

Much of the upcoming fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) is largely unchanged from DSM-IV, but DSM-5 includes some new disorders and revised criteria for existing disorders based on the latest scientific evidence and clinical need. The multilevel review process underlying such decisions was rigorous and deliberative.

## The Big Picture

Countless studies have been published on disorders included in the current manual since its publication in 1994. Members of the DSM-5 Task Force and its 13 Work Groups utilized this collective knowledge base in considering revisions.

Any new or substantially modified DSM diagnoses were proposed only after a comprehensive review of the scientific literature. Those proposals were a result of thousands of hours of meetings and discussion by the relevant Work Group's members and public comments received through the DSM website. Additionally, the draft proposals were subject to multilevel examination by the Task Force and two panels convened specifically for more independent evaluation of DSM-5—a Scientific Review Committee and a Clinical and Public Health Committee.

The APA Board of Trustees approved the final version of DSM-5 in December 2012.

## Guiding Principles

From the start, the goal of DSM-5 was to determine the most evidence-based criteria that would best help clinicians in accurately and consistently diagnosing mental disorders. Four principles guided the experts' review and discussions during the DSM revision process.

- Research evidence should support any addition or substantive modification.
- Continuity with the current manual should be maintained when possible.
- Routine clinical practices must be able to implement any changes.
- No restraints should limit the degree of change between DSM-5 and past editions.

## Applying the Principles

Before recommending to the Task Force a new disorder or changes to a current disorder, Work Group members followed a series of specific steps:

- Reviewing the scientific literature and secondary data analyses and documenting the clinical validity of such a change
- Explaining the reasons for the change and the evidence supporting it
- Categorizing the level of change as modest, substantial or major and specifying whether it previously had been widely studied and well validated
- Evaluating whether the proposed diagnosis would be distinct enough from other diagnoses to warrant its separate consideration
- Assessing any potential for harm to individuals or groups of individuals if the change was (or was not) adopted
- Determining that diagnostic criteria for the proposed addition did not identify variations of normal behavior but rather reflect a true mental disorder

## Disorders for Further Study

In DSM-5, Section 3 of the manual includes criteria sets for conditions that need further research before they should be official diagnoses.

Including a disorder in Section 3 indicates that enough evidence suggests a condition has an impact on individuals' functioning and/or level of distress. But it also signals that further study is needed before the condition can be accurately described and reliably diagnosed.

Moving a condition from Section 3 to the manual's main section is significant because the disorder then can be given as an official diagnosis and patients will be more likely to receive services for its treatment. Categories and conditions in Section 3 also can be removed from the manual based on research findings about the disorder.

Any change to a diagnosis in DSM is always intended to more clearly and accurately define the criteria for that mental disorder. Doing so helps to ensure that the diagnosis is accurate as well as consistent from one clinician to another—benefitting patients and the care they receive.

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. For more information, go to <http://psychiatry.org/dsm>.

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](http://www.psychiatry.org). For more information, please contact APA Communications at 703-907-8640 or [press@psych.org](mailto:press@psych.org).

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