Handout for the Neuroscience Education Institute (NEI) online activity:

New Approaches to Psychiatric Classification in DSM-5:
Focus on Mood Disorders
Learning Objectives

• Describe the new chapter organization for mood disorders

• Describe the diagnoses and specifiers that have been added to the Depressive Disorders chapter, including Disruptive Mood Dysregulation Disorder, Premenstrual Dysphoric Disorder, and Persistent Depressive Disorder

• Explain the rationale for adding increased activity/energy to the A Criterion for mania/hypomania

• Describe the new approach to the diagnosis of mixed states
Pretest Question 1

The proposal to add a “mixed” specifier to the mood disorders is intended to address:

1. The excessive stringency of the DSM-IV mixed episode criteria
2. The confusion about agitated depression
3. Concerns about anxious depression
4. Concerns about anergic depression
Pretest Question 2

All of the following are potential risks of expanding the concept of bipolar disorder except:

1. Higher level of stigma
2. Lower level of monitoring of outcomes
3. Inappropriate pharmacotherapy
4. Increased confusion between borderline disorder and bipolar disorder
Outline

• General revision principles

• Problems with the DSM-IV criteria identified by the Mood Disorders Work Group

• How we tried to solve those problems in DSM-5
Work Group Chair

Jan Fawcett, MD

Work Group Members

Jules Angst, MD (2007–2008)
William Coryell, MD
Lori Davis, MD
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Ellen Frank, PhD
Sir David Goldberg, MD
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Mario Maj, MD, PhD
Michael R. Phillips, MD, MPH
Trisha Suppes, MD, PhD
Carlos Zarate, MD
Revision Principles (1)

- DSM is, above all, a manual for clinicians, and changes made in DSM-5 must be implementable in routine specialty practice
- Recommendations should be guided by research evidence
- Continuity with previous editions should be maintained when possible in order to:
  - Avoid unnecessary disruption for clinicians
  - Maintain the good qualities of DSM-IV
  - Make revisions that will lead to better clinical diagnostic practice
Revision Principles (2)

• Unlike DSM-IV, there were no *a priori* constraints on the degree of change between DSM-IV and DSM-5

• Dimensional concepts: measurement of distress, disability, and severity

• Development: across the lifespan

• Incorporation of new knowledge: risk factors, prevention
What We Hoped to Accomplish With the Revisions

• Revisions were intended to produce more accurate diagnostic criteria and nosology that could lead to:
  – Earlier diagnosis
  – Earlier treatment
  – More accurate treatment
Specific Problems Identified in the DSM-IV Mood Disorders Chapter (1)

- The frequent and often inaccurate diagnosis of bipolar disorder in prepubertal children
- The average 7–10-year lag between first symptoms and accurate diagnosis of bipolar disorder
- The disconnection between the DSM-IV criteria for a mixed episode and the way the diagnostic label was typically being used
Specific Problems Identified in the DSM-IV Mood Disorders Chapter (2)

- The bereavement exclusion and the consequent underdiagnosis of MDE in the context of bereavement
- The absence of a way to document co-occurring anxiety that falls short of full anxiety disorder criteria
- Severity comingled with psychosis in the mood disorder specifiers

MDE = major depressive episode
Specific Problems Identified in the DSM-IV Mood Disorders Chapter (3)

- The rarity of pure dysthymia and inconsistencies in the chronic depression/dysthymia differential diagnosis
- The overuse and under-specification of not otherwise specified (NOS) bipolar diagnoses
Problem:
The frequent and often inaccurate diagnosis of bipolar disorder in prepubertal children
Disruptive Mood Dysregulation Disorder (DMDD): Rationale

• Effort to define a condition that may share some characteristics with paediatric bipolar disorder but on prospective follow-up, does not evolve into bipolar disorder

• Children meeting these criteria typically develop unipolar depression and/or anxiety disorders in adolescence or adulthood
Disruptive Mood Dysregulation Disorder (DMDD) (1)

- **Essential feature:** severe recurrent temper outbursts in response to common stressors; outbursts can be verbal and/or behavioural, are out of proportion to the provocation, and are inconsistent with the child's developmental level.

- **Frequency:** on average ≥3 times per week.

- **Mood between temper outbursts:** persistently angry, irritable, and/or sad; observable by others.

