

**“L’Electronic Medical Record nelle Dipendenze e nei Disordini Psichiatrici. Le nuove prospettive per la gestione dei pazienti e la ricerca scientifica con la piattaforma mFp professional 6.0”**

**Roma 28.05.2014**

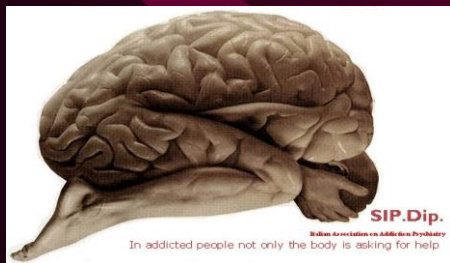
# **L’ADEGUAMENTO DELLE DIAGNOSI DI DIPENDENZA AL NUOVO DSM5**

**Massimo Clerici**

**DCMT, Università degli studi  
di Milano Bicocca**

**AO San Gerardo, Monza**

**SIP.Dip, sezione speciale SIP**



# “Dual Diagnosis” concept is clinically inadequate but useful

- High rates of patients comorbid for  $\square 3$  *lifetime disorders* (approximately 15%)
- Many patients have  $\square 3$  *current diagnoses*, including other medical conditions
- Therefore, popularization of “dual diagnosis” concept has led to:
  - oversimplification
  - increased recognition



Kessler et al., Arch Gen Psychiatry, 1994;51(1):8-19

**“Comorbidità”, ...“Doppia Diagnosi”, ...“non diagnosi”...  
“nuove diagnosi”... nella  
stragrande maggioranza dei  
casi, una... “clinica della  
confusione”**

- Patomorfosi eterogenea
- Quadri sovrapposti, quadri misti
- Stati misti, cicli rapidi, depressione agitata, mania disforica
- Associazioni spurie o composite di sintomi e decorsi imprevedibili
- Effetti acuti di intossicazione o di astinenza e/o di cronicizzazione
- Influenza dei trattamenti sostitutivi, off-label o delle condizioni organiche in comorbidità



**La DD si configura  
come un potente  
“disorganizzatore  
nosografico” con  
alterazioni della  
processualità  
temporale dei disturbi  
mentali classicamente  
descritti (acuzie,  
cronicità, ciclicità,  
remissione,  
scompenso, ricaduta)**

# Stabilità del Disturbo, instabilità della diagnosi?

## AD ESEMPIO, AD 1 ANNO DI FOLLOW-UP:

- 44.3% mantengono la diagnosi di DCS
- 40.2% hanno un disturbo dell'umore/d'ansia attuale
- 66% mantengono la loro diagnosi di Asse II



Verheul et al, (2000) Axis I and Axis II disorders in alcoholics and drug addicts: fact or artifact? J. Stud Alcohol 61, 101-110

# Abusi e Dipendenze nel DSM-IV e ICD-10: sistemi di classificazione in evoluzione

## ICD-10: il sistema per la codificazione

- Le condizioni di abuso e dipendenza vengono classificate nel gruppo diagnostico denominato "Disturbi mentali e comportamentali dovuti all'uso di sostanze psicoattive"
- Prevedono, per ogni sostanza, 9 sottoclassi descrittive delle caratteristiche del quadro clinico (intossicazione acuta, uso dannoso, dipendenza, astinenza, ecc.)
- Vengono inquadrare sulla base di un principio eziopatogenetico, dove l'assunzione di sostanze è primaria e il disturbo psicopatologico secondario

**CRITICHE:** ICD-10 stabilisce a priori un nesso di causalità; l'abuso/dipendenza non viene considerato di per se stesso come disturbo psichiatrico indipendente

