

Clinically Important changes to criteria sets in DSM-5-TR^a

Listings are in order of appearance in DSM-5-TR.

Disorder and location of change	Changes from original 2013 published version of DSM-5
Intellectual developmental disorder (IDD): Change in Diagnostic Features text	The original DSM-5 text included guidance that to meet the diagnostic criteria for IDD, the deficits in adaptive functioning (Criterion B) must be directly related to the intellectual impairments in Criterion A. This may have been misinterpreted to imply that proper diagnosis requires additional data beyond a careful clinical assessment to establish that both criteria were met. Such a misinterpretation had the potential to limit patients' access to supports and services, including educational services, and increase the potential for deleterious consequences involving the justice system. Consequently, this sentence was not included in the revised text.
Autism spectrum disorder: Criterion A and "Associated with" specifier	<ol style="list-style-type: none"> 1) Criterion A was revised from "as manifested by the following" to "as manifested by all of the following" to clarify meaning. Original phrasing was ambiguous and could have been interpreted as either "manifested by any of the following" (which was not the intent) or "manifested by all of the following" (which was the intended meaning). Such ambiguity could have compromised diagnostic reliability given that the interpretation would depend on the individual clinician's understanding. 2) Specifier "Associated with another neurodevelopmental, mental, or behavioral disorder" was revised to "Associated with a neurodevelopmental, mental, or behavioral problem" to clarify that it is referring to problems rather than disorders. Associated neurodevelopmental, mental, or behavioral <i>disorders</i> should be diagnosed as comorbid conditions.
Substance-medication-induced psychotic/bipolar/depressive/anxiety/obsessive-compulsive/sleep disorder/sexual dysfunction: Criterion B1	Criterion B1, which indicates the temporal context in which the substance-induced symptoms developed, was revised to include "or withdrawal from a medication."
Substance/medication--induced mental disorders: Specifiers for "with onset"	Definition of "with onset after medication use" across substance classes was harmonized to enhance clarity
Other specified schizophrenia spectrum and other psychotic disorder: Examples	"Delusional symptoms in partner of individual with delusional disorder" was replaced with "Delusional symptoms in the context of relationship with an individual with prominent delusions," to underscore that symptoms could arise in a variety of types of interpersonal relationships.
Bipolar I disorder: Criterion B in Bipolar I component of	Criterion B was revised to differentiate manic episodes that are part of schizoaffective disorder (which would not warrant an

<p>criterion set, located after manic episode and major depressive episode components</p>	<p>additional bipolar disorder diagnosis) from manic episodes that are superimposed on a primary psychotic disorder (e.g., schizophrenia) and thus could warrant an additional diagnosis of other specified bipolar disorder if clinically significant.</p>
<p>Bipolar II disorder: Criterion C in Bipolar II component of criteria set, located after hypomanic episode and major depressive episode components</p>	<p>Criterion C was revised to differentiate major depressive episodes that are part of schizoaffective disorder (which would not warrant an additional diagnosis) from major depressive episodes that are superimposed on a primary psychotic disorder (e.g., schizophrenia) and thus could warrant an additional diagnosis of other specified depressive disorder if clinically significant.</p>
<p>Cyclothymic disorder: Criterion B</p>	<p>Criterion B was changed to clarify that that the mood symptoms that need to be present at least half the time during a 2-year period can be subthreshold depressive symptoms, hypomanic symptoms, or some combination of the two.</p>
<p>Substance/medication-induced bipolar and related disorder: Criterion A</p>	<p>Criterion A symptoms were revised to align with Criterion A for a manic episode (abnormally elevated, expansive, or irritable mood and abnormally increased activity and energy), omitting depressive symptoms.</p>
<p>Other specified bipolar and related disorder: Example 5</p>	<p>Example 5 “Manic episode superimposed” [on other mental disorders] was added to reflect revision of Criterion B in bipolar I disorder (see above)</p>
<p>Specifiers for bipolar and related disorders (with anxious distress, with mixed features, with melancholic features, with atypical features, with psychotic features, with catatonia, with peripartum onset): Time frame in description</p>	<p>Descriptions of these specifiers pertaining to mood episodes in Bipolar I and Bipolar II disorder were revised to clarify that they apply to the current mood episode or to the most recent mood episode if the bipolar disorder is in partial or full remission.</p>
<p>Specifiers for Bipolar and related disorder (With anxious distress): Definition</p>	<p>Definition was revised to clarify its applicability to cyclothymic disorder as well as to manic, hypomanic, and major depressive episodes in bipolar I and bipolar II disorder.</p>
<p>Specifiers for bipolar and related disorders (With mood-congruent psychotic features and mood-incongruent psychotic features): Definitions</p>	<p>Specifiers were revised to reflect differences in the typical themes of mood-congruent delusions in manic episodes (grandiosity, invulnerability) vs. major depressive episodes (personal inadequacy, guilt, disease, death, nihilism, or deserved punishment).</p>
<p>Specifiers for bipolar and related disorders (With seasonal pattern): Note</p>	<p>Note was revised, clarifying that the specifier applies to the pattern of manic and hypomanic episodes in addition to major depressive episodes</p>

