In the January 2013 issue of the *Journal of Psychosocial Nursing and Mental Health Services*, the editorial, “Change,” invited readers to consider that change was both inevitable and persistent (Smoyak, 2013). As mental health professionals anticipated the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), there were endless discussions about what changes really would be seen, or whether there would be “more of the same.” As Psychopharmacology Section Editor Robert H. Howland so astutely observes in this issue, “For many reasons, defining and classifying psychiatric disorders has always generated debate, disagreement, and controversy.” (p. 13). He concludes his article with, “Despite laudable efforts to integrate neurobiological findings, the DSM-5 is not a radical departure from previous diagnostic classification systems (Kupfer & Regier, 2011), and it is therefore unlikely to provide clinical information that better informs treatment selection” (p. 15).

Each of the articles and sections in this special issue confronts the question of what changes professional practitioners will actually see when the DSM-5 is launched next month at the American Psychiatric Association’s (APA) meeting in San Francisco.

Last month, Aging Matters Section Editor Jeanne M. Sorrell contributed a preview of what you will be reading this month. Her March 2013 article, “Diagnostic and Statistical Manual of Mental Disorders-5: Implications for Older Adults and Their Families,” helped both aging adults and their families anticipate potential impacts in store for them. She discussed two specific changes: (a) a new category, Neurocognitive Disorders, and (b) a new interpretation of criteria for depression after bereavement. She cautioned against massive overdiagnosis and harmful overmedication with the changed, more inclusive criteria for depression.

This issue’s first article, “DSM-5: Historical Perspectives,” by Halter, Rolin-Kenny, and Grund (pp. 22-29) traces how a common language for describing psychiatric disorders emerged. As early as 1840, U.S. Census responders were asked to say whether any “idiotics or insane whites” lived in the household. The authors go on to describe the early designations of mental illnesses by Kraepelin and Bertillon and include Nightingale as an early statistician. The DSM-I, published by the APA in 1952, was patterned after the *International Classification of Disease*. How these two systems were developed and their current similarities can be found in this historical analysis.

Major aspects of the revised DSM-5 are outlined and analyzed by Halter, Rolin-Kenny, and Dzurec in “An Overview of the DSM-5: Changes, Controversy, and Implications for Psychiatric Nursing” (pp. 30-39). Beyond a general overview of what to expect, they provide a comprehensive list of the proposed diagnostic categories. A synopsis of the debates and discussion in the literature is integrated as the new categories are described.

Among the significant changes are: (a) The DSM-5 will be a living document, with updates to be published as soon as possible after consensus is reached; (b) The new Arabic method (DSM-5.1, DSM-5.2) makes keeping track of ongoing changes easier; (c) Psychiatric professionals—beyond
Contemporary psychiatric nurses—will continue to be included in the discussions and consensus building; and (d) An emphasis on evidence-based systems will continue to be one of the hallmarks of the new edition. Separate sub-sections address each of the revised categories.

Frequent criticisms of the prior editions of the DSM were that culture, ethnicity, and familial contexts were absent from consideration when diagnoses were made. In her article, “How Culture Is Assessed in the DSM-5” (pp. 40-45), Warren explains how cultural assessment is now included and outlines the changes in her article. How the Cultural Formulation Interview (CFI) was used in field trials and how the results facilitated needed changes in cultural assessment will be clear to readers. She provides a table showing the seven areas in the CFI and sample questions to ask when doing an assessment.

Just as there are changes in how culture will be assessed, there are significant changes in diagnostic categories within childhood and adolescence. Teena M. McGuinness, Youth in Mind Section Editor, along with her co-author Karmie Johnson, provide very useful information about the major revisions for clinicians, as well as families who have children with autism spectrum disorders. In their article, “DSM-5 Changes in the Diagnoses of Autistic Spectrum Disorder,” they state: “The most obvious change will be the deletion of the pervasive developmental disorders, including Asperger’s disorder; both will be subsumed into the category of autism spectrum disorders” (p. 17). The answers to how the associated changes will affect educational classification systems and treatment plans, and how insurance companies will decide what services will be paid for, will only be known when the DSM-5 guidebook becomes a reality.

Controversy surrounding the new manual has been unprecedented. A simple Google search with keywords “DSM-5 controversy” results in nearly 700,000 hits. Common themes relate to diagnostic inflation, APA ties to pharmaceutical companies, loss of insurance benefits due to diagnostic restructuring, and petitions to overthrow the DSM-5 entirely. Electronic media has made it possible to easily increase the scrutiny and opinion sharing among health care providers and consumer groups such as the National Alliance on Mental Illness. The DSM-5 represents the biggest change in nearly 2 decades. When the last revision, the DSM, fourth edition, text revision (APA, 2000), occurred in 2000, changes were largely confined to background information of the disorders and not categories of the disorders themselves. In 1994 when the last tangible changes were made, the Internet was in its infancy and most users, via dial-up modems, were not using electronic means for everyday or educational resources. We have moved on to a new era of electronic communication, which is both inevitable and persistent.

Contemporary psychiatric nurses have been involved in this new edition of the manual to a greater degree than they had been in previous editions, from comments to clinical field trials. We hope that psychiatric nurses will continue the efforts already undertaken to increase our voice and shape psychiatric diagnosis. Nurse generalists and advanced practice nurses need to comprehend how the new diagnostic structure, dimensional measures, and diagnostic criteria will influence how they practice.

As always, we welcome letters to the editor and submissions of manuscripts about how the DSM-5 is changing how you think and work.

REFERENCES

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