## DSM IV-TR: il sistema più usato in campo di ricerca

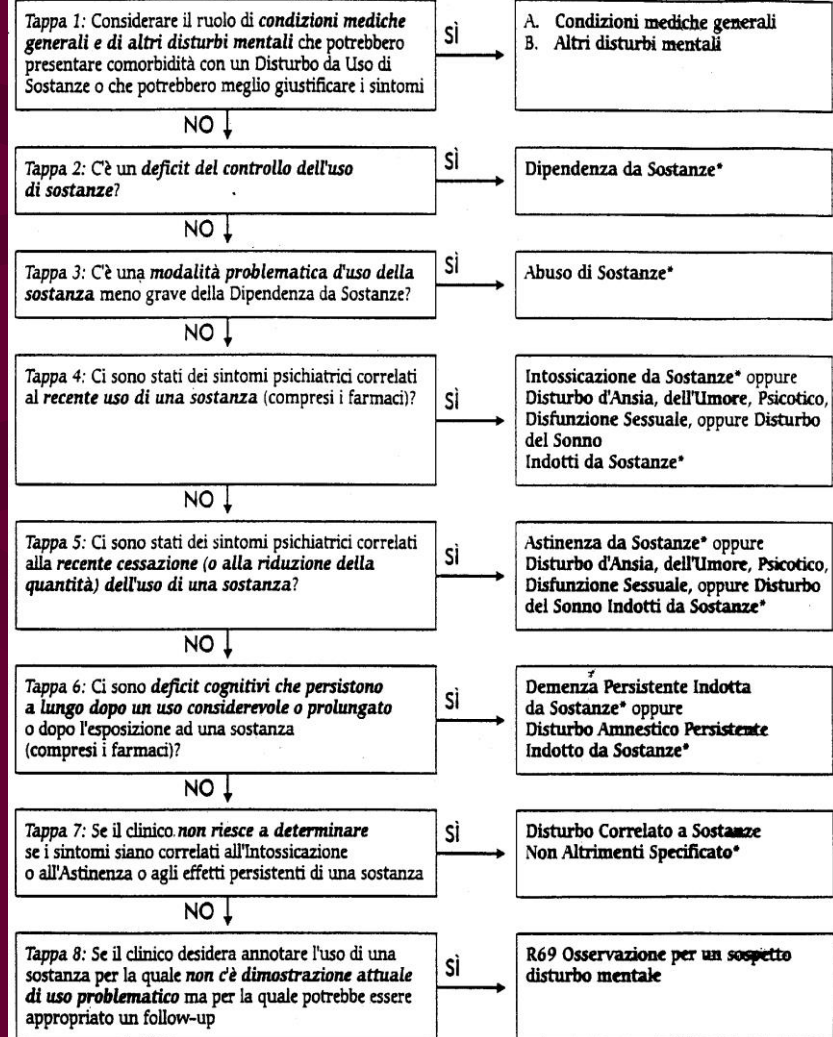
- Disturbi da uso di sostanze (**abuso, dipendenza**)
- Disturbi indotti da sostanze (**intossicazione, astinenza, disturbi sindromici secondari**)
- Entrambi questi tipi di disturbo possono coesistere con qualsiasi altro disturbo di asse I

**CRITICHE:** DSM IV-TR finisce per avere un approccio eccessivamente medico e psichiatrico: tende, inoltre, a produrre diagnosi multiple

# Criteri DSM-IV-TR

- In questi anni **abuso e dipendenza** si sono caratterizzate in quanto categorie diagnostiche:
  - + distinte
  - + mutuamente esclusive
  - + orientate da una gerarchia interna
  - + gerarchicamente prioritarie rispetto alle altre diagnosi

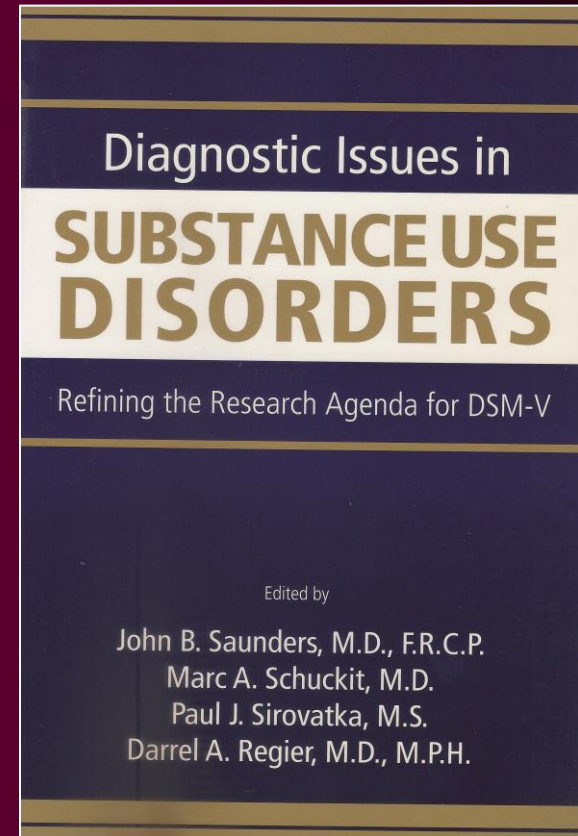
## Algoritmo dell'Uso Problematico di Sostanze

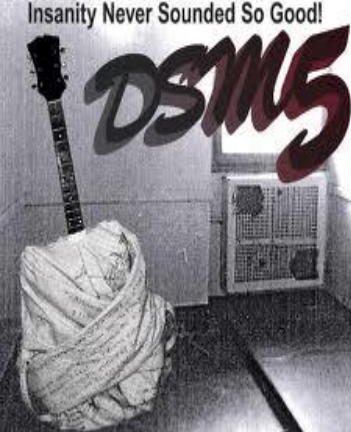




# DSM-5 Criteria for Substance Use Disorders: Recommendations and Rationale

- Since DSM-IV was published in 1994, its approach to substance use disorders has come under scrutiny. Strengths were identified (notably, reliability and validity of dependence), but concerns have also arisen. The DSM-5 Substance Related Disorders Work Group considered these issues and recommended revisions for DSM-5 (Saunders et al, 2011)





