

Q&A on DSM-5 Prevalence and Reliability

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Q: Was prevalence estimated in the DSM-5 Field Trials?

A: The prevalence of every target diagnosis evaluated in the field trial was estimated.

Q: Will the prevalence of DSM-5 disorders be very much higher than the prevalence of DSM-IV disorders?

A: In general, the prevalence rates of the diagnoses evaluated in the Field Trials are slightly lower than DSM-IV prevalence rates.

Q: Are the standards set for the reliability of DSM-5 diagnoses set too low, given the very high reliabilities of DSM-IV and DSM-III diagnoses.

A: Many field trials done in the past have used selected samples, rather than representative samples, have muddled sites having very different patient pools, have used expert clinicians involved in designing the diagnosis, have used sample sizes too small to guarantee reasonable precision (and have presented no measures of precision), have not guaranteed complete "blindness" between test and retest, have focused the attention of clinicians on a limited set of diagnoses rather than asking for diagnosis as it would be done in practice. All of these past field trials have consequently reported inflated kappas. This has had the unfortunate effect of setting expectations unreasonably high. The AJP article by Kraemer et al. (<http://ajp.psychiatryonline.org/article.aspx?volume=169&page=13>) attempts to set expectations of true reliability in a clinical setting more realistically.