AMERICAN PSYCHIATRIC ASSOCIATION

DSM PROPOSAL SUBMISSION PORTAL

Note: Only proceed with the submission if you have completed the Confidentiality and Copyright Agreement Disclosure form.

Welcome to the DSM Proposal Submission Portal. Thank you for your interest in proposing a change to DSM-5. A "Change" to DSM-5, for the purposes of this site, is defined as the addition, deletion, or modification of diagnostic categories or criteria (including subtypes or specifiers), or to the text.

Please be sure to carefully follow the guidelines as you move through each section of the submission portal. Only proposals that comply with the guidelines and instructions offered throughout the submission portal will be reviewed.

If you need to leave this portal before you have completed entering all of the information, click the "Save and Continue Later" button at the bottom of the screen and enter your email address. You will receive an email that will provide you with a link to return to your proposal at any time to complete it.

1.

STEP 1: Please indicate the type(s) of change(s) you are proposing by checking the box(es) below.

(Click on the links for an explanation of each highlighted term, and for specific guidance regarding each proposal type. Your browser will open these pages in a new tab. Be sure not to close your browser after reading the linked documents, as it will cause you to leave the submission portal.) *

- [ ] TYPE 1A: Change to an existing diagnostic criteria set that would markedly improve its validity
- [ ] TYPE 1B: Change to an existing diagnostic criteria set that would markedly improve reliability without an undue reduction in validity
- [ ] TYPE 1C: Change to an existing diagnostic criteria set that would markedly improve clinical utility without an undue reduction in validity or reliability
- [ ] TYPE 1D: Change to an existing diagnostic criteria set that would substantially reduce deleterious consequences associated with the criteria set without a reduction in validity
- [ ] TYPE 2: Addition of a new diagnostic category or specifier
- [ ] TYPE 3: Deletion of an existing diagnostic category or specifier/subtype
- [ ] TYPE 4: Corrections and clarifications (including changes aimed at improving the understanding and application of an ambiguous diagnostic criterion, specifier, or text).
- [ ] TYPE 5: Proposals for additions to Other Conditions that May Be a Focus of Clinical Attention
- [ ] TYPE 6: Proposals for additions to Section 3, Conditions for Further Study
- [ ] TYPE 7: Proposals for additions to Other Conditions that May Be a Focus of Clinical Attention

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Please enter your identifying information below. You will be contacted via the email address you enter below if the reviewers require any clarifications or revisions to your proposal, and to alert you regarding the status of your proposal.

2. Your Name(s) *

3. Your degree(s) (MD, PhD, etc.): *

4. Institutional Affiliation(s): *

5. Area(s) of research expertise: *

6. Contact email address: *

7. Contact telephone number: *

8. Diagnostic Category or Name of Disorder for which you are proposing a change, addition, or deletion: *

STEP 2:

In the sections that follow, you will be asked to provide summary evidence regarding the validity, reliability, clinical utility, and potential deleterious consequences of making the change you are proposing. You will be asked to submit your complete proposal at the end of this portal. If, per the specific guidance for the type of change you are proposing, you have no information regarding one of the sections, you should enter the words "No Information Available."

CLICK HERE TO VIEW AND PRINT ADDITIONAL GUIDANCE FOR COMPLETING THE PORTIONS THAT FOLLOW BASED ON THE TYPE(S) OF PROPOSAL(S) YOU ARE SUBMITTING

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9. Please succinctly describe the change that you are proposing: *

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10. **PART I: REASON FOR PROPOSED CHANGE**

Provide a clear summary statement of the rationale for the proposed change, outlining the justification for the change. Include the historical context for your proposal. Also include a discussion of possible negative consequences of the proposed change and a consideration of arguments against the change. Given that it is desirable that proposed changes to DSM-5 reflect a broad consensus of expert opinion, in your full proposal, which you will attach at the end of this portal, include a brief section outlining any significant controversies or disagreements among researchers and clinicians in the field concerning the proposed change.