## Reviews and Overviews

### *Mechanisms of Psychiatric Illness*

# DSM-5 Criteria for Substance Use Disorders: Recommendations and Rationale

TABLE 1. DSM-5 Substance-Related Disorders Work Group<sup>a</sup>

Name	Degree(s)	Specialization	Country
Charles O'Brien (chair) <sup>b</sup>	M.D., Ph.D.	Addiction psychiatry	USA
Marc Auriacombe	M.D.	Addiction psychiatry	France
Guilherme Borges	Sc.D.	Epidemiology	Mexico
Kathleen Bucholz	Ph.D.	Epidemiology	USA
Alan Budney	Ph.D.	Substance use disorder treatment, marijuana	USA
Wilson Compton <sup>b</sup>	M.D., M.P.E	Epidemiology, addiction psychiatry	USA
Thomas Crowley <sup>c</sup>	M.D.	Psychiatry	USA
Bridget F. Grant <sup>b</sup>	Ph.D., Ph.D.	Epidemiology, biostatistics, survey research	USA
Deborah S. Hasin	Ph.D.	Epidemiology of substance use and psychiatric disorders	USA
Walter Ling	M.D.	Addiction psychiatry	USA
Nancy M. Petry	Ph.D.	Substance use and gambling treatment	USA
Marc Schuckit	M.D.	Genetics and comorbidity	USA

<sup>a</sup> In addition to the scientists listed here who were members during the entire duration of the process, a list of consultants and advisers who served on various subcommittees and contributed substantially to the discussion is contained in the official publication of DSM-5.

<sup>b</sup> Also a DSM-5 Task Force member.

<sup>c</sup> Co-chair, 2007–2011.

Need a  
new plan?





# Il disturbo da uso di sostanze dal DSM-IV al DSM-5: un dibattito decisamente acceso ed aperto...

## Addiction

**LANGUAGE-USE DISORDER: COMMENT ON DSM-V'S PROPOSED 'ADDICTION AND RELATED DISORDERS' AND CHARLES O'BRIEN'S 'ADDICTION AND DEPENDENCE IN DSM-V'**

DAVID T. COURTWRIGHT

Article first published online: 8 APR 2011

DOI: 10.1111/j.1360-0443.2010.03285.x

© 2011 The Authors, Addiction © 2011 Society for the Study of Addiction

Issue

Psychol Med. 2011 Sep;41(9):2008-10. doi: 10.1017/S0033291711000717. Epub 2011 May 6.

**The proposed 2/11 symptom algorithm for DSM-5 substance-use disorders is too lenient.**

Martin CS, Steinley DL, Vergés A, Sher KJ.

Volume 72, 2011 > Issue 4: July 2011

JOURNAL OF STUDIES ON ALCOHOL AND DRUGS

**CORRESPONDENCE: Hazardous Use Should Not Be a Diagnostic Criterion for Substance Use Disorders in DSM-5 [OPEN ACCESS]**

Christopher S. Martin, Kenneth J. Sher, Tammy Chung

Volume 73, 2012 > Issue 4: July 2012

JOURNAL OF STUDIES ON ALCOHOL AND DRUGS

**"The Evil Genius of the Habit": DSM-5 Seen in Historical Context [OPEN ACCESS]**

Griffith Edwards

## Addiction

**NEW AND REMAINING PROBLEMS WITH DSM-V**

AMBROS UCHTENHAGEN

Issue

Article first published online: 8 APR 2011

DOI: 10.1111/j.1360-0443.2010.03328.x

© 2011 The Authors, Addiction © 2011 Society for the Study of Addiction



# DSM-5 Criteria for Substance Use Disorders: Recommendations and Rationale



**General concerns included whether...**

- (1) to retain the division into two main disorders (dependence and abuse),**
- (2) substance use disorder criteria should be added or removed,**
- (3) an appropriate substance use disorder severity indicator could be identified.**

*Specific issues included possible addition of withdrawal syndromes for several substances, alignment of nicotine criteria with those for other substances, addition of biomarkers and inclusion of nonsubstance, behavioral addictions*

# DSM-5 Criteria for Substance Use Disorders: Recommendations and Rationale

The American Journal of Psychiatry, VOL. 170, No. 8

REVIEWS AND OVERVIEWS | August 01, 2013

## *DSM-5 Criteria for Substance Use Disorders: Recommendations and Rationale*

Deborah S. Hasin, Ph.D.; Charles P. O'Brien, M.D., Ph.D.; Marc Auriacombe, M.D.; Guilherme Borges, Sc.D.; Kathleen Bucholz, Ph.D.; Alan Budney, Ph.D.; Wilson M. Compton, M.D., M.P.E.; Thomas Crowley, M.D.; Walter Ling, M.D.; Nancy M. Petry, Ph.D.; Marc Schuckit, M.D.; Bridget F. Grant, Ph.D.

*Am J Psychiatry* 2013;170:834-851. 10.1176/appi.ajp.2013.12060782



(1) ..to retain the division into two main disorders (dependence and abuse)...