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Disruptive Mood Dysregulation Disorder (DMDD) (2)

- **Duration**: at least 12 months, with no more than 3 consecutive months without symptoms

- **Ubiquity**: temper outbursts and/or negative mood are present in at least 2 settings (at home, at school, or with peers) and severe in at least 1 setting

- **Minimum age**: >6 years (or equivalent developmental level)

- **Age at onset**: <10 years

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Problem:
The average 7–10-year lag between first symptoms and accurate diagnosis of bipolar disorder

Trisha Suppes, MD, PhD
Addition of 'Change in Activity or Energy' to Criterion A for Mania and Hypomania: Rationale

• Many individuals with bipolar disorder present for the first time during a depressive episode

• The mood changes associated with mania/hypomania may be experienced as ego-syntonic and/or rationalised on the basis of external circumstances

• Collateral informants can only infer mood, not observe it; changes in activity can be observed objectively
Addition of ‘Activity or Energy’ to Criterion A for Mania/Hypomania

• Effort to improve in particular the retrospective diagnosis of mania or hypomania

• Based on a range of studies carried out by Akiskal, Angst, Benazzi, and others supporting the idea that changes in activity or energy are as important as mood
Addition of ‘Activity or Energy’ to Criterion A for Mania/Hypomania

• Distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy

• Increased clarity and specification of increased activity or energy as a core symptom of mania and hypomania

• Remaining symptom list (Criterion B) essentially unchanged

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Problem:
The disconnection between the DSM-IV criteria for mixed episode and the way the diagnostic label was typically being used

Ellen Frank, PhD
Consequences of Ad Hoc Definitions of Mixed Episode That Were in Use

- Underestimation of suicide risk
- Inappropriate treatment selection
- Failure to identify those with unipolar disorder who are at increased risk of progression to bipolar disorder
Mixed Features Specifiers: Rationale

• Mixed states identified since Kraepelin

• DSM-IV criteria were too restrictive

• DSM-IV criteria were rarely adhered to in the use of the term mixed

• Result was confusion and lack of precision
DSM-IV Criteria: Mixed Episode

• The criteria (except for duration) are met for **both a manic episode and a major depressive episode** nearly every day during at least a 1-week period

• The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or usual social activities or relationships with others OR to necessitate hospitalisation to prevent harm to self or others OR there are psychotic features

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DSM-5 'With Depressive Features' Specifier

• If predominantly manic or hypomaniac, full criteria are met for a manic or hypomaniac episode, and at least 3 of the following symptoms are present nearly every day during the episode:
  - Subjective depression
  - Anhedonia
  - Psychomotor retardation
  - Fatigue/loss of energy
  - Feelings of worthlessness/guilt
  - Thoughts of death/suicide

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DSM-5 'With Hypomanic Features' Specifier

• If predominantly depressed, full criteria are met for a major depressive episode, and at least 3 of the following symptoms are present nearly every day during the episode:
  - Elevated mood
  - Inflated self-esteem
  - More talkative/pressured speech
  - Flight of ideas/racing thoughts
  - Increased energy/visible hyperactivity
  - Increased risk-taking
  - Decreased need for sleep

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Not Included in 'Mixed' Specifier

• Symptoms that can occur on either pole
  - Distractibility
  - Irritability
  - Insomnia or hypersomnia *per se*
  - Indecisiveness
Problem:
The bereavement exclusion and the consequent underdiagnosis of MDE in the context of bereavement

Kenneth S. Kendler, MD, PhD
Elimination of the Bereavement Exclusion: Rationale (1)

• Bereavement is a severe psychosocial stressor that can precipitate an MDE in vulnerable individuals

• The probability of an MDE and the nature of the symptoms do not differ in the aftermath of bereavement vs. other equally severe psychosocial stressors for which no such exclusion exists
Elimination of the Bereavement Exclusion: Rationale (2)

- The DSM-IV bereavement exclusion implied that bereavement typically lasts only 2 months, when the duration is commonly 1–2 years.

- The presence of MDE adds risks of suffering, sense of worthlessness, suicidal ideation, poorer medical health, and poorer interpersonal and occupational functioning.
Notes and Footnotes to Major Depressive Episode in Relation to Bereavement

• Criteria note that the presence of a major depressive episode can be considered in addition to the normal response to a significant loss

• Footnote offers explanatory information about the difference between bereavement and a major depressive episode
Problem: The absence of a way to document co-occurring anxiety that falls short of full anxiety disorder criteria

Sir David Goldberg, MD
Anxiety Specifier: 'With Anxious Distress'

- Presence of ≥2 of the following symptoms in the context of mania, hypomania, or depression:
  - Feeling 'keyed up' or tense
  - Feeling unusually restless
  - Difficulty concentrating because of worry
  - Fear that something awful may happen
  - Feeling that the individual might lose control
  - Indecisiveness

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Anxiety Specifier: 'With Anxious Distress'

- Specify current severity of anxious distress
  - **Mild**: 2 symptoms
  - **Moderate**: 3 symptoms
  - **Moderate–severe**: 4 or 5 symptoms
  - **Severe**: 4 or 5 symptoms with motor agitation
Problem:
Severity comingled with psychosis in the mood disorder specifiers

David J. Kupfer, MD
Change to Severity Specifiers: Rationale

- Not all severe mood episodes are psychotic
- Not all psychotic mood episodes are severe
- In DSM-IV, there was no way to indicate psychosis in the absence of high severity
DSM-5 Mood Disorders Severity Specifier Options

