Understanding Changes to Posttraumatic Stress Disorder and Acute Stress Disorder Diagnoses in DSM-5

May 22, 2014, 1-2:30 p.m. (EDT)

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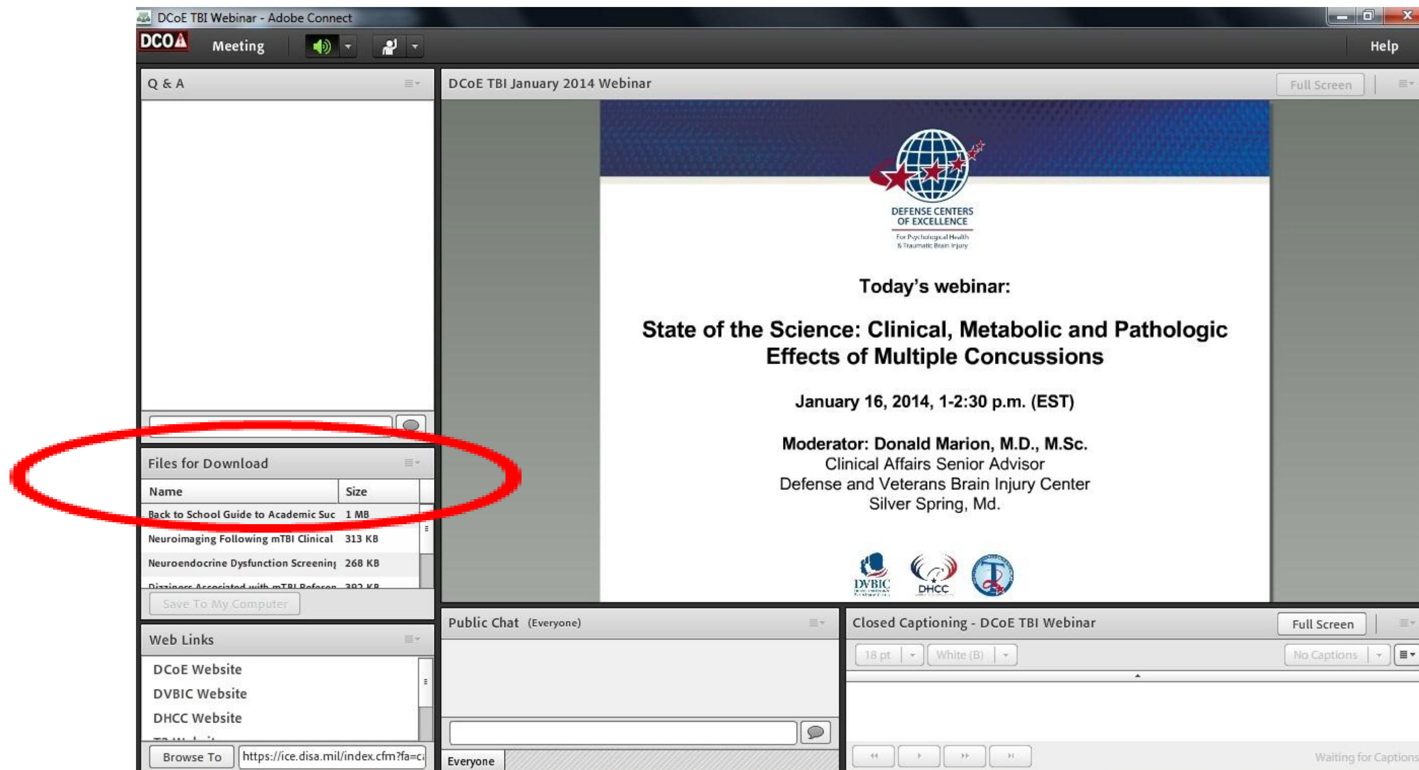

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We will keep the chat function open 10 minutes after the conclusion of the webinar.

Webinar Overview

The Diagnostic and Statistical Manual of Mental Disorders (DSM) provides a standard common language to classify mental disorders. The fifth edition of the DSM (referred to as DSM-5, published in May 2013) includes changes to the diagnostic criteria for posttraumatic stress disorder (PTSD) and acute stress disorder. Based on scientific research and clinical experience, the definitions of the disorders were revised to include a broader range of symptoms with more specific criteria. This webinar elaborates on discussion, participant feedback and questions from the July 25, 2013, webinar "DSM-5: Revisions and Implications Related to Posttraumatic Stress Disorder." Panelists will include Dr. Matthew J. Friedman who led revision of the "Trauma and Stressor-Related Disorder" section of DSM-5, and Dr. Charles W. Hoge, a subject matter expert.

