

FROM PLANNING TO PUBLICATION: DEVELOPING *DSM-5*

The *Diagnostic and Statistical Manual of Mental Disorders*—or “*DSM*,” as it is generally called—is the authoritative guide to the diagnosis of mental disorders for health care professionals around the world. In the United States alone, it influences the care that millions of people of all ages receive for mental health issues. Clinicians use *DSM* to accurately and consistently diagnose disorders affecting mood, personality, identity, cognition, and more. The manual does not address treatment or medications.

Published by the American Psychiatric Association (APA), *DSM* has been updated several times since its first release in 1952. It standardizes diagnoses by psychiatrists, psychologists, social workers, nurses, and other health and mental health professionals, but it also informs research, public health policy, education, reimbursement systems, and forensic science. *DSM-5*, which will be the first full revision since 1994, represents the contributions of more than 1,500 distinguished mental health and medical experts from around the world as part of an extensive and rigorous development process. It will be published in May 2013.

Setting the Stage: 1999-2008

Work on *DSM-5* started in 1999 and 2000 with three planning conferences held by the APA and National Institute of Mental Health (NIMH). The meetings, which included not only psychiatrists but psychologists, other mental health professions and research experts, set the stage for the development process and the formation of several groups of national and international experts who worked to set “*A Research Agenda for DSM-V*” (published in 2002). The groups examined areas that cut across all diagnoses, such as gender, culture, changes across a person’s lifespan, and current advances in areas such as neuroscience and genetics.

The next stage of development was supported by a \$1.1 million cooperative agreement grant from NIMH, the National Institute on Drug Abuse and the National Institute on Alcoholism and Alcohol Abuse to the American Psychiatric Institute for Research and Education (APIRE). Darrel A. Regier, M.D., M.P.H, APIRE executive director and director of the APA Research Division, served as principal investigator to coordinate 13 additional conferences that would identify research advances and major gaps in knowledge for the full range of mental disorder diagnostic areas. These meetings, cosponsored by the World Health Organization, took place from 2004-2008. A [series of monographs was published](#) based on the work done through the conferences.

In 2006, David J. Kupfer, M.D., professor and chair of the Department of Psychiatry at the University of Pittsburgh School of Medicine, was named chair of the Task Force to

oversee *DSM-5*'s development. Dr. Regier was named as vice chair; he would oversee all APA staff support for the *DSM-5* Task Force, Work Groups, and field trials.

In 2007 and 2008, members of the *DSM-5* Task Force and 13 Work Groups were nominated, vetted for potential conflicts of interest and approved by the APA Board of Trustees. These members, recruited based on their expertise and leadership in their respective fields, included more than 160 world-renowned scientific researchers and clinicians with expertise in mental disorders, neuroscience, biology, genetics, statistics, epidemiology, and public health—and not only psychiatrists but psychologists, social workers, psychiatric nurses, pediatricians and neurologists.

Drafting Diagnostic Criteria: 2008-2012

Review and revision of *DSM* criteria began in earnest in 2008 after the appointment of the 13 diagnostic Work Groups, each with eight to 15 members. Each Work Group formulated and executed a research plan, which included extensive literature reviews and secondary data analyses, and solicited feedback from other professionals. Each group engaged advisers who provided specialized expertise and diverse viewpoints.

Across the board, the Work Groups focused on several critical problems or deficiencies that the early planning conferences identified in the existing manual, *DSM-IV*. For example, the *DSM-IV* category of “not otherwise specified,” or NOS, had become a vague, catch-all label and led to a proliferation of diagnoses within many disorders. The Work Groups, which served as the engine of the development process, looked to:

- Sharply decrease NOS diagnoses through greater criteria specificity;
- Add dimensional assessments, where appropriate, to diagnostic evaluations so that clinicians could evaluate the severity as well as the presence of symptoms;
- Better align *DSM* with the World Health Organization's *International Classification of Diseases*; and
- Ensure that both the definitions and diagnostic criteria for *DSM* disorders reflected the strongest scientific evidence.

At the same time, the Task Force looked at overarching issues such as the organization of the manual's chapters and a framework that could place disorders along a developmental continuum to help clinicians better understand potential connections and interrelationships of disorders.

A standalone website was launched in 2010 to serve as the central point for the *DSM-5* draft criteria, research background, development documents and communications materials. Initial draft criteria were posted on www.DSM5.org for comment in February 2010. During a six-week period, more than 8,000 comments were submitted. After review of the feedback and continued deliberation, the Work Groups and Task Force further revised the criteria and posted them for a second open comment period in 2011. More than 2,000 additional comments were received. The Work Groups considered responses applicable to their area of focus while they continued honing diagnostic

criteria and disorder definitions. Proposed criteria were posted on the *DSM-5* website for a third and final public comment period in May 2012.

In fall 2010, field trials began in 11 large academic medical centers nationwide to test the proposed criteria in real-world settings for reliability, validity, feasibility, and clinical utility. In 2011, parallel field trials were held in community-based clinics and individual practitioners' offices. Some large academic medical centers also compared changes in disorder prevalence using *DSM-IV* versus *DSM-5* criteria to ensure that revised criteria would not dramatically affect the rate at which any disorder is diagnosed. About 3,500 patients were evaluated in the trials. Results of the field trials in large academic settings were published in the *American Journal of Psychiatry* in 2012.

The Final Steps

The Work Groups' proposals were evaluated by the Task Force and two panels convened specifically to evaluate the proposals—a Scientific Review Committee and a Clinical and Public Health Committee. The Scientific Review Committee looked at the supporting data for proposed changes. The Clinical and Public Health Committee was charged with assessing the potential impact of changes to clinical practice and public health. Additionally, there was a forensic review by members of the Council on Psychiatry and Law.

All of the reviews were coordinated in meetings of the Summit Group, which includes the *DSM-5* Task Force co-chairs, and review committee co-chairs, consultants, and members of the Executive Committee of the Board of Trustees. The criteria were then put before the APA Assembly for review and approval. The Board of Trustees' review was the last step in this multilevel, comprehensive process. Trustees approved the final *DSM-5* criteria in December 2012.

DSM is the manual used by clinicians and researchers to diagnose and classify mental disorders. The American Psychiatric Association (APA) will publish *DSM-5* in 2013, culminating a 14-year revision process. For more information, go to www.DSM5.org.

APA is a national medical specialty society whose more than 36,000 physician members specialize in the diagnosis, treatment, prevention and research of mental illnesses, including substance use disorders. Visit the APA at www.psychiatry.org and www.healthyminds.org.