Reason(s) for Proposed Change: *

PART II: MAGNITUDE OF THE CHANGE

Specify the magnitude of the proposed change, using the definitions provided below, and include a brief rationale for your choice. One important determinant of the magnitude of change is whether it is likely to lead to a change in caseness (i.e., whether or not an individual has the disorder of interest or, the degree to which the diagnostic criteria for a given condition are applicable to a given individual). However, the reviewers of this proposal will ultimately make an independent determination of the magnitude of the change.

Modest change includes:
Changes to a definition of an existing specifier or subtype that go beyond clarification of an ambiguity of the definition.

1. An example would be changing the number of binges per week that define mild, moderate, severe and extreme binge eating disorder based on new empirical evidence.
2. Additions to the “examples of presentations” that can be specified using the “other specified” designation. An example would be adding a previously unspecified learning disorder to the examples provided for Other Specified Neurodevelopmental Disorder.
3. Other changes to diagnostic criteria that are not likely to result in a change in caseness.

Substantial change includes:

1. Addition of a new diagnosis, specifier or subtype, or the deletion of an existing diagnosis, specifier or subtype
2. Changes to the DSM-5 criteria that have the potential to result in shifts in caseness from one diagnostic category to another (e.g., a change in the duration of mood symptoms required in the diagnosis of schizoaffective disorder, shifting individuals from having a diagnosis of Schizoaffective Disorder to having a diagnosis of Schizophrenia)
3. Changes to the DSM-5 criteria of a well-studied/well-validated diagnosis that could create significant discontinuities in research or clinical care (e.g., elimination of somatic symptoms from criteria for a Major depressive episode), regardless of the potential for causing shifts in caseness or treatment.

11. Check only one of the appropriate boxes below, and provide the rationale for that decision in the accompanying text box: *

- **Modest change**
- **Substantial change**

12. Rationale: *

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13. **PART III: VALIDATORS FOR THE CHANGE**

Include a thorough review of the relevant literature and results from any unpublished secondary data analyses in your proposal, and a brief summary in the text box below. In so far as possible, focus on a single question that evaluates two alternative hypotheses. For Type 1a (criteria set changes to improve validity), the question will typically be: *is the validity of the proposed set of criteria for disorder X superior to the DSM-5 criteria for disorder X?* However, for proposals for new criteria sets (Type 2), two questions will typically need to be addressed: i) does the new disorder have sufficient validity to be included as an official DSM category and ii) is the new disorder sufficiently distinct, in its performance on validators, from other disorders already in the manual to constitute an independent disorder?

For criteria set changes that aim to improve reliability (Type 1b), utility (Type 1c), or reduce deleterious consequences (Type 1d), the question will typically be: *is the validity of the proposed set of criteria for disorder X at least equal to that of the current DSM-5 criteria for disorder X (*which may simply involve a lack of change in caseness between the DSM-5 criteria and the proposed criteria*)?*

Organize this section around the following eleven classes of validating criteria. Note that reviewers would prefer to see evidence for validity from a diversity of populations, especially for substantial changes. (It is recognized that, for many proposals, data may not be available for many of these categories.)

1. **Antecedent Validators**
   - *Familial aggregation and/or co-aggregation (i.e., family, twin or adoption studies)
   - Socio-Demographic and Cultural Factors
   - Environmental Risk Factors
   - Prior Psychiatric History

1. **Concurrent Validators**
   - Cognitive, emotional, temperament, and personality correlates (unrelated to the diagnostic criteria).
   - *Biological Markers, e.g., molecular genetics, neural substrates
   - Patterns of Comorbidity
   - *Degree or nature of functional impairment

1. **Predictive Validators**
   - *Diagnostic Stability
   - *Course of Illness
   - *Response to Treatment

Asterisks denote high priority validators that will generally be seen as providing stronger evidence than the other validators listed above. Attach a summary table to your full proposal (which you will be asked to submit at the end of this survey) for each relevant validator class (i.e., each validator for which data exist). In this table, each study should be represented by a row, with columns reflecting the lead author, year of publication, sample size, methods, and a brief summary of the relevant results. You are encouraged to include a qualitative judgment of the overall methodological strength of each study

(e.g., on a 1-5 scale) as indicated by, e.g., quality of diagnostic assessments and validating measures, size and representativeness of the sample, and rigor of the statistical analyses.

