DSM V

The fifth version of the Diagnostic and Statistical Manual (DSM-V) was unveiled by the American Psychological Association on May 22nd, 2013. http://www.dsm5.org/Pages/Default.aspx . This replaces DSM-IV that was released in 1994. The DSM is a comprehensive manual that is a descriptive list of symptoms of mental disorders along with their historical course. Despite all the controversy that surrounds the latest version of the DSM, revealing it for the public was admittedly not a small feat, given that almost a decade of work from experts in neurology, psychology, psychiatry social work and related fields has gone into it. The DSM is an important piece of literature because the diagnoses people get can an impact on not only the treatment from health-care providers and insurance companies, but also societal stigma that they may face. The DSM started out being a statistical tool to keep track of how many people suffered from mental illnesses. As time passed, each new version of DSM covered new grounds. For example, DSM III was where homosexuality was deleted as a mental disorder, and PTSD was included.

The DSM V was formulated with the intent of keeping in mind the strides being made in neuroscience when making diagnostic criteria. For example, the definition of autism spectrum disorder has now changed to reflect the scientific knowledge in the field. Another change is the replacement of gender identity disorder is replaced with gender dysphoria, in an attempt to decrease the stigma that these people can face. Despite the good intentions that people who made the DSM have, it is shrouded in controversy: a few are allegations of there being a lack of transparency in the process to those that say that almost 60% of the people who were involved in forming the DSM V had ties to the pharmaceutical industry, and each version of the DSM has more disorders than the one before that.

Apart from this, the biggest controversy is the over eagerness of DSM to draw strict boundaries between symptoms. Combined with a difficulty in trying to draw a line between normal and abnormal behavior, the DSM doesn't seem to take into consideration that mental illnesses are very complex and that clear cut boundaries can't necessarily be drawn. The big issue that is faced is how do we describe what's normal? One problem is that we lack a deeper understanding of how the brain works to understand what is wrong about it. One issue that is pertinent to all mental disorders is the lack of a valid biomarker. There are no physical tests that can be done, no culture in labs, or objective measures like heart rate and blood pressure.

The hope for DSM V was that diseases would be classified based on their genetic and molecular profile but that is a tall order that has not been fulfilled, mostly because the research is not there yet. A number of findings in psychiatry have been serendipitous, and in some ways, it seems as though we haven't moved all that far from that era. The hope is that the BRAIN initiative will help us in this endeavor: http://brainfeedback.cit.nih.gov/welcome-to-brainfeedback-nih-gov/. Even if this goal is realized, and parts of it already have, it is uncertain how much forward that will propel us. For example, although we know what area of the brain is involved in certain disorders e.g. unusual activity in prefrontal cortex in schizophrenia and in PTSD, what we don't know is how exactly an abnormality in these areas lead to the symptoms described in DSM.

The biggest issue that seems to be with the DSM is that it failed to live up to the grandiose expectations and made not huge strides forward, but just baby steps as compared to DSM IV. Although, as the scientific community, we need to ask ourselves if such big strides are even possible, given what we know about the complexity of the brain and the disorders that afflict it. Although there is an allegation that the DSM V is 'failure of neuroscience and biology' it's probably not fair to say that given that the brain is the most complex organ imaginable. The DSM can be used as a silo for future research but should not be used as the be all and end all of psychiatry.

In an era where technology is moving forward leaps and bounds, maybe one suggestion could be that, it's not a good idea to spend so much time and money making a book. Maybe the option of having everything online – a database that can be updated quickly is better. A big problem of the DSM is that in the face of science that is consistently evolving, the DSM will limit us to something that comes out only ever so often. Also, instead of looking for earth shattering results that don't always take place, maybe a better thing to do is to be careful, cautious and do good science with the intent of finding out how the brain works with the hopes that the findings can be applied to human suffering one day.