



DSM Questions & Answers

What is the DSM?

The Diagnostic and Statistical Manual of Mental Disorders (DSM), contains a listing of psychiatric disorders and their diagnostic criteria and descriptive text, including features, prevalence, familial patterns, age, culture and gender specific characteristics, and differential diagnosis.

The DSM is primarily used by psychiatrists, psychologists, and other mental health professionals as a guideline for diagnosis. However, the DSM is also utilized for clinical research, administrative, and educational purposes.

The manual contains diagnostic codes used for the purposes of research, insurance claims, data collection, and medical record keeping. Parties such as the World Health Organization (WHO), government agencies, and private insurers worldwide all use the DSM. The International Classification of Diseases, Ninth Revisions, Clinical Modification (ICD-9-CM) is the official coding system used to track morbidity and mortality of diseases. These codes are also contained within the DSM for cross reference purposes in an attempt to link medical and mental health diagnoses.

Who decides what should go into the DSM?

The American Psychiatric Association (APA), the professional organization representing United States' psychiatrists, publishes the DSM. Revising the DSM involves a multitude of professionals and takes several years to accomplish. For instance, 13 Work Groups of at least five or more member each created the DSM-IV. Great care is taken to ensure that Work Group recommendations reflect a wide variety of available evidence and opinion and not limited to the views of a few members.

What is the history of the DSM and how often is it revised?

The first edition of the DSM was published in 1952 and was a spin-off of the International Classification of Diseases, sixth revision, (ICD-6) and heavily influenced by the Veterans Administration after World War II. However, it was a brief pamphlet and was not considered to be very helpful among clinicians.

In 1968, the second edition, the DSM-II, was a larger pamphlet that listed mental disorders and a brief description of each. Published in 1980, the DSM-III transformed the DSM into a substantially larger edition containing not only a list of disorders and their brief description, but also diagnostic criteria based on a list of symptoms. This system avoided speculative assumptions regarding the cause of mental disorders and became very popular with clinicians. The DSM-III was revised again in



1987 and in 1994; the DSM-IV was published. The DSM-IV has also been revised and is currently over 900 pages. The scheduled publication date of the DSM-V is 2012.

The number of years between revisions has been anywhere from 6-16 years. However, it is expected that the revisions will become more frequent after the publication of the DSM-V.

Isn't FASD just a physical problem and a medical diagnosis? How would it fit into the DSM, a manual for mental disorders?

Although physical manifestations of prenatal alcohol exposure such as depressed growth and facial characteristics are most often associated with FASD and needed for the medical diagnosis of FAS, they are not needed to classify someone as having FASD. FASD is not a medical diagnosis, but rather an umbrella term describing the diverse mental and behavioral phenotypes that results from structural damage to key areas of the brain involved in mood. The commonly used subtypes of FASD include:

FAS – Fetal Alcohol Syndrome – has distinctive facial features that identify them as having prenatal exposure to alcohol. Some of the facial features that are included are; small head, flat nose, and droopy eyelids. Central nervous system damage is present.

PFAS – Partial Fetal Alcohol Syndrome – Has some of the same growth deficiencies and or facial deficiencies of a person with FAS, but not all of them. Central nervous system damage is present.

ARND – Alcohol Related Neurological Disabilities – shows the signs of central nervous system damage, but has no sign of any physical characteristics.

Furthermore, although the DSM describes mental disorders, medical conditions that give way to mental disorders are included. For example, Alzheimer's inclusion in the DSM does not diminish its medical condition but broadens the understanding of mental disorders such as depression which may be associated with the medical condition.

I notice my child's assessment contains several diagnoses listed under different "AXIS." What does this mean?

Currently diagnoses are categorized through a multiaxial system:

Axis I Clinical Disorders (Mental Health)

Axis II Personality Disorders (includes Mental Retardation)

Axis III General Medical Conditions (listed in International Classification of Diseases, ICD, FAS is typically included here)

Axis IV Psychosocial and Environmental Factors

Axis V Global Assessment Functioning

Currently, the multiaxial assessment involves several axes that refer to a different area of information that helps the clinician plan treatment. The five axes are an efficient way to organize and communicate clinical information. This multiaxial assessment structure will not be used in the DSM V. However, to date, the discussions have not started on the type of structure that will be used. The APA is leaning toward a



polythetic diagnostic approach rather than a monothetic approach – meaning it won't be – “do you have it or not, but will be looking at the degree of the disability which would include the disability itself, the degree of stress on the family dealing with the disability and the degree of threat to life.

