



Alcohol Use Disorder: A Comparison Between DSM–IV and DSM–5

In May 2013, the American Psychiatric Association issued the 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM–5). Although there is considerable overlap between DSM–5 and DSM–IV, the prior edition, there are several important differences:

Changes Disorder Terminology

- » DSM–IV described two distinct disorders, alcohol abuse and alcohol dependence, with specific criteria for each.
- » DSM–5 integrates the two DSM–IV disorders, alcohol abuse and alcohol dependence, into a single disorder called alcohol use disorder (AUD) with mild, moderate, and severe sub-classifications.

Changes Diagnostic Thresholds

- » Under DSM–IV, the diagnostic criteria for abuse and dependence were distinct: anyone meeting one or more of the “abuse” criteria (see items 1 through 4) within a 12-month period would receive the “abuse” diagnosis. Anyone with three or more of the “dependence” criteria (see items 5 through 11) during the same 12-month period would receive a “dependence” diagnosis.
- » Under DSM–5, anyone meeting any two of the 11 criteria during the same 12-month period would receive a diagnosis of AUD. The severity of an AUD—mild, moderate, or severe—is based on the number of criteria met.

Removes Criterion

- » DSM–5 eliminates legal problems as a criterion.

Adds Criterion

- » DSM–5 adds craving as a criterion for an AUD diagnosis. It was not included in DSM–IV.

Revises Some Descriptions

- » DSM–5 modifies some of the criteria descriptions with updated language.

DSM History and Background

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) initially developed out of a need to collect statistical information about mental disorders in the United States. The first attempt to collect information on mental health began in the 1840 census. By the 1880 census, the Bureau of the Census had developed seven categories of mental illness. In 1917, the Bureau of the Census began collecting uniform statistics from mental hospitals across the country.

Not long afterwards, the American Psychiatric Association and the New York Academy of Medicine collaborated to produce a “nationally acceptable psychiatric nomenclature” for diagnosing patients with severe psychiatric and neurological disorders. After World War I, the Army and Veterans Administration broadened the nomenclature to include disorders affecting veterans.

In 1952, the American Psychiatric Association Committee on Nomenclature and Statistics published the first edition of the *Diagnostic and Statistical Manual: Mental Disorders* (DSM–I). The DSM–I included a glossary describing diagnostic categories and included an emphasis on how to use the manual for making clinical diagnoses. The DSM–II, which was very similar to the DSM–I, was published in 1968. The DSM–III, published in 1980, introduced several innovations, including explicit diagnostic criteria for the various disorders, that are now a recognizable feature of the DSM. A 1987 revision to the DSM–III, called the DSM–III–R, clarified some of these criteria and also addressed inconsistencies in the diagnostic system. A comprehensive review of the scientific literature strengthened the empirical basis of the next edition, the DSM–IV, which was published in 1994. The DSM–IV–TR, a revision published in 2000, provided additional information on diagnosis. Since 1952, each subsequent edition of the DSM aimed to improve clinicians’ ability to understand and diagnose a wide range of conditions.



A Comparison Between DSM-IV and DSM-5

DSM-IV		DSM-5		
In the past year, have you:		In the past year, have you:		
Any 1 = ALCOHOL ABUSE	Found that drinking—or being sick from drinking—often interfered with taking care of your home or family? Or caused job troubles? Or school problems?	1	Had times when you ended up drinking more, or longer, than you intended?	
	More than once gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area, or having unsafe sex)?	2	More than once wanted to cut down or stop drinking, or tried to, but couldn't?	
	More than once gotten arrested, been held at a police station, or had other legal problems because of your drinking? **This is not included in DSM-5**	3	Spent a lot of time drinking? Or being sick or getting over other aftereffects?	
	Continued to drink even though it was causing trouble with your family or friends?	4	Wanted a drink so badly you couldn't think of anything else? **This is new to DSM-5**	
Any 3 = ALCOHOL DEPENDENCE	Had to drink much more than you once did to get the effect you want? Or found that your usual number of drinks had much less effect than before?	5	Found that drinking—or being sick from drinking—often interfered with taking care of your home or family? Or caused job troubles? Or school problems?	
	Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, or a seizure? Or sensed things that were not there?	6	Continued to drink even though it was causing trouble with your family or friends?	
	Had times when you ended up drinking more, or longer, than you intended?	7	Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?	
	More than once wanted to cut down or stop drinking, or tried to, but couldn't?	8	More than once gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area, or having unsafe sex)?	
	Spent a lot of time drinking? Or being sick or getting over other aftereffects?	9	Continued to drink even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout?	
	Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?	10	Had to drink much more than you once did to get the effect you want? Or found that your usual number of drinks had much less effect than before?	
	Continued to drink even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout?	11	Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, or a seizure? Or sensed things that were not there?	
				The presence of at least 2 of these symptoms indicates an Alcohol Use Disorder (AUD) .
				The severity of the AUD is defined as:
				Mild: The presence of 2 to 3 symptoms
			Moderate: The presence of 4 to 5 symptoms	
			Severe: The presence of 6 or more symptoms	



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