



## Editorial: The Impact of DSM-5

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May 2013 saw the long awaited publication of DSM-5, the first significant update to DSM for nearly 20 years. The process leading to the publication of DSM-5 was lengthy and a path often strewn with controversy. It was expected to represent a paradigm shift in the diagnosis and classification of psychopathology, but many were critical of its continued categorical approach to diagnosis, the resultant 'fiddling' with diagnostic criteria rather than introducing radical reform (e.g. Frances & Widiger, 2012), the failure to address rampant comorbidity between discrete disorders (e.g. Aragona, 2009), and reliance on a medically-inspired disease model of mental health (e.g. British Psychological Society, 2011). Nevertheless, despite its many critics, DSM-5 has now been with us for over twelve months, and is still one of the most established diagnostic classification systems adopted across many parts of the world. Bearing all this in mind, it seemed timely to ask some prominent psychopathology and mental health researchers to assess the impact that DSM-5 has had so far. As a result, this special issue of **Psychopathology Review** was convened and we have a total of eleven papers addressing a range of issues surrounding DSM-5. These can be broadly grouped into three categories. The first set of papers describes the impact of DSM-5 on a number of different disorder categories, including autistic spectrum disorder (ASD), posttraumatic stress disorder (PTSD), childhood and adolescent anxiety disorders, personality disorders, and emotional disorders. The second set of papers takes a more holistic view of DSM-5 and contributors in this section provide some alternative approaches to classification as it has been conceptualized in DSM-5. Finally, we end with three articles taking a broader view of the way in which DSM-5 was developed and the scientific model that serves as its basis.

We begin the special issue with a series of articles addressing the impact of DSM-5 on the diagnosis of individual disorders. Some of these articles describe potential difficulties arising from changes to diagnostic criteria in DSM-5, others provide empirical evidence on the validity of the new diagnostic criteria, and their implications for over- or under-diagnosis.

**Luke Tsai's** article reviews the evolution and diagnostic criteria for Autism Spectrum Disorder, and the impact of DSM-5 on future epidemiological and genetic studies of ASD, and the economy of health costs in relation to ASD. **Gentes, Dennis, Kimbrel, Kirby, Hair, Beckham & Calhoun** examined the latent structure of posttraumatic stress disorder (PTSD) based on the new DSM-5 criteria. Their findings fit best with a 5-factor model, but overall, the findings suggest that the DSM-5 model of PTSD is a significant improvement over DSM-IV. **Chou, Cornacchio, Cooper-Vince, Crum & Comer** discuss the key areas of change brought by DSM-5 to the diagnosis of disorders affecting anxious youth. They argue that DSM-5 may actually have introduced new problems into the assessment of child anxiety, as well as having left unresolved a number of diagnostic problems remaining from DSM-IV. **Clark, Vanderbleek, Shapiro, Nuzum, Allen, Daly, Kingsbury, Oiler & Ro** describe some empirical research on the alternative dimensional model for personality disorders provided in DSM-5 and conclude that eliminating the personality disorder-type criteria and retaining the personality disorder-trait specified criteria would be both more parsimonious and more useful clinically. The article by **LeBeau, Bögels, Möller & Craske** reviews the APA guidelines for dimensional assessment and examines a number of factors critical to dimensional assessment. The paper then illustrates these discussions with examples from the anxiety disorders.

The special issue also includes a number of articles proposing alternative approaches to the diagnostic system that is the core feature of DSM-5. **Stefan Hofmann** argues that the new Research Domain Criteria (RDoC) initiative offers an alternative route to diagnosis, but shares with DSM-5 a reliance on the disease model of psychopathology

and the lack of any concrete guidelines for treatment. He describes a cognitive-behavioural model that he argues offers an empirically-based framework for a treatment-relevant classification system. **Rossellini, Boettcher, Brown & Barlow** argue that the emotional disorders can best be conceptualized as dimensional entities that are more similar than different, and that DSM-5 has provided little movement in the direction towards dimensional assessment of such disorders. Instead, they describe an alternative dimensional-categorical profile approach to emotional disorders assessment and classification, with some preliminary evidence to support this approach. **Mansell, Carey & Tai** argue that the field of psychopathology is in need of a paradigm shift that will revitalize methodology and translational practice. They provide a novel research methodology inspired by perceptual control theory that can facilitate the study of universal processes within heterogeneous samples, and draws direct analogies with evolutionary, dynamic systems.

The final three articles are ones that take a broader look at the process by which DSM-5 was developed and the nature of the scientific model on which DSM-5 is based. **Peter Kinderman** argues that there are viable and practical alternatives to the current traditional diagnostic model of mental health care that can provide new ways of thinking about mental health and delivering services. **Widiger & Crego** analyse the way in which DSM-5 was developed and constructed, especially issues associated with the presence of the Internet, confidentiality contracts, the lack of a gold standard, and the documentation of empirical support. Finally, **Allen Frances** concludes that diagnostic creep may have now gone too far with the publication of DSM-5, and illustrates this with some examples of where DSM-5 may have got it wrong. He concludes by recommending the creation of a new sponsoring agency responsible for monitoring psychiatric diagnosis.

I hope you enjoy the range of articles and topics in this special issue, and that they inform your thinking about DSM-5 – whether you are a supporter of the diagnostic approach to psychopathology or not. Finally, I should point out that I did approach a number of people who were centrally involved in the development of DSM-5 to contribute to this special issue, but I was unable to persuade any of them to do so.

## References

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