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Did you know?

The 1917 precursor to today's Diagnostic and Statistical Manual of Mental Disorders (DSM) was called the "Statistical Manual for the Use of Institutions for the Insane" and contained 22 diagnoses.

The first DSM was published in 1952. It listed 106 mental disorders.

The last fully revised edition, DSM-IV, was published in 1994, and listed 297 disorders.

The current version, DSM-IV-TR (for *text revision*), was published in 2000.

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Will the controversy over the DSM-5 affect you?

The Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association (APA), describes the criteria used to diagnose behavioral, emotional, and mental illnesses. The APA is in the process of preparing a fifth edition—the DSM-5—due out in 2013.[1]

For clinicians and programs that treat alcohol and substance abuse, the most important proposed changes probably won't have much impact on everyday practice, though they may affect some policies about prescription medications.

The DSM Substance-Related Disorders Work Group has proposed eliminating "dependence" from the list of disorders. Instead, tolerance and withdrawal would be among the symptoms of "substance use disorder", and an additional item recognizing "craving or a strong desire or urge to use a specific substance" would be added. Notably, tolerance and withdrawal would not count toward diagnosis of a disorder "*for those taking medications under medical supervision*".[2,3]

The rationale for these changes is to differentiate between physiological dependence on a prescribed medication and the disordered behavior of substance addiction.[2,3]

The Work Group also proposed adding a category for behavioral addictions, starting with gambling, which is listed in the DSM-IV under Impulse-Control Disorders. The chapter would be renamed

"Substance Use and Addictive Disorders" to reflect the inclusion of non-substance-induced addictive behaviors.[2]

While there is some ongoing concern about the impact of dropping the term "dependence" from the DSM lexicon and about the risks of opening the door to behavioral addictions, the effect of the proposed changes on treatment of substance-related issues should be minor. Most of the specific criteria for diagnosing drug and alcohol problems will remain the same as they are in DSM-IV-TR. Clients who are diagnosed with substance use issues now will most likely still be recognized under the DSM-5.

The changes, and the controversy, reflect the difficulty of applying biomedical criteria to behavioral health at the present state of research. The project to revamp the DSM began more than a dozen years ago, when it was widely hoped—even expected—that an understanding of the biological and genetic causes of behavioral disorders was just around the corner.[4,5]

That hasn't turned out to be the case. As much as research has revealed about the human genome and the neurochemistry of the brain, it has also revealed that behavior is the result of the interplay of complex factors we have yet to fully map. The APA's responses to its critics have largely focused on those limitations.[5,6,7]

Because the DSM-5 will not be finalized for nearly a year, it remains to be seen how—or whether —the contentious issues will be resolved. Obviously, those signing petitions and writing editorials hope their efforts will have some effect. But alcohol and substance abuse treatment are more likely to be changed by federal policy and research discoveries than by the controversies of the DSM-5.
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