Revised Psychiatric Manual Faces Mixed Reviews

By SHIRLEY S. WANG

The widely criticized new version of the U.S. psychiatric diagnostic manual released Friday faces a potentially diminished role in research, which would mark a shift for what has been considered the bible of American psychiatry for 30 years.

This fifth revision of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, known as the DSM-5, represents the first major overhaul of the book in nearly 20 years.

Changing Diagnoses in the DSM

Take a look back over some of the language that has been used in the DSM to describe certain diagnoses and how it has changed.

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Criticism of the years-long revision process has been fierce. Some experts have accused the DSM task force of making too many major changes with limited research evidence, such as eliminating Asperger's syndrome as a stand-alone diagnosis and subsuming it under an autism-spectrum disorder label. Others have charged the opposite—the new manual won't be different enough from the previous edition.

The manual is expected to include some 160 disorders, roughly the same number as in the previous edition, but with the diagnostic categories "sliced" differently than before, said Jeffrey Lieberman, president-elect of the American Psychiatric Association.

The marked disagreement over the DSM revision underscores the broader challenge in mental health: how to develop better ways to diagnose and treat conditions that are based on subjective symptoms with relatively limited tools and insight into the abnormalities in the brain.

The new edition of the DSM will be the first to be updated electronically and is designed to be a "living document" that can take into account emerging science, though the details for updating the manual haven't been worked out yet, according to David Kupfer, head of the DSM task force that oversaw the revision.

The DSM, launched in 1952, classifies disorders into categories using behaviors that are considered defining of the conditions. In the past three decades, the manual has been used not only to diagnose patients, but also to select participants with particular disorders for research studies.

The manual's classification system also has been a major factor in decisions involving grant funding and scientific publications. In addition, health insurers utilize it for billing purposes and the Food and Drug Administration uses it as a guide for drug approvals.

Some in the field have been frustrated by the classification system, which focuses on behavioral symptoms and not on chemical changes or brain abnormalities. Some experts believe that studying the behaviors or biological changes that cut across multiple disorders is a way to accelerate research progress. The DSM is supposed to reflect the current knowledge in the field and some of the latest

research is too new to use as a basis for changing the framework of how mental illness is diagnosed, say DSM leaders.

DSM leaders and other experts now say the manual should primarily be used for clinical care, not to steer the research agenda. "The DSM is the best we've got for clinical care," said Thomas Insel, head of the National Institute of Mental Health. "It's no longer the best guide for research. We're at a point now we're ready to go to the next step."

Dr. Kupfer, the DSM leader, said researchers should look at the DSM as "a guide but not necessarily the only framework they should use to carry out basic science."

For the DSM to be considered primarily a guide for clinicians is a "dramatic backtracking from their prior position as putting themselves out there as the best basis for research," said Geoffrey Reed, senior project officer at the World Health Organization who is helping to lead the revision of the mental and behavioral disorders section of the International Classification of Diseases, or ICD, the World Health Organization's standard diagnostic tool.

Most of the research funded by the NIMH and published in psychiatry journals in the past 20-plus years had to use DSM diagnostic criteria; otherwise, scientists had no hope of publishing, said Dr. Reed.

One alternative is a proposal that the NIMH has been developing for three years, called the Research Domain Criteria, which will move toward funding research that examines core biological features of illness shared by several disorders, such as problems in brain circuitry, rather than the current practice of focusing on symptoms specific to one disorder, according to Dr. Insel.

There still is a need for scientists and clinicians to speak a common language in order to carry out clinical research, and the role of the DSM in aiding this communication won't change in the near future, said Dianne Chambless, a psychology professor at the University of Pennsylvania who studies anxiety treatment. But new knowledge identifying underlying biological processes or behaviors could be beneficial to clinicians, as well, she said.

"The important thing is for science to be cumulative," said Dr. Chambless.

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