- Mild
- Moderate
- Severe
- With psychotic features
- In partial remission
- In full remission
- Unspecified

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Problem:
The rarity of pure dysthymia and inconsistencies in the chronic depression/dysthymia differential diagnosis
New Diagnosis: Persistent Depressive Disorder (PDD)

- Essentially combines what was formerly chronic depression and dysthymia
  - Depressed mood for 2 years (in children and adolescents, mood can be irritable, and duration need only be 1 year)
  - Presence of 2 or more additional depressive symptoms: poor appetite or overeating, insomnia or hypersomnia, low energy or fatigue, low self-esteem, poor concentration or difficulty making decisions, feelings of hopelessness
  - No more than 2 months without symptoms

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Persistent Depressive Disorder (PDD)

• Note: Because criteria for MDE include 4 symptoms that are absent from the symptom list for PDD, a very small number of individuals will have depressive symptoms for 2 years and not meet PDD criteria

• If full criteria for MDE have been met, the diagnosis is MDE; otherwise, the diagnosis is 'other specified depressive disorder'

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Problem:
The overuse and under-specification of 'not otherwise specified' (NOS) bipolar diagnoses

Trisha Suppes, MD, PhD
Bipolar Disorder 'Not Otherwise Specified' → 'Other Specified Bipolar and Related Disorders': Rationale

• General dissatisfaction with the catch-all nature of this category

• Concern from paediatric psychiatrists about the use of this category to label children with extremely short-duration or subthreshold episodes

• Desire for more specification of bipolar spectrum

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'Other Specified Bipolar and Related Disorders'

• This group of diagnoses is reserved for individuals who have symptoms that:
  - Do not meet diagnostic criteria for any other mood disorder
  - Are associated with moderate or severe psychosocial dysfunction or distress
  - Are not related to the direct physiological effects of a substance or a general medical condition

• The condition must be categorised into 1 of the 4 subcategorical diagnoses listed on the following slides based on the characteristics of the episode
(1) Subsyndromal Hypomania: Short-Duration

- Lifetime experience of syndromal depressive episodes
- Hypomanic periods with a sufficient number of criterion symptoms (≥2) but of insufficient duration (<4 consecutive days)

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(2) Subsyndromal Hypomania: Insufficient Symptoms

- Lifetime experience of syndromal depressive episodes
- Hypomanic episodes of sufficient duration but with an insufficient number of criterion symptoms ($\geq 2$, or 3 if mood is only irritable)
(3) Hypomanic Episode Without Prior MDE

- One or more episodes of syndromal hypomania
- No history of syndromal MDE
- Can be applied in the context of cyclothymia or dysthymia, in which case both diagnoses are given
(4) Short-Duration Cyclothymia

- Meets criteria for cyclothymia, but duration is less than 2 years (or less than 1 year in children)
A few other changes of note

• Premenstrual Dysphoric Disorder
• Peripartum Mood Disorders

Kimberly Yonkers, MD
'New' Diagnosis: Premenstrual Dysphoric Disorder (PMDD)

- Now moved to the main body of the manual
- Criteria essentially unchanged from those that appeared in DSM-IV

A. In the majority of menstrual cycles, ≥5 symptoms must be present in the week before onset of menses, start to improve within a few days after onset of menses, and become minimal or absent in the week post-menses

B. One or more of the following symptoms must be present at a marked level:
   1. Affective lability
   2. Irritability, anger, or increased interpersonal conflicts
   3. Depressed mood, hopelessness, or self-deprecat ing thoughts
   4. Anxiety, tension, feeling 'keyed up' or 'on edge'

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'New' Diagnosis: Premenstrual Dysphoric Disorder (PMDD) (cont.)

C. One or more of the following symptoms must be present to reach a total of 5 symptoms when combined with symptoms from Criterion B:

1. Decreased interest
2. Difficulty concentrating
3. Lethargy, fatigability, or marked lack of energy
4. Marked change in appetite, overeating, or specific food cravings
5. Hypersomnia or insomnia
6. Sense of being overwhelmed or out of control
7. Physical symptoms (breast tenderness or swelling, joint or muscle pain, a sensation of bloating, weight gain)

Note: The symptoms in Criteria A–C must have been met for most menstrual cycles that occurred in the preceding year.
'New' Diagnosis: Premenstrual Dysphoric Disorder (PMDD) (cont.)

D. Symptoms are associated with clinically significant distress or impairment

E. The disturbance is not merely an exacerbation of the symptoms of another disorder

F. Criterion A should be confirmed by prospective daily ratings during at least 2 symptomatic cycles (Note: The diagnosis may be made provisionally prior to this confirmation)

G. The symptoms are not attributable to the direct physiological effects of a substance or another medical condition
'With Postpartum Onset' Specifier Has Become 'With Peripartum Onset'

- The change acknowledges that many mood disorders begin during pregnancy rather than following parturition

- 'With peripartum onset': onset occurs during pregnancy or in the 4 weeks following delivery

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