<p><i>Specifiers for bipolar and related disorder (Severity specifiers):</i> Definitions</p>	<p>Separate severity specifier definitions were provided for manic episodes (adapted from DSM-IV) and major depressive episodes.</p>
<p><i>Major depressive disorder:</i> Criterion D</p>	<p>Criterion D was revised to differentiate major depressive episodes that are part of schizoaffective disorder (which would not warrant an additional depressive disorder diagnosis) from major depressive episodes that are superimposed on a primary psychotic disorder (e.g., schizophrenia) and thus could warrant an additional diagnosis of other specified depressive disorder if clinically significant.</p>
<p><i>Persistent depressive disorder:</i> Criterion E and note</p>	<ol style="list-style-type: none"> 1) The prior requirement in Criterion E that “criteria have never been met for cyclothymic disorder” was removed. 2) The note was revised to indicate that a separate, additional diagnosis of major depressive disorder should be made if criteria for MDD are met at any time during the 2 years of symptoms required for a persistent depressive disorder diagnosis. This allows for separate coding of severity and psychotic features for current major depressive episode superimposed on persistent depressive disorder. 3) Inapplicable specifiers for this diagnosis (i.e., “with mixed features,” “with melancholic features,” “with mood congruent psychotic features,” “with mood-incongruent psychotic features,” “with peripartum onset”) were removed.
<p><i>Other specified and unspecified depressive disorder;</i> <i>Other specified and unspecified anxiety disorder:</i> Definitions</p>	<p>Definition was revised to clarify that presentations of depressive and/or anxiety symptoms that do not meet criteria for a specific depressive or anxiety disorder should be diagnosed as adjustment disorder with depressed mood, adjustment disorder with mixed anxiety and depressed mood, or adjustment disorder with anxiety if the symptoms developed in response to a psychosocial stressor, instead of diagnosing other or unspecified depressive disorder or other or unspecified specified anxiety disorder.</p>
<p><i>Other specified depressive disorder:</i> Examples</p>	<p>Example 4 “Major depressive episode superimposed” [on other mental disorders] was added to reflect revision of Criterion D in major depressive disorder (see above).</p>
<p><i>Specifiers for Depressive Disorders (with anxious distress, with mixed features, with melancholic features, with atypical features, with psychotic features, with catatonia, with peripartum onset):</i> Time frame in description</p>	<p>Descriptions of these specifiers pertaining to mood episodes in major depressive disorder were revised to clarify that they apply to the current major depressive episode or to the most recent major depressive episode if the major depressive disorder is in partial or full remission.</p>
<p><i>Specifiers for Depressive Disorders (with mixed features):</i> Criterion A</p>	<p>Criterion A wording was changed to clarify that manic or hypomanic symptoms must be present for the majority of days during the major depressive episodes, not nearly every day.</p>

