

# Bipolar disorders: Changes from DSM-IV-TR to DSM-5

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# Overview

- History of classification for psychiatric disorders
- The process of DSM-5 development
- Review of DSM-5



# Why do we need to classify disorders?

- To increase the reliability of diagnoses
- To facilitate communication between clinicians and researchers
- To correctly identify cases (sensitivity)
- Not to mistakenly identify healthy individuals as patients (specificity)



## Pre-World War II

- By the 1880 census, **seven** categories of mental illnesses were distinguished: mania, melancholia, monomania, paresis, dementia, dipsomania, and epilepsy.
- In 1921, the Committee on Statistics of the American Psychiatric Association.



## Post-World War II

- WHO published ICD-6 included a section for mental disorders;
- A variant of the ICD-6 that was published in **1952** as ***DSM-I***;
- The use of the term “reaction” throughout **DSM-I** reflected the influence of **Adolf Meyer's** psychobiological view;
- **DSM-II** was similar to DSM-I but eliminated the term “reaction.”



## DSM-II Description of Manic-Depressive Disorder

- These disorders are marked by **severe mood swings** and a **tendency to remission and recurrence**. Patients may be given this diagnosis in the **absence of a previous history of affective psychosis** if there is **no obvious precipitating event**. This disorder is divided into **three major subtypes: manic type, depressed type, and circular type**.





## **Manic-depressive illness, manic type (manic-depressive psychosis, manic type):**

- This disorder consists **exclusively of manic episodes**. These episodes are characterized by **excessive elation, irritability, talkativeness, flight of ideas, and accelerated speech and motor activity**. Brief periods of depression sometimes occur, but they are never true depressive episodes.



## Manic-depressive illness, circular type (manic-depressive psychosis, circular type):

- This disorder is distinguished by **at least one attack of a depressive episode and a manic episode.**





# Development of DSM-III

- *Third Edition* (DSM-III) was coordinated with the development of ICD-9. Work began on DSM-III in **1974**, with publication in **1980**.
- Important methodological innovations in DSM-III:
  - An explicit diagnostic criteria
  - A multiaxial system,
  - A descriptive approach that attempted to be neutral with respect to theories of etiology.



## DSM-III-R and DSM-IV

- The revisions and corrections of DSM-III and publication of DSM-III-R in **1987**.
- In **1994**, the last major revision of DSM, DSM-IV, was published.
- Developers of DSM-IV and ICD-10 worked closely to coordinate their efforts, resulting in increased congruence between the two systems and fewer meaningless differences in wording.



## DSM-5

- In 1999, development of *DSM-5* began
- Publication of the fifth edition of *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) will be in **May 2013**
- **The 166th APA Annual Meeting in San Francisco, May 18-22, 2013, will mark the official release of DSM-5.**
- Final Public Comment closed as of June 15, 2012
- More than 700 distinguished mental health and medical experts were working on



# Steering committee

- National Institutes of Health funding institutes
- National Institute of Mental Health
- National Institute of Drug Abuse
- National Institute of Alcohol Abuse
- American Psychiatric Association
- World Health Organization



# Four principles for revising DSM5

- First, the highest priority is clinical utility
- All recommendations should be guided by research evidence
- DSM-5 should maintain continuity with previous editions.
- No a priori restraints should be placed on the level of change permitted between DSM-IV and DSM-5.



## In revising DSM-5, they are looking for:

- what elements of the current edition (DSM-IV) are working well, what elements do not meet the needs of clinicians and how best to correct those concerns.
- They are focusing on reducing diagnoses currently called “Not Otherwise Specified” in DSM-IV
- Aiming to better specify “treatment targets” for clinicians





- the series of research planning conferences (ended in February 2008)
- DSM-5 Work Groups
  - Presentations on DSM-5 and Related Topics
  - Finalized the draft diagnostic criteria
  - DSM-5 Field Trials (began in 2010 )
    - To assess the feasibility, clinical utility, reliability, and (where possible) the validity of the draft criteria (two versions)
  - Revised to the draft criteria
  - Posted the draft online for public comment

