

Understanding Changes to the Posttraumatic Stress Disorder and Acute Stress Disorder Diagnosis in DSM-5¹.”

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCOE) Blog: 22 August 2013

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New DSM-5 Revisions Add More Options to Diagnosis Criteria for PTSD

Posted by Diana Moon, DCoE Public Affairs on August 22, 2013

When the fifth edition of the “**Diagnostic and Statistical Manual of Mental Disorders**” (**DSM-5**) was released May 2013, it marked the end of more than a decade’s journey in revising criteria to diagnose and classify mental disorders.

During last month’s Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) **webinar**, participants heard about revisions to diagnosis criteria for posttraumatic stress disorder (PTSD). Guest presenter Dr. Charles W. Hoge, a nationally known expert on PTSD, described the changes made that take into account information learned from scientific research and clinical experience. Hoge is a senior scientist of psychiatry and neuroscience research at Walter Reed Army Institute of Research and a current consultant at the Office of the Army Surgeon General.

“Major changes to the diagnosis of PTSD in the **DSM-5** include the removal of criterion A2 and the splitting of ‘avoidance’ into its own category,” explained Hoge. Criterion A2, requiring that the person’s reaction to a traumatic event involve fear, helplessness or horror, was removed because research suggests it doesn’t improve diagnostic accuracy, according to DSM-5 literature.

Other significant changes include:

- **PTSD is no longer classified under “Anxiety Disorders.”** It’s now in a new category, “**Trauma- and Stressor- Related Disorders.**”
- The DSM-IV listed three types of PTSD symptoms: re-experiencing the event, avoiding thinking of the event, and hyperarousal (trouble sleeping, always being

¹ DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS 5th Edition; American Psychiatric Association & American Psychological Association

anxious or “on edge,” etc.). The **DSM-5** includes the previous categories and adds “**negative cognitions and moods.**” This category includes a distorted sense of blame or guilt, inappropriate anger, social withdrawal, inability to remember key parts of the traumatic experience, and other related signs and symptoms.

- **There are two new subtypes of PTSD:** PTSD in children younger than 6 and PTSD with prominent dissociative symptoms. Dissociative symptoms include “out-of-body” experiences where a person feels he’s outside his body as in a dream, or having amnesia for parts of an event.
- **A person no longer has to directly witness or be involved with a traumatic event to be diagnosed with PTSD.** Learning of a traumatic event that happened to a close friend or family member or experiencing first-hand repeated or extreme exposure to aversive details of a traumatic event (not through TV, media or movies) qualifies a person for the diagnosis.

Although the release of a new medical text doesn’t normally generate the kind of fever-pitch anticipation of a new tween vampire novel or smartphone model, the **DSM-5** is an exception. **Clinicians use the DSM to diagnose mental disorders. It lists diagnostic criteria, symptoms, associated features of the disorders and relevant demographic information.** The **DSM-5**, which also informs the way psychiatrists prescribe medications, advances 15 new diagnoses — including hoarding, now considered distinct from its previous classification as an obsessive compulsive disorder, and cannabis, more commonly known as marijuana, withdrawal — while eliminating and combining others.

You can download the entire podcast of Hoge’s presentation and additional resources on the **DSM-5** from the **DCoE website**. And, because of interest in this subject, join us for a second webinar from 1–2:30 p.m. (EDT) Sept. 5, “**Understanding Changes to the Posttraumatic Stress Disorder and Acute Stress Disorder Diagnosis in DSM-5.**” Look for registration information in the **DCoE News Room** coming soon.

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