This webinar will:

- Describe key changes in clinical definitions of PTSD and acute stress disorder
- Examine evidence, rationale and discussion regarding the changes
- Differentiate the practical and clinical implications of the changes

Matthew Freidman, M.D., Ph.D.

Dr. Friedman currently serves as Senior Advisor, U.S. Department of Veterans Affairs, National Center for Post-Traumatic Stress Disorder, Professor of Psychiatry and of Pharmacology and Toxicology at the Geisel School of Medicine and as attending staff at Dartmouth-Hitchcock Medical Center.

- Received a Ph.D. in pharmacology at the Albert Einstein College of Medicine and an M.D. at the University of Kentucky, Lexington
- Completed his residency in psychiatry at the Massachusetts General Hospital and at the Dartmouth-Hitchcock Medical Center
- Worked with patients for over forty years and has published extensively on stress and PTSD, biological psychiatry, psychopharmacology, and clinical outcome studies on depression, anxiety, schizophrenia, and chemical dependency
- Instrumental in leading the revision of the "Trauma and Stressor-Related Disorder" section of DSM-5, as part of the American Psychiatry Association, Anxiety Disorders Work Group and Chair, Trauma/PTSD/Dissociative Disorders Sub Workgroup
- Authored over 300 publications including 27 books and monographs, is a Distinguished Lifetime Fellow of the American Psychiatric Association, past-president of the International Society for Traumatic Stress Studies, past Chair of the Scientific Advisory Board of the Anxiety Disorders Association of American
- Recipient of the International Society for Traumatic Stress Studies Lifetime Achievement Award in 1999, and Public Advocacy Award in 2009

Charles W. Hoge, M.D.

Charles Hoge, Colonel (retired), is a senior scientist and neuropsychiatry consultant at the Office of the Army Surgeon General and Walter Reed Army Institute of Research and an attending psychiatrist at Walter Reed National Military Medical Center

- Graduated from the University of Maryland School of Medicine, completed specialty training and obtained board certification in internal medicine, infectious diseases, and psychiatry during his 20 years of active-duty service in the U.S. Army Medical Corps
- Authored more than 100 peer-reviewed journal articles, 20 of which have been published in the New England Journal of Medicine, the Journal of the American Medical Association and the Lancet
- Authored a self-help book for combat veterans and their families titled*, Once a Warrior-Always a Warrior: Navigating the Transition from Combat to Home*

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Disclosure

The views expressed in this presentation are those of the presenters and do not reflect the official policy of the Defense Department, U.S. Government, or Veterans Health Administration.

Presenters have no relevant financial relationships to disclose.

Presenters do not intend to discuss the off-label or investigative (unapproved) use of commercial products or devices.

Presenters received written permission to reprint DSM diagnoses from the American Psychiatric Association.

DSM-5: Metastructure

- Neurodevelopmental Disorders
- Schizophrenia Spectrum & Other Psychotic Disorders
- Bipolar & Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-compulsive, Stereotypic & Related Disorders
- Trauma and Stressor-related Disorders
- Dissociative Disorders
- Somatic Symptom Disorders

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DSM-5 Major Changes to PTSD Diagnosis

- Criterion A1 trauma criterion clarified
- Criterion A2 (response involves “fear, helplessness, or horror”) *removed* from DSM-5
- Three clusters divided into 4 clusters in DSM-5
- Three new symptoms were added
- Other symptoms revised to clarify symptom expression
- All symptoms began or worsened after the trauma
- Added a new dissociative subtype
- Separate diagnostic criteria for “preschool” (children 6 years or younger)

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DSM-5 PTSD Symptom Criteria A-H
(6/20 total symptoms)

A. Trauma exposure
B. Intrusion symptoms (≥ 1 of 5)
C. Avoidance symptoms (≥ 1 of 2)
D. Negative cognitions and mood symptoms (≥ 2 of 7)
E. Alterations in arousal and reactivity (≥ 2 of 6)
F. Duration ≥ 1 month
G. Clinically significant distress or impairment
H. Not attributable to a substance or medical condition

- Specify whether with dissociative symptoms (1. Depersonalization, 2. Derealization)
- Specify if with delayed expression (≥ 6 months)
- Preschool subtype

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PTSD Criterion A Trauma Definition

DSM-IV-TR (A1): The person experienced, witnessed, or was ~~confronted by~~ an event(s) that involved actual or threatened death or serious injury, or ~~threat to the physical integrity of self or others~~.

