specifier indicates more severe form with likely different response to treatment.
  - Should be minority of individuals with this diagnosis
  - More likely to have child-onset type with higher severity rating

Changes to Substance-Related and Addictive Disorders

**Alcohol Use Disorder**
- Mild: 305.00 F10.10
- Moderate: 303.90 F10.20
- Severe: 303.90 F10.20
- Alcohol Intoxication: 303.00
  - With use disorder, mild: F10.129
  - With use disorder, moderate or severe: F10.229
  - Without use disorder: F10.929
- Alcohol Withdrawal: 291.81
  - Without perceptual disturbances: F10.239
  - With perceptual disturbances: F10.232
- Other Alcohol-Induced Disorders
  - Unspecified Alcohol-Related Disorder: 291.9 F10.99

**Cannabis Use Disorder**
- Mild: 305.20 F12.10
- Moderate: 304.30 F12.20
- Severe: 304.30 F12.20
- Cannabis Intoxication
  - Without perceptual disturbances: 292.89
    - With use disorder, mild: F12.129
    - With use disorder, moderate or severe: F12.229
    - Without use disorder: F12.929
  - With perceptual disturbances
    - Without use disorder: F12.222
- Cannabis Withdrawal: 292.0 F12.288
- Unspecified Cannabis-related Disorder: 292.0 F12.99
### Changes to Substance-Related and Addictive Disorders

**Phencyclidine Use Disorder**
- Mild 305.90   F16.10
- Moderate 304.60   F16.20
- Severe 304.60   F16.20

**Phencyclidine Intoxication**  292.89
- With use disorder, mild F16.129
- With use disorder, moderate or severe F16.229
- Without use disorder F16.929

**Other Hallucinogen Use Disorder**
- Mild 305.30   F16.129
- Moderate 304.50   F16.229
- Severe 304.50   F16.929

**Other Hallucinogen Intoxication**  292.89
- With use disorder, mild F16.129
- With use disorder, moderate or severe F16.229
- Without use disorder F16.929

**Hallucinogen Persisting Perception Disorder**  292.89   F16.983

**Other Phencyclidine-Induced Disorders**

**Other Hallucinogen-Induced Disorders**

**Unspecified Phencyclidine-Related Disorder**  292.9   F16.99

**Unspecified Hallucinogen-Related Disorder**  292.9   F16.99

### Changes to Substance-Related and Addictive Disorders

**Other Inhalant Use Disorder**
- Mild 305.90   F18.10
- Moderate 304.60   F18.20
- Severe 304.60   F18.20

**Inhalant Intoxication**  292.89
- With use disorder, mild F18.129
- With use disorder, moderate or severe F18.229
- Without use disorder F18.929

**Other Inhalant Induced Disorders**

**Unspecified Inhalant-Related Disorder**  292.9   F18.99
<table>
<thead>
<tr>
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<td><strong>Caffeine Withdrawal</strong></td>
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<td><strong>Other Caffeine-Induced Disorders</strong></td>
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<td><strong>Unspecified Caffeine-Related Disorder</strong></td>
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<tr>
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</thead>
<tbody>
<tr>
<td><strong>Opioid Use Disorder</strong></td>
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<tr>
<td>– <strong>Mild</strong></td>
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<tr>
<td>– <strong>Severe</strong></td>
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<tr>
<td><strong>Opioid Intoxication-without perceptual disturbances</strong></td>
</tr>
<tr>
<td>– <strong>With use disorder, mild</strong></td>
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<tr>
<td>– <strong>With use disorder, moderate or severe</strong></td>
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<tr>
<td>– <strong>Without use disorder</strong></td>
</tr>
<tr>
<td><strong>Opioid Intoxication-with perceptual disturbance</strong></td>
</tr>
<tr>
<td>– <strong>With use disorder, mild</strong></td>
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<tr>
<td>– <strong>With use disorder, moderate or severe</strong></td>
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<tr>
<td>– <strong>Without use disorder</strong></td>
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<tr>
<td><strong>Opioid Withdrawal</strong></td>
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<td><strong>Unspecified Opioid-Related Disorder</strong></td>
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<tr>
<th>Changes to Substance-Related and Addictive Disorders</th>
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<tbody>
<tr>
<td><strong>Sedative, Hypnotic, or Anxiolytic-Use Disorder</strong></td>
</tr>
<tr>
<td>– <strong>Mild</strong></td>
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<tr>
<td>– <strong>Severe</strong></td>
</tr>
<tr>
<td><strong>Sedative, Hypnotic, or Anxiolytic Intoxication</strong></td>
</tr>
<tr>
<td>– <strong>With use disorder, mild</strong></td>
</tr>
<tr>
<td>– <strong>With use disorder, moderate or severe</strong></td>
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<tr>
<td>– <strong>Without use disorder</strong></td>
</tr>
<tr>
<td><strong>Sedative, Hypnotic, or Anxiolytic Withdrawal</strong></td>
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<tr>
<td>– <strong>Without perceptual disturbances</strong></td>
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<tr>
<td>– <strong>With perceptual disturbances</strong></td>
</tr>
<tr>
<td><strong>Other Sedative-, Hypnotic- or Anxiolytic-Related Disorder</strong></td>
</tr>
<tr>
<td><strong>Unspecified Sedative, Hypnotic, or Anxiolytic-Related Disorder</strong></td>
</tr>
</tbody>
</table>
### Changes to Substance-Related and Addictive Disorders

