Child psychiatry and DSM-5

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Child psychiatry and DSM-5

Diagnostic criteria are intended to summarize signs and symptoms that point to an underlying disorder with characteristic:

- developmental history
- biological and environmental risk factors
- neuropsychological and physiological correlates
- clinical course

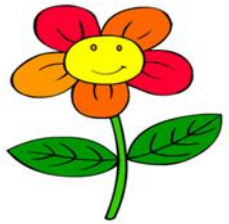
Child psychiatry and DSM-5

Interesting that DSM-V looks at pathology developmentally, across age groups

e.g.

Reactive Attachment Disorder – under Trauma and Stress-Related Disorder

Separation Anxiety – under Anxiety Disorders



Child psychiatry and DSM-5

DSM-IV	DSM-5
Disorders first diagnosed in infancy, childhood and adolescence	
1) Mental Retardation	**Neurodevelopmental Disorders**
2) Learning Disorders	
3) Motor Skills Disorders	
4) Communication Disorders	
5) PDD	
6) ADHD	
7) Tourette's and Tics	
8) Conduct Disorder	**Disruptive, Impulse-Control and Conduct Disorders**
9) ODD	

Child psychiatry and DSM-5

DSM-IV	DSM-5
Disorders first diagnosed in infancy, childhood and adolescence	
10) Elimination Disorders (enuresis, encopresis)	**Elimination Disorders**
11) Separation anxiety disorder 12) Selective mutism	**Anxiety Disorders**
13) Reactive Attachment Disorder	**Trauma and Stressor Related Disorder**
	New under Depressive Disorders - Disruptive Mood Dysregulation Disorder

Intellectual Disability in DSM-5

- Term « mental retardation » replaced by « intellectual disabilities »;
- defined by functioning in conceptual domain, (reasoning, problem solving, etc.), social domain and practical (self-care) domain and not IQ numbers;
- 4 levels: mild, moderate, severe, profound.

Intellectual Disability in DSM-5

DSM-IV: mild MR: IQ 50-55 to 70

DSM-5:
- difficulties in learning (reading, math, writing)
- immature in social interactions, poor social judgement and assessment of risk
- language more concrete
- difficulty regulating emotions and behaviour
- need support in complex daily living tasks (i.e. grocery shopping, child-care, banking)

Intellectual Disability in DSM-5

DSM-IV: moderate MR: 35-40 to 50-55.

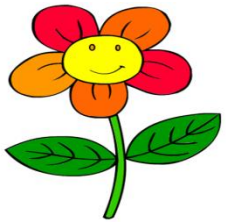
DSM-5: moderate: understanding time occurs slowly, training needed for hygiene, dressing and household tasks, simple spoken language, poor interpretation of social cues.

Problems with DSM-5 – probably reliability will decrease.

Communication Disorder in DSM-5

DSM-IV: Distinction between expressive and receptive language disorder.

DSM-5: Language Disorder encompasses expressive and receptive dysfunction.



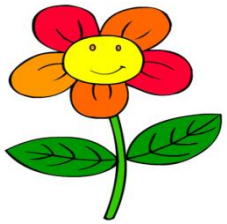
Learning Disorders in DSM-5

DSM-IV - Reading Disorder

- Mathematics Disorder
- Disorder of Written Expression

DSM-5 - Specific Learning Disorders with impairment in:

- Reading
- Mathematics
- Written expression

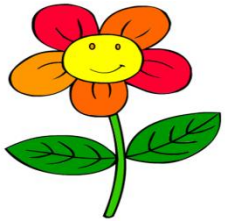


- min 6m despite provision of intervention
- Impairing at school or work
- not due to intellectual disability or other psychopathology

ADHD in DSM-5

DSM-IV

- 6/9 inattention and/or hyperactivity-impulsivity symptoms
- All child examples
  e.g.
  on the go as if driven by a motor

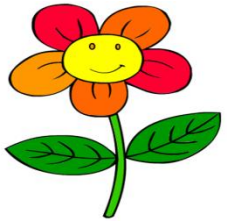


DSM-5

- 6/9 inattention and/or hyperactivity-impulsivity symptoms
- 5/9 if ≥ 17
- Adolescent/adult examples added
  e.g.
  uncomfortable being still for extended periods as in a restaurant or meeting

ADHD in DSM-5

DSM-IV	DSM-5
• Onset < 7	• Onset < 12
• Symptoms do not occur exclusively during course of schizophrenia, PDD or other psychotic disorders or better explained by another mental disorder (e.g. mood, anxiety, dissociative, substance abuse, personality disorders)	• ASD not excluded
• Min 2 settings, interfers with functioning	• Same



ADHD in DSM-5

DSM-IV

- 3 types
  - combined
  - predominantly inattentive
  - predominantly hyperactive-impulsive

