

# DSM 5 SUBSTANCE USE DISORDERS

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# What's in a Name?



The very naming of something creates new realities, new situations, and often new problems.

Thomas D. Watts

# What's In a Name?

- “An Odious Disease” Dr. Benjamin Rush, 1784
- The word “alcohol” didn’t come into use until the eighteenth century and was used to designate the intoxicating ingredient in liquor.
- “alcoholism” was first used in 1849 by Dr. Magnus Huss to describe chronic intoxication with physical and social pathology
- A century later the word “alcoholic” was common in the United States

# Slang and Professional Language used to describe a problem with alcohol and the problem drinker

- Drunkard
- Inebriety/Inebriates
- Tipplers
- Intemperance
- Dipsomania (thirst frenzy)
- Drunkard
- Barrel fever
- Alcoholism
- Jellinek's Disease
- Problem Drinker
- Alcoholic
- Problematic alcohol use
- Deviant drinker
- Excessive drinking
- Addiction (from the Latin, "to adore", to surrender oneself)

# The Evolution of the Concepts of Addiction

- The history of diagnoses in the DSM reflects the evolving concept of addiction
- In the DSM the diagnostic decision is binary, they either meet the specific criteria or they do not.
- In reality, symptoms exist more as if on a continuum.

# The Evolution of the Concepts of Addiction

- In the first edition of the DSM in the 1950's, alcoholism and drug addiction were grouped with “sociopathic personality disturbances”
- Signs and symptoms were not described, but instead the idea that addiction came from an “underlying brain or personality disorder”.

# The Evolution of the Concepts of Addiction

- In DSM II (1968) added “subtypes” of alcoholism.
  - ▣ Episodic excessive drinking, habitual excessive drinking, and alcohol addiction.
- In DSM II, drug dependence was expanded to include subcategories.
  - ▣ Specific drug classes and physiological signs of dependence (withdrawal and tolerance)



# The Evolution of the Concepts of Addiction

- 1970's the Feighner criteria are adopted, constructed on research based decision rules
- This was reflected in DSM III, which also included:
  - ▣ The idea of abuse and dependence
  - ▣ The term “alcoholism” was eliminated
  - ▣ Substance use disorders got their own section and were no longer listed under personality disorders

# The Evolution of the Concepts of Addiction

- DSM III, cont.
  - ▣ The idea of a public health model was introduced to explain addiction.
  - ▣ The dependence category required either tolerance or withdrawal (or both) to be present.
  - ▣ Abuse was the presence of drug related problems in the absence of physiological symptoms.

# The Evolution of the Concepts of Addiction

- DSM III-R (1987)
  - ▣ Reflected a growing concept that addiction really involved a broader behavioral syndrome and was not only defined by physical symptomology.
  - ▣ “Abuse” remained as a category for people who never met the “dependence” diagnosis.

# The Evolution of the Concepts of Addiction

- DSM IV (1994)
  - ▣ Over 100 different substance *related* disorders for 12 different classes of drugs.
  - ▣ Dependence was now a “syndrome” involving compulsive use, tolerance or withdrawal.
- DSM IV-R (2000)
  - ▣ Defined substance abuse as meeting any of the four criteria revolving around recurrent problems related to the substance

# The Evolution of the Concepts of Addiction

- DSM IV-R cont.
  - ▣ Dependence has to meet three or more of seven physiological or behavioral criteria. (this left some diagnostic orphans, none of the criteria for abuse and only one or two in the dependence category)
- DSM V
  - ▣ Factor analyses found that the abuse and dependence criteria actually loaded on a single factor and are interrelated with each other.
  - ▣ The term “addiction” is not applied as a diagnostic term, the more neutral term, “substance use disorder” is used to describe the wide range of the disorder.

# American Society of Addiction Medicine, April 2011

- Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

# Substance –Related and Addictive Disorders Changes

- Gambling disorder is added.
- No longer separates the diagnoses of “abuse” and “dependence”.
- Criteria are provided for a “substance use disorder” with severity judged on the number of criteria met. Also included are criteria for:
  - ▣ Intoxication, withdrawal, substance induced disorders, and unspecified substance related disorders.

# Substance –Related and Addictive Disorders Changes

- The DSM IV “recurrent substance related legal problems” is switched out with “craving, or a strong desire or urge to use a substance”.
- A new criteria threshold is in place to establish a substance use disorder...it is now “two or more” criteria. Past abuse was one or more or three or more for dependence.