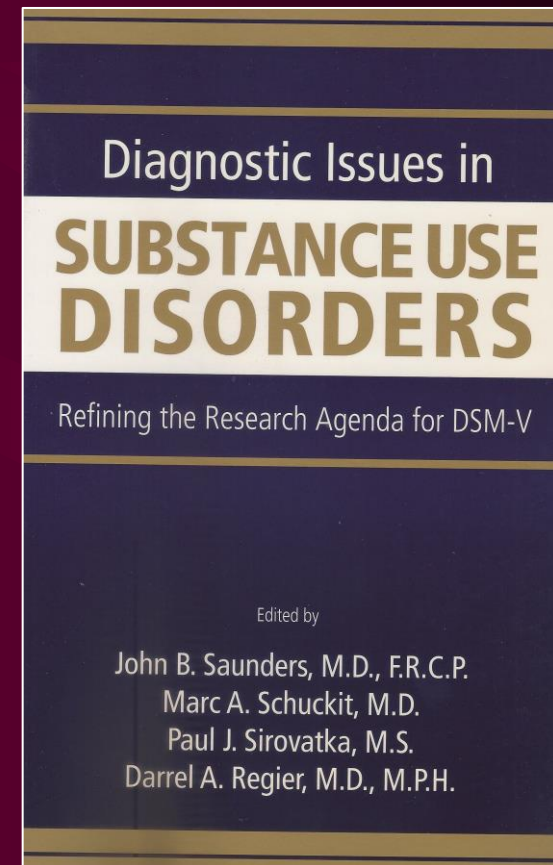
The work group recommendations for DSM-5 revisions included **combining abuse and dependence criteria into a single substance use disorder** based on consistent findings from over 200,000 study participants. The proposed changes overcome many problems, while further studies will be needed to address issues for which less data were available

# DSM-5 Criteria for Substance Use Disorders: Recommendations and Rationale

(2) ..substance use disorder criteria should be added or removed...

## The work group recommendations:

- dropped legal problems,
- added craving as criteria,
- added cannabis and caffeine withdrawal syndromes,
- aligning tobacco use disorder criteria with other substance use disorders,
- moved gambling disorders to the chapter formerly reserved for substance-related disorders



# **La gravità del disturbo tra l'approccio categoriale-gerarchico e quello dimensionale**



**(3) ...an appropriate substance use disorder severity indicator could be identified...**

- 2-3 criteri = disturbo lieve**
- 4-5 criteri = disturbo moderato**
- 6 o più criteri = disturbo severo**

# Perché almeno due criteri per la diagnosi?

Un numero rilevante di soggetti, sulla base dei criteri del DSM-IV (e IV-TR), rimanevano privi di diagnosi, in quanto non soddisfacevano alcun criterio per l'abuso di sostanze e avevano non più di due criteri positivi per la dipendenza:

**i cosiddetti “*diagnostic orphans*”**





## Drug and Alcohol Dependence

Volume 96, Issues 1–2, 1 July 2008, Pages 187–191



Short communication

### Diagnostic orphans for alcohol use disorders in a treatment-seeking psychiatric sample

Lara A. Ray<sup>a</sup>, , , Robert Miranda Jr.<sup>a</sup>, Iwona Chelminski<sup>b</sup>, Diane Young<sup>b</sup>, Mark Zimmerman<sup>b</sup>

<sup>a</sup> Center for Alcohol and Addiction Studies, Brown University, Providence, RI, USA

<sup>b</sup> Department of Psychiatry and Human Behavior, Brown Medical School, Providence, RI, USA



# The Five-Year Diagnostic Utility of “Diagnostic Orphans” for Alcohol Use Disorders in a National Sample of Young Adults\*

THOMAS C. HARFORD, PH.D., HSIAO-YE YI, PH.D.,<sup>†</sup> AND BRIDGET F. GRANT, PH.D., PH.D.<sup>†</sup>

*CSR, Incorporated, Alcohol Epidemiologic Data System, 2107 Wilson Boulevard, Suite 1000, Arlington, Virginia 22201*

