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DSM-5 OVERVIEW

Why Did the DSM Change?
The central goal of revising the DSM-5 was to account for the last two decades of scientific and clinical advancement. The focus of the changes was to make sure the manual is useful to those who diagnose and treat individuals with mental illness, and to the individuals being treated.

Chapter Re-Ordering of DSM-5
While the manual will include approximately the same number of disorders that were included in DSM-IV, DSM-5 has re-ordered DSM-IV's sixteen chapters based on scientific and clinical advances over the last two decades. Rather than grouping disorders categorically as previous versions of the DSM had done, related disorders and chapters are now grouped together based on underlying vulnerabilities and symptom characteristics. Ultimately, the purpose is to improve diagnostic and treatment approaches, and signal shared commonalities in etiology within larger disorder groups.

The changes also align the DSM-5 with the World Health Organization's (WHO) International Classification of Diseases, eleventh edition (ICD-11). These changes are expected to help improve communication and the common use of diagnoses across disorders within chapters.

The New Sections of DSM-5
DSM-5 is now comprised of only three sections:

1. Section 1: An introduction to DSM-5 with information on how to use the updated manual
2. Section 2: An outline of the categorical diagnoses according to a revised chapter organization
3. Section 3:

- Conditions that require further research before their consideration as formal disorders
- Cultural formulations
- Glossary
- Names of individuals involved in DSM-5's development
- Other information

Dimensional Assessments
In the DSM-IV, a person either had or did not have a particular symptom. Having a certain number of symptoms was required to receive a diagnosis. In the DSM-5, dimensional assessments are provided to clinicians as an aid to capture the full range of symptoms, as well as the severity of a particular diagnosis, along with the ability to track treatment progress.

The severity ratings are as follows:

- Very severe
- Severe
- Moderate
- Mild

Changes to the Multi-Axial System
In prior versions of the DSM, the age-old system of five "Axes" or dimensions was used for diagnostic and treatment purposes. They were:

- I) Clinical Syndromes/Disorders
- II) Personality Disorders / Mental Retardation
- III) Medical Conditions
- IV) Psychosocial and Environmental Stressors
- V) Global Assessment of Functioning

DSM-5 takes a non-axial documentation approach, combining the first three DSM-IV Axes into one list, while separate notations for Axes IV and V also have been made, covering psychosocial and environmental factors, as well as disability.

New Terminology
The changes to the DSM-5 were done with careful consideration of gender, race, and ethnicity.

In addition to other terms that have been modified, the phrase "general medical condition" has been replaced in DSM-5 with "another medical condition" where relevant across all disorders.

Section Summary
Now that you have completed this section, you know that several things have been revised in the new version of the DSM to take into account the last two decades of research. These include the following:

- Changes to the Multi-axial system
- Re-ordering of the chapters and grouping of categories
- Added dimensional assessments

In the next section you will learn about which particular diagnostic criteria changed in the DSM-5.

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