DSM-5: DIALOGUE AND DISCUSSION

DSM-5 DISSOCIATIVE DISORDERS

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(standing in for Paul Dell)

DSM-II to -III: Conversion & depersonalization

Reminder: 1. Dissociation & conversion originally two facets of hysteria;
2. depersonalization originally nondissociative standalone.

DSM dissociative diagnoses

Reminder: 1. Dissociation & conversion originally two facets of hysteria;
2. depersonalization originally nondissociative standalone.
ICD-10 –vs– DSM-5

DSM-5 DID Criterion A - Disruption

DSM-IV DID Crit. A&B:
A = "the presence of" = "THERE EXISTS..."
B = switching

DSM-5 DID Crit. A:
"DISRUPTION" of identity, etc.
Experienced or observed by others
   Experienced = SYMPTOMS, subjective symptoms, compatible with
   phenomenological interpretation of dissociation
   Observed = SIGNS, especially in the event that the only symptom (of
   the host) is amnesia; would include observed by patient.
And allowing for possession states
Accounting for BOTH multiplicity & switching

DSM-5 DID Criterion B – Amnesia

DSM-IV DID Crit. C
Amnesia for INFORMATION (misleading)

DSM-5 DID Crit. B:
Amnesia esp. for "EVENTS" (clearer)

DSM-5 DID Crit. C
"NEW": it needs to cause distress or
   impairment in functioning
   (DSM-IV: ONLY diagnosis that DIDN'T require it)
DSM-5 Dissociative Amnesia ± Fugue

Two welcome changes:
Dissociative Fugue is now a specifier for Dissociative Amnesia
This makes sense: extreme rarity.
(remains separate diagnosis by ICD-10 coding)
Change of stress from amnesia for INFORMATION to amnesia for EVENTS

DSM-5 Depersonalization/Derealization

What’s new:
DDNOS-2 (derealization without depersonalization) no longer exists.
DSM-5 back in line with ICD-10.
A welcome advance.

DSM-5 DDNOS OSDD & USDD

DDNOS no longer exists.
Catching up with 1992, a welcome distinction:
F44.8 Other Specified Dissociative Disorder
F44.9 Unspecified Dissociative Disorder
And then DSM-5 fails completely
Persisting mere EXAMPLES of OSDD,
ICD-10 has real OSDD-DIAGNOSES.
ICD-10 still has plenty of unused codes.
Old DDNOS-1 (sub-DID) remains a mere example of OSDD, and not a diagnosis.
Thereby failing to catch up with 1992.
DID ought to have had subtypes.
Su Baker & John O'Neil. Understanding and working with complex client-therapist interactions

DSM-5 OSDD ambivalence: 7 or 4???

Last paragraph of introductory DISASSOCIATIVE DISORDER text:
“The residual category of other specified dissociative disorder has seven examples.”
i.e. one more than the 6 examples of DSM-IV DDNOS.
The actual listing: not 7, but 4.
Late decision by Central Committee without involving work group
Failed cover-up: sloppy text editing

OSDD examples 1, 2, 4

OSDD-1: Chronic and recurrent syndromes of mixed dissociative symptoms:
Former DDNOS-1a and DDNOS-1b:
OSDD-1a: less than marked discontinuities in sense of self and agency
(No switching? –? multiplicity with coconsciousness?)
OSDD-1b: DID without amnesia.
OSDD-2: Identity disturbance due to prolonged and intense coercive persuasion.
OSDD-4: Dissociative trance

OSDD-3 – hornet’s nest of ambiguity

Acute dissociative reactions to stressful events; few hours to < 1 month!
constriction of consciousness,
?F44.3 Trance and Possession Disorder?
depersonalization, derealization,
?F48.1 Depersonalization/Derealization Disorder?
(which has no time criterion)
perceptual disturbance (time, macropisa),
! something new!
OSDD-3 – more hornets

Acute dissociative reactions to stressful events; few hours to < 1 month!
- micro-amnesia
  - ?If it lasts up to a month, is it so micro?
- transient stupor
  - ?F44.2 Dissociative Stupor?
- alterations in sensory-motor function
  - (e.g. analgesia) — ?Conversion = F44.6 Dissociative Anesthesia and Sensory Loss?
  - (e.g. paralysis) — ?Conversion = F44.4 Dissociative Motor Disorder?

Conclusions: GOOD

Dissociative Disorders have ‘moved up’ in the general rankings
- From 10th (DSM-IV) to 8th (DSM-5)
- DID has ‘moved up’ within the listing
  - From 3rd (DSM-IV) to 1st (DSM-5)
- DSM-5 is significantly improved over DSM-IV
  - For DID, Depers/real., D. Amnesia/Fugue
- DSM-5 is much better than ICD-10 for DID
  - ICD-10: MPD remains one of the ‘Other’ Dissociative (Conversion) Disorders.

Conclusions: BAD

DSM-5 hasn’t entirely caught up with 1992
- It still has some way to go (esp. for OSDD)
- Subclinical DID is still a separate ‘Other Specified’ diagnosis
  - Despite old DDNOS-1 having been a very frequent diagnosis
- Dissociative Disorders still don’t exist for any other group of disorders
  - Despite ‘dissociative symptoms’ proliferating elsewhere
  - Clear exclusion criteria for a dissociative disorder glaringly missing among criteria for schizophrenia, PTSD, ASD and Borderline PD.