



Understanding Changes in *DSM-5*

PTSD DEFINITIONS IN *DSM-IV* AND *DSM-5*

With the publication of *DSM-5*, there were changes to the criteria for PTSD. PTSD was moved from the section of the *DSM* on Anxiety Disorders to a new section on Trauma- and Stressor-Related Disorders. Eight of the original 17 PTSD symptoms, which had not been changed for 25 years, were changed and reworded. Three additional symptoms were added. In addition, avoidance symptoms have been separated from numbing. That is, avoiding stimuli is differentiated from not reacting to the stimuli. For a diagnosis of PTSD in *DSM-5*, both effortful avoidance and changes in negative mood and cognition must be present. Whereas *DSM-IV* characterized numbing as a restricted range of affect and reduced ability to feel emotions, *DSM-5* changed that to an inability to feel positive emotions.

Charles Hoge and his colleagues (2014) compared the different criteria with veterans from Iraq and Afghanistan. They found that the new criteria did not affect the soldiers' willingness to report symptoms. However, they found that the new criteria did not have greater clinical utility. That is, using the new criteria did not influence how the PTSD was treated. Further, 30% of the soldiers who met the PTSD criteria under *DSM-IV* did not meet the criteria under *DSM-5*. This

has implications for both research and treatment of PTSD. Also, an equal number of individuals only met the PTSD criteria under *DSM-5*. Further, in a study of traumatized refugees to Switzerland, different rates in PTSD diagnosis were found to be related to whether the clinician used *DSM-IV* or *DSM-5* (Schnyder et al., 2015). Using *DSM-IV*, 60.4% of the traumatized refugees were diagnosed with PTSD, whereas only 49.3% were diagnosed with *DSM-5*. Thus, those diagnosed with *DSM-IV* PTSD would be different from those diagnosed with *DSM-5* PTSD.

These differences are troubling to many (McFarlane, 2014). PTSD diagnoses are used in legal jurisdictions and for determining pensions. Further, research would also be different between those with *DSM-IV* criteria and those with *DSM-5* criteria. For example, neuroimaging studies show two different patterns of emotional reactivity. One of these is underreactivity and the other is emotional overreaction. However, neither of these patterns involves only positive affect as required by *DSM-5*. Overall, all aspects of society, from legal professionals to mental health professionals to researchers, need to be aware of how *DSM-IV* and *DSM-5* determine the diagnosis of PTSD.