



DSM-5's Integrated Approach to Diagnosis and Classifications

The upcoming fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) introduces an integration of a dimensional approach to diagnosis and classification with the current categorical approach. Previous editions of DSM used a strictly categorical model requiring a clinician to determine that a disorder was present or absent. The dimensional approach, which allows a clinician more latitude to assess the severity of a condition and does not imply a concrete threshold between “normality” and a disorder, is now incorporated via select diagnoses. Its inclusion will also provide more utility in research contexts.

Disorders on a Spectrum

While all disorders in DSM-5 remain in specific categories, measures indicating degree of acuteness have been added to several combined diagnoses.

For example, autism spectrum disorder (ASD) combines four different categorical disorders and conceptualizes them as occurring along a single spectrum focused on dysfunctional social communication and restricted, repetitive behaviors or interests. Under DSM-IV, patients with such symptoms could be diagnosed with autistic disorder, Asperger’s disorder, childhood disintegrative disorder, or the catch-all diagnosis of pervasive developmental disorder not otherwise specified. But the diagnoses were not consistently applied across practices and treatment centers, in large part because they shared such similar characteristics. Researchers determined that these separate disorders are actually related conditions along a single continuum of behavior. With ASD, some individuals show mild symptoms and others have much more severe symptoms. This spectrum will allow clinicians to account for such variations from person to person.

Another example of continuum-based assessment is evident in the new diagnosis of substance use disorder. DSM-5 combines two separate diagnoses of abuse and dependence into a single spectrum of eleven symptoms. In DSM-IV, the distinction between abuse and dependence was based on the concept of abuse as a mild or early phase and dependence as the more severe manifestation. In practice, that was an arbitrary dichotomy, as the abuse criteria were sometimes quite severe. The revised substance use disorder better matches the symptoms that patients experience.

Building on Symptoms as the Foundation for Care

Using assessment models that also focus attention on the acuteness of symptoms helps clinicians gather more information and thus more insight in creating a treatment plan. The narrow categorical approach of previous DSM editions constricted the range of clinical information obtained, which often could have significant implications for diagnosis, treatment planning, prognosis, and outcomes.

With greater depth of detail about symptoms—instead of simply marking them as present or absent—DSM-5 will reduce the excess number of patients who would have been diagnosed under DSM-IV’s categorical approach as having a “not otherwise specified” diagnosis due to failure to meet thresholds (e.g., patients with mild symptoms who might not fulfill threshold symptom counts but are in need of treatment). Rather, the integrated approach moves these patients out of the “not otherwise specified”

category by tailoring their diagnosis to the particulars of each individual and providing a diagnosis that is more informative and conducive to treatment planning than the residual diagnosis of “not otherwise specified”. Patients often do not fit precisely into one category or another, and the use of a spectrum in DSM-5 mitigates that problem. Assessing on a spectrum also has benefits for research because the data it produces is more reliable, stable and valid. Spectrum models are also preferred for hypothesis development and testing.

To ensure DSM-5 is not overly disruptive to clinical practice, its spectrum measures are compatible with categorical definitions. The new edition combines the best of both categorical and dimensional approaches to provide better guidance to clinicians and, as a consequence better treatment to patients.

DSM is the manual used by clinicians and researchers to diagnose and classify mental disorders. The American Psychiatric Association (APA) will publish DSM-5 in 2013, culminating a 14-year revision process.

APA is a national medical specialty society whose more than 37,000 physician members specialize in the diagnosis, treatment, prevention and research of mental illnesses, including substance use disorders. Visit the APA at www.psychiatry.org. For more information, please contact APA Communications at 703-907-8640 or press@psych.org.

© 2013 American Psychiatric Association

The logo for the DSM-5 Collection, featuring the text "DSM-5" in a large, bold, white font inside a dark blue square, with the word "COLLECTION" in a smaller, white, all-caps font below it, all set against a light beige background.

Order DSM-5 and DSM-5 Collection
at www.appi.org