

Proposed DSM Revisions Prompt Vigorous Debate

BY BETSY BATES

FROM THE ANNUAL MEETING OF THE AMERICAN PSYCHIATRIC ASSOCIATION

NEW ORLEANS — If the DSM-5 will one day be a butterfly, the document today can best be thought of as a poky caterpillar, voraciously consuming its way toward a faraway date when it could take flight.

Ten years into the revision process, the unprecedented public posting on the Internet of proposed changes to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-R) in February unleashed a torrent of responses. The work groups have yet to sort through and synthesize thousands of comments from clinicians, professional organizations, and the public.

"This is not a final document. The DSM is a work in progress right now," said Dr. David Kupfer at the annual meeting of the American Psychiatric Association, the site of vigorous debate about proposed changes at 12 formal symposia and additional workshops and feedback sessions.

"We want to try to be as transparent and inclusive as possible," said Dr. Kupfer, chairman of the APA's DSM-5 Task Force and professor and chair of psychiatry at the University of Pittsburgh.

The resulting dialogue has been as spirited as it has been exhaustive, and in general has been applauded as a welcome attempt to merge scientific evidence with the day-to-day realities of clinical practice.

"It's extraordinary," said Dr. Nora Volkow, who is the director of the National Institute on Drug Abuse and serves on the DSM-5 substance abuse task force.

"You're taking advantage of the experience of the clinical world out there, as opposed to saying, this is what my laboratory experiments tell me," she said in an interview at the meeting. "Of course, it slows the process, but in a way that's OK. You want it to be as close to reality and predictive. . . of symptoms patient present with, as possible."

The immediate response to the online posting of proposed DSM changes took nearly everyone by surprise. The document received 41 million hits and generated thousands of formal and informal comments.

"At the end of the day, we've probably received 10,000 comments about what people around the world would like to see and not see in the DSM," Dr. Kupfer said. "It's actually, I would say, quite invigorating."

Thirteen DSM-5 Task Force work groups are meeting regularly to review public comments and tweak their draft recommendations in preparation for phase I field trials to test the feasibility, clinical utility, and reliability of proposed diagnostic criteria. (To follow the process online, go to the APA's Web site at www.dsm5.org/ProposedRevisions/Pages/Default.aspx.)

Pilot trials are slated to begin this summer, with larger field trials planned to be underway by fall, said Dr. Kupfer during a press briefing held at the meeting.

The Task Force budget of less than \$2.5 million will likely confine trial settings to just 8-10 clinical sites, to be drawn from among 47 institutions that have completed applications and 70 that have sent letters of intent to participate.

The first field trials will be conducted on "priority disorders," largely the group of diagnoses that generated the most numerous and heated public comments, Dr. Kupfer explained.

"Not to our surprise, the largest number of comments were received by the working group looking at autism and the autism spectrum disorders," he said.

See related stories on pages 10 and 17.

At issue is whether to define autism spectrum disorders along a continuous spectrum, "which would allow us to adjudicate levels of severity, difficulties, disabilities, and impairment, instead of simply categorizing somebody as one [diagnosis] or another," he said.

A similar philosophy underlies proposed changes to diagnoses of eating disorders, a draft category that also generated considerable input from individual clinicians, professional organizations, families, and patients.

Other diagnostic categories that received abundant public comment included anxiety disorders, especially proposed changes to posttraumatic stress disorder and generalized anxiety disorder; and substance use disorders, Dr. Kupfer said.

He said much commentary also focused on the controversial issue of bipolar disorder in children. A new diagnosis, temper dysregulation disorder of childhood, is being considered. "Half the people liked the disorder but didn't like the name; half the people liked the name but not the disorder."

General comments were also received in response to proposals about assessments and outcome measures for all patients seeking mental health care.

"One of the things some of us feel very, very strongly about is that assessment needs to be enhanced, covering a number of areas that should always be addressed, regardless of the diagnosis," he said.

Such categories, to be self-rated by a patient at each clinical visit, might include depression, anxiety, anger, and substance use, according to the DSM-5 draft document.

Dr. Alan Schatzberg, outgoing president of the APA, praised the ongoing efforts to revise the DSM as a "major, major effort that the APA undertakes."

Although the process is painstaking, he said it is necessary to insure that the document is reliable and relevant to a wide range of professionals who depend on it to provide a common diagnostic language that evolves in tandem with burgeoning understanding of mental illnesses.

"It's a labor of love," said Dr. Schatzberg, professor and chair of psychiatry at Stanford (Calif.) University.

Neither Dr. Kupfer nor Dr. Schatzberg reported any relevant financial conflicts of interest with regard to the DSM-5. ■

Clinical Psychiatry News

President, IMNG Alan J. Imhoff

Editor in Chief Mary Jo M. Dales

Executive Editors Denise Fulton, Kathy Scarbeck

Managing Editor Gina L. Henderson

Deputy Managing Editor Renée Matthews

Senior Editors Christina Chase, Kathryn DeMott, Jeff Evans, Lori Buckner Farmer, Catherine Hackett, Keith Haglund, Sally Koch Kubetin, Teresa Lassman, Mark S. Lesney, Jane Salodof MacNeil, Catherine Cooper Nellist, Amy Pfeiffer, Calvin Pierce, Terry Rudd, Elizabeth Wood

Associate Editors Felicia Rosenblatt Black, Therese Borden, Lorinda Bullock, Jay C. Cherniak, Richard Franki, Virginia Ingram-Wells, Jane Locastro, Carol Nicotera-Ward, Markette Smith, Leanne Sullivan