If FASD is brain damage, won't placing it in the DSM make people think FASD is a mental illness?

While FASD is a medical condition, Dr. Ann Streissguth, after interviewing approximately 500 individuals with FAS or Alcohol Related Neurological Disabilities (ARND) found that 90% experienced mental health problems. Additionally, in a recent study of adults who were prenatally alcohol exposed, 44% were diagnosed with major depressive disorder, 40% had psychotic disorders, and 20% had bipolar illness. It is clear that significant risk for emotional and social adjustment problems exists for individuals prenatally alcohol exposed. Therefore, if FASD were included in the DSM-V it is likely that more effective interventions to prevent secondary mental illnesses would be developed and implemented as understanding of mental health aspects of FASD would increase.

How would FASD's inclusion in the DSM-V affect individuals and families?

Including FASD into the DSM would provide a more direct and arguably more effective way of linking the physiologic condition with the mental health aspects of the FASD. Currently, this correlation is often missed and results in ineffective therapies, treatments, and medications because individuals prenatally exposed to alcohol are often less receptive to certain medication and traditional insight-oriented and cognitive behavioral therapies. Therefore, families frequently undergo multiple treatment failures. Including FASD into the DSM-V would likely provide the impetus for further research and development of new and more effective treatment modalities.

How would FASD's inclusion in the DSM-V affect mental health professionals and the greater scientific community?

Including FASD in the DSM-V would create a standard basis for diagnosis and treatment for all mental health providers, social workers, and medical professionals. Furthermore, because of the DSM's widespread use, the knowledge about FASD would be expected to increase rapidly among mental health professionals, schools, and social and justice systems, thus, facilitating more precise diagnoses and surveillance.

Furthermore, including FASD in DSM would also highlight the importance of detecting early mental health ramifications of FASD, resulting in increased training of mental health professionals to conduct comprehensive prenatal histories of alcohol exposure and to effectively detect the common physical and behavioral characteristics of those prenatally exposed to alcohol. Additionally, officially recognizing FASD as a disorder would serve as an impetus for further psychiatric research, new treatment methods, and increased momentum and impact of research.



How would including FASD in the DSM improve my child's likelihood of getting an accurate diagnosis?

Currently many states have inadequate or no diagnostic facilities. Without formal recognition by the mental health profession, funding for research and the development of diagnostic clinics will continue to move at a slow pace. Formal recognition will also help to include FASD as part of the necessary college curriculums to ensure proper training of clinicians, thus improving the accuracy of the diagnoses.

If FASD is recognized in the DSM how would this help the medication nightmare our kids now face?

There is no specific medication that has been developed to treat FASD. Furthermore, the drugs currently used, are meant to treat symptoms and can not cure the brain damage of FASD. Many of these drugs are psychotropic drugs that were developed for other disorders. Because FASD does not appear as an official disorder, the likelihood that research and clinical trials would be conducted is minimal. Therefore, recognizing FASD in the DSM provides the impetus to further research and determine the most effective medications.

FASD is not a diagnosis but an umbrella term. I heard doctors can't agree on the diagnostic criteria for the subtypes of FASD. How can this be put in the DSM if there isn't agreement?

The term Fetal Alcohol Spectrum Disorder was selected to reflect the wide "spectrum" of affects of the disorder which includes facial characteristics and mental retardation to high IQ's with no visible physical abnormalities. The subtypes of FASD include PFAS or partial fetal alcohol syndrome, ARND; alcohol related neurological disabilities; ARBD- alcohol related birth defects. While the subtypes have not been fully agreed upon, out of necessity, some experienced diagnosticians in the field of FASD have formulated their own diagnostic criteria for the subtypes in order to offer consistent diagnosis for their patients. While this may not be desirable, some level of definition within the DSM is needed in order to further research, clarify the typical symptoms of those exposed prenatally and to educate the mental health profession on this often, complicated disorder. Even though a disorder is included within the DSM does not imply that all is known about it or that no further research is needed. For instance, research continues to evolve on many disorders including Schizophrenia, Autism, ADHD, etc.

