Institute of Clinical Psychology and Psychotherapy | Addiction Research Unit

Reflections on DSM 5 and ICD 11

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1. Terminology and structure

DSM IV TR

(1) Substance-Related Disorders

(1.1) Substance Use Disorders
* Abuse
* Dependence

(1.2) Substance Induced Disorders
* Intoxication
* Withdrawal
* Substance-Induced Mental Disorders
  - Delirium,
  - Dementia,
  - others

DSM 5

(1) Substance-Related and Addictive Disorders

(1.1) Substance-Related Disorders

(1.1.1) Substance Use Disorders

(1.1.2) Substance Induced Disorders
* Intoxication
* Withdrawal
* Other Substance / Medication-Induced Disorders

(1.2) Non-Substance-Related Disorders
* Gambling Disorder

2. Other changes

DSM IV TR

(1) Diagnostic criteria

* Abuse: 4
* Dependence: 7

(2) Dimensionality

* None

(3) Medically induced intoxication or withdrawal

* Relevant for diagnosis

DSM 5

(1) Diagnostic criteria

* Substance Use Disorder: 11
  - legal
  + craving

(2) Dimensionality

* Mild: 2-3 criteria
* Moderate: 4-5 criteria
* Severe: 6+ criteria

(3) Medically induced intoxication or withdrawal

* Not relevant for diagnosis
  + opioids
  + sedatives, hypnotics, anxiolytics
  + stimulants

(4) Many minor changes

* remission criteria
* coffein/cannabis: + withdrawal
* structure of substance classification

3. Issues to consider/discuss

(1) A further step towards a symptom-based description of mental disorders

* no more: dependence, addiction
* „… addiction is not applied as a diagnostic term in this classification, …...". "… the word is omitted from the official DSM-5 substance use disorder diagnostic terminology because of its uncertain definition and its potentially negative connotation."
* but not consistant: „addiction" is used in the title (for non-substance related disorders)
* but not in the subtitle

(2) No diagnosis if under „appropriate" medical supervision

* understandable
* but: risk to neglect a major problem

(3) Lack of comparability

* DSM IV TR
* ICD 10 / 11

3. Issues to consider/discuss (cont.)

(4) General „statement of concern“ on DSM 5 (see Francis Allen, 2013)

* External scientific review is missing
* Lack of reliability and validity
* Wrong labeling of people that would do better without diagnosis
* Inappropriate allocation of mental health ressources – away from those, who really need it
* Consequence of lower diagnostic thresholds: inappropriate use of psychopharmaceutical drugs?

BUT:

* Increase in prevalence rates not empirically confirmed
* Diagnosis ≠ need for treatment
* Critics are not necessarily DSM 5 specific
* Idea: DSM 5 as “living document”, open for alterations

* **Conclusion**: Towards an objectification of debate!

4. Towards ICD 11 – What is the current state?

* **Maintenance of the traditional ICD format** for mortality and morbidity reporting

* **Three-stage revision process**
  (1) systematic review of scientific, clinical and public health evidence
  (2) creation of a draft ICD-11 and field-testing
  (3) development of meaningful linkages to standardized health care terminologies

* **Currently**: Beta-Draft publicly approachable and modifiable on WHO website

* **Aim**: collecting suggestions, discussions and evidence from experts and interested public

* Expected **year of publication**: **2017**

* **SUD**:
  + no integration of harmful use and dependence
  + no integration of pathological gambling

4. Some conclusions for journal editors

(1) **Encourage studies on valididty of diagnostic criteria**, e.g.

* Relevance of single items
* Comparability of SUD and GD
* Inclusion of internet (gaming) disorders and other similar disorders

(2) **Encourage studies on comparability of diagnoses**, e.g.

* Population screenings
* Clinical groups

(3) **Encourage commentaries and discussions**, e.g.

* Clinical consequences: patients
* Treatment delivery: mild disorder