# Bipolar I Disorder

- **A. Presence (or history) of one or more Manic Episodes.**
- **B. The Manic Episode(s) are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder NEC.**
- **C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.**
- **Specify if:**
  - **Current or Most Recent Episode Manic**
  - **Current or Most Recent Episode Hypomanic**
  - **Current or Most Recent Episode Depressed**
  - **With Mixed Features**
  - **With Psychotic Features**
  - **With Catatonic Features**
  - **With Atypical Features (for depression)**
  - **With Melancholic Features (for depression)**
  - **With Rapid Cycling**
  - **With Suicide Risk Severity**
  - **With Anxiety, mild to severe**
  - **With Seasonal Pattern**
  - **With Postpartum Onset**

**With Mixed Features**

# Bipolar II Disorder

- A. Presence (or history) of one or more Major Depressive Episodes
- B. Presence (or history) of at least one Hypomanic Episode
- C. There has never been a Manic Episode
- D. The mood symptoms in Criteria A and B are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Elsewhere Classified.
- E. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- Specify if:
  - Current or Most Recent **Episode Hypomanic**
  - Current or Most Recent **Episode Depressed**
  - With **Mixed Features**
  - With Psychotic Features (for depression)
  - With Catatonic Features (for depression)
  - With Atypical Features (for depression)
  - With Melancholic Features (for depression)
  - With Rapid Cycling
  - With Anxiety, mild to severe
  - With Suicide Risk Severity
  - With Seasonal Pattern
  - With Postpartum Onset



# Manic Episode



## Manic episode: Criteria A

### DSM-IV

A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week (or any duration if hospitalization is necessary).

### DSM-5

A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood **and abnormally and persistently increased activity or energy**, lasting at least 1 week **and present most of the day, nearly every day** (or any duration if hospitalization is necessary).



## Manic episode: Criteria B

### DSM-IV

B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:

### DSM-5

B. During the period of mood disturbance **and increased energy or activity**, three (or more) of the following symptoms (four if the mood is only irritable) are present to a significant degree, **and represent a noticeable change from usual behavior**:



## DSM-IV

- 1.inflated self-esteem or grandiosity
- 2.decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
- 3.more talkative than usual or pressure to keep talking
- 4.flight of ideas or subjective experience that thoughts are racing
- 5.distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)
- 6.increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation
- 7.excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)

## DSM-5

1. Inflated self-esteem or grandiosity
2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
3. More talkative than usual or pressure to keep talking
4. Flight of ideas or subjective experience that thoughts are racing
5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), **as reported or observed**
6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal directed activity)
7. Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)



## Manic episode: Criteria C

DSM-IV	DSM-5
<p>C. The symptoms do not meet criteria for a Mixed Episode.</p> <p>D. The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.</p>	<p>C The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.</p> <p><b>Specify <u>with Mixed Features</u>.</b></p>



## Manic episode: Criteria D

### DSM-IV

E. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatments) or a general medical condition (e.g., hyperthyroidism).

Note: Manic-like episodes that are clearly caused by somatic antidepressant treatment (e.g., medication, electroconvulsive therapy, light therapy) should not count toward a diagnosis of Bipolar I Disorder.

### DSM-5

D. The episode is not attributable to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment).

**Note: A full Manic Episode emerging during antidepressant treatment (medication, electroconvulsive therapy, etc), but persisting beyond the physiological effect of that treatment is sufficient evidence for a Manic Episode and, therefore, a Bipolar I diagnosis.**

However, caution is indicated so that one or two symptoms (particularly increased irritability, edginess or agitation following antidepressant use) are not taken as sufficient for diagnosis of a Manic Episode, nor necessarily an indication of a Bipolar Disorder diathesis.



Mixed episode/ Specify  
with mixed feature



## DSM-IV: Mixed Episode

- A. The criteria are **met both for a Manic Episode and for a Major Depressive Episode** (except for duration) nearly every day during at least a **1-week period**.

B. The mood disturbance is sufficiently severe to cause **marked impairment** in occupational functioning or in usual social activities or relationships with others, **or to necessitate hospitalization** to prevent harm to self or others, or there are **psychotic features**.

C. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or a general medical condition (e.g., hyperthyroidism).



# DSM-5

## **Mixed Features Specifier**

- Applies to **Manic, Hypomanic, and Depressive Episodes**





- The “with mixed features” specifier applies in episodes where **subthreshold symptoms** from the **opposing pole** are present during a full mood episode.



## A. If predominantly **Manic or Hypomanic**, full criteria are met for a Manic Episode or Hypomanic Episode

- And **at least 3** of the following symptoms are present nearly every day during the episode.
  - **Prominent dysphoria or depressed mood** as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful).
  - **Diminished interest or pleasure** in all, or almost all, activities, (as indicated by either subjective account or observation made by others).
  - **Psychomotor retardation** nearly every day (observable by others, not merely subjective feelings of being slowed down).
  - **Fatigue or loss of energy.**
  - **Feelings of worthlessness or excessive or inappropriate guilt** (not merely self-reproach or guilt about being sick).
  - **Recurrent thoughts of death** (not just fear of dying), **recurrent suicidal ideation** without a specific plan, or a suicide attempt or a specific plan for committing suicide.



## B. If **predominantly Depressed**, full criteria are met for a Major Depressive Episode

- and **at least 3** of the following symptoms are present nearly every day during the episode.
  - Elevated, expansive mood
  - Inflated self-esteem or grandiosity
  - More talkative than usual or pressure to keep talking
  - Flight of ideas or subjective experience that thoughts are racing
  - Increase in energy or goal directed activity (either socially, at work or school, or sexually)
  - Increased or excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).
  - Decreased need for sleep (feeling rested despite sleeping less than usual (to be contrasted from insomnia)



- C. Mixed symptoms are observable by others and represent a change from the person's usual behavior.
- **D. For those who meet full episode criteria for both Mania and Depression simultaneously, they should be labeled as having a Manic Episode, with mixed features, due to the marked impairment and clinical severity of full mania.**
- E. The mixed symptom specifier can apply to depressive episodes experienced in Major Depressive Disorder, Bipolar I disorders, Bipolar II disorders, and Bipolar Disorder Not Elsewhere Classified.
- F. The mixed symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment).



# Hypomanic Episode: Criteria A

DSM-IV	DSM-5
<p>A. A distinct period of persistently elevated, expansive, or irritable mood, lasting throughout at least 4 days, that is clearly different from the usual non-depressed mood.</p>	<p>A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally <b>and persistently increased activity or energy</b>, lasting at least <b>4 consecutive days</b> and <b>present most of the day, nearly every day (or any duration if hospitalization is necessary)</b>.</p>





# Hypomanic Episode: Criteria A

B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:

B. During the period of mood disturbance **and increased energy and activity**, three (or more) of the following symptoms have persisted (four if the mood is only irritable), **represent a noticeable change from usual behavior**, and have been present to a significant degree:





DSM-IV	DSM-5
<ol style="list-style-type: none"> <li>1.inflated self-esteem or grandiosity</li> <li>2.decreased need for sleep (e.g., feels rested after only 3 hours of sleep)</li> <li>3.more talkative than usual or pressure to keep talking</li> <li>4.flight of ideas or subjective experience that thoughts are racing</li> <li>5.distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)</li> <li>6.increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation</li> <li>7.excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)</li> </ol>	<ol style="list-style-type: none"> <li>Inflated self-esteem or grandiosity</li> <li>2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep)</li> <li>3. More talkative than usual or pressure to keep talking</li> <li>4. Flight of ideas or subjective experience that thoughts are racing</li> <li>5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), <b>as reported or observed</b></li> <li>6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation</li> <li>7. Excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., the person engages in unrestrained buying sprees, sexual indiscretions, or foolish business investments)</li> </ol>



## DSM-5

- E. The episode is not severe enough to cause marked impairment in social or occupational functioning, or to necessitate hospitalization, and there are no psychotic features.