#### Stimulant Use Disorders
- **Mild**
  - Amphetamine-type substance 305.70 F15.10
  - Cocaine 305.60 F14.10
  - Other or unspecified stimulus 305.70 F15.10
- **Moderate**
  - Amphetamine-type substance 304.40 F15.20
  - Cocaine 304.20 F14.20
  - Other or unspecified stimulus 304.40 F15.20
- **Severe**
  - Amphetamine-type substance 304.40 F15.20
  - Cocaine 304.20 F14.20
  - Other or unspecified stimulus 304.40 F15.20

#### Stimulant Intoxication 292.89
- **Amphetamine or other stimulant, without perceptual disturbances**
  - With use disorder, mild F15.129
  - With use disorder, moderate of severe F15.229
  - Without use disorder F15.929
- **Cocaine, Without perceptual disturbances**
  - With use disorder, mild F14.129
  - With use disorder, moderate of severe F14.229
  - Without use disorder F14.929
- **Amphetamine or other stimulant, with perceptual disturbances**
  - With use disorder, mild F15.122
  - With use disorder, moderate of severe F15.222
  - Without use disorder F15.922
- **Cocaine, With perceptual disturbances**
  - With use disorder, mild F14.122
  - With use disorder, moderate of severe F14.222
  - Without use disorder F14.922

#### Stimulant Withdrawal 292.0
- **Amphetamine or other stimulant** F15.23
- **Cocaine** F14.23

#### Other Stimulant-Induced Disorders

#### Unspecified Stimulant-Related Disorder 292.9
- **Amphetamine or other stimulant** F15.98
- **Cocaine** F14.98
### Changes to Substance-Related and Addictive Disorders

#### Tobacco-Use Disorder
- Mild: 305.1 Z72.0
- Moderate: 304.1 F17.200
- Severe: 304.1 F17.200

#### Tobacco Withdrawal
- 292.0 F17.203

#### Other Tobacco-Induced Disorders
---

### Changes to Substance-Related and Addictive Disorders

#### Other (or Unknown) Substance Use Disorder
- Mild: 305.90 F19.10
- Moderate: 304.90 F19.20
- Severe: 304.90 F19.20

#### Other (or Unknown) Substance Intoxication
- With use disorder, mild: F19.129
- With use disorder, moderate or severe: F19.229
- Without use disorder: F19.929

#### Other (or Unknown) Substance Withdrawal
- 292.0 F19.239

#### Other (or Unknown) Substance-Induced Disorders
---

#### Unspecified Other (or Unknown) Substance-Related D/O
- 292.9 F19.99

#### Gambling Disorder
- 312.31 F63.0

### Changes to Substance-Related and Addictive Disorders

#### 10 classes of drugs:
1. Alcohol
2. Caffeine – withdrawal added
3. Cannabis – withdrawal added
4. Hallucinogens (with separate category for phencyclidine (PCP, Angel Dust))
5. Inhalants
6. Opioids
7. Sedatives, Hypnotics, and Anxiolytics,
8. Stimulants (amphetamine-type, cocaine)
9. Tobacco
10. Other (or unknown) substances

Also includes gambling disorder
Changes to Substance-Related and Addictive Disorders

Two groupings:
- Substance use disorders
- Substance induced disorders (intoxication, withdrawal, and other substance/medication induced mental disorders – note some of these included in the chapter on the mental disorder but not discussed there)
- General discussion at beginning of chapter on substance use disorders and substance induced but then chapter breaks down into specific substances

Recording:
- Substance use: record code but in narrative use the specific substance, e.g., 304.40 = moderate cocaine use disorder not moderate stimulant use disorder
- Note ICD 10: different coding system – see additional codes in the list – note substance use can only be coded in absence of substance-induced

Changes to Substance-Related and Addictive Disorders

Recording:
- Substance induced:
  - Separate codes for the substance use disorder and the substance induced disorder
  - Use actual name of substance as above in substance use, not the title of the code
- DSM 5 does not distinguish between substance abuse and substance dependence
- Distinction often confusing and arbitrary
- Within substance use criteria:
  - Gone: recurrent substance related legal problems
  - Added: craving or strong desire to use substance
  - Other criteria are nearly identical to Substance Abuse and Substance Dependence
- Polysubstance dependence eliminated – not clinically useful – code each substance
- Physiological subtype also eliminated as not clinically useful

Changes to Substance-Related and Addictive Disorders

Recording:
- Severity based on number of symptoms present:
  - Threshold for SUD: 2 or more (DSM IV was 1 for SU and 3 for SD)
  - Mild: 2-3 criteria
  - Moderate: 4-5 criteria
  - Severe: 6 or more
- Specifiers for remission lumped into:
  - In early remission: at least 3 months but less than 12 with exception of criteria for craving
  - In sustained remission: no criteria met for a period of 12 months or longer with exception of craving
- Specifiers also available for: in a controlled environment and on maintenance therapy
Changes to Substance-Related and Addictive Disorders

- Caffeine Related: only substance that does not allow a substance use disorder:
  - Caffeine intoxication and withdrawal and other and unspecified caffeine induced disorders only
  - Caffeine use: located in Conditions for Further Study
  - Other caffeine induced disorders are included in chapters related to the mental disorder:
    - Caffeine induced anxiety disorder
    - Caffeine induced sleep disorder

- Cannabis Related: added cannabis withdrawal with specific symptoms listed – 50-95% of adults or adolescents enrolled in treatment of heavy cannabis users report

Changes to Substance-Related and Addictive Disorders

- Gambling Disorder: replaces Pathological Gambling from the DSM IV Impulse Disorder section
  - Reflecting similar activation of reward systems and produce some similar behavioral symptoms
  - Internet gaming included in “Further Study” section
  - Other addictive behaviors not included - insufficient research at this time

Thank You