DSM-5: Exposure to actual or threatened death, serious injury, or sexual violence in 1 (or more) of following ways:

1. Directly experiencing the traumatic event(s).
2. Witnessing… the event(s)….
3. Learning that the event(s) happened to a close family member or close friend (must be violent/accidental)
4. Experiencing repeated exposure to aversive details of the traumatic event(s) (e.g. first responders collecting human remains, police officers repeatedly exposed to details of child abuse) (does not apply to exposure through electronic media/TV, unless work-related)

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PTSD Criterion B
~~Reexperiencing~~ Intrusion Symptoms

DSM-IV-TR: The traumatic event is ~~persistently reexperienced~~ in one (or more) of the following ways:

DSM-5: Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

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PTSD Criterion B1

DSM-IV-TR: Recurrent and intrusive distressing ~~recollections~~ of the event, including ~~images, thoughts, or perceptions~~.

DSM-5: Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s)."

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PTSD Criterion B2

DSM-IV-TR: Recurrent distressing dreams of the event.

DSM-5: Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).

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PTSD Criterion B3

DSM-IV-TR: Acting or feeling as if the traumatic event were recurring (~~includes a sense of reliving the experience, illusions, hallucinations, and~~ dissociative flashback ~~episodes, including those that occur on awakening or when intoxicated~~).

DSM-5: Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such events may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings).

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PTSD Criterion B4 and Criterion B5

DSM-IV-TR: Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
DSM-5: Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

DSM-IV-TR: Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
DSM-5: Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

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PTSD Criterion C

DSM-IV-TR: Persistent avoidance of stimuli associated with the trauma ~~and numbing of general responsiveness~~ (~~not present before the trauma~~) as evidenced by ~~three (or more)~~ of the following:

DSM-5: Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

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PTSD Avoidance Criterion C1 and Criterion C2 (≥1 of 2)

DSM-IV-TR: Efforts to avoid thoughts, feelings, or ~~conversations~~ associated with the trauma.
DSM-5: Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

DSM-IV-TR: Efforts to avoid activities, places, or people that arouse recollections of the trauma.
DSM-5: Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s)."

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PTSD Criterion D: Negative Alterations in Cognitions and Mood

DSM-IV-TR(C3-C7): ~~Persistent avoidance of stimuli associated with the trauma~~ and ~~numbing of general responsiveness~~ (not present before the trauma) as evidenced by three (or more) of the following:

DSM-5: **Negative alterations in cognitions and mood** associated with the traumatic event(s), **beginning or worsening after the traumatic event(s) occurred**, as evidenced by two (or more) of the following:

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DSM-5 Criteria D: Negative Cognitions and Mood
(≥ 2 of 7 symptoms)

D1. Inability to remember an important aspect of the traumatic event(s)…(**wording change**)

D2. Persistent and exaggerated negative beliefs or expectations… (**marked wording change**)

D3. Persistent distorted cognitions…that lead individual to blame himself/herself or others (new)

D4. Persistent negative emotional state… (new)

D5. Markedly diminished interest or participation in significant activities. (**unchanged**)

D6. Feelings of detachment or estrangement from others. (**unchanged**)

D7. Inability to experience positive emotions… (**marked wording change**)

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PTSD Criterion D1 (Change)

DSM-IV-TR (C7): Inability to recall an important aspect of the trauma.

DSM-5: Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).

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PTSD Criterion D2 (Change)

DSM-IV-TR (C7): ~~Sense of foreshortened future (e.g. does not expect to have a career, marriage, children, or a normal life span).~~

DSM-5: Persistent and exaggerated negative beliefs or expectations about oneself, others or the world (e.g., “I am bad,” “No one can be trusted,” “The world is completely dangerous,” “My whole nervous system is completely ruined”).

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DSM-5 PTSD D3 and D4 Criterion (New)

D3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.

D4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).

