

Many of the diagnostic criteria sets included in the upcoming text revision of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) are largely unchanged from DSM-5, but DSM-5-TR includes some changes such as the addition of a new disorder (prolonged grief disorder) and revised criteria sets for 70 disorders. The multilevel review process underlying such decisions was rigorous and deliberative.

The Big Picture

The text revision scope did not include major changes to the criteria sets or to other DSM-5 constructs. However, the need to make changes in certain diagnostic criteria sets for the purpose of clarification became apparent in conjunction with the text updates made across the manual. Because the conceptual constructs of the criteria are unchanged, the criteria sets in DSM-5-TR that had their origins in DSM-5 are still referred to as “DSM-5-criteria.” The new diagnostic entity “prolonged grief disorder” is referred to as a DSM-5-TR disorder, because of its addition in this volume. Proposals for changes in diagnostic criteria or specifier definitions that were a result of the text revision process were reviewed and approved by the DSM Steering Committee, as well as the APA Assembly and Board of Trustees, as part of the DSM-5 Iterative Revision process.

Some of the most significant changes include:

- Prolonged grief disorder is a new diagnosis in DSM-5-TR, characterized by distressing symptoms of grief that continue for at least 12 months following the loss of a person who was close to the bereaved. The grief response is characterized by intense longing for the deceased person and/or preoccupation with thoughts and memories of the lost person, along with other grief-related symptoms such as emotional numbness, intense emotional pain, and avoidance of reminders that the person is deceased. These symptoms are severe enough to cause impairment in daily functioning. The duration and severity of the bereavement reaction clearly exceed expected social, cultural, or religious norms for the individual’s culture and context.
- Unspecified mood disorder is a newly added category. It applies to presentations in which symptoms characteristic of a mood disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate. However, at the time of the evaluation, they do not meet the full criteria for any of the disorders in either the bipolar or the depressive disorders diagnostic classes and it is difficult to choose between unspecified bipolar and related disorder and unspecified depressive disorder.
- Stimulant-induced mild neurocognitive disorder has been added to the existing types of substance-induced mild neurocognitive disorders such as alcohol, inhalants, and sedative, hypnotics or anxiolytic substances.
- Suicidal behavior and nonsuicidal self-injury: ICD-10-CM codes for suicidal behavior and nonsuicidal self-injury have been added to the chapter Other Conditions that May Be A Focus of Clinical Attention. These codes will allow the clinician to record these clinically important behaviors independent of any psychiatric diagnosis.

- Changes to autism spectrum disorder criterion A: Criterion A phrase “as manifested by the following” was revised to “as manifested by all of the following.” To clarify the intended meaning since the intention of the DSM-5 workgroup was always to maintain a high diagnostic threshold by requiring all three of the following criteria.
- Changes in severity specifiers for manic episodes: The severity specifiers from DSM-IV have been re-adopted in DSM-5-TR: “mild” if only minimum symptom criteria are met; “moderate” if there is a significant increase in activity or impairment in judgment, and “severe” if almost continual supervision is required. The decision to use them stemmed from the fact that the “mild” severity specifier for manic episodes (few, if any, symptoms in excess of required threshold; distressing but manageable symptoms; and the symptoms result in minor impairment in social or occupational functioning) was inconsistent with manic episode criterion C which requires that the mood disturbance be sufficiently severe to cause marked impairment in social or occupational functioning; necessitate hospitalization; or include psychotic features.
- Addition of course specifiers to adjustment disorder: Duration of symptom specifiers were inadvertently left out of DSM-5 and have been reinstated in DSM-5-TR: “acute” if symptoms have persisted for less than 6 months, and “persistent” if symptoms have persisted for 6 months or longer after the termination of the stressors or its consequences.
- Changes to delirium criterion A: Delirium criterion A has been reformulated to avoid using “orientation,” the reason for the change is that the previous characterization of the awareness component as “reduced orientation to the environment” was confusing given that “disorientation” already appears as one of the “additional disturbances in cognition” listed in criterion C.

Disorders for Further Study

Section 3 of DSM-5-TR, just like DSM-5, includes criteria sets for conditions that need further research before they could be considered for recognition as official DSM diagnoses in Section 2.

Including a disorder in Section 3 indicates that there is sufficient evidence to suggest that 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 2 is significant because the disorder then can be given an official diagnosis and patients are more likely to receive services for its treatment (e.g., moving prolonged grief disorder to Section 2 of the DSM and removing persistent complex bereavement from Section 3). Additionally, categories and conditions in Section 3 can be removed from the manual based on research findings about the disorder.

DSM is the manual used by clinicians and researchers to diagnose and classify mental disorders. The American Psychiatric Association (APA) will publish DSM-5-TR in 2022.

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