Assessment and Diagnosis of DSM-5 Substance-Related Disorders

Jason H. King, PhD (listed on p. 914 of DSM-5 as a Collaborative Investigator)

j.king@lecutah.com or 801-404-8733

www.lecutah.com

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“Eliminating the category of dependence will better differentiate between the compulsive drug-seeking behavior of addiction and normal responses of tolerance and withdrawal that some patients experience when using prescribed medications that affect the central nervous system.” And O’Brien said the term ‘abuse’ is clinically meaningless, noting that “abuse, dependence, and addiction are all one continuous variable.”
Substance-Related and Addictive Disorders

- **Substance Use Disorders**
  - *Addiction*: “uncertain definition and its potentially negative connotation”
  - Abuse and Dependence combined into Use
    - Continued use despite significant substance-related problems
      - “Pathological patterns, significant problems, repeated relapses, intense drug cravings”
  - **Criteria**
    - Removed: recurrent legal problems criterion
    - Added: craving or a strong desire or urge to use a substance
      - Craving involves *classical conditioning* and associated with activation of specific brain reward structures
        - Relapse prediction and treatment outcome measure
        - DSM-IV-TR: “Although not specifically listed as a criterion item, ‘craving’ (a strong subjective drive to use the substance) is likely to be experienced by most (if not all) individuals with Substance Dependence” (page 192)
      - "Have you ever wanted alcohol so badly you couldn’t think of anything else?“
      - "Have you ever felt a strong desire or urge to drink?“
Substance-Related and Addictive Disorders

- **Substance Use Disorders**
  - Threshold = 2 of 11 symptoms
    - Impaired control
      - criteria 1-4
    - Social impairment
      - criteria 5-7
    - Risky use
      - criteria 8-9
    - Pharmacological
      - criteria 10-11
      - *Tolerance and withdrawal*:
        - Appropriate medical treatment w/ prescribed medications

- **Severity ratings**
  - Based on:
    - Individual’s own report
    - Report of knowledgeable others
    - Clinician’s observations
    - Biological testing
  - 2–3 criteria indicate = a *mild* disorder
    - An important marker is continued use despite a clear risk of negative consequences to other valued activities or relationships
  - 4–5 criteria = *moderate* disorder
  - 6 or more = a *severe* disorder
Substance-Related and Addictive Disorders

- **Substance Use Disorders**
  - Removed
    - Polysubstance-Related Disorder
      - DSM-IV-TR pages 293-294
    - Specifier for a physiological subtype
    - Cocaine and Amphetamine
  - Added
    - Stimulant Use Disorder
    - Caffeine Withdrawal
    - Cannabis Withdrawal
  - Changed
    - Nicotine to Tobacco
    - Agonist therapy replaced by maintenance therapy

- **Substance Use Disorders**
  - Miscellaneous classification
    - LEVEL 2—SUBSTANCE USE
      - Recording procedures = record the name of the specific substance
      - Table 1: Diagnoses associated with substance class (see DSM-5 page 482)
    - Synthetic cannabinoid compounds
    - Ecstasy and ketamine
    - Other (or Unknown) Substance Use Disorder
      - Bath salts (“synthetic chemical derivatives”)
      - Anabolic steroids
      - Nitrous oxide
      - New, black market drugs
Substance-Related and Addictive Disorders

- **Substance Use Disorders**
  - Remission specifiers (except craving)
    - *Early* - at least 3 but less than 12 months w/o substance use disorder criteria
    - *Sustained* - at least 12 months w/o criteria

- **Sample DSM-5 diagnosis**
  - Severe Opioid Use Disorder, On Maintenance Therapy (Suboxone), In Controlled Environment (principle diagnosis); *Moderate* Cannabis Use Disorder (synthetic cannabinoid) – Early Remission; *Mild* Cocaine Use Disorder – Sustained Remission
Substance-Related and Addictive Disorders

