

Proposed DSM-V Changes Affecting SLPs

Friday, 16 April 2010

Dear Colleagues,

We want to alert you to an opportunity to participate in the review process for the upcoming fifth edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-V). The DSM provides diagnostic criteria for classifying many communication and related disorders, so SLPs have a vested interest in the outcome of this revision process.

Urgent: The comment period is only open for a short time, so make your voice heard. You will need to review the proposed changes below and then go to www.dsm5.org to submit any comments by April 20, 2010.

Proposed DSM-V Changes Affecting SLPs

The revised Communication Disorders section has not yet been posted for public comment. We will e-mail you a second time as soon as that posting has occurred.

The following proposed changes that affect SLPs are up for comment:

Autism

- Subsuming pervasive developmental disorder into autism spectrum disorder. See the DSM-V rationale for more information on the proposed revision.
- Eliminating subcategories of autism (e.g., Asperger's syndrome, Rett's, childhood disintegrative disorder) due to lack of evidence for discrete categories.
- Changing the criteria for defining autism. The proposed definition of autism spectrum disorder includes two criteria: deficits in social communication and interactions and restrictive and repetitive patterns of behavior, interests, and activities.

Learning Disabilities

- Changing subcategories of learning disabilities (currently learning disorders) to dyslexia (currently reading disorder) and dyscalculia (currently mathematics disorder), and eliminating the disorder of written expression as a subcategory. The proposed definition of dyslexia is limited to decoding and does not address reading comprehension.

Intellectual Disabilities

- Changing the definition of intellectual disabilities (currently mental retardation) and eliminating classification by severity (i.e., mild, moderate, severe, profound).

Cognitive Disorders

- Changing the category name Delirium, Dementia Amnestic, and Other Geriatric Cognitive Disorders to Neurocognitive Disorders. The subcategories include delirium, major neurocognitive disorder, and minor neurocognitive disorder. The new diagnostic criteria do not require memory impairment as a primary factor, recognizing that other cognitive areas may be more affected in disorders other than the Alzheimer's disease subtype.

SLPs have been involved in an advisory capacity for some of the disorder areas, including communication disorders (language impairment, speech sound disorders, stuttering, voice disorders), learning disabilities, autism, and intellectual disabilities. Not all of the recommendations offered by advisory groups have been included in the posted revision.

The DSM, along with the ICD-9-CM, is widely used in the United States and other countries by a variety of professionals, agencies, and policy makers—including clinical practitioners, researchers, and third-party payers.

This is an important opportunity to weigh in on the diagnostic criteria used by other professionals for disorders SLPs treat.

Reminder

A second e-mail will be coming from ASHA as soon as the Communication Disorders section is posted. The deadline for comments for this section may be extended, but the deadline will still be tight. We wanted to make sure to get this on your agenda. For now, please go to www.dsm5.org to review the proposed changes and provide comments by April 20, 2010.

Thanks,

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Director

Clinical Issues in Speech-Language Pathology

American Speech-Language-Hearing Association