

The development of the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) was characterized by robust debate about the scientific evidence and clinical experience supporting the book's contents. Section III introduces emerging measures and models to assist clinicians in their evaluation of patients. This area of the manual includes assessment measures, guidance on cultural formulation, an alternative model for diagnosing personality disorders, and conditions for further study.

In past editions, content from this area of the manual was contained in appendices. By bringing this content to the forefront, the APA hopes to bring greater awareness and attention to these tools.

Valuable Clinical Tools

Among the assessment tools are cross-cutting symptom measures that focus on more general mental function and severity measures that are disorder specific. Both reflect increasing scientific evidence about the diagnostic and treatment limitations of a strictly categorical construct. By contrast, a more dimensional approach considers aspects of symptom presentation important for treatment planning and monitoring but that can be captured quantitatively, such as symptom count or the intensity, duration and change in symptoms. These measures and assessments are intended to help clinicians capture a more comprehensive assessment of patients. They are included in Section III to encourage their testing and use by clinicians as part of the evolving diagnostic process.

Accounting for Culture

Cultural background can greatly influence how an individual perceives and presents with psychiatric symptoms, as well as impacts diagnosis and treatment. Section III addresses this important issue through cultural concepts of distress, which detail the ways that different cultures describe syndromes and perceived causes. To help clinicians gauge such factors, a cultural formulation interview guide is provided with questions about patients' history in terms of their race, ethnicity, language, religion, social culture or customs, and geographical origin.

The interview provides an opportunity for individuals to define their distress in their own words and then relate this to how others, who may not share their culture, see their problems. This gives the clinician a more complete foundation on which to base both diagnosis and care.

Another Model for Personality Disorders

During the development of DSM-5, several proposed revisions were drafted that would have significantly changed how clinicians diagnose individuals with personality disorders. Based on feedback from a multilevel review of proposed revisions, the APA ultimately retained the current categorical approach with the same 10 personality disorders.

But one of those alternative methods—a hybrid dimensional-categorical model—was included in Section III to prompt continued research. This model calls for evaluation of impairments in personality

functioning (how an individual typically experiences himself or herself as well as others) and characterizes five broad areas of pathological personality traits. It identifies six personality disorder types, each defined by a specific pattern of impairments and traits:

- Borderline Personality Disorder
- Obsessive-Compulsive Personality Disorder
- Avoidant Personality Disorder
- Schizotypal Personality Disorder
- Antisocial Personality Disorder
- Narcissistic Personality Disorder

Conditions for Further Study

Some proposed conditions had clear merit but ultimately were judged to need further research before they might be considered as formal disorders. Inclusion of conditions in Section III was contingent on the amount of empirical evidence available on a diagnosis, diagnostic reliability or validity, a clear clinical need, and potential benefit in advancing research. Additional research may result in new information and data that can guide decisions in future editions of DSM.

Such was the case of the criteria sets provided for further study in DSM-IV. Some acquired an evidence base that warranted their progression into Section II for widespread clinical use, however, other conditions were dropped from the manual altogether failing to have garnered utility or empirical evidence since the prior manual was published.

It is anticipated that the conditions included in Section III will undergo a similar evaluation. The conditions included in DSM-5's Section III are listed below.

- Attenuated Psychosis Syndrome is seen in a person who does not have a full-blown psychotic disorder but exhibits minor versions of relevant symptoms. Identification could be key for effective early intervention.
- Depressive Episodes With Short-Duration Hypomania exhibit bipolar behavior characterized by a hypomanic episode that lasts less than four days.
- Persistent Complex Bereavement Disorder represents a prolonged and excessively debilitating grief that keeps an individual from recovering from a loss. It is a condition likely requiring a different treatment approach.
- Caffeine Use Disorder relates to the potential addictive behavior caused by excessive, sustained consumption of caffeine.
- Internet Gaming Disorder deals with the compulsive preoccupation some people develop in playing online games, often to the exclusion of other needs and interests.
- Neurobehavioral Disorder Due to Prenatal Alcohol Exposure (ND-PAE) appears to be highly dependent on gestational age and the related stage of brain development.
- Suicidal Behavior Disorder describes someone who has attempted suicide within the last 24 months. This new category may help identify the risk factors associated with suicide attempts including depression, substance abuse or a lack of impulse control.
- Nonsuicidal Self-Injury is self-harm, without the intention of suicide. This condition is regarded as a major problem on college campuses and a public health issue that needs to be better understood.

While conditions included in Section III are not intended for routine clinical use, clinicians can note the possible presence by using the “other specified” designation. For example, “Other Specified Bipolar and Related Disorder,” would be the official diagnosis but a clinician could refer to Section III for depressive episodes with short-duration hypomania by indicating this condition is present parenthetically when recording the diagnosis. This will allow clinicians to provide richer diagnoses for patients whose symptoms do not fit strictly within current disorders.

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. For more information, please contact APA Communications at 703-907-8640 or press@psych.org.

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