



Diagnosis: Changes from DSM4 to DSM5

Neurodevelopmental Disorders

This new chapter of the diagnostic manual includes intellectual disability (Intellectual Developmental Disorder), communication disorders, autism spectrum disorder, attention deficit hyperactivity disorder, specific learning disorder, and motor disorders.

Communication Disorder

In DSM-IV there were separate categories for expressive and mixed receptive-expressive language disorders, stuttering and phonological disorders. The DSM-V collects them into one over-arching category of Communication Disorders.

Stuttering is now called childhood-onset fluency disorder. Social (pragmatic) communication disorder is a new condition and cannot be used if there are also restricted or repetitive behaviours (ASD will be diagnosed in this case).

Intellectual Disability (Intellectual Developmental Disorder)

A marked change in language from 'mental retardation' used in DSM-IV, which reflects the change in terms commonly used professionally and otherwise.

ASD

Autism used to be covered in 4 separate disorders:

- Autistic disorder
- Asperger's syndrome
- Childhood disintegrative disorder
- PDD-NOS

This gave rise to problems when different clinicians saw these differently.

In DSM-V there is a single umbrella diagnosis of 'Autism Spectrum Disorder' (ASD) covering the full range of autistic spectrum conditions.

Another change is that autistic characteristics must have been present from a young age in order to be given a diagnosis, which wasn't the case with the DSM-IV.

ASD is characterised in the DSM-5 by:

- Deficits in social communication and social interaction.
- Restricted repetitive behaviours, interests, and activities (RRBs). Because both components are required for diagnosis of ASD, social communication disorder is diagnosed if no RRBs are present.

www.advancedsolutions.co.uk

Telephone: 0151 486 1788 Email: info@advancedsolutions.co.uk

Registered office: 54 St James Street, Liverpool, L1 0AB

Community Network Office: Business First Centre, 23 Goodlass Road, Speke, L24 9HJ.

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ADHD

The basic characteristics remain as difficulties in two areas:

- Inattention and hyperactivity
- Impulsivity

With the DSM-IV individuals must have at least six symptoms (from a list of 18, as previously) from both of these areas, and have been present by age 7. The DSM-V requires that they must have been present by age 12 years, and that individuals aged over 17 years who are under assessment need to be showing at least five of the symptoms from both groups. The description criteria have been widened to apply to adults as well as children.

These changes are a response to research carried out over the last ten years, and have the result that more adults with ADHD are being identified and receiving treatment for ADHD. The changes also mean that children who are diagnosed with ADHD can continue to get care throughout adulthood if required.

Another change is that co-morbid diagnosis of ADHD with ASD is now allowed.

Finally, a significant change shows the growth in understanding of ADHD is that it has been put under the 'neurodevelopmental disorders' section of the manual.

Specific Learning Disorders

The DSM-V combines the separate diagnoses of reading disorder, mathematical disorder, written disorder and learning disorder not otherwise specified while recognising the terms 'dyslexia' and 'dyscalculia'.

Motor Disorders

These are also in the new 'neurodevelopmental disorders' chapter and include Tourette's disorder and other tic disorders. Stereotypic movement disorder has been differentiated from body-focussed repetitive behaviour disorders which are in the OCD chapter of the DSM-V.

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