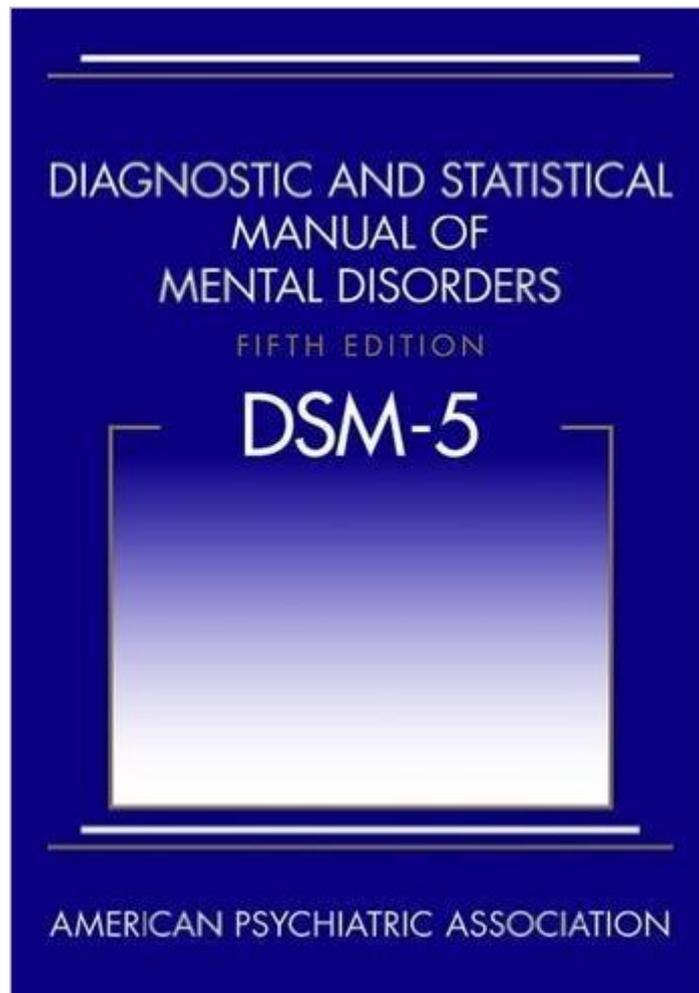


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Diagnostic And Statistical Manual Of Mental Disorders, Fifth Edition (DSM-5(TM))



Synopsis

This new edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5), used by clinicians and researchers to diagnose and classify mental disorders, is the product of more than 10 years of effort by hundreds of international experts in all aspects of mental health. Their dedication and hard work have yielded an authoritative volume that defines and classifies mental disorders in order to improve diagnoses, treatment, and research. This manual, which creates a common language for clinicians involved in the diagnosis of mental disorders, includes concise and specific criteria intended to facilitate an objective assessment of symptom presentations in a variety of clinical settings inpatient, outpatient, partial hospital, consultation-liaison, clinical, private practice, and primary care. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, is the most comprehensive, current, and critical resource for clinical practice available to today's mental health clinicians and researchers of all orientations. The information contained in the manual is also valuable to other physicians and health professionals, including psychologists, counselors, nurses, and occupational and rehabilitation therapists, as well as social workers and forensic and legal specialists. DSM-5 is the most definitive resource for the diagnosis and classification of mental disorders.

Book Information

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Customer Reviews

There are a few minor and almost no major changes in DSM-5 that the patients and professional need to be aware of.1. The most remarkable structural change of the Fifth Edition is getting rid of

5-axis system. Good riddance! The old classification grouped diagnoses down into independent dimensions called axes: Axis I: all diagnoses except mental retardation and personality disorder; Axis II: personality disorders and mental retardation; Axis III: acute medical conditions; Axis IV: psychosocial and environmental factors making things worse; Axis V: Global Assessment of Functioning (GAF), or a number between 0 and 100 that reflects patients' well-being. The new classification combines the axes together and let them rate the disorders by severity. In addition the NOS (not otherwise specified) label is changed to NED (not elsewhere defined).² The diagnosis Mental Retardation is changed to intellectual disability (intellectual developmental disorder).³ Autism Spectrum Disorder is the new name and a single category for autistic disorder, Asperger disorder, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified (PDD-NOS). Probably a bad idea, in my opinion, as the same diagnosis will be given to a child with mild social deficit and severely autistic, nonverbal, and not functional one. In addition, it would be impossible to find out that there might be more than one disorder in this group, as all of them will carry the same name.⁴ Binge Eating Disorder is a newcomer to the group - anorexia nervosa, bulimia nervosa, and eating disorder NOS - three different conditions which ended up in the Eating Disorders group only because they have something to do with food.

Ok, I have taken some time to actually read through DSM 5. While DSM has often been scrutinized--both for what it includes, as well as what it doesn't--the back-lash against the newest edition has been particularly pronounced these past few months. Part of this stems from the micro-analysis that happens with many things in our modern world, though we have to admit that ego, resentment, and a misunderstanding of the process also plays a part. In addition, historical debate over DSM typically took place in-house; that is, by clinicians. With DSM 5, this has broadened to people who have little- to no understanding of the diagnostic process, its purpose, and its strengths/limitations. Thus, there has been a lot of negative press about DSM 5 in Huffington Post, NY Times, and other sources, often by people with practically no understanding of mental health. Why 5 stars, you might ask? Because my review is based on DSM 5 as a book, not anything else having to do with DSM as a concept or tool. This particular edition 'reads' well, in that the text and lay-out is clear. In contrast to previous editions, the reader will be given more orientation to the book and how to use it. The diagnostic criteria is familiar and through the Table of Contents, Index, and quick-view pages, it is easy to find the diagnosis or category you're looking for. Yes, it's bulky and expensive, but you should have the large edition in your library for now; later, when you're more familiar with the changes, you can buy the quick-reference guide. As a child psychologist who

conducts psychological and neuropsychological evaluations--for social service agencies, schools, the courts, and for families--DSM plays a prominent role in my work.

Nearly all of the media criticisms of DSM-5 are fairly wide off the mark. The main critique is that psychiatry is trying to pathologize increasing amounts of normal human behavior with the DSM-5. The new diagnoses in DSM-5 are modest, evidence-based, and are ways of better describing the types of problems that people come into psychiatrists' and psychologists' offices asking for help with. For example, the diagnosis of Body Dysmorphic Disorder makes a distinction from "dysmorphic concern" (which is largely normative) and requires that the preoccupation interferes with social or occupational functioning, or causes clinically significant distress. That means: it is already a problem for the person, whether or not anyone makes it a diagnosis. The main problem with the manual is actually that the changes were not bold enough, not forward thinking enough, and have resulted in very few improvements considering the huge amount of effort put into the enterprise. There was a goal to improve certain diagnoses, and address problems such as the rampant overuse of bipolar diagnosis in youth. Certain problems are significant in the execution of the goal. First, the diagnosis of Disruptive Mood Dysregulation Disorder is actually very narrow, and contains to specifiers that make it not apply to many of the kids that have been incorrectly diagnosed "bipolar". It requires irritable or angry mood most of the day, nearly every day. Many of the kids, if not most, that are engaging in rages actually have a mood that is fine whenever you are giving them whatever they want, or things are going their way. The disturbance has to be in 2 settings, and sometimes kids are able to suppress rages outside the home. The disturbance must also be enduring for 3 months.

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