

Navigating the New DSM-5

NEIAS Summer School of Addiction Studies

"Navigating the New Diagnostic and Statistical Manual For Mental Disorders, 5th Edition, DSM-5"

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Training & Consulting in Behavioral Health

1



2

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It takes two things to be a consultant -
Gray Hair and Hemorrhoids.

The *Gray Hair* makes you look distinguished -
The *Hemorrhoids* make you look concerned.

3



4

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Dear Participants:
I know when you are texting in class.
Seriously, no one just looks down at
their crotch and smiles



Sincerely, Your Trainer

5

Cross Cutting Symptom Assessment*

- Assessment across areas that are relevant (and “cut across”) regardless of specific diagnostic category
 - depressed mood
 - anxiety
 - substance use
 - sleep problems
 - anger
- Usually single page
- 0-4 scale encouraged with “0” being absence of difficulty

6

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DSM-IV Dimensional Assessment

Categorical Assessment was not a good fit with the reality of patient presentations

- Patients often have symptoms that go with the disorder but are not relevant to the criteria, i.e., schizophrenia often presents with insomnia and anxiety, important for treatment but not addressed by the diagnosis
- Since an individual either had the disorder or didn't, the diagnosis omitted important information about how bad they had it and if they were getting better
- Rationale for cross cutting symptoms

7

Five Axis Diagnostic Structure

- Goes away for purposes of diagnosis
- Replaced with list of diagnoses
- Recommendation #1: Keep the 5 Axis system "in your head" as a way of organizing your assessment
- Recommendation #2: "Continue using Axes III, IV and V for purposes of informing the assessment"

8

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Old Axis 3 General Medical Conditions

- A common reason for relapse to opioid dependence is a chronic pain disorder
- Chronic pain disorders would be coded on Axis 3
- Don't use the Axis 3 term – describe in a narrative form your findings

9

NOTE on documentation Old Axis III General Medical Conditions

- Example:
Mrs. D. states that she had a serious automobile accident seven years ago and has had chronic back pain since which she treats with oxycodone, 30 mg., 3X/day as prescribed by her PCP

10

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Old Axis 4 Psychosocial and Environmental Problems

- A review of these problems can help to develop a substance use or mental disorder relapse prevention plan
- Don't use the Axis 4 term – describe in a narrative form your findings

11

Old Axis 5 Global Assessment of Functioning

- Assess for current level of functioning
- Assess for highest level of functioning in the past year
- Determines whether the patient's functioning is deteriorating, improving or remain stable
- Questions about the GAF Scale number and admission to residential or inpatient treatment?
- Don't use the Axis 5 term – describe in a narrative form your findings

