

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the standard classification of mental disorders used by mental health professionals in the United States. It is not only used for patient diagnosis and treatment, but is also important for collecting and communicating accurate public health statistics.

### Three components of the DSM

The DSM consists of three major components: the diagnostic classification, the diagnostic criteria sets, and the descriptive text.

### The Multiaxial System of Diagnosis

The DSM uses a "multiaxial" system for diagnosis. This diagnostic model is designed to provide a comprehensive diagnosis that includes a complete picture of not just acute symptoms but of the entire scope of factors that account for a patient's mental health.

There are five axes in the DSM diagnostic system:

#### Axis I:

This is the top-level diagnosis that usually represents the acute symptoms that need treatment; Axis I diagnoses are the most familiar and widely recognized (e.g., major depressive episode, schizophrenic episode, panic attack). Axis I terms are classified according to [V-codes](#) by the medical industry (primarily for billing and insurance purposes).

#### Axis II:

Axis II, is for [personality disorders](#) and developmental disorders such as [mental retardation](#). Axis II disorders, if present, are likely to influence Axis I problems. For example, a student with a learning disability may become extremely stressed by school and suffer a panic attack (an Axis I diagnosis).

#### Axis III:

Axis III is for medical or neurological conditions that may influence a psychiatric problem. For example, diabetes might cause extreme fatigue which may lead to a depressive episode.

#### Axis IV:

Axis IV identifies recent psychosocial stressors such as a death of a loved one, divorce, losing a job, etc.

Psychosocial and Environmental Problems

#### Axis V:

Axis V identifies the patient's level of function on a scale of 0-100, (100 is top-level functioning). This is known as the Global Assessment of Functioning (GAF) Scale

## ICD

The codes in the DSM are designed to match (with some exceptions) the codes in the International Statistical Classification of Diseases and Related Health Problems. The ICD is the most widely used disease classification system in the world. The ICD has developed alongside the DSM and there is not always agreement on which system to use. According to a 2002 paper, "Comparing the two most visible diagnostic systems, it found that ICD-10 was more frequently used and more valued for clinical diagnosis and training and that DSM-IV was more valued for research."<sup>1</sup>.

## The Diagnostic Classification

The diagnostic classification is a list of mental disorders. A DSM diagnosis selects disorders that most closely reflect the patient's signs and symptoms. Each diagnostic label is associated with a diagnostic code used by institutions for data and billing.

## Diagnostic Criteria Sets

For each disorder, a set of diagnostic criteria indicates the symptoms and duration that comprise a diagnosis. They are very useful guidelines but must be used in conjunction with the judgment and evaluation abilities of those attempting diagnosis.

## Descriptive Text

The descriptive text that accompanies each disorder is categorized under the following headings: "Diagnostic Features"; "Subtypes and/or Specifiers"; "Recording Procedures"; "Associated Features and Disorders"; "Specific Culture, Age, and Gender Features"; "Prevalence"; "Course"; "Familial Pattern"; and "Differential Diagnosis."

## 2000 Revision: DSM-IV-TR

DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition), published in 1994 was the last major revision of the DSM. It was the culmination of a six-year effort that involved over 1000 individuals and numerous professional organizations.

In anticipation of the fact that the next major revision of the DSM (i.e., DSM-V) will not appear until May, 2013 or later, a text revision of the DSM-IV called DSM-IV-TR was published in July 2000. Most of the major changes in DSM-IV-TR were confined to the descriptive text. Changes were made to a handful of criteria sets in order to correct errors identified in DSM-IV. In addition, some of the diagnostic codes were changed to reflect updates to the ICD-9-CM coding system adopted by the US Government.

*Psychopathology 2002;35:72-75 (DOI: 10.1159/000065122)*

## Children's GAF Scale

**100-point rating scale measuring psychological, social and school functioning for children aged 6-17. It was adapted from the Adult Global Assessment Scale and is a valid and reliable tool for rating a child's general level of functioning on a health-illness continuum.**

<b>100-91</b>	<b>Superior functioning</b> in all areas (at home, at school and with peers), involved in a range of activities and has many interests (e.g., has hobbies or participates in extracurricular activities or belongs to an organized group such as Scouts, etc.). Likable, confident, "everyday" worries never get out of hand. Doing well in school, no symptoms
<b>90-81</b>	<b>Good functioning in all areas.</b> Secure in family, school and with peers. There may be transient difficulties and "everyday" worries that occasionally get out of hand (e.g. mild anxiety associated with an important exam, occasional "blow ups" with siblings, parents or peers).
<b>80-71</b>	<b>No more than slight impairment in functioning</b> at home, at school, or with peers. Some disturbance of behavior or emotional distress may be present in response to life stresses (e.g., parental separations, deaths, births of a sib) but these are brief and interference with functioning is transient. Such children are only minimally disturbing to others who are not considered deviant by those who know them.
<b>70-61</b>	<b>Some difficulty in a single area, but generally functioning pretty well,</b> (e.g., sporadic or isolated antisocial acts, such as occasionally playing hooky or petty theft; consistent minor difficulties with school work, mood changes of brief duration; fears and anxieties which do not lead to gross avoidance behavior; self doubts). Has some meaningful interpersonal relationships. Most people who do not know the child well would not consider him/her deviant but those who do know him/her well might express concern.
<b>60-51</b>	<b>Variable functioning with sporadic difficulties or symptoms</b> in several but not all social areas. Disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not those who see the child in other settings.
<b>50-41</b>	<b>Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area,</b> such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, frequent episodes of aggressive or other antisocial behavior with some preservation of meaningful social relationships.
<b>40-31</b>	<b>Major impairment in functioning in several areas and unable to function in one of these areas,</b> i.e., disturbed at home, at school, with peers, or in the society at large, e.g., persistent aggression without clear instigation; markedly withdrawn and isolated behavior due to either mood or thought disturbance, suicidal attempts with clear lethal intent. Such children are likely to require special schooling and/or hospitalization or withdrawal from school (but this is not a sufficient criterion for inclusion in this category).
<b>30-21</b>	<b>Unable to function in almost all areas,</b> e.g., stays at home, in ward or in bed all day without taking part in social activities OR severe impairment in reality testing OR serious impairment in communication (e.g., sometimes incoherent or inappropriate).
<b>20-11</b>	<b>Needs considerable supervision</b> to prevent hurting other or self, e.g., frequently violent, repeated suicide attempts OR to maintain personal hygiene OR gross impairment in all forms of communication, e.g., severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc.
<b>10-1</b>	<b>Needs constant supervision</b> (24-hour care) due to severely aggressive or self-destructive behavior or gross impairment in reality testing, communication, cognition, affect, or personal hygiene.