

DSM V for Psychosomatic Medicine: Current Progress and Controversies

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Disclosure: Lawson Wulsin, MD

With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between the party listed above (and/or spouse/partner) and any for-profit company in the past 24 months which could be considered a conflict of interest.

Workshop Plan

- DSM V Task Force
 - Current Status of Revisions Process
 - General Medical Interface Study Group
 - DSM V PC: How to make it useful
 - What to do with Axis III?
 - Somatoform Disorders Work Group
 - Proposed revisions
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Workshop Plan

- Questions for you:
 - What's wrong with DSM IV for PM?
- Recommendations from you to the Task Force
 - How to make DSM V PC useful for primary care
 - Revisions of proposed changes to Somatoform Disorders section
- Best sites for field trials?

DSM V Task Force

- David Kupfer, Chair
 - Darrel Regier, Vice-chair
 - 16 Work Groups (Disorder Chapters)
 - 4 Study Groups (Cross-cutting issues)
 - Semi-annual TF and WG Mtgs
 - Monthly WG and SG conf calls
 - Ad Hoc subcommittees
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DSM V Timeline

- Drafts of additions, deletions
 - Public comment
 - Field trials, phase I
 - Field trials, phase II
 - Final drafts
 - Submission to APPI
 - DSM V released
- 12/09
 - 12/09
 - 1-6/10 (5/10-3/11)
 - 7-12/10 (12/10-2/12)
 - 2-11/11 (2-8/12)
 - 1/12 (12/12)
 - 5/12 (6/13)

Current Questions?

- Can DSM V be more useful to primary care and general medicine?
 - DSM V can narrow the gap
 - Useful DSM V PC, fewer dx's, clearer terms and criteria, better measures, simpler dx system
 - Harmony with ICD 11

Current Questions

- Can we reduce the number of diagnoses while improving validity?
 - Delete those not used, or not reliable, or not valid

Current Questions?

- Should we collapse Axis I, II, and III into a single Axis I?
 - As in ICD 10
 - Five axes: cumbersome, ignored, unnecessary
 - Boundary between Axis I and III?

Current Questions?

- Should impairment be integral to, or independent of, the diagnostic criteria?
 - integral in substance abuse, eating d/o
 - independent in schizophrenia
 - Somatic disorders?
- Revise Axis V?
 - What is the best measure of impairment?
 - How is impairment different from disability?

Discussion

- DSM V Process for Psychosomatic Medicine
 - Somatic Disorders (somatoform) Workgroup
 - General Medical Interface Study Group

- Questions?

General Medical Interface Study Group

- How to make DSM V more useful for non-psychiatrists
 - A better DSM V PC?
 - Problems with DSM IV PC:
 - Too long, too complicated, not used
 - ICD 10 PC is shorter, simpler, more useful
- Your recommendations

General Medical Interface Study Group

- Collapse Axis I, II, III into single Axis I?
- Pros
 - ICD 10 does this
 - Rest of medicine does this
 - Consistent with “Parity”
 - Boundary between I and III is often arbitrary, not useful
 - Many psychiatrists and the rest of medicine ignore the axial system
 - There are better ways to describe comorbidity
- Cons
 - Easier to forget about medical comorbidity?
- Your recommendations

The Axis III Problem

➤ Reimbursement disincentive:

- Payors refuse to pay for “medical dx’s” in psychiatric facilities:
 - Dementia due to Alzheimer's
 - Personality change due to medical conditions (e.g. organic personality due to TBI, epilepsy, etc)
 - Psychosis due to medical conditions
 - Mood disorder due to medical condition
- [Read Dr Boronow’s note to Dr Regier]

Axis III?

- Other ways to show related disorders:
 - List on single Axis by priority for treatment
 - New 5th digit specifiers
 - Specific combination diagnoses
 - Alzheimers with depression
 - Mixed anxiety and depression disorder
 - Chronic pain with dysthymia
 - PFAGMC