12

Substance Use and Addictive Disorders

13

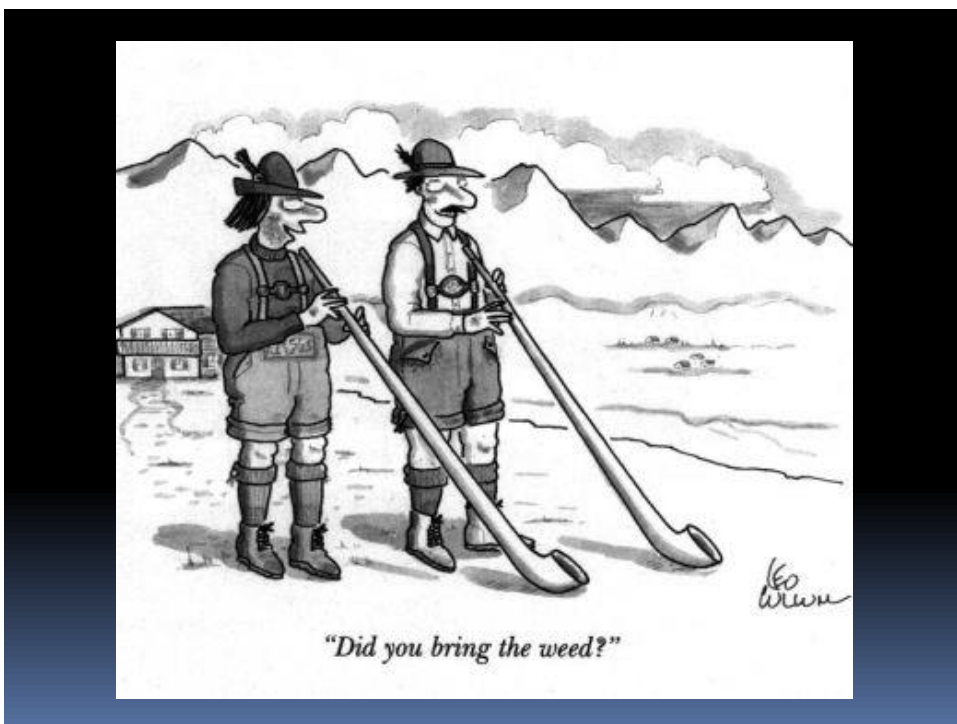


14

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15



16

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17



18

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19

The DSM-5 Diagnostic Criteria for Substance Use Disorders

20

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Removal of “Legal Problems”

Pro:

- Discrimination based on race and socioeconomic status
- Misuse of a DWI/DUI as equivalent to old “abuse”
- However, deaths due to drunk driving (alcohol) is only reported 14% of the time
- Geographic inequalities (crossing Colorado state line)
- A criterion that carried the least weight in making the diagnosis

Con:

- For some, serves an SBIRT function, as early intervention
- May function as the impetus for treatment (drug courts)
- 54% of DUI offenders who received an abuse diagnosis under the DSM-IV will receive no diagnosis under the DSM-5 – what will this mean in terms of reoffending?

21

DSM-5 Criteria for Substance Use Disorders

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by two (or more) of the following, occurring at any time in the same 12-month period:

- (1) tolerance
- (2) withdrawal
- (3) the substance taken in larger amounts or over a longer period of time than was intended
- (4) there is a persistent desire or unsuccessful attempts to cut down or control substance use
- (5) a great deal of time spent is in activities necessary to obtain the substance, use the substance, or recover from its effects

22

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DSM-5 Criteria for Substance Use Disorders (cont)

- (6) important social, occupational or recreational activities are given up or reduced because of substance use
- (7) substance use is continued despite knowledge of having persistent or recurring physical or psychological problems that are likely to have been caused or exacerbated by the substance
- (8) Recurrent substance use resulting in failure to fulfill major role obligations at work, school, or home
- (9) Recurrent substance use in situations in which it is physically hazardous
- (10) Craving
- (11) Continuing substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance

23

Changes in the DSM-5 Diagnostic Criteria for Substance Use Disorders

Changes from DSM-IV

- Meeting 0-1 of the 11 criteria results in no diagnosis
- Meeting 2-3 criteria qualifies as **Mild** (akin to old "abuse")
- Meeting 4-5 criteria qualifies as **Moderate** (akin to old "abuse" or "dependence")
- Meeting 6 or more qualifies as **Severe** (akin to old "dependence")

24

24

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The Issue of Criteria “Weight”

- All of 11 criteria weighted equally in the DSM
- Some provide greater severity other than simply numbers
- Criteria most likely to be associated with Moderate or Severe categories
 - Withdrawal
 - Rule setting
 - Time spent using
 - Role fulfillment
 - Compulsion
 - Preoccupation

25

Characteristics of Addiction

- Compulsion
- **Loss of control**
- Continued use in spite of negative consequences
- Craving