DSM-5

- Deletion of types (not stable over time) instead «current presentation»
- Severity: mild, moderate, severe

ADHD in DSM-5 - Inattention

DSM-IV	DSM-5
1. Doesn't pay close attention to details, careless mistakes in homeworks	1. E.g. misses details, work is inaccurate
2. Difficulty sustaining attention	2. E.g. difficulty staying focused during lectures
3. Doesn't seem to listen when spoken to directly	3. E.g. mind seems elsewhere
4. Doesn't follow instructions	4. Easily side-tracked
5. Difficulty organizing activities	5. E.g. Messy disorganized work, fails to meet deadlines
6. Avoid tasks that require sustained attention (e.g. homework)	6. E.g. dislikes completing forms, reviewing lengthy papers
7. Often loses things (e.g. pencils)	7. E.g. loses keys, mobile phones
8. Easily distracted	8. E.g. may have unrelated thoughts
9. Forgetful	9. E.G. forgets to pay bills, keep appointments

ADHD in DSM-5 - Hyperactivity and impulsivity

DSM-IV	DSM-5
1. Often fidgets	1. E.g. taps hand or feet
2. Often leaves seat	2. E.g. leaves his/her place in office
3. Often runs about	3. E.g. feels restless
4. Difficulty playing quietly	4. Can't be quiet during leisure activities
5. Often on the go	5. E.g. uncomfortable being still as in meetings
6. Talks excessively	6. Talks excessively
7. Blurts out answers to questions	7. E.g. completes people's sentences
8. Can't wait turn	8. E.g. difficulty waiting in line
9. Interrupts	9. E.g. intrudes in on what others are doing

ADHD in DSM-5

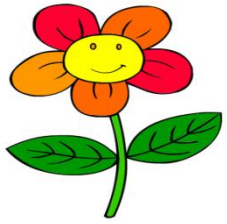
Intent: maintain core diagnostic criteria while improving applicability across life span (onset < 12 to avoid recall difficulties in adults, out of 5 vs 6 symptoms for > 17)

Potential consequences:

- Increase in diagnosis, especially for high school, college and university students and adults

Problem: Adults with ADHD have numerous comorbidities

- Important to understand primary diagnosis and not diagnose everyone with ADHD



Autism Spectrum Disorders in DSM-5

DSM-IV
PDD

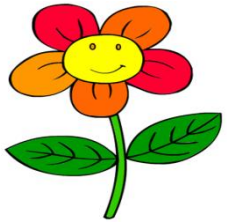
DSM-5
ASD

1. Autism Disorder

2. Rett's Disorder
   - N dev until 5m, then ↓head circonference and deterioration
   - F

3. Childhood Disintegrative Disorder
   - N dev for first 2 years followed by deterioration

4. Asperger's
   - N cognition and language development



Autism Spectrum Disorders in DSM-5

DSM-IV
Autistic Disorder

Total 6 items (min 2 from A + 1 from B+C)

A) Impaired social interaction
   1. non verbal behaviour e.g. lack eye contact/facial expression
   2. lack of social emotional reciprocity
   3. lack of interest sharing
   4. deficits in peer relations

B) Impaired communication
   1. delayed/no language
   2. poor conversation
   3. stereotyped language
   4. lack of imaginative play

DSM-5
Autism Spectrum Disorder

A) Deficits in social communication and interactions
   1. deficits in non verbal communication and behaviour
   2. deficits in social emotional reciprocity
      - includes interest sharing, abnormal social approach
   3. deficits in peer relations
      - includes poor imaginative play and lack of interest in peers

Autism Spectrum Disorders in DSM-5

DSM-IV
Autistic Disorder

C) Restricted repetitive stereotypic behaviour and interests
   1. stereotypic movement (e.g. flapping
   2. inflexible routines
   3. fixed interests
   4. persistent preoccupations with parts of objects

D) Present before age 3

DSM-5
Autism Spectrum Disorder

B) Restrictive repetitive pattern of behaviour, interests or activities (min 2)
   1. stereotypic/repetitive movements or speech
   2. insistance on sameness
   3. fixated interests
   4. hyper or hypo sensory reactivity

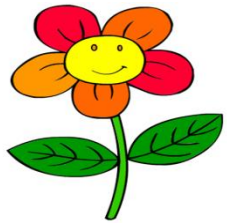
C) Present in early development

D) Symptoms impairing
   Not 2^0 to - intellectual disability
   (ASD + ID can coexist)

Autism Spectrum Disorders in DSM-5

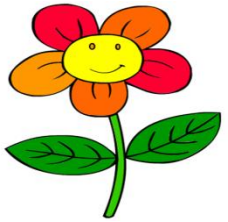
General comments :