It is desirable to have a final summary table in which rows represent the relevant validators. The table should summarize the degree to which data from each validator class support the proposed change (again on a 1-5 scale).

Because of the inclusion of these tables, the text can be brief, focusing first on summarizing the overall nature and strength of the data and commenting on controversial issues, contradictory data, and/or the importance of particular studies or methods.

Summary explanation of data on validators: *

14. **Attach table(s): (50MB limit)**
Note that only .pdf documents can be uploaded.

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15. **PART IV: RELIABILITY**

Information should be summarized in tabular form about the comparative reliability of the proposed criteria and, if relevant, the reliability of the DSM-5 criteria that you seek to replace. A table with a line for each study that lists the sample size, the reliability (hopefully calculated by the kappa coefficient or one of several related chance-corrected statistics), the type of reliability assessed (e.g., inter-rater, inter-interviewer, test-retest), the nature of the sample (e.g., clinical versus epidemiological) and prior training of the interviewers is recommended. If possible, improved reliability should be shown across different populations. Data should be presented showing that the proposed criteria improve reliability while identifying largely the same cases as the original DSM-5 criteria, unless an improvement in validity is also being claimed. Include this information in your proposal and summarize this information below.

Summary explanation of data on reliability: *

16. Upload table (optional):

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17. **PART V: CLINICAL UTILITY**

Summarize available information about the clinical utility of the proposed criteria compared to the current DSM-5 criteria in your proposal and in the text box below. For example, if the proposal shortens the criteria set, information should be provided here about the degree to which caseness would not be altered by the new, briefer criteria. That is, the argument that shortening a criteria set does not lead to a loss of validity could be accomplished by showing a very high rate of agreement between case definition by the newer, shorter and the older, longer DSM-5 criteria. Note, to be convincing, this should be shown in several different populations differing by gender, age, ethnicity, etc.

Although the types of empirical studies that would be helpful to establish an improvement in clinical utility are less well established than for validity and reliability, a 2004 paper by First and colleagues (Am J Psychiatry 2004; 161:946–954), developed by an ad hoc subcommittee of the American Psychiatric Association's Committee on Psychiatric Diagnosis and Assessment, provides some guidance. Parameters of clinical utility that could be measured include whether proposed changes improve user acceptability, clinicians' ability to apply the diagnostic criteria accurately, clinicians' adherence to practice guidelines, and ultimately clinical outcomes.

Proposals that would improve the clinician's ability to select the best treatment or determine prognosis, while certainly improving the clinical utility of the DSM-5, are best considered to be proposals to improve validity and are better included under part III above.

Summary explanation of data on clinical utility: *

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18. **PART VI: DELETERIOUS CONSEQUENCES**

In your proposal and in the text box below, summarize available information about the potential deleterious consequences of the current DSM-5 criteria and, if they exist, how the proposed criteria change will reduce or eliminate them. For example, if over-diagnosis is being claimed, empirical evidence will need to be presented demonstrating false positive diagnoses utilizing DSM-5 criteria. Also include data showing the degree to which the proposed criteria reduce the deleterious consequences of the criteria. Proposals for new diagnostic categories should comment on potential deleterious consequences of their adoption.

Summary of information on deleterious consequences: *

PROPOSAL SUBMISSSION

Attach your full proposal and appendices here. Your proposal should contain an introductory section, describing the change you are proposing and the rationale for making such a change. This should be followed with subheadings for Parts I-VI with complete information included under each section as outlined in the instructions, tables, a conclusion statement, and bibliography.

19. **Attach full proposal and appendices: (50MB limit)**
Note that only .pdf documents can be uploaded.
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20. Please complete the Disclosure of Interest and Confidentiality form, linked here: Confidentiality and Copyright Agreement Disclosure form.

Note that your proposal will not receive review unless a completed form is submitted. *

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Thank you for your interest in contributing to the process for making potential future changes to the DSM. You will receive an email verifying that your proposal has been successfully submitted.

Thank You!

Thank you!