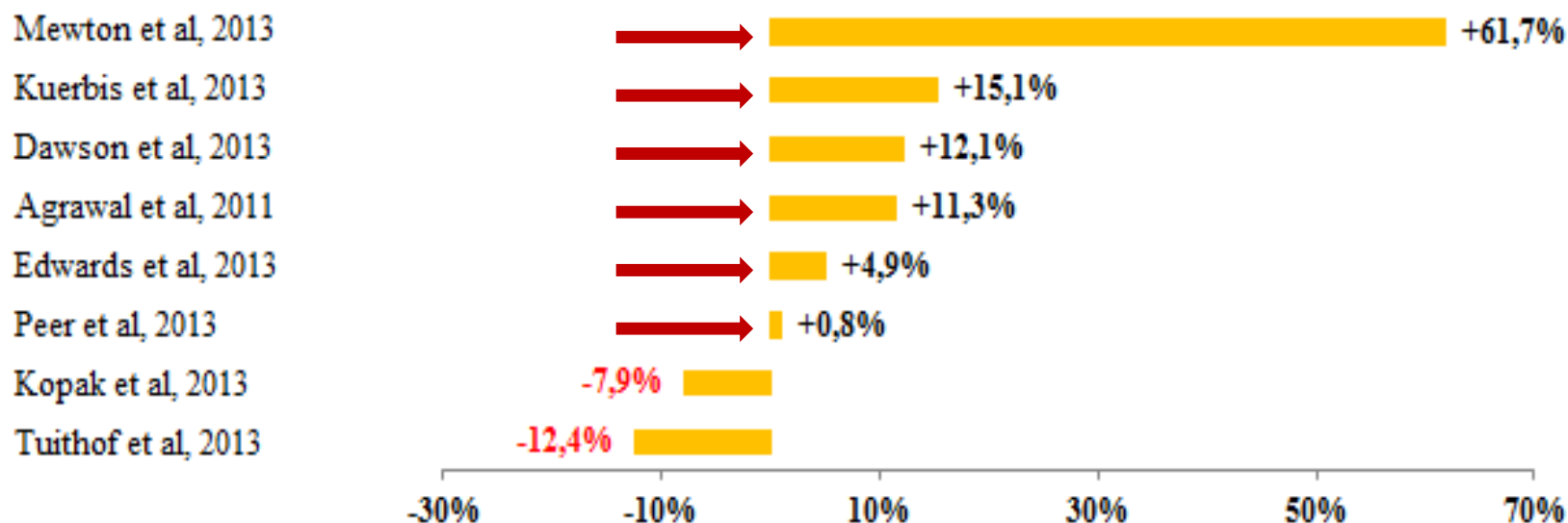
Ad esempio, i “*diagnostic orphans*” da disturbo da uso di alcol (2 criteri per dipendenza e nessun criterio per abuso) hanno, in un follow-up a 5 anni, un rischio 3 volte maggiore di sviluppare una diagnosi di abuso e 4 volte maggiore di sviluppare dipendenza da alcol

