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***DSM-5 Revisions for Personality Disorders Reflect Major Change
Public Comment Period for Proposed Diagnostic Criteria Extended Through July 15***

ARLINGTON, Va. (July 7, 2011) – The American Psychiatric Association’s diagnostic criteria for the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* propose a significant reformulation in how personality disorders are identified and assessed. The change integrates disorder types with pathological personality traits and, most importantly, levels of impairment in what is known as “personality functioning.”

With its multidimensional framework, this hybrid model is very different from the way personality disorders are presented as rigid behavioral categories in the current manual. The goal of the new criteria is to maximize their utility to clinicians and benefit to patients.

DSM is the standard classification used by mental health and other health professionals for diagnostic and research purposes. The manual’s next edition, representing the latest scientific understanding of the etiology, characteristics and relationships of mental disorders, will be published in 2013. Release of *DSM-5* will culminate more than a decade of rigorous work involving hundreds of experts from the United States and abroad.

The new draft criteria for personality disorders are currently being evaluated through field trials in real-world clinical settings across the country. Public comment also is invited on the proposed revisions to these and other diagnostic criteria. Submissions will now be accepted through July 15. All criteria are available for review on www.dsm5.org.

As recommended by the *DSM-5* Personality and Personality Disorders Work Group, 10 categories will be reduced to six specific personality disorder types (antisocial, avoidant, borderline, narcissistic, obsessive/compulsive and schizotypal). But for a diagnosis within these descriptive classifications, several conditions must be met.

Critically, a person must have significant impairment in the two areas of personality functioning – self and interpersonal. Self is defined as how patients view themselves as well as how they identify and pursue goals in life. Interpersonal is defined as whether an individual is able to understand other people’s perspectives and form close relationships. The scale by which these will be judged ranges from mild to extreme.

In addition, the work group determined that pathological personality traits must be present in at least one of five broad areas – such as whether a person is antagonistic versus able to get along with others, or impulsive versus able to think through possible consequences of action.

“The importance of personality functioning and personality traits is the major innovation here,” said Andrew Skodol, M.D., the work group’s chair and a research professor of psychiatry at the University of Arizona College of Medicine. “In the past, we viewed personality disorders as binary. You either had one or you didn’t. But we now understand that personality pathology is a matter of degree.”

Noted Robert Krueger, Ph.D., a member of the work group and a professor of psychology at the University of Minnesota, “Our proposed criteria get away from the idea that personality pathology is just a group of disorders. We’re instead defining it as a much broader characteristic.”

Underlying the work group’s recommendations are longitudinal studies and other clinical research since the early 1990s that have revealed the shortcomings of the current behavior-based criteria. Because behavior can be intermittent and changeable over time, the criteria can hinder an accurate diagnosis and even impede treatment.

By contrast, impairments in personality functioning and pathological personality traits tend to be more stable over time and consistent regardless of the situation. Both stability and consistency would be required under the revisions to the diagnostic criteria.

Over the next year, the *DSM-5* Task Force and its work groups will continue refining the categories and specifics of all disorders to be included in the next edition. The current public comment period will play into their deliberations. As with the first public review last year, when the APA received more than 8,000 written responses from clinicians, researchers and family and patient advocates, every comment will be considered. As of mid-June, nearly 1,800 additional responses had been submitted.

In the meantime, the first round of field trials continues at nearly a dozen larger academic and clinical centers; almost 3,900 mental health professionals in individual practice and smaller settings also will participate before the trials conclude. Another public comment period on the criteria will then follow.

The *DSM-5* diagnostic criteria will be determined by 2012 and submitted to the APA’s Board of Trustees for review and approval.

The American Psychiatric Association 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.psych.org and www.healthyminds.org.

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