1. Aspergers no longer a separate diagnosis
   - it was more acceptable to patients than autism;
2. Grouping together very different patients:
   - different entities
   - difficult for research
   - different prognostic implications



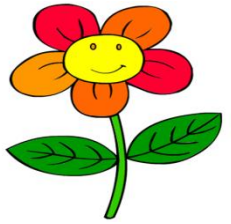
Oppositional Defiant Disorder in DSM-5

- Grouped under disruptive, impulse-control and conduct disorders with APS, pyromania, kleptomania and intermittent explosive disorder
- Same criteria as in DSM-IV, but grouped in:
    - Anger/Irritable Mood;
    - Argumentative/Defiant Behaviour;
    - Vindictiveness.
- Can occur with CD (no longer exclusion criteria)
- Cannot occur with disruptive mood dysregulation



Conduct Disorder in DSM-5

- Similar 15 criteria: (3/15 in past 12m and 1/15 in past 6m)



- Symptoms grouped in

A) aggression to people and animals
B) destruction of property
C) deceitfulness or theft
D) serious violations of rules (e.g. staying out at night without permission before age 13, running away from home O/N, truant from school before age 13)

- Childhood onset before age 10, adolescent onset after age 10

Conduct Disorder in DSM-5

New specifier: **with limited prosocial emotions**

- need min. 2/3 characteristics over 12m
  - lack of remorse or guilt
  - callous – lack of empathy
  - unconcerned about performance (also blame others for their poor performance)
  - shallow or deficient affect (insincere, superficial)

Current severity: mild, moderate, severe

Comment: Specifier is imporant because it predicts outcome

- back to DSM-III where they had undersocialized subtypes

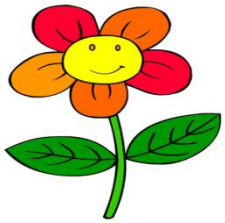
Separation Anxiety Disorder in DSM-5

Goal: to facilitate the application of the diagnosis to adults

- Moved from disorders usually arising in childhood to Anxiety Disorders

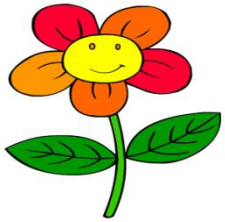
- Text was modified to be more applicable to adults e.g. refusal to go to school or work because of fear of separation

- Lasts at least 4w. (DSM-IV and DSM-5) in children and 6m and adults (DSM-5)



Selective Mutism in DSM-5

- Same criteria, but also moved under Anxiety Disorders to facilitate application of the diagnosis to adults.



Reactive Attachment Disorder in DSM-5

DSM-IV

A) Failure to respond to social interactions
- inhibited or hypervigilant
- indiscriminated attachment (can be over familiar with stranger)

B) Insufficient care (neglect or attachment figures)

C) Not PDD

D) Before age 5

DSM-5

A) Inhibited, withdrawn with caregivers

B) Social and emotional disturbance
- little responsiveness to others
- little positive affect
- episodes of irritability, sadness and fearfulness with caregivers

C) Insufficient care

D) Not ASD

E) Before age 5

Reactive Attachment Disorder in DSM-5

- Moved to trauma and stress related disorders
- Contrary to DSM-IV, there is no discussion of indiscriminated sociability with excessive familiarity with strangers
- More emphasis on inhibited, withdrawn behaviour and episodes of irritability, sadness and fearfulness
- Specifier – persistent if duration > 12m

Disruptive Mood Dysregulation Disorder in DSM-5

- New disorder

- US phenomenon: a 40 fold increase in the diagnosis of bipolar disorder in children (as young as 2 yrs of age)

- Bipolar disorder in children was argued erroneously to be chronic rather than episodic

- DMDD was introduced to change diagnostic practice by providing a diagnosis for chronically irritable children

Disruptive Mood Dysregulation Disorder in DSM-5

A) Severe recurrent temper outbursts out of proportion in intensity and duration to situation

B) Outburst inconsistent with developmental level

C) At least 3x/w

D) Mood between outbursts is irritable or angry

E) Duration 12m (with no symptom free period of >3m)

F) In 2/3 settings (home, school and with peers)

G) First diagnosis between ages 6-18

H) Symptoms start before age 10 (by history or observation)

I) No mania or hypomania

J) Not 2^0 to Depression, ASD, PTSD, separation anxiety, dysthymic

Can be comorbid with ADHD, CD. If ODD + DMDD give only Dx of DMDD.

Disruptive Mood Dysregulation Disorder in DSM-5

Potential issues

- Poor reliability in field trials
- Rarely occurs on its own. Almost always with ADHD, ODD or ASD
- Interesting to explore longitudinally the course of DMDD.

Thank you for
your attention