



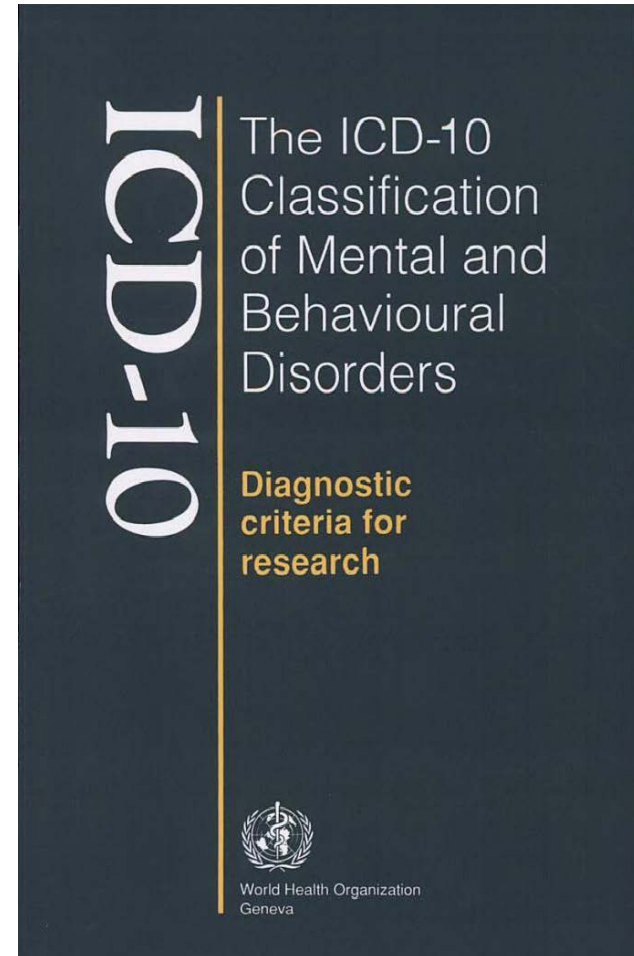
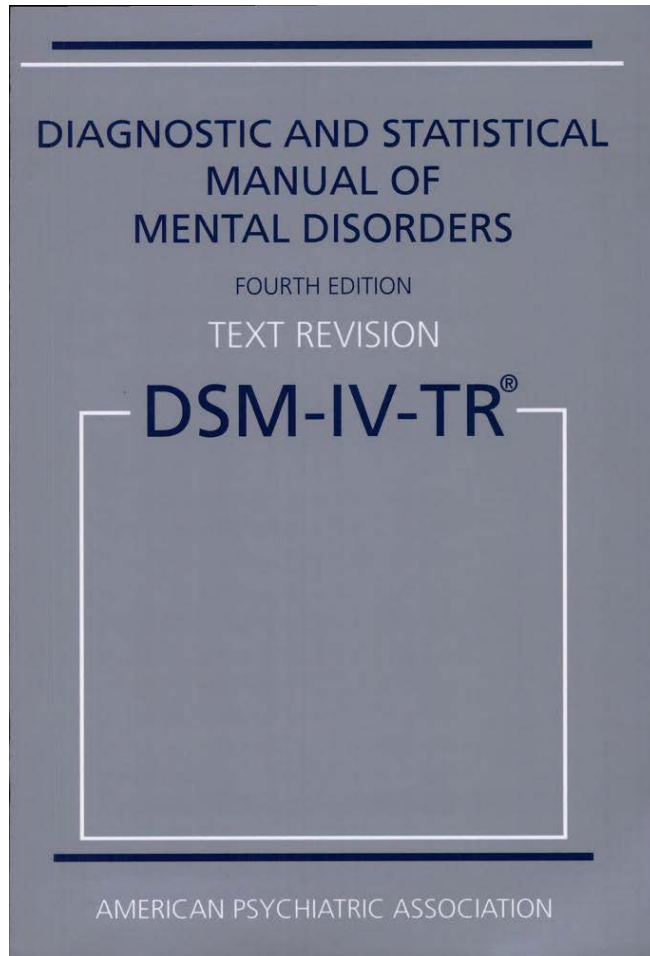
Clinical and public health significance of the proposed changes to the diagnosis of alcohol abuse and dependence in DSM-5

Dr Tim Slade, Senior Research Fellow, National Drug and Alcohol Research Centre, University of New South Wales

Medicine

National Drug and Alcohol Research Centre

Classification of mental disorders



DSM Alcohol Use Disorders

<u>Criterion</u>	<u>Description</u>
Major role	Recurrent use despite the inability to fulfil major role obligations at work, school or home
Hazard	Recurrent use in physically dangerous situations
Legal	Recurrent use despite substance-related legal problems
Social	Recurrent use despite substance-related social or interpersonal problems
Tolerance	Tolerance
Withdrawal	Withdrawal
Larger	Taking more of the substance or for longer than intended
Cut down	Desire or unsuccessful efforts to cut down
Time spent	A great deal of time obtaining, using or recovering from the effects of the substance
Give up	Reduction in important activities because of substance use
Continue	Continued use despite knowing it is causing a significant problem
Craving	Craving or a strong desire for a substance