## DSM-5: Bipolar Disorder **Not Elsewhere Classified**

- To prevent inappropriate use of NEC diagnoses and the medicalization of normal fluctuations of mood, the diagnoses listed in the Bipolar Disorder NEC section **should only be applied when the clinician determines that the symptoms are associated with clinically significant distress or impairment that require clinical care.**
- **Note:** Only one code number will be used for the 'Bipolar Disorder NEC' diagnosis; however, to aid in the sub-classification of this diverse group of conditions (that constitute a large proportion of all individuals with a bipolar disorder), the recorded name of the condition should NOT be 'Bipolar Disorder NEC,' but, rather, one of the diagnostic terms provided below.



- 1. ***Major Depressive Episodes and Short (2-3 day) Hypomanic Episodes.***
  - A lifetime history of one or more Major Depressive Episodes in persons who have never met full criteria for a Manic or Hypomanic Episode, but have experienced one or more episodes of ‘short-duration hypomania’ that meet the full symptomatic criteria for a **Hypomanic Episode, but only last for two to three days.**
  - The episodes of hypomanic symptoms do not overlap in time with the Major Depressive Episodes, so the disturbance does not meet criteria of ‘Major Depressive Episode with Mixed Features’ (See proposed diagnostic criteria in Section III).



- **2. Major Depressive Episodes and Hypomanic Episodes characterized by insufficient symptoms.**
  - A lifetime history of one or more Major Depressive Episodes in persons who have never met full criteria of a Manic or Hypomanic Episode, but have experienced one or more episodes of ‘subthreshold hypomania’—at least four consecutive days of **elevated mood and one or two of the other symptoms of a Hypomanic Episode OR irritable mood and two or three of the other symptoms of a Hypomanic Episode.**
  - The episodes of hypomanic symptoms do not overlap in time with the Major Depressive Episodes, so the disturbance does not meet criteria of ‘Major Depressive Episode with Mixed Features’ (See proposed diagnostic criteria in Section III).





- **3. *Hypomanic Episode without Prior Major Depressive Episode.***
  - One or more Hypomanic Episodes in an individual who has never met full criteria of a Major Depressive Episode or a Manic Episode.





- **4. *Short Duration (less than 2 years) Cyclothymia.***
  - Multiple short duration or subthreshold episodes of hypomanic symptoms (as defined above) and multiple short duration or subthreshold episodes of depressive symptoms (as defined in the Depressive Disorder NEC section) **that persist over a period of less than 24 months (less than 12 months for children or adolescents)** in an individual who has never met full criteria of a Major Depressive, Manic or Hypomanic Episode and does not meet criteria for any psychotic disorder.
  - During the course of the disorder the hypomanic or depressive symptoms are present for more days than not and the individual has not been without symptoms for more than two months at a time.



- **5. *Uncertain Bipolar Conditions.***

- This category is used for individuals with manic or hypomanic and depressive symptoms associated with clinically significant distress or impairment when it is not possible to diagnose a specific bipolar disorder listed above.
- This diagnostic term is **usually employed as a temporary ‘place holder’** while additional information is obtained. The overuse of this category in the past has seriously undermined the quality of diagnostic information systems; therefore, its use is discouraged except in the following situations:
  - ***Bipolar Disorder of Unknown Etiology.***
  - ***Uncertain Bipolar Condition Observed in a Clinical Examination.***
  - ***Uncertain Bipolar Condition in a Medical Record.***



## The diagnostic threshold for bipolar disorder should not be lowered for 4 reasons

- (1) a greater increase in false positive than true positive diagnoses;
- (2) there are no controlled studies demonstrating the efficacy of mood stabilizers in treating subthreshold bipolar disorder;
- (3) if a false negative diagnosis occurs and bipolar disorder is underdiagnosed, diagnosis and treatment can be changed when a manic/hypomanic episode emerges;
- (4) if bipolar disorder is overdiagnosed and patients are inappropriately prescribed a mood stabilizer, the absence of a future manic/hypomanic episode would incorrectly be considered evidence of the efficacy of treatment, and the unnecessary medications that might cause medically significant side effects would not be discontinued.

Zimmerman, M. (2012) J Clin Psychiatry **73(4): 437-443.**