Reporters *Chicago*: Patrice Wendling; *Denver*: Bruce Jancin; *Germany*: Jennie Smith; *Los Angeles*: Betsy Bates; *Miami*: Damian McNamara; *Mid-Atlantic*: Michele G. Sullivan; *New England*: Diana Mahoney; *New York*: Mary Ellen Schneider; *Philadelphia*: Mitchel L. Zoler; *San Diego*: Doug Brunk; *San Francisco*: Sherry Boschert, Robert Finn; *Washington*: Alicia Ault, Elizabeth Mechatie, Heidi Splete, Miriam E. Tucker, Kerri Wachter

Contributing Writers Christine Kilgore, Mary Ann Moon

Project Manager Susan D. Hite

Assignments Manager Megan Evans

Editorial Offices 5635 Fishers Lane, Suite 6000, Rockville, MD 20852, 877-524-9336, cpnews@elsevier.com

Address Changes Fax change of address (with old mailing label) to 973-290-8245 or e-mail change to subs@elsevier.com

Reprints Call 240-221-2419

Director of Information Technology Doug Sullivan

Senior Systems Administrators Lee J. Unger, Kreg M. Williams

Systems Administrator/Application Support Peter Ayinde

Executive Director, Operations Jim Chicca

Director, Production/Manufacturing Yvonne Evans

Production Manager Judi Sheffer

Production Specialists Maria Aquino, Anthony Draper, Rebecca Slebodnik

Creative Director Louise A. Koenig

Design Supervisor Elizabeth Byrne Lobdell

Senior Designers Sarah L.G. Breeden, Yenling Liu

Designer Lisa M. Marfori

Photo Editor Catherine Harrell

Senior Electronic Production Engineer Jon Li

Sales Director, IMNG

Mark E. Altier, 973-290-8220, m.altier@elsevier.com

National Account Manager

Aaron Wattenberg, 973-290-8212, a.wattenberg@elsevier.com

Classified Sales Manager, IMNG

Robert Zwick 973-290-8226, fax 973-290-8250, r.zwick@elsevier.com

Advertising Offices

60 Columbia Rd., Bldg. B, 2nd fl., Morristown, NJ 07960, 973-290-8200, fax 973-290-8250

Sr. Program Manager, Customized Programs Malika Wicks

Circulation Analyst Barbara Cavallaro, 973-290-8253, b.cavallaro@elsevier.com

Program/Marketing Manager Jennifer Eckert

Business Controller Dennis Quirk

Adv. Services Manager Joan Friedman

Credit Supervisor Patricia H. Ramsey

Manager, Admin./Conventions Lynne Kalish

Receptionist Linda Wilson

Accounts Payable Coordinator Daniela Silva

CLINICAL PSYCHIATRY NEWS is an independent newspaper that provides the practicing psychiatrist with timely and relevant news and commentary about clinical developments in the field and about the impact of health care policy on the specialty and the physician's practice.

The ideas and opinions expressed in CLINICAL PSYCHIATRY NEWS do not necessarily reflect those of the Publisher. Elsevier, Inc. will not assume responsibility for damages, loss, or claims of any kind arising from or related to the information contained in this publication, including any claims related to the products, drugs, or services mentioned herein.

POSTMASTER Send changes of address (with old mailing label) to CLINICAL PSYCHIATRY NEWS Circulation, 60 Columbia Rd., Bldg. B, 2nd fl., Morristown, NJ 07960.

CLINICAL PSYCHIATRY NEWS (ISSN 0270-6644) is published monthly by Elsevier Inc., 60 Columbia Rd., Bldg. B, 2nd fl., Morristown, NJ 07960, 973-290-8200, fax 973-290-8250. Subscription price is \$109.00 per year. Periodicals postage paid at Morristown, NJ, and additional offices.

Founding Publisher: Jack O. Scher
Founding Editor: William Rubin

©Copyright 2010, by Elsevier Inc.

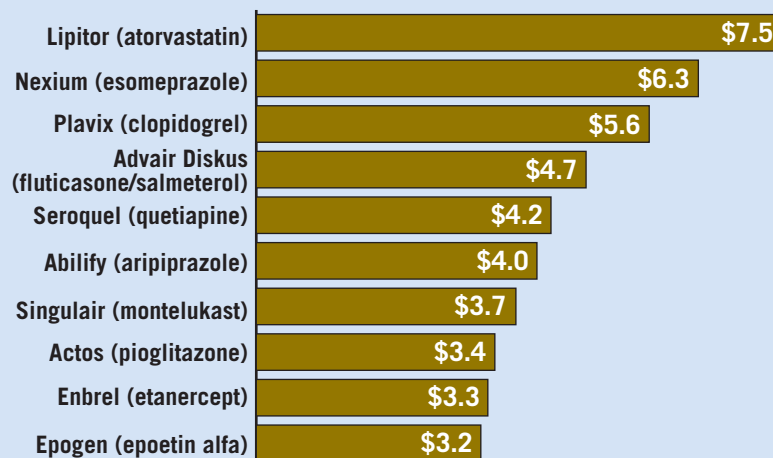


INTERNATIONAL MEDICAL NEWS GROUP



VITAL SIGNS

Seroquel, Abilify Among Top 10 Drugs in 2009 (U.S. sales in billions)



Source: IMS Health