DSM 5
Opioid – Related Disorders

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Opioids

- A classification of drugs derived from the opium plant.
- Common opioids:
  - Morphine
  - Heroin
  - Codeine
  - Fentanyl
  - Vicodin
  - Dilaudid, etc.
Heroin use is increasing and prescription opioid abuse has become epidemic.
7.5 million scripts written in 1991 to 209.5 million written in 2010 (NIDA, 2011).
“One person dies every 19 minutes from prescription drug use.” (Straussner, 2014)
Making a Diagnosis

- Avoid the rush to certainty
- It’s a process not an event
- It’s an art as well as a science
- It’s a “search for the locus of pain”
DSM IV TR
What is in DSM?

- It contains criteria, descriptions, symptoms and other signs for diagnosing mental disorders
- Its purpose is to ensure that a diagnosis is both accurate and reliable
- It offers no recommendation on the preferred course of treatment
History of DSM

- 1952 – DSM I
- 1968 – DSM II
- 1980 – DSM III
- 1987 – DSM III-R Revised
- 1994 – DSM IV
- 2000 – DSM IV-TR
- May, 2013 – DSM 5
The History
History of DSM

- **Psychological**
  - DSM I & II
  - Why? Cause?

- **Etiology**
  - The etiology of a disorder is what causes it. Many disorders have multiple etiologies, which can be different in each client even though they have the same disorder

- **Descriptive**
  - DSM III & IV & V
  - Signs, symptoms, what is happening
Limitation

- DSM IV is a categorical system
- Categorical diagnoses have only 2 values
  - Positive – Pt has the dx
  - Negative – Pt does not
- Categorical systems have construct validity problems because they don’t/can’t capture the clinical complexity of a patient’s experience
Limitation

There are real world challenges with categorical systems

- Categorical systems do not always fit with the range of symptoms of a specific client
  - Client with schizophrenia can have several other symptoms not included in the criteria set
    - Depression, anxiety, insomnia, suicidal ideation,
  - There was no way to directly assess the level or severity of these other symptoms (dimensions)
  - So, Dimensional Assessments were added in DSM 5
The Final Document
Changes in DSM 5

- Abuse/Dependence gone
- Replaced by:
  - Alcohol Use Disorders
  - Cocaine Use Disorders
  - Opioid Use Disorders
- Criteria set are similar but expanded to 11. Must have 2 in 12 month period
The 3 Sections of DSM 5

- **Section 1**
  - Introduction on use
- **Section 2**
  - The 20 Chapters of categorical Disorders
- **Section 3**
  - Conditions that require further research
The 20 Chapters

- Neurodevelopmental Disorders
- Schizophrenia Spectrum and other Psychotic Disorders
- Bipolar and Related disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
The 20 Chapters

- Trauma and Stressor Related Disorders
- Dissociative Disorders
- Somatic Symptom Disorders
- Feeding and Eating Disorders
- Elimination Disorders
- Sleep-Wake Disorders
- Sexual Dysfunctions
- Gender Dysphoria
The 20 Chapters

- Disruptive, Impulse Control and Conduct Disorders
- Substance Use and Addictive Disorders
- Neurocognitive Disorders
- Personality Disorders
- Paraphillic Disorders
- Other Disorders
Chapter Sequence

- DSM 5 Chapters are broad categories
- Each category describes related disorders in developmental lifespan sequence
  - Childhood, Adolescence, Adulthood and later life
- The rationale is to advance the understanding of the relationship between diagnoses
Substance Use Dis. vs. Substance Induced Dis.

- SID:
  - Intoxication
  - Withdrawal
  - Other substance/med. induced mental disorders
DSM5: Opioid-Related Dis.

- Opioid use dis.
- Opioid intoxication
- Opioid withdrawal
- Other opioid-induced dis.
- Unspecified opioid-related dis.
Opioid Use Disorder

Diagnostic Criteria:
1. Opioids taken in larger amounts than intended
2. Unsuccessful efforts to control use
3. Time spent acquiring/recovering from opioids
4. Craving to use
5. Recurrent use despite adverse effect on work/home
6. Use despite recurrent interpersonal problems
7. Important social/occupational/recreational activities given up
8. Use where physically hazardous
Opioid Use Disorder (cont.)

9. Using despite awareness of its adverse physical/psychological consequences
10. Tolerance (either):
   a. Need higher dose overtime
   b. Markedly diminished effect by same dose
(Tolerance is not met if taking meds under medical supervision.)
11. Withdrawal manifested by (either):
   a. Classic opioid withdrawal symptoms
   b. Opioids (or similar) used to avoid withdrawal
(Withdrawal is not met if taking meds under medical supervision.)
Opioid-Related Dis.

- Level of severity:
  - Mild (2-3): 305.50, F11.10
  - Moderate (4-5): 304.00, F11.20
  - Severe (6+): 304.00, F11.20
Opioid-Related Dis.

Specifiers:

● In early remission
  – No criteria met for 3 months but less than 12

● In sustained remission
  – No criteria met for 12 months except “craving”

● On maintenance therapy
  – Suboxone, methadone

● In controlled environment
Questions?
Thank You For Your Participation and Attendance!

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