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PTSD Criterion D7 (Change)

DSM-IV-TR (C6): ~~Restricted range of affect (e.g., unable to have loving feelings).~~

DSM-5: Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

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PTSD E1 Criteria: Alterations in Arousal and Reactivity (≥ 2 of ~~5~~ 6)

DSM-IV-TR (D2): Irritability or outbursts of anger

DSM-5 (E1): Irritable behavior or angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.

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DSM-5 Criteria E: Alterations in Arousal and Reactivity (≥ 2 of 6)

E2. Reckless or self destructive behavior

E3. Hypervigilance

E4. Exaggerated startle response

E5. Problems with concentration

E6. Sleep disturbance (difficulty falling or staying asleep or restless sleep)

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DSM-5: Adjustment Disorders

No change from DSM-IV Criteria

- Retains various subtypes (depressed, anxiety, disturbed conduct, mixed)

- APA rejected ASD/PTSD & Bereavement Subtypes

Criterion D:

- The symptoms do not represent normal bereavement

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Chronic Adjustment Disorder (AD)

- Omitted by mistake from DSM-5
- Acute AD – less than 6 months
- Chronic AD –cannot persist more than 6 months after termination of stressor or its consequences

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Other Specified Trauma/Stressor-Related Disorder 309.89

- AD with duration more than 6 months without prolonged duration of stressor
  - subthreshold PTSD
  - persistent complex bereavement disorder
  - ataques nervios and other cultural symptoms

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DSM-5 Acute Stress Disorder

A. PTSD A Criterion

B. No mandatory symptoms from any specific cluster

(In DSM-IV-TR, ASD required ≥ 3 of 5 dissociative symptoms plus ≥ 1 each from PTSD reexperiencing, avoidance, and hyperarousal.)

C. Nine (or more) of the following (with onset or exacerbation after the traumatic event):

- Intrusion (4 symptoms)
- Negative Mood (1 symptom)
- Dissociative (2 symptoms)
- Avoidance (2 symptoms)
- Arousal (5 symptoms)

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PCL-5 and CAPS-5

PTSD Checklist for DSM-5 (PCL-5)

- Most similar to the "specific" version of PCL for DSM-IV
- No corresponding versions for PCL-M or PCL-C
- Initial findings suggest same factor structure, pattern of conversion, discriminate correlation & diagnostic utility
- Item scores range from 0-4; includes 3 new symptoms; total scores range from 0-80
- Scoring: treat items scores of "2 / moderately" or above as present, then follow DSM-5 diagnostic rules

Weathers, F.W., Litz, B.T., Keane, T.M., Palmieri, P.A., Marx, B.P., & Schnurr, P.P. (2013).

Clinical Administered PTSD Scale for DSM-5 (CAPS-5)

- Remains a 30-item structured interview with improved sequence of prompts
- Frequency & intensity ratings combined into a 0-4 severity rating for each item
- Scoring anchors provided for two middle ratings to assist clinicians
- Scoring based upon CAPS for DSM-IV scoring rules; general information included with the CAPS-5 instrument
- Training video for CAPS-5 currently under development by NCPTSD

Weathers, F.W., Blake, D.D., Schnurr, P.P., Kaloupek, D.G., Marx, B.P., & Keane, T.M. (2013).

PCL-5 Cut-scores (Preliminary Findings)

- Preliminary studies suggest that the cut-scores for PCL-5 are ~12 points lower than PCL scores.
  - Mathematical extrapolation (PCL-5 items range from 0-4; 3 new items added)
  - Empirical data: Veteran sample (Marx, et al.); Undergraduate sample (Weathers, et al.)
- Fairly stringent cut-score: PCL = 50 / PCL-5 = 38
  - Marx, et al. compared PCL-5 to diagnosis based on CAPS-5
  - Weathers, et al. compared PCL-5 to PCL cutoff scores
- Moderate cut-score: PCL = 44 / PCL-5 = 31
- Low moderate cut-score: PCL = 40 / PCL-5 = 28

Assessing PTSD in Accordance with DSM-5

- Both the PCL and CAPS were revised to correspond to DSM-5 changes for PTSD

- PCL-5 and CAPS-5 are available by request from the National Center for PTSD:

http://www.ptsd.va.gov/professional/assessment/DSM_5_Validated_Measures.asp

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June 12, 2014

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June 26, 2014

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