> **Substance-Induced Disorders**

> **Intoxication**
> - “substance specific syndrome” which are reversible effects
> - impacts the central nervous system (CNS) and there is a disturbance of perception, wakefulness, attention, thinking, judgment, psychomotor behavior, and interpersonal functioning

> **Withdrawal**
> - “substance specific behavioral change” based on cessation or reduction of substance
> - desire to continue use of substance to reduce unpleasant symptoms
> - has physiological/cognitive consequences
> - significant distress in social and occupational functioning
> - symptoms are not attributed to another medical or mental disorder

> **Substance-Induced Disorders**

> Alcohol, while may be viewed by some as a lesser impactful substance because it is so readily available, is actually very dangerous
> - The “other or unknown substance” category matches alcohol in its deleterious effects on disorders

> Induced mental health disorders
> - psychotic disorders: pp. 110-114
> - bipolar disorders: pp. 142-145
> - depressive disorders: pp. 175-180
> - anxiety disorders: pp. 226-230
> - obsessive-compulsive disorders: pp. 257-260
> - sleep disorders: pp. 413-420
> - sexual dysfunctions: 446-450
> - neurocognitive disorders: pp. 627-632

> OC and related disorders only impacted by stimulants
Substance-Related and Addictive Disorders

Substance-Induced Disorders

General guidelines:
- The more sedating substances (sedatives, hypnotics, anxiolytics, and alcohol) produce depressive disorders while in acute intoxication and produce anxiety disorders while in withdrawal.
- The more simulating substances (amphetamines or cocaine) produce psychotic and/or anxiety disorders while in acute intoxication and produce depressive disorders while in withdrawal.

What is the take away?
- Need to accurately assess what phase (intoxication or withdrawal) client is in and what substance was used.
- Substance induced mental disorders are typically symptomatically short-lived; except for two classes:
  - Substance induced neurocognitive disorder and hallucinogen perception disorder (which causes “flashbacks”)

Substance-Induced Disorders
Latest research


Results:

- The profiles of individuals with DSM-IV-TR dependence and DSM-5 severe AUD were almost identical.
- In contrast, the profiles of individuals with DSM-5 moderate AUD and DSM-IV-TR abuse differed substantially.
- The former endorsed more AUD criteria, had higher rates of physiological dependence, were less likely to be White individuals and men, had lower incomes, were less likely to have private and more likely to have public health insurance, and had higher levels of comorbid anxiety disorders than the latter.

Conclusions:

- Similarities between the profiles of DSM-IV-TR and DSM-5 AUD far outweigh differences; however, clinicians may face some changes with respect to appropriate screening and referral for cases at the milder end of the AUD severity spectrum.
Substance-Related and Addictive Disorders

- Latest research


  - Results:
    - For DSM-IV-TR alcohol, cocaine and opioid dependence, optimal concordance occurred when 4+DSM-5 criteria were endorsed, corresponding to the threshold for moderate DSM-5.
    - Maximal concordance of DSM-IV-TR cannabis dependence and DSM-5 cannabis use disorder occurred when 6+ criteria were endorsed, corresponding to the threshold for severe DSM-5.
    - Sensitivity and specificity, generally exceeded 85%(>75% for cannabis).

  - Conclusions:
    - Overall, excellent correspondence of DSM-IV-TR dependence with DSM-5 substance use disorders.
Substance-Related and Addictive Disorders

Latest research


Results:

- Modestly greater prevalence for DSM-5 SUDs
  - based largely on the assignment of DSM-5 diagnoses to DSM-IV-TR “diagnostic orphans.”
  - The vast majority of these diagnostic switches were attributable to the requirement that only two of 11 criteria be met for a DSM-5 SUD diagnosis.
  - We found evidence to support the omission from DSM-5 of the legal criterion.
  - The addition of craving as a criterion in DSM-5 did not substantially affect SUD diagnosis.

Conclusion:

- The greatest advantage of DSM-5 for the diagnosis of SUDs appears to be its ability to capture diagnostic orphans.
- In this sample, changes reflected in DSM-5 had a minimal impact on the prevalence of SUD diagnoses.