DSM V: Review of Commonly Seen Diagnosis Found in the Inpatient Mental Health Setting

Joyce Salzer
CentraCare Health, salzerj@centracare.com

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DSM V
Review of Commonly Seen Diagnosis Found in the Inpatient Mental Health Setting
Presented by: Joyce Salzer, RN-BC

Objectives

- Increased awareness of where to find some of the most commonly seen diagnosis within the DSM V.
- Knowledge of some of the changes that have been made in diagnostic classification.

Classifications

Neurodevelopmental Disorders

- Intellectual Disabilities
- Communication Disorders
- Autism Spectrum Disorder
  - Often seen as a symptomatic condition during childhood but may develop into a dystonic condition during adolescence. Moderate correlation to suicide due to social isolation and a sense of “being different.” These individuals often are victimized by bullying. There is significant correlation to alcohol use and cannabis.
  - There has been a tightening of criteria. Diagnostic severity of 2 or 3 must be observed across time and circumstances.
- Individuals with a well-established DSM IV diagnosis of: Autism Disorder, Asperger’s Disorder, or Pervasive Developmental Disorder NOS, PDD NOS will be given the Diagnosis of “Autism Spectrum Disorder in the DSM V.
  - Focus is based on deficits seen in relationships, communication and social interaction.
  - Autism Spectrum Disorder (Asperger’s) must have a severity index score of a 2 or 3 to be considered a mental disorder. Those individuals previously given a mental disorder diagnosis of Asperger’s which score a mild impairment on the severity index scale may now lose services previously rendered and insurance coverage based on the change in diagnosis.
- Attention Deficit/Hyperactivity Disorder
- Specific Learning Disorder
- Dyslexia
- Tourette’s
- Tic’s
- Other Neurodevelopmental Disorders
  - Fetal Alcoholism will no longer be found in the DSM V, but will now be identified in this category.

Schizophrenia Spectrum and Other Psychotic Disorders

- Symptoms frequently will emerge between the ages of 17-34 for the male. Symptoms frequently will emerge between the ages of 32-36 for the female.
- Symptoms can consist of delusions, hallucinations, thought disorganization, catatonia, and restricted affect.
- Schizotypal Personality Disorder (This is housed in the “Personality Disorders”)
- Delusional Disorders
- Brief Psychotic Disorder
- Schizophreniform Disorder
- Schizophrenia
  - Those receiving this diagnosis are of significantly high risk to complete suicide within 6 weeks of diagnosis.
- Schizoaffective Disorder
- Substance-Medication-Induced Psychotic Disorder
- Psychotic Disorder Due to Another Medical Condition
- Catatonia Disorder Due to Medical Issues
- Other Specified Schizophrenia Spectrum and Other Psychotic Disorder:
  - Attenuated Psychosis Syndrome
  - Often times this is the diagnosis that will be given in early detection of an emerging schizophrenia diagnosis.

Bipolar and Related Disorders

- Often experienced as dystonic with exception of Bipolar I Disorder (most recent episode manic) which is quite often in resistance and syntonic.
- Bipolar Disorder
  - Psychotic driven manic episodes marked by grandiosity
  - Disabling depressive episodes
  - Often viewed as syntonic
  - Significant risk for accidental death
  - Lower rate and risk for suicide
- Bipolar II Disorder
  - Most extreme vulnerability to complete suicide – watch for hypomaniac condition with irritable mood.
  - Cyclothymic Disorder
    - Two years of hypomaniac episodes and depressive symptoms that does not meet major depression criteria.
    - No correlation to suicide
  - Often seen as having "mood swings"
- Substance/Medication-Induced Bipolar and Related Disorders
- Bipolar and Related Disorder Due to Another Medical Condition

Depressive Disorders

- Depressive disorders are extremely dystonic. There is often severe impairment in functioning. There is noted correlation to drug use with alcohol, amphetamines, cocaine. There is a powerful correlation to suicide.
- Disruptive Mood Dysregulation Disorder
  - This disorder requires identification of one or more of the *Pathological Caregivers
- Major Depressive Disorder, Single Episode
- Major Depressive Disorder, Recurrent
- Persistent Depressive Disorder (Depression has been eliminated)
- Premenstrual Dysphoric Disorder
- Mixed Anxiety-Depression Disorder
  - Applied when the client exhibits at least three of the symptoms of major depression.
  - Applied when the client exhibits at least three of the symptoms of Generalized Anxiety Disorder.
  - Major correlate to cannabis and alcohol use.
  - Major correlate to suicide thoughts.
- Substance Induced Medical Conditions

Personality Disorders

- Cluster A Personality Disorders
  - Paranoid
  - Schizoid
  - Schizotypal
- Merging traits of the Schizoid Personality:
  - Confused boundaries between self and others
  - Difficulty in maintaining relationships
  - Prefers to be alone
  - Usually experienced as syntonic
  - Rarely if ever seeks treatment
  - No correlation to drug use or suicide behavior
- Cluster B Personality Disorders
  - Antisocial
  - Borderline
  - Narcissistic
- Cluster C Personality Disorders
  - Avoidant
  - Dependent
  - Obsessive – Compulsive
- Other Personality Disorders

Trauma and Stress Related Disorders

(New Classification in the DSM V)

- Reactive Attachment Disorder* (New Classification in the DSM V)
  - Symptoms displayed before the age of six.
  - Severity index of 2 or 3 across time and circumstances must be met for diagnosis.
- Disinhibited Social Engagement Disorder*
- Posttraumatic Stress Disorder
- Acute Stress Disorder*
- Adjustment Disorders
- Other Specified Trauma - and Specified – Related Disorders
- Unspecified Trauma – and Stressor –Related Disorders
- “Five Pathogenic Care Realms”
  1. Persistent disregard for child’s emotional needs
  2. Persistent disregard for child’s physical needs
  3. Repeated changes in primary caregivers
  4. Raised in setting with limited opportunities for social attachment
  5. Persistent harsh punishment or other types of grossly inapropriate parenting
- One of more of these essential specifications are required for a diagnosis.

Borderline Personality Markers

- Self-functioning
  - Identity: Poorly developed and unstable.
  - Self-direction: Instability in goals and aspirations.
- Interpersonal functioning
  - Empathy: Limited ability to recognize the feelings or needs of others.
  - Intimacy: Conflicted in relationships, views relationships with extreme idealization or devaluation, suspicious of abandonment.
- Psychopathic Personality Traits
  - Negative affectivity: Emotional lability
  - Disinhibition: Impulsivity
  - Antagonism: Hostility

References

Presented at CentraCare St. Cloud Hospital by Jack Klott, MSSA, LSW, CSW, Revolutionizing Diagnosis & Treatment Using the DSM-5, March 1, 2013.