



# Understanding Changes in *DSM-5*

## SCHIZOPHRENIA

Since the 1800s, there have been constant debates concerning the nature of schizophrenia. Most researchers do not consider schizophrenia to be a single disorder, but rather a number of different disorders (Tandon, 2012). From this perspective, there are problems in determining exact criteria for schizophrenia.

With this in mind, a number of changes were made in *DSM-5*. First, two of five key symptoms are now required in *DSM-5*, for a diagnosis of schizophrenia, whereas *DSM-IV* required only one. These symptoms include (1) delusions, (2) hallucinations, (3) disorganized speech, (4) disorganized or catatonic behavior, and (5) negative symptoms. Second, *DSM-5* requires that the individual have at least one of the most blatant symptoms: (1) delusions, (2) hallucinations, or (3) disorganized speech. Third, the subtypes such as paranoid, catatonic, undifferentiated, and so on, were removed. The basic reason for dropping the subtypes from *DSM-5* was that research has shown that these subtypes are not stable, and their differentiation is not supported by clinical evidence. Except for

the paranoid and undifferentiated subtype, the others are rarely used in diagnoses. Fourth, a dimensional approach was introduced to rate the severity of the core symptoms of schizophrenia. This was established since different individuals with schizophrenia show different types of symptoms such as auditory or visual hallucinations.

Overall, there was less controversy with the change in the schizophrenia category in *DSM-5* than with changes made in the diagnostic criteria for many other disorders. Some have been critical that *DSM-5* did not rely more on neuroscience-based criteria. However, as shown in this chapter, an exact one-to-one relationship has yet to be established between brain measures of function, connections, chemistry, or structure and the presence of schizophrenia. Others see *DSM-5* as a transition point toward the goal of basing criteria on neuroscience perspectives (e.g., Nemeroff et al., 2013). Finally, *DSM-5* is also seen as a step toward bringing it and the newest version of *ICD* closer together on the criteria to be used in diagnosing schizophrenia (Tandon et al., 2013).