Alcohol Use Disorders in DSM-IV

<u>Criterion</u>	<u>Clinical description</u>	
Major role	Recurrent use despite the inability to fulfil major role obligations at work, school or home	
Hazard	Recurrent use in physically dangerous situations	<i>Threshold for Alcohol Abuse: ≥ 1 criterion</i>
Legal	Recurrent use despite substance-related legal problems	
Social	Recurrent use despite substance-related social or interpersonal problems	
Tolerance	Tolerance	
Withdrawal	Withdrawal	
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Social	Recurrent use despite substance-related social or interpersonal problems	
Tolerance	Tolerance	
Withdrawal	Withdrawal	
Larger	Taking more of the substance or for longer than intended	<i>Threshold for Alcohol Dependence: ≥ 3 criteria</i>
Cut down	Desire or unsuccessful efforts to cut down	
Time spent	A great deal of time obtaining, using or recovering from the effects of the substance	
Give up	Reduction in important activities because of substance use	
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Alcohol Use Disorders in DSM-5*

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*Threshold for Alcohol Use Disorder:
2-3 criteria – moderate
≥ 4 criteria – severe*

* According to the proposed diagnostic criteria (<http://www.dsm5.org/proposedrevision/Pages/SubstanceUseandAddictiveDisorders.aspx>)

Summary of proposed changes*

1. Eliminate distinction between abuse and dependence
2. Remove *substance-related legal problems* criterion
3. Add *craving or strong desire* criterion
4. Change threshold for diagnosis

* According to the proposed diagnostic criteria (<http://www.dsm5.org/proposedrevision/Pages/SubstanceUseandAddictiveDisorders.aspx>)



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Prevalence of DSM-IV vs DSM-5 AUD

	Prevalence % (SE)	Kappa*
DSM-IV abuse or dependence	6.0 (0.2)	-
DSM-5 (≥ 2 criteria)	9.7 (0.4)	0.65

* Indicates agreement between DSM-IV any alcohol use disorder and DSM-5 alcohol use disorder. Adapted from Mewton *et al.* (2010)

This equates to roughly **592,000** more people in the general population meeting criteria for an alcohol use disorder

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DSM-5 (≥ 2 criteria)	9.7 (0.4)	0.65
DSM-5 (≥ 3 criteria)	5.2 (0.2)	0.84
DSM-5 (≥ 4 criteria)	3.0 (0.2)	0.65

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...and in more detail

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	No criteria		Diagnostic Orphans*		Abuse		Dependence		Total	
DSM-5	n	%#	n	%#	n	%#	n	%#	n	
No criteria	8581	99.8	0	0	13	6.3	0	0	8594	
One criterion	17	0.2	939	67.0	59	29.3	0	0	1015	
Moderate AUD (2-3 criteria)	0	0	464	33.0	114	56.2	135	30.8	713	
Severe AUD (4+ criteria)	0	0	0	0	17	8.2	302	69.2	319	
Total	8598		1403		203		437		10641	

* Defined as individuals who endorse at least one but no more than two DSM-IV dependence criteria and no abuse criteria

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What are the clinical implications?

- DSM committees are committed to enhancing clinical utility, i.e. the ability to:
 - Communicate between clinicians, clients, families etc.
 - select effective interventions
 - predict course, prognosis and future management needs
 - differentiate disorder from non-disorder for the purposes of determining who might benefit from treatment



“Non-convertors” versus “Convertors”

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Symptoms	DSM-IV orphans who remain non- cases (n=939)	DSM-IV orphans who convert to DSM-5 cases (n=464)	OR (95%CI)
Tolerance	24.0%	46.6%	2.8** (2.1-3.7)
Withdrawal	3.1%	7.0%	2.3* (1.4-4.2)
Larger	38.9%	67.0%	3.2** (2.3-4.3)
Cut down	29.4%	55.5%	3.0** (2.3-4.0)
Time spent	0.9%	3.8%	4.5* (1.7-12.0)
Give up	0.4%	0.9%	2.1 (0.3-15.1)
Continue	3.3%	12.1%	4.1** (2.4-7.0)

* $p < 0.05$

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Clinical characteristics	DSM-IV orphans who remain non- cases (n=939)	DSM-IV orphans who convert to DSM-5 cases (n=464)	OR (95%CI)
Weekly drinking	77.7%	83.6%	1.5* (1.0-2.1)
“Risky” drinking (5+)	32.4%	44.1%	1.6* (1.2-2.2)
Used services	10.5%	17.1%	1.8* (1.2-2.5)
Suicidal ideation (LT)	12.8%	14.9%	1.2 (0.9-1.7)
1+ days out of role	30.2%	33.5%	1.2 (0.8-1.6)
High K10 (22+)	7.7%	12.2%	1.7* (1.1-2.7)
Comorbid mood dis.	6.3%	10.4%	1.7* (1.1-2.7)
Comorbid anxiety dis.	7.9%	11.0%	1.4 (0.8-2.3)
Comorbid drug dis.	4.2%	6.2%	1.5 (0.8-3.0)

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Existing cases versus “Convertors”

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Summary of findings

- The prevalence of alcohol use disorder would increase by 62% with the proposed DSM-5 criteria
- This increase is mostly accounted for by DSM-IV diagnostic orphans “converting” to DSM-5 moderate AUD
- However, the new DSM-5 cases are more like existing cases and less like non-cases



Conclusions

- The proposed threshold for DSM-5 alcohol use disorders may be set too low
- This raises doubts about the sensitivity and specificity of the new diagnosis
- Diagnosis versus need for treatment?

Acknowledgements

- Thanks to Louise Mewton for helping with data analysis
- This was funded in part by NHMRC project grant (no. 630414)
- Tim Slade, p: 9385 0267, e: tims@unsw.edu.au