<p>PTSD in children 6 years or younger: note below Criterion A</p>	<p>Note to Criterion A excluding events witnessed only on electronic media, television, movies, or pictures was removed, as it was redundant with Criterion A2 requirement that witnessing traumatic events occurring to others must be in person.</p>
<p>Adjustment Disorder: Criterion D and specifiers</p>	<p>1) Criterion D was revised to exclude cases that meet diagnostic criteria for prolonged grief disorder. 2) Specifiers were added for “acute” and “persistent (chronic)” severity.</p>
<p>Other specified trauma- and stressor-related disorder: Examples</p>	<p>Example 3, “persistent response to trauma with PTSD-like symptoms” was added and, with the addition of prolonged grief disorder to the chapter, Example 5 (“persistent complex bereavement disorder”) was deleted.</p>
<p>Other specified somatic symptom and related disorder: Examples</p>	<p>In example 3, “Illness anxiety disorder without excessive health-related behaviors” was replaced with “Illness anxiety disorder without excessive health-related behaviors or maladaptive avoidance”; the original example would have met Criterion D for illness anxiety disorder, which requires either excessive health-related behaviors or maladaptive avoidance.</p>
<p>Avoidant/restrictive food intake disorder: Criteria A</p>	<p>Criterion A was revised to clarify intended meaning so as to allow the diagnosis to be made in the absence of a persistent failure to meet appropriate nutritional and/or energy need, which would not apply in cases in which the eating or feeding disturbance is associated with marked interference with psychosocial functioning.</p>
<p>Insomnia disorder: Specifiers indicating comorbidities</p>	<p>Specifier wording indicating comorbidities was revised for consistency with those used for hypersomnolence disorders (“with mental disorder,” “with medical condition,” and “with another sleep disorder”).</p>
<p>Narcolepsy: Subtypes and specifiers for current severity</p>	<p>1) Subtypes were revised to correspond with the <i>International Classification of Sleep Disorders, Third Edition (ICSD)</i>: Narcolepsy with cataplexy or hypocretin deficiency (type 1); Narcolepsy without cataplexy and either without hypocretin deficiency or hypocretin unmeasured (type 2); Narcolepsy with cataplexy or hypocretin deficiency due to a medical condition; and Narcolepsy without cataplexy and without hypocretin deficiency due to a medical condition. 2) Severity specifiers were revised to be based on a need for naps/sleepiness during the day, degree of nocturnal sleep disturbance, and frequency of cataplexy.</p>
<p>Nightmare disorder: Specifiers</p>	<p>Specifier wording indicating comorbidities was revised to be consistent with those in hypersomnolence disorder (with mental disorder, with medical condition, and with another sleep disorder).</p>
<p>Gender dysphoria: Specifiers</p>	<p>Terminology in posttransition specifier definition was updated to reflect currently preferred phrasing (e.g., “desired gender” changed to “experienced gender,” “cross-sex” changed to “gender affirming,” “natal male” and “natal female” changed to</p>

	“individual assigned male at birth” and “individual assigned female at birth,” respectively).
Delirium: Criterion A	“Reduced orientation to the environment” was removed from criterion A to avoid overlap with the inclusion of “disorientation” as an example of a Criterion C symptom.
Major Neurocognitive Disorder^b: Subtypes, specifiers, coding notes, and coding and recording procedures	<ol style="list-style-type: none"> 1) New etiological subtype for “unknown etiology” added 2) New codable symptom specifiers for major neurocognitive disorder added: with agitation; with anxiety; with mood symptoms; with psychotic disturbance; with other behavioral or psychological disturbance (e.g., apathy); without accompanying behavioral or psychological disturbance. If more than one symptom specifier is applicable, each are coded. 3) Coding and recording procedures revised to reflect change in ICD-10-CM coding 4) Major and mild neurocognitive disorders coding table revised throughout.
Mild Neurocognitive Disorders^b: Subtypes, specifiers, coding notes, and coding and recording procedures	<ol style="list-style-type: none"> 1) New etiological subtype for “unknown etiology” added 2) New codable symptom specifiers: with behavioral disturbance, without behavioral disturbance 3) Coding note was added recommending that the presence of clinically significant psychiatric symptoms occurring in the context of mild neurocognitive disorder (e.g., delusions) be indicated by a comorbid diagnosis of a mental disorder (e.g., psychotic disorder) due to the same medical conditions causing the neurocognitive disorder. 4) Coding and recording procedures revised to reflect change in ICD-10-CM coding 5) Major and mild neurocognitive disorders coding table revised throughout.
Major or Mild Neurocognitive Disorder due to Traumatic Brain Injury: Criterion B4	Examples of neurological signs indicative of traumatic brain injury were revised to reflect the most recent science.
<p><i>Note:</i> Refer to DSM-5-TR for complete information.</p> <p>^aSome changes noted were made during the DSM-5 iterative revision process following the publication of DSM-5 in 2013. They were included in the online version of DSM-5 and are integrated into DSM-5-TR.</p> <p>^bThese developments are effective October 1, 2022. A summary of these and other updates are provided in the DSM-5-TR Update (https://psychiatry.org/getmedia/34c43e15-2618-4d2b-9f67-6bef5c40f75a/APA-DSM5TR-Update-September-2022.pdf), and specific DSM-5-TR extracts showing all neurocognitive disorder (NCD) changes in the book are available in the NCD Supplement (https://dsm.psychiatryonline.org/).</p>	