26

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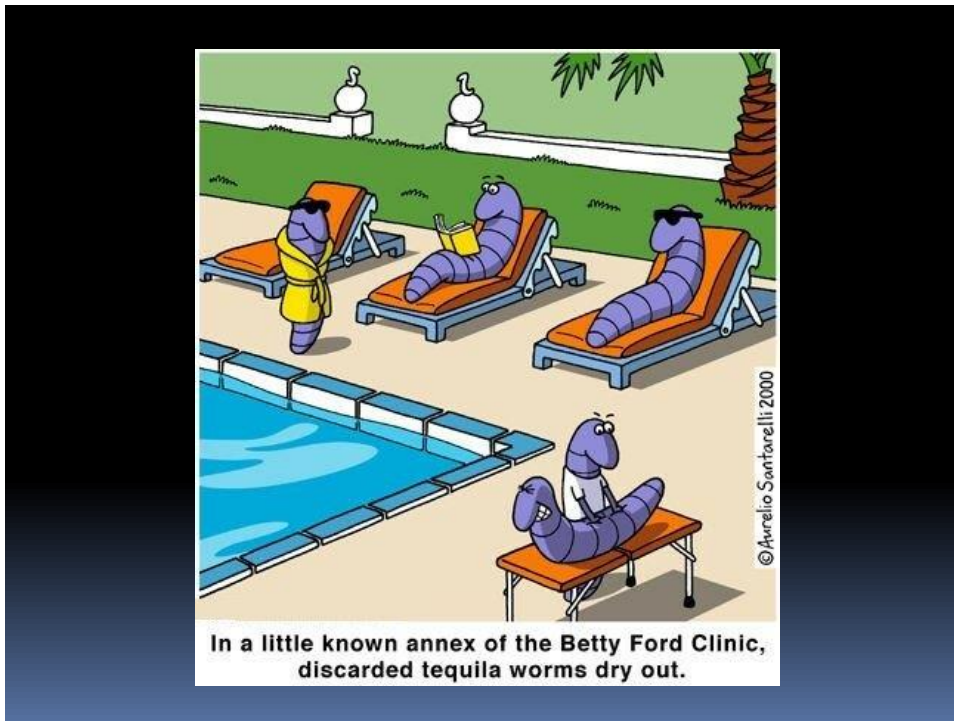
27

Alcohol Withdrawal

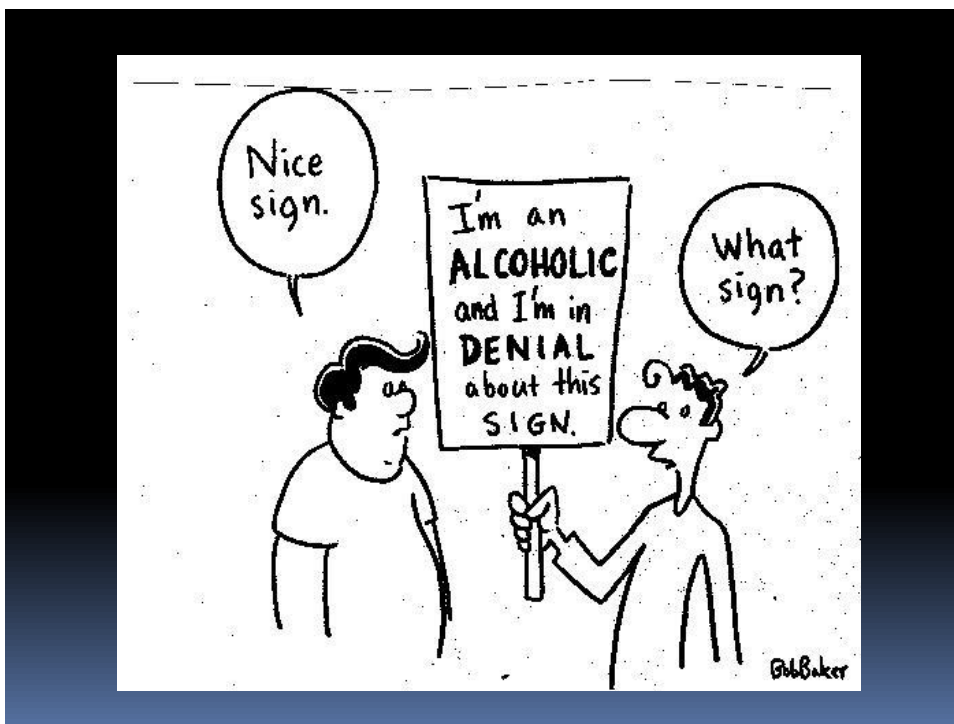
- A. Cessation of (or reduction in) alcohol use that has been heavy and prolonged
- B. Two (or more) of the following, developing within several hours to a few days after the cessation of (or reduction in) the alcohol use described in Criterion A:
 - Autonomic hyperactivity (e.g., sweating or pulse rate greater than 100 bpm)
 - Increased hand tremor
 - Insomnia
 - Nausea or vomiting
 - Transient visual, tactile or auditory hallucinations or illusions
 - Psychomotor agitation
 - Anxiety
 - Generalized tonic-clonic seizures

