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## DSM–5: Frequently Asked Questions

[Send us your question](#) if you don't see an answer below.

### **What is *DSM* and why is it important?**

The *Diagnostic and Statistical Manual of Mental Disorders (DSM)* is the handbook used by health care professionals in the United States and much of the world as the authoritative guide to the diagnosis of mental disorders. *DSM* contains descriptions, symptoms, and other criteria for diagnosing mental disorders. It provides a common language for clinicians to communicate about their patients and establishes consistent and reliable diagnoses that can be used in the research of mental disorders. It also provides a common language for researchers to study the criteria for potential future revisions and to aid in the development of medications and other interventions.

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### **Why was *DSM* revised?**

*DSM* has been periodically reviewed and revised since it was first published in 1952. The previous version of *DSM* was completed nearly two decades ago; since that time, there has been a wealth of new research and knowledge about mental disorders.

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### **What was the process that led to the new manual?**

<https://www.psychiatry.org/psychiatrists/practice/dsm/feedback-and-questions/frequently-a...> 7/16/2018

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The APA prepared for the revision of *DSM* for nearly a decade, with an unprecedented process of research evaluation that included a series of white papers and 13 scientific conferences supported by the National Institutes of Health. This preparation brought together almost 400 international scientists and produced a series of monographs and peer-reviewed journal articles.

The *DSM-5* Task Force and Work Groups, made up of more than 160 world-renowned clinicians and researchers, reviewed scientific literature and garnered input from a breadth of advisors as the basis for proposing draft criteria.

The APA Board of Trustees, which approved the final criteria for *DSM-5* on Dec. 1, appointed a Scientific Review Committee of mental health experts to review and provide guidance on the strength of evidence of proposed changes. The Scientific Review Committee evaluated the strength of the evidence based on a specific template of validators. In addition, a Clinical and Public Health Committee reviewed proposed revisions to address difficulties experienced with the clinical utility, consistency and public health impact of *DSM-IV* criteria.

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### **Who was involved in the development process?**

APA recruited more than 160 of the top researchers and clinicians from around the world to be members of our *DSM-5* Task Force, Work Groups and Study Groups for this important job. These are experts in neuroscience, biology, genetics, statistics, epidemiology, social and behavioral sciences, nosology, and public health. These members participate on a strictly voluntary basis and encompass several medical and mental health disciplines including psychiatry, psychology, pediatrics, nursing and social work.

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### **How were decisions made about what would be included, removed, or changed?**

APA's goal in developing *DSM-5* is an evidence-based manual that is useful to clinicians in helping them accurately diagnose mental disorders. Decisions to include a diagnosis in *DSM-5* were based on a careful consideration of the scientific advances in research underlying the disorder, as well as the collective clinical knowledge of experts in the field.

Advances in the science of mental disorders have been dramatic in the past decades, and this new science was reviewed by task force and work group members to determine whether diagnoses needed to be removed or changed.

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### **What kinds of changes were made?**

Many of the changes in *DSM-5* were made to better characterize symptoms and behaviors of groups of people who are currently seeking clinical help but whose symptoms are not well defined by *DSM-IV* (meaning they are less likely to have access to treatment). Our hope is that by more accurately defining disorders, diagnosis and clinical care will be improved and new research will be facilitated to further our understanding of mental disorders. [View fact sheets](#) that cover the the changes in *DSM-5*.

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### **Does *DSM-5* include information about treatments for mental disorders?**

*DSM-5* is a manual for assessment and diagnosis of mental disorders and does not include information or guidelines for treatment of any disorder. That said, determining an accurate diagnosis is the first step toward being able to appropriately treat any medical condition, and mental disorders are no exception. *DSM-5* will also be helpful in measuring the effectiveness of treatment, as dimensional assessments will assist clinicians in assessing changes in severity levels as a response to treatment.

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### **Why was the traditional Roman numeral dropped from *DSM*?**

This change reflects APA's intention to make future revision processes more responsive to breakthroughs in research with incremental updates until a new edition is required. Since the research base of mental disorders is evolving at different rates for different disorders, diagnostic guidelines will not be tied to a static publication date but rather to scientific advances. These incremental updates will be identified with decimals, i.e. *DSM-5.1*, *DSM-5.2*, etc., until a new edition is required.

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### **When can *DSM-5* be used for insurance purposes?**

Since *DSM-5* is completely compatible with the HIPAA-approved *ICD-9-CM* coding system now in use by insurance companies, the revised criteria for mental disorders can be used immediately for diagnosing mental disorders when it is released in May 2013. However, the change in format from a multi-axial system in *DSM-IV-TR* may result in a brief delay while insurance companies update their claim forms and reporting procedures to accommodate *DSM-5* changes.

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### **What is the relationship between *DSM* and the World Health Organization's International Classification of Disease?**

*DSM-5* and the ICD should be thought of as companion publications. *DSM-5* contains the most up-to-date criteria for diagnosing mental disorders, along with extensive descriptive text, providing a common language for clinicians to communicate about their patients. The ICD contains the code numbers used in *DSM-5* and all of medicine, needed for insurance reimbursement and for monitoring of morbidity and mortality statistics by national and international health agencies. The APA works closely with staff from the WHO, CMS, and CDC-NCHS to ensure that the two systems are maximally compatible.

[View the CMS response](#) to a Frequently Asked Question (FAQ) about the relationship between *DSM* and *ICD-9-CM*. This response will be updated to reflect the transition to *DSM-5* as soon as it is released.

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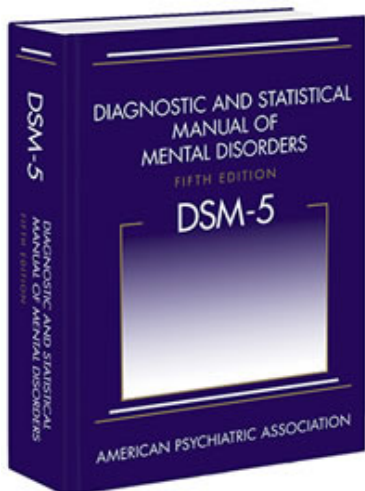
### **How much did it cost to produce *DSM-5*?**

The final cost of developing *DSM-5* is not yet known, but we anticipate that APA has spent \$20-\$25 million on this extensive process. All of these funds came from APA's reserves and the association received no commercial or government funding for the development of *DSM-5*. APA is a non-profit organization representing psychiatrists and sees *DSM-5* as an investment in the future of mental health allowing for more precise identification of mental disorders as well as facilitating new research.

### **How can I learn more about *DSM-5*?**


For more information on *DSM-5* including fact sheets, videos, highlights of changes, and order information, please visit *DSM-5* Education Resources.

## Buy the *DSM-5*



New features and enhancements make *DSM-5* easier to use across all settings.

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