Technical Aspects of DSM-5 Diagnosis

Dr. Gant Ward
Moore Counseling Center, Owner
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Axes I, II, and III have been combined

Axis IV: Captured by ICD-9-CM V and ICD-10-CM Z codes

Axis V: Dropped from DSM-5
Subtypes

* Indicated by the instruction “Specify whether”
  * 307.6 Enuresis
    * Nocturnal only
    * Diurnal only
    * Nocturnal and diurnal
  * 309.XX Adjustment Disorders
    * With depressed mood
    * With anxiety
    * Etc.

Specifiers

* Indicated by the instruction “Specify” or “Specify if”
  * Course (e.g., in partial remission, in full remission)
  * Severity (e.g., mild, severe)
  * Descriptive Features (e.g., with poor insight)

* With the exception of severity, the order of specifier recording usually follows the order of specifier instruction in the diagnostic criteria.

* Not all disorders include specifiers (e.g., Adjustment disorder)
**Principle Diagnosis**

* The principle diagnosis is indicated by listing it first, and the remaining disorders are listed in order of focus of attention of treatment.

* Except when the principle diagnosis is due to another medical condition (because DSM-5 requires that the etiological medical condition is listed first), in which case the phrase “(principle diagnosis)” follows the diagnosis.

* E.g., 331.0 Alzheimer’s disease
  294.1 Major neurocognitive disorder due to Alzheimer’s disease (principle diagnosis)

**Provisional Diagnosis**

* Specifier that can be used when the psychologist presumes that the full criteria will ultimately be met for a disorder, but not enough information is available to make a firm diagnosis.

* Indicated by recording “(provisional)” following the diagnosis.

* E.g., 309.81 Posttraumatic Stress Disorder (provisional)
Goodbye to “NOS”

* “NOS” replaced with two options:
  * Other Specified Disorder
    * Can be used when the psychologist is able to specify why the patient does not meet a more specific diagnosis.
    * Psychologist must record the reason full criteria are not met.
      * E.g., “Other specified depressive disorder, depressive episode with insufficient symptoms”
  * Unspecified Disorder
    * Can be used when the psychologist is unable to further specify and describe the clinical presentation.
      * E.g., “Unspecified anxiety disorder”

Let’s Give It A Shot!

* 4-year-old girl
* Neurodevelopmental Conditions: Autism Spectrum Disorder, ADHD (Combined, Moderate)
* Genetic Condition: Rett Syndrome
* Social Communication: requires very substantial support
* Restricted, Repetitive Behaviors: Requires support
* Intelligence: Moderately Impaired
* Language: Impaired expressive and receptive language - nonverbal
It’s the beginning of December and a 22-year-old male meets with you and reports a number of depressive symptoms (e.g., significant anhedonia, lack of appetite) beyond the minimum necessary for the diagnosis of MDD. He reports that his symptoms are causing him trouble at work, such as arriving to work late and lower productivity due to poor concentration. Your questioning of him reveals that in each of the last three years he has been fired from his job in December or January, and rarely obtained a new job until April or May. He confirms that he feels happy and energized in the spring and summers, and that is when he tends to seriously job hunt. Your questions reveal that he has twice been abruptly terminated following conflict with co-workers related to his sincere belief that they are conspiring against him. Also, he admits that he recently accepted a friend’s offer to smoke meth, because he was tired of feeling exhausted and “blah.” He acknowledges that he will likely use meth again, because he really needs to keep this job, and he cannot continue showing up late and being unproductive.

Now Try This One!

330.8 Rett Syndrome

299.00 Autism spectrum disorder associated with Rett syndrome and Attention-Deficit/Hyperactivity Disorder requiring very substantial support for deficits in social communication and requiring support for restricted, repetitive behaviors; with accompanying intellectual impairment; and expressive and receptive language impairment – no intelligible speech (principle diagnosis)

314.01 Moderate Attention-Deficit/Hyperactivity Disorder, combined presentation

319.00 Moderate Intellectual Disability
Diagnostic Impressions:

296.32  Major depressive disorder, recurrent, moderate, with psychotic and melancholic features, with seasonal pattern

305.7  Mild methamphetamine use disorder (provisional)