28

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29



30

Tobacco Use Disorder

- Labeled “Nicotine Use Disorder” in the DSM-IV
- Diagnoses for “Tobacco Use Disorder” and “Tobacco Withdrawal”
- More people die from the use of tobacco and second hand smoke than die from the use of alcohol and the other drugs combined
- Smoking serve as a trigger for relapse to other drugs
- When the route of administration of the drug of choice is smoking (e.g., “crack”), the risk is increased



31

This facility is
smoke free.



32

Implementing Tobacco Cessation Success vs. Failure

- NOT tobacco cessation – don't separate
- RECOVERY from substance use disorder
- Should be no different than cannabis use in the facility in someone with a severe alcohol use disorder
- The problem is not the drug of choice . . . It is reliance on psychoactive substances to cope
- Tobacco use disorder treatment should be reflected in the:
 - Assessment
 - Treatment plan
 - Progress notes

33

***“PEOPLE WHO SAY
IT CANNOT BE DONE
SHOULD NOT INTERRUPT
THOSE WHO ARE DOING
IT”***

- George Bernard Shaw

34

Where Are You RE: Behavioral Health Patients Continuing Tobacco Use?

35

Gambling Disorder

Persistent and recurring problematic gambling behavior leading to significant impairment and distress 4 or more of the following:

- Increased tolerance
- Restless or irritable when cutting down or stopping
- Loss of control
- Gambling when feeling distressed
- "Chasing" losses
- Lies to conceal extent of gambling
- Jeopardized or loss significant relationship, job or other opportunity
- Relies on other for money to relieve desperate financial situations

Not better explained by a manic episode

36

Gambling Disorder

- One of most overlooked co-occurring disorders with substance use disorders
- Two item screen – “Lie-Bet” Screening Instrument
 - 1) Have you ever felt the need to bet more and more money?
 - 2) Have you ever had to lie to people important to you about how much you gambled?

37

Gambling Treatment Issues

- Most addiction treatment programs do not routinely screen for gambling disorders
- A major concern is that substance use and gambling disorder treatment is almost totally separate with separate and distinct programs and certifications, a lack of screening of one disorder when assessing for the other and even separate conferences.
- All of this is reminiscent of the split between substance use and mental health disorders of 30 years ago
- At very least, SUD treatment providers should at be screening for a co-occurring gambling disorder and if screened in, be prepared to refer to Gamblers Anonymous

38

The Controversy about ADHD

39



40

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41

ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD)

- Incidence in the General Population is: 2.3%
- Incidence in a cocaine using population is: 32-34%
- Up to 15% of adults with ADHD will still meet full criteria by age 25
- Up to 65% of adults with ADHD will still meet in "partial remission" criteria by age 30
- Rate of ADHD are higher among people with SUDs

42

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People
DO NOT
Just Outgrow
ADHD!

43

Adult ADHD Screen

1. Never 2. Rarely 3. Sometimes 4. Often 5. Very Often

	1	2	3	4	5
How often do you have trouble wrapping up the final detail of a project, once challenging parts have been done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do you have difficulty getting things in order when you have to do a task that requires organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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How often do you have problems remembering appointments or obligations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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How often do you feel overly active and compelled to do things, like you were driven by a motor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If you checked "sometimes," "often" or very often" four or more times, further evaluation is warranted.