# Dal DSM-IV al DSM-5: alcuni confronti epidemiologici

## a) Alcohol use disorder: DSM-5 vs DSM-IV

Differenze nei tassi di prevalenza tra DSM-5 e DSM-IV

$$\Delta = [(\% \text{DSM-5} - \% \text{DSM-IV}) / \% \text{DSM-IV}] \%$$

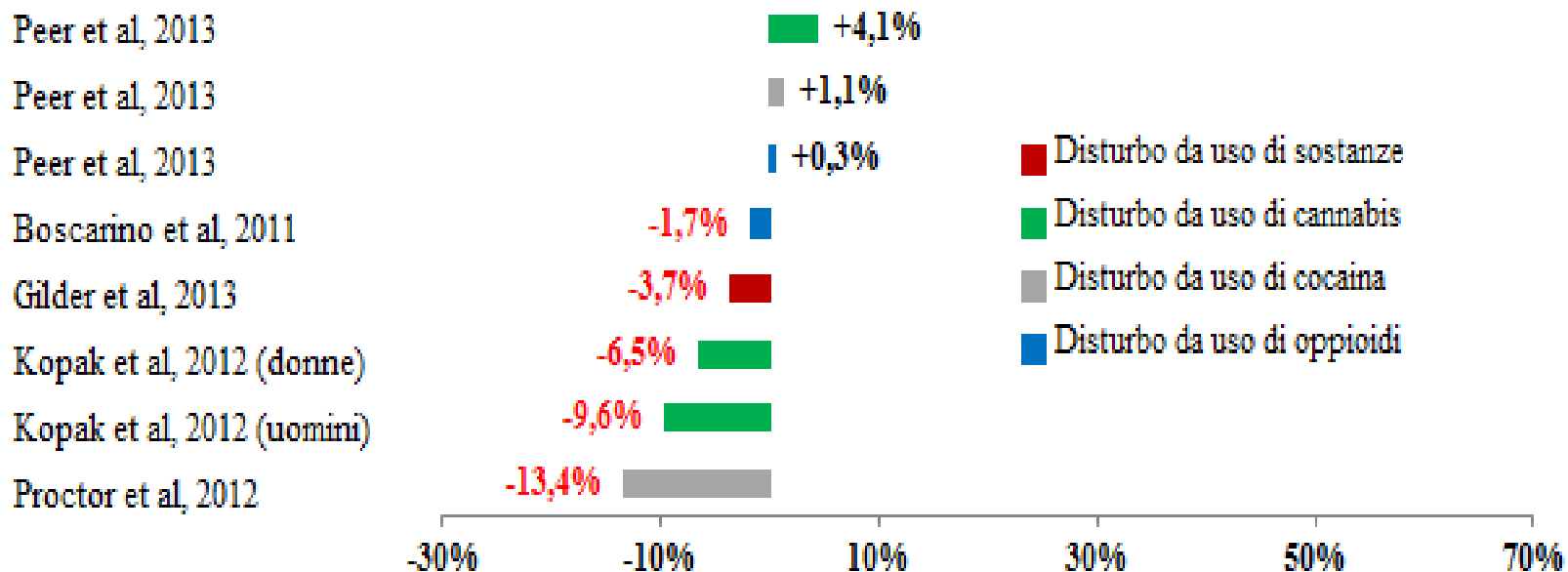


# Dal DSM-IV al DSM-5: alcuni confronti epidemiologici

## b) Substance use disorder: DSM-5 vs DSM-IV

Differenze nei tassi di prevalenza tra DSM-5 e DSM-IV

$$\Delta = [(\% \text{DSM-5} - \% \text{DSM-IV}) / \% \text{DSM-IV}] \%$$



# **Dal DSM-IV al DSM-5: il confronto epidemiologico**

**+ Dal punto di vista epidemiologico, le prime evidenze sui nuovi criteri del DSM-5 sembrano implicare un incremento delle diagnosi riguardanti il disturbo da uso di alcol ed un lieve decremento dei disturbi da uso di sostanze. Tali risultati necessitano in ogni caso di ulteriori studi**



**+ E' altresì necessario verificare se tali variazioni epidemiologiche possano essere valide anche per i soggetti più "vulnerabili" affetti da disturbi mentali gravi, per esempio schizofrenia, disturbo bipolare, disturbo depressivo maggiore...**



## DSM-5 “**Substance-Related and Addictive Disorders**”

- Nella IV versione del DSM la diagnosi di “**dipendenza**” é stata:
  - erroneamente applicata a quel disturbo mentale caratterizzato dall'assunzione compulsiva di sostanze (ovvero, la vera e propria “**addiction**”)
  - derivata dall'impiego (già in uso da parte di medici e farmacologi) di un termine finalizzato a descrivere lo **stato di tolleranza** che si verifica in seguito all'assunzione ripetuta di farmaci/sostanze psicoattive e la **conseguente astinenza** attivata nel momento in cui il farmaco o la sostanza sono bruscamente interrotti

# DSM-5 Criteria for Substance-Related and Addictive Disorders

The word **addiction** is not applied as a diagnostic term in this classification, although it is common usage in many countries to describe severe problems related to compulsive and habitual use of substances.

The more neutral term **substance use disorder** is used to describe the wide range of the disorder, from a mild form to a severe state of chronically relapsing, compulsive drug taking. The word addiction is omitted from the official DSM-5 substance use disorder diagnostic terminology because of this uncertain definition and its potentially negative connotation.

ICD-10-CM codes for substance use disorders can be used only in the absence of a substance-induced disorder



# From DSM IV-TR to DSM-5 criteria

## CRITERI DIAGNOSTICI “Substance-Related and Addictive Disorders”

### ❑ **Abuso**

- Uso ripetuto in situazioni rischiose
- Problematiche sociali / relazionali correlate all'uso
- Incapacità ad adempiere ai principali compiti
- ~~Problematiche legali~~

### ❑ **Dipendenza**

- Astinenza
- Tolleranza
- Uso per periodi prolungati ed in quantità maggiori
- Tentativi di ridurre o controllare l'uso
- Grande quantità di tempo dedicato all'uso
- Problematiche di natura fisica o psicologica
- Interruzione di attività a causa dell'uso
- **Craving**

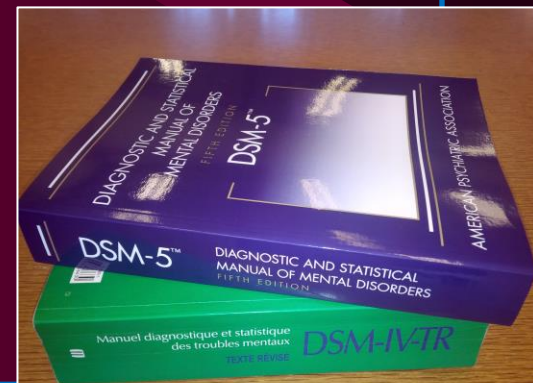


# From DSM IV-TR to DSM-5 criteria

## CRITERI DIAGNOSTICI DISTURBO DA USO DI SOSTANZE

- Uso ripetuto in situazioni rischiose
- Problematiche sociali / relazionali correlate all'uso
- Incapacità ad adempiere ai principali compiti
- Astinenza
- Tolleranza
- Uso per periodi prolungati e in quantità maggiori
- Tentativi di ridurre o controllare l'uso
- Grande quantità di tempo dedicato all'uso
- Problematiche di natura fisica o psicologica
- Interruzione di attività a causa dell'uso

**Craving**



# DIAGNOSTIC QUESTIONS

## Should Any Diagnostic Criteria Be Dropped?

The “legal problems criterion”:

- - very low prevalence
- - poor discrimination power
- - poor fit with other substance use disorder criteria
- - little added information in item response theory analyses