# Substance –Related and Addictive Disorders Changes

- Cannabis withdrawal and caffeine withdrawal are new disorders.
- The DSM IV specifier for “physiological subtype” is eliminated.
- The DSM IV diagnosis of “polysubstance dependence” is eliminated.

# Substance –Related and Addictive Disorders Changes

- “Early remission” is defined as “at least three months but less than twelve months” without meeting substance use disorder criteria (except for craving).
- “Sustained remission” is defined as at least “twelve months without meeting criteria” (except craving).

# Substance –Related and Addictive Disorders Changes

- Additional Specifiers:
  - “in a controlled environment”, “on maintenance therapy”

# DSM V Criteria for an Substance Use Disorder

- A problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

## Impaired Control

1. Alcohol is often taken in larger amounts or over a longer period than was intended.

# Impaired Control

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2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
4. Craving, or a strong desire or urge to use alcohol.

# Social Impairment

5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.

# Risky Use of the Substance



8. Recurrent alcohol use in situations in which it is physically hazardous.

9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.

# Pharmacological Criteria

10. Tolerance, as defined by either of the following:
  - a. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
  - b. A markedly diminished effect with continued use of the same amount of alcohol.
  
11. Withdrawal, as manifested by either of the following:
  - a. The characteristic withdrawal syndrome for alcohol
  - b. Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms.



# Severity and Specifiers

- Severity is ranges from mild to severe based on the number of symptoms
  - *Mild*: two to three symptoms
  - *Moderate*: four to five
  - *Severe*: six or more
- Course Specifiers:
  - “in early remission”
  - “in sustained remission”
  - “on maintenance therapy”
  - “in a controlled environment”

# Gambling Disorders

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- Term used was “pathological gamblers”
- Pathological gambling was added to the DSM in 1980, the criteria were based on clinical experience.
- Pathological gambling was listed under “impulse control disorders”.

# Gambling Disorders

- DSM-IV criteria was revised to reflect it's similarity to substance dependence.
- The National Comorbidity Study Replication verifies that 74% of persons with a gambling disorder meet criteria for another lifetime disorder.
- DSM-V reclassifies gambling disorders from impulse control problems to “substance related and addictive disorders”.

# Gambling Disorders

- DSM-V officially changes the name from “pathological gambling” to “gambling disorder”.
- Eliminates the criteria: “has committed illegal acts such as forgery, fraud theft or embezzlement to finance gambling”.
- Other changes: “Is preoccupied with gambling” to “Is often preoccupied with gambling”, “Gambles as a way to escape problems” will be “Gambles when feeling distressed”.

# Gambling Disorders

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- DSM V now says that to diagnose a gambling disorder, the criteria are met within a 12 month period. DSM-IV did not specify a time period.

# Gambling Disorder

A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:

1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
2. Is restless or irritable when attempting to cut down or stop gambling.
3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.

# Gambling Disorder

4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed). (former: gambles as a way of escaping from problems...)
6. After losing money gambling, often returns another day to get even (“chasing” one’s losses).

# Gambling Disorder

7. Lies to conceal the extent of involvement with gambling.
  8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
  9. Relies on others to provide money to relieve desperate financial situations caused by gambling.
- B. The gambling behavior is not better explained by a manic episode.



# Gambling Disorder

## Specify if:

Episodic: Meeting diagnostic criteria at more than one time point, with symptoms subsiding between periods of gambling disorder for at least several months.

Persistent: Experiencing continuous symptoms, to meet diagnostic criteria for multiple years.

## Specify if:

In early remission: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met for at least 3 months but for less than 12 months.

In sustained remission: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met during a period of 12 months or longer.

# Gambling Disorder

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Specify current severity:

- Mild: 4–5 criteria met.
- Moderate: 6–7 criteria met.
- Severe: 8–9 criteria met.

# Differential Diagnosis

- Non-disordered gambling. In professional gambling, risks are limited and discipline is central. Social gambling typically occurs with friends or colleagues and lasts for a limited period of time, with acceptable losses.
- Manic episode. Loss of judgment and excessive gambling may occur during a manic episode. In additional diagnosis of gambling disorder should be given only if the gambling behavior is not better explained by manic episodes.

# Differential Diagnosis

- Personality disorders. Problems with gambling may occur in individuals with antisocial personality disorder and other personality disorders. If the criteria are met for both disorders, both can be diagnosed.
- Other medical conditions. Some patients taking dopaminergic medications (e.g., Parkinson's disease) may experience urges to gamble. If such symptoms dissipate when dopaminergic medications are reduced in dosage or ceased, then a diagnosis of gambling disorder would not be indicated.