World Health Organization, 2003

44

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Consideration of the Use of ADHD Medications in SUD

- Early in addiction recovery it is not prudent to begin ADHD treatment with stimulants, and the use of non-stimulants, like Stattera may be warranted
- For patients who have been abstinent for some period of time, the risk of using stimulants to effectively treat ADHD symptoms is generally believed to be lower. In these cases, the use of extended-release formulations of stimulants including transdermal formulations is preferred
- Consider non-drug therapies such as cognitive therapy, behavior modification, anger management, social training & family therapy
- Combination of drug & non-drug tx. may be best

45

Connection Between Bipolar Disorder and Alcohol Problems

- Women with bipolar disorder are **SEVEN** times more likely to have alcohol problems than women without
- Men with bipolar disorder are **FOUR** times more likely to have alcohol problems than men without

46

Substance Use & Bipolar Disorders

- Substance abuse is very common among people with bipolar disorder, but the reasons for this link are unclear
- Some people with bipolar disorder may try to treat their symptoms with alcohol or drugs
- However, substance abuse may trigger or prolong bipolar symptoms, and the behavioral control problems associated with mania can result in a person drinking too much.

47

When Do You Medicate for Psychiatric Disorders?

**When the risk of not
medicating exceeds
the risk of medicating!**

48

Bloomin Onion



49

TRAUMA!!!

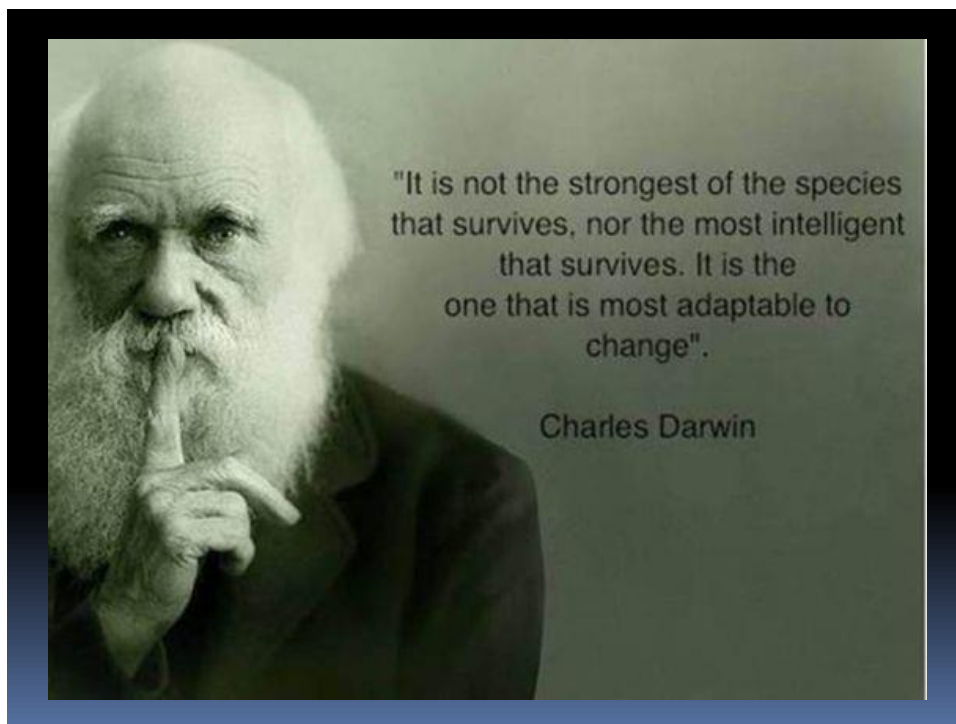
50

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If patients
can't get
better the way
we provide
treatment,
maybe we should
provide
treatment
the way
they can

51



52

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There Is Light At the End of the Tunnel



53



54