Proposed changes for DSM-5: Are they clinically useful?

In this issue, we include 2 articles on skin picking disorder (SPD), a new entry in DSM-5. After conducting a field trial of SPD, Christine Lochner, PhD, and coauthors conclude the proposed DSM-5 criteria are clinically useful. Ivar Snorrason, MA, and colleagues—including ANNALS Editorial Board member Dan J. Stein, MD, PhD—report results from an internet survey showing that SPD often is comorbid with other body-focused repetitive behaviors such as hair-pulling disorder (trichotillomania).

Although I have commented on DSM-5 and the complex and ungainly scheme designed for personality disorders, recently I have immersed myself in the new manual. Jon E. Grant, JD, MD, MPH, and I are coauthoring the DSM-5 Guidebook for American Psychiatric Publishing, which will be available in May 2013. Having studied www.dsm5.org and materials provided by the American Psychiatric Association (APA), I am pleased to report that most of the proposed changes are sensible and well reasoned, although some proposed changes are not, and it is unclear whether they will stand after DSM-5 is approved by the APA Assembly and the Board of Trustees. One of these changes is a new category for obsessive-compulsive and related disorders. Among the proposed disorders is excoriation (skin picking) disorder, a condition characterized by repeated picking at one’s skin that leads to significant adverse consequences such as scarring and disfigurement.

The next American Academy of Clinical Psychiatrists meeting, held in conjunction with Current Psychiatry, is set for April 4 to 6, 2013 at Swissôtel Chicago. “Psychiatry Update 2013: Solving Clinical Challenges, Improving Patient Care” will focus on depression, dementia, antipsychotics, substance use disorders, and suicide, along with other topics, many suggested by attendees.

Also in this issue, in a double-blind, placebo-controlled pilot study, Richelle Moen, PhD, and colleagues—including ANNALS Editorial Board member S. Charles Schulz, MD—show that a condensed version of dialectical behavior therapy with divalproex or placebo benefitted borderline personality disorder patients. Daniel F. Connor, MD, and his contributor concluded that in children and adolescents disruptive behavior disorders with negative mood could be distinguished from juvenile bipolar disorder. In a small open-label trial, Stuart J. Lee, BA, DPsych, and colleagues reported that quetiapine extended release reduced aggression and psychopathology in patients with psychosis and acute behavioral disturbance.

I coauthored a report with my colleagues on the prevalence of pathological gambling in Iowa, which has not continued to climb with the expansion of gambling opportunities because people adapt to its presence. Howard Shaffer, PhD, CAS, predicted this outcome, which is why we subtitle the article “Revisiting Shaffer’s adaptation hypothesis.” David Castle, MSc, MD, FRCPsych, FRANZCP, and colleagues show that varenicline in combination with a healthy lifestyles intervention helped patients with psychotic disorders stop smoking. Previously, many of us would have scoffed at the idea of promoting smoking cessation in these patients because it would strike us as futile. Apparently, the patients have proved us wrong!

Mohamedlatif Saiyad, MD, and Rif S. El-Mallakh, MD, report that smokers with bipolar disorder carry a greater symptom burden although the nature of the relationship is unclear. If we could get patients to stop smoking, would their symptoms improve?

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