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DSM-5: The Future of Psychiatric Diagnosis

Publication of the fifth edition of *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) in May 2013 will mark one the most anticipated events in the mental health field. As part of the development process, the preliminary draft revisions to the current diagnostic criteria for psychiatric diagnoses are now available for public review. We thank you for your interest in DSM-5 and hope that you use this opportunity not only to learn more about the proposed changes in DSM-5, but also about its history, its impact, and its developers. Please continue to check this site for updates to criteria and for more information about the development process.

A Message from the DSM-5 Task Force Chairs

Dear Reader,

Welcome to the newly relaunched DSM-5 Web site.

We are pleased to present some noteworthy changes to our DSM-5 proposals that have occurred since this site was first launched in February 2010. Over the past year, members of the DSM-5 Task Force and Work Groups have updated draft DSM-5 diagnostic criteria to reflect the input received from the voluminous (8000+) comments you, as our viewers, submitted to this Web site during the February-April 2010 commenting period. Recent changes have also been informed by ongoing reviews of the literature and data analyses.

On behalf of the entire DSM-5 Task Force and all of the DSM-5 Work Groups, we thank you for once again providing your valuable input and taking part in this historic process.

David J. Kupfer, M.D., DSM-5 Task Force Chair

Darrel A. Regier, M.D., M.P.H., DSM-5 Task Force Vice-Chair

Click Here for Important Note for DSM-5 Field Trials Participants

The 2nd period for submitting comments and suggestions to the web site regarding the proposed diagnostic criteria revisions, and the newly proposed organizational structure for DSM-5 took place from May 4th-July 15th. We are appreciative of your ongoing interest in contributing to this process. During our first comment period, we received over 8600 comments from you, our viewers. We encourage you to spend time on this site to investigate the myriad ways your comments helped shape some of the recent updates to the proposed diagnostic criteria. During the second comment period, we received over 2000 comments and our work groups are actively reviewing your input. Thank you for taking the time to provide your insights, experiences, and expertise toward these important issues.

What Specifically Has Changed on This Site?

You will notice several changes to this Web site since we first launched in February 2010. Numerous disorders contain updated criteria. For example, nearly all of the Bipolar and Related Disorders contain updates. We have also posted several newly proposed disorders, such as Premenstrual Dysphoric Disorder. Furthermore, we have added many diagnostic-specific severity measures, including the Anxiety, Obsessive-Compulsive-Related, and Trauma-Related Disorders. A detailed listing of all changes to DSM5.org that have taken place since February 2010 can be found on the Recent Updates page.

The criteria presented here represent the latest draft diagnoses, which we have taken into the field for real life testing prior to making any final decisions about inclusion in DSM-5. These field trials are being conducted in two major types of settings: 1) a series of large, academic-medical institutions, and 2) a wide selection of clinical practice settings, such as solo and small group practices. You can learn more about the DSM-5 Field Trials and these settings here. We would like to emphasize that the field trials conducted in large, academic-medical settings are currently underway, and as such, the disorders being tested in those settings will undergo no further changes until after field testing is complete later this year. You can find a list of these disorders by visiting the Field Trials section of this site.

One of the more noticeable changes featured here concerns proposed revisions to DSM's organizational structure. As you can see below, and by visiting the section on our **Proposed DSM-5 Organizational Structure**, we have developed a revised chapter structure for the diagnostic categories in DSM. Those familiar with DSM-IV will recognize numerous similarities between our proposed organizational structure and the one currently in place. However, there are some important changes, such as the deletion of the single, isolated chapter for childhood and adolescent psychiatric disorders in favor of a more developmental approach which integrates

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these disorders into relevant chapters across the entire DSM.

Is There Opportunity to Provide Further Comments?

Beginning May 4th, 2011, we asked you, our visitors, to review and comment on the proposed DSM-5 organizational structure and criteria changes. Please note that this 2nd commenting period ended on June 15, 2011. We received over 2000 comments during this 2nd posting, and the DSM work groups have reviewed these, as well as other information that has been obtained since the draft criteria were last posted.

It is important to remember that the proposed chapter structure featured here is only a draft. These proposed headings were reviewed by the DSM-5 Task Force in November 2010. **An article** by APA Past-President Carol A. Bernstein, M.D., published in *Psychiatric News*, provides an informative background as to why they were developed. Furthermore, the proposed diagnostic criteria revisions on this site are also not final. They are receiving ongoing review by the DSM-5 Task Force and the APA Board of Trustees. Many of the diagnostic criteria sets were tested in the DSM-5 field trials in academic sites, and all criteria sets will be eligible for use in the field trials in routine clinical practice settings. Results from these field trials may inform further changes in the diagnostic criteria.

The 2nd commenting period was not the final opportunity for you to submit feedback. In spring 2012, we will open the site for a third and final round of comments from visitors, which will again be systematically reviewed by each of the work groups for consideration of additional changes.

Neurodevelopmental Disorders Schizophrenia Spectrum and Other Psychotic Disorders **Bipolar and Related Disorders Depressive Disorders Anxiety Disorders Obsessive-Compulsive and Related Disorders** Trauma and Stressor Related Disorders **Dissociative Disorders Somatic Symptom Disorders Feeding and Eating Disorders Elimination Disorders** Sleep-Wake Disorders **Sexual Dysfunctions Gender Dysphoria** Disruptive, Impulse Control, and Conduct Disorders **Substance Use and Addictive Disorders Neurocognitive Disorders Personality Disorders Paraphilias**

Other Disorders

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