**Legal problems criterion was excluded from DSM-5 diagnostic criteria**

# DIAGNOSTIC QUESTIONS

## Should Any Criteria Be Added?

**The craving criterion (=a strong desire or urge to use the substance, or such a strong desire to use that one couldn't think of anything else)**

*“...Criterion-level IRT analyses of the DSM-IV and DSM-5 criteria provide some support for the addition of the craving criterion. The **craving criterion** was found to have very high discrimination, indicating that it provides a high level of information regarding the underlying trait of interest...”*

Practice  
Guideline  
for the  
Treatment of Patients With  
Substance Use Disorders  
Alcohol, Cocaine, Opioids



### Addiction

RESEARCH REPORT

doi:10.1111/j.1360-0443.2010.03340

## An evaluation of the proposed DSM-5 alcohol use disorder criteria using Australian national data

Louise Mewton<sup>1</sup>, Tim Slade<sup>1</sup>, Orla McBride<sup>2</sup>, Rachel Grove<sup>1</sup> & Maree Teesson<sup>1</sup>

National Drug and Alcohol Research Centre, University of New South Wales, Sydney, Australia<sup>1</sup> and Department of Psychology, Division of Population Health Sciences, Royal College of Surgeons in Ireland, Dublin, Ireland<sup>2</sup>

# Should Any Criteria Be Added?

Psychol Med. 2011 Mar;41(3):629-40. doi: 10.1017/S003329171000053X. Epub 2010 May 12.

## **Alcohol craving and the dimensionality of alcohol disorders.**

Keyes KM, Krueger RF, Grant BF, Hasin DS.

New York State Psychiatric Institute, New York, NY 10032, USA.

	With craving	Without craving	
	N=203	N=1799	
	% (SE)	% (SE)	OR1 (95% C.I.) <sup>*</sup>
Used treatment services for alcohol problems in the past year (% , SE)	31.2 (3.79)	10.2 (0.90)	3.25 (2.09–5.04)
Alcohol dependence prior to the past year (% , SE)	76.9 (3.46)	23.1 (3.52)	4.07 (2.42–6.84)
Meets criteria for alcohol abuse (% , SE)	86.8 (2.89)	56.2 (1.40)	5.63 (3.00–10.56)
Current depression diagnosis (% , SE)	41.0 (4.07)	16.9 (1.06)	3.93 (2.51–6.15)
Current drug abuse/dependence diagnosis (% , SE)	26.0 (3.51)	13.8 (0.97)	2.00 (1.33–3.01)

# DSM-5 Criteria for Substance-Related and Addictive Disorders

The substance-related disorders encompass **10 separate classes of drugs**: alcohol; caffeine; cannabis; hallucinogens (with separate categories for phencyclidine - or similarly acting arylcyclohexylamines - and other hallucinogens); inhalants; opioids; sedatives, hypnotics and anxiolytics; stimulants (amphetamine-type substances, cocaine and other stimulants); tobacco and other (or unknown) substances





# **DSM-5 Criteria for Substance-Related and Addictive Disorders**

**The chapter is organized by the class of substances with specification:**

- “with onset during intoxication”**
- “with onset during withdrawal**
- either “with onset during intoxication” or “with onset during withdrawal”**
- the disorder is persisting”**

**The clinician should use the code that applies to the class of substances but record the name of the specific substance (alprazolam, methamphetamine, anabolic steroids...).**

**If criteria are met for more than one substance use disorder all should be diagnosed**

# **DSM-5 Criteria for Substance-Related and Addictive Disorders...some examples...**

## **ALCOHOL-RELATED DISORDERS**

### **(1) Alcohol Use Disorder**

**A. 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:**

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

# **DSM-5 Criteria for Substance-Related and Addictive Disorders...some examples...**

## **ALCOHOL-RELATED DISORDERS**

### **(1) Alcohol Use Disorder**

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

# **DSM-5 Criteria for Substance-Related and Addictive Disorders...some examples...**

## **ALCOHOL-RELATED DISORDERS**

### **(1) Alcohol Use Disorder**

**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.**

**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**

# **DSM-5 Criteria for Substance-Related and Addictive Disorders...some examples...**

## **ALCOHOL-RELATED DISORDERS**

### **(1) Alcohol Use Disorder**

**11. Withdrawal, as manifested by either of the following:**

- a. The characteristic withdrawal syndrome for alcohol (refer to criteria set for a.w.)**
- b. Alcohol (or a closely related substance, such as a BDZ) is taken to relieve or avoid withdrawal symptoms.**

#### **Specify if:**

- In early remission**
- In sustained remission**
- In a controlled environment**
- Current severity: mild, moderate, severe**

# DSM-5 Criteria for Substance-Related and Addictive Disorders ...something different...

- **ALCOHOL INTOXICATION**
- **ALCOHOL WITHDRAWAL**
- **OTHER ALCOHOL-INDUCED DISORDERS**
- **UNSPECIFIED ALCOHOL-RELATED DISORDER**





# DSM-5 Criteria for Substance-Related and Addictive Disorders

**In addition to the substance-related disorders, this chapter also includes gambling disorder, reflecting evidence that gambling behaviors activate reward systems similar to those activated by drugs of abuse and produce some behavioral symptoms that appear comparable to the substance use disorders**



# Conclusioni

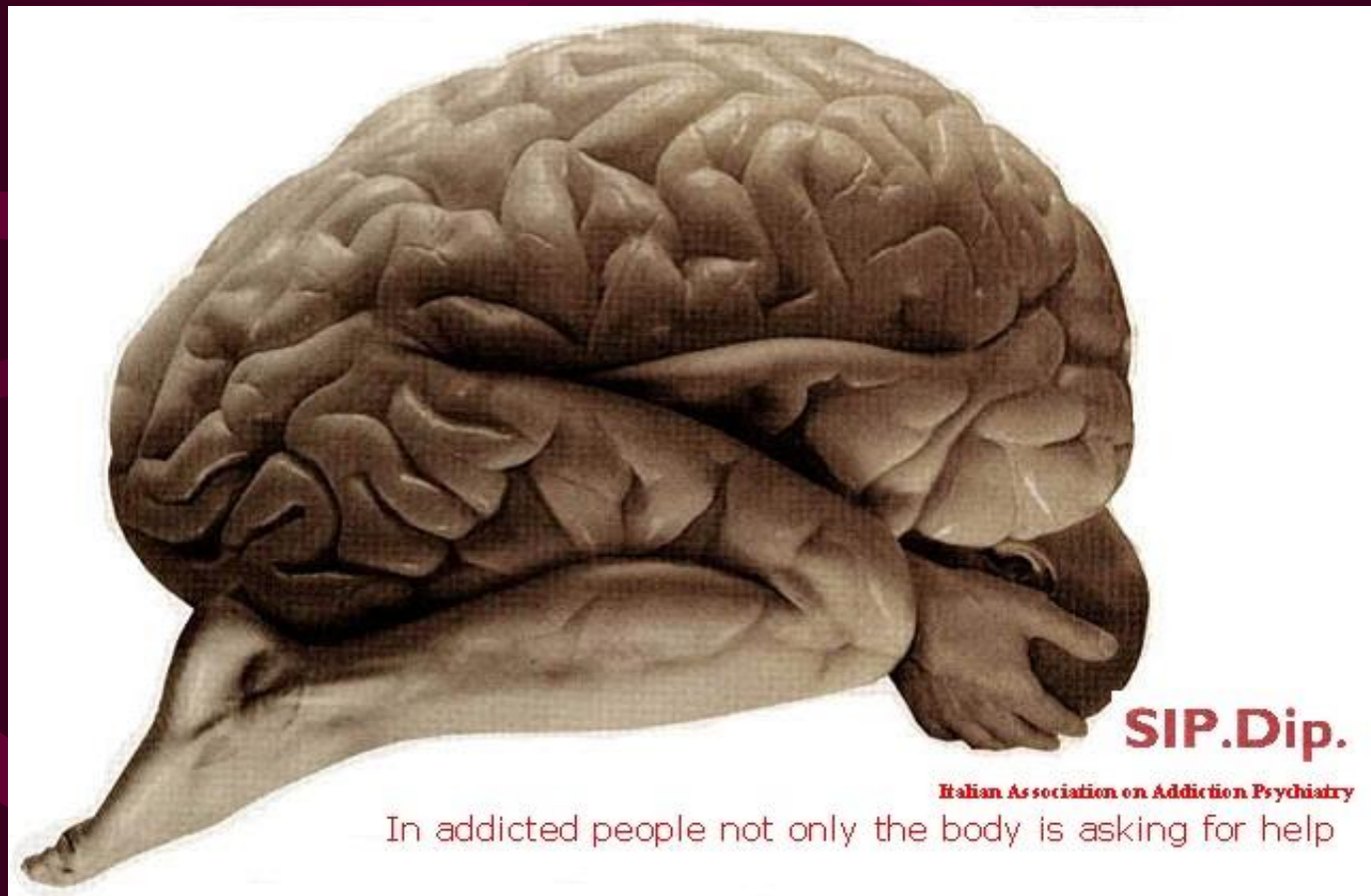
**Il DSM-5 ha apportato importanti cambiamenti diagnostici ai disturbi da uso di sostanze:**

- **eliminazione della dicotomia abuso/dipendenza;**
- **diagnosi categoriale unitaria del disturbo da uso di sostanze, ma secondo criteri di gravità;**
- **introduzione del sintomo “craving” ed eliminazione del criterio “problemi legali correlati alle sostanze”.**

**Tali cambiamenti implicano:**

- **la “copertura diagnostica” dei cosiddetti “diagnostic orphans”;**
- **la risoluzione di molti limiti in termini di reliability e validity della diagnosi gerarchica del DSM-IV**
- **l'eliminazione dell'ambiguità terminologica tra dipendenza e addiction**

...grazie dell'attenzione...



**SIP.Dip.**

Italian Association on Addiction Psychiatry

In addicted people not only the body is asking for help