Opinion Article

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Disinhibited Social Engagement Disorder and Reactive Attachment Disorder

Omer Abdelmawgoud Musa*

Department of Trauma and Orthopaedic, Gazirah University, Wad Madani, Sudan

Corresponding author: Omer Abdelmawgoud Musa, Department of Trauma and Orthopaedic, Gazirah University, Wad Madani, Sudan, E-mail: omarmsa@hotmail.com

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Description

The term mental retardation was changed to intellectual disability intellectual developmental disorder. Speech or language disorders are now referred to as communication disorders and they include language disorder (formerly expressive language disorder and mixed receptive-expressive language disorder), speech sound disorder (formerly phonological disorder) and childhood-onset fluency disorder (stuttering).

Psychosocial and Contextual Features

A note under Anxiety Disorders states that the sequential order of at least some DSM-5 chapters has significance that reflects the relationships between diagnoses. The introductory section describes the process of DSM revision; including field trials, public and professional review and expert review the DSM-5 chapter organization, its change from the multiaxial system and Section III's dimensional assessments. The DSM-5 dissolved the chapter that includes disorders usually first diagnosed in in fit expresses its will likely orchestrate with the global factual grouping of illnesses and related medical conditions frameworks and offer hierarchical designs as much as is possible. Although concern is expressed regarding the categorical diagnosis system, the conclusion is that alternative definitions for the majority of disorders are scientifically premature. Two options take the place of the Not Otherwise Specified (NOS) categories in DSM-5: Other determined problem and vague issue to build the utility to the clinician. The first permits the physician to specify the reason why a particular disorder's criteria are not met; the second option gives the doctor the option to not specify anything. The multiaxial diagnostic system (formerly Axis I, Axis II and Axis III) has been dropped from the DSM-5 and all disorders are listed. It has eliminated Axis V (the Global Assessment of Functioning, or GAF) and replaced it with significant psychosocial and contextual features. Emerging measures and models under Assessment Measures now includes the Disability Assessment Schedule from the World Health Organization as a suggested but not required method of evaluating functioning diagnostic criteria and codes for neurodevelopmental disorders. The diagnostic and statistical manual of mental disorders is the taxonomic and diagnostic tool published by the American Psychiatric Association (APA). The diagnostic and statistical manual of mental disorders was updated in 2013.The Diagnostic and Statistical Manual (DSM) is the main source for psychiatric diagnoses in the United States. The DSM classifications frequently determine treatment recommendations and provider payment, so the release of a new version has practical significance. The DSM-5 is the only living document version of a DSM and the only DSM to use an Arabic numeral instead of a Roman numeral in its title. Based on the results of confirmatory factor analytic research conducted since the publication of DSM-IV, the PTSD diagnostic clusters were reorganized and expanded from a total of three clusters to four. Separate criteria were added for children six years old or younger. The stressor criterion (Criterion A1 in DSM-IV) was modified to some extent for the diagnosis of PTSD and acute stress disorder. The DSM-IV eliminated the requirement for specific subjective emotional reactions (Criterion A2) because it lacked empirical support for its utility and predictive validity. Previously, certain groups, like combat troops, law enforcement officers and other first responders, did not meet criterion A2 because their training prepared them to not react emotionally to traumatic events. Two new disorders were named that were previously subtypes: Disinhibited social engagement disorder and reactive attachment disorder were moved to this new section and re-conceptualized as stress-response syndromes dissociative disorders. Depersonalization disorder is now called depersonalization/derealisation disorder.

Bereavement Exclusion for Depression

The DSM-5 is not a major revision of the DSM-IV-TR, but there are significant differences. The DSM-5 redefines Asperger's syndrome as an autism spectrum disorder, redefining it as a distinct disorder; the elimination of schizophrenia subtypes; the elimination of the bereavement exclusion for depression; the rebranding of gender dysphoria as gender identity disorder; the distinction between binge eating disorder and other forms of eating disorders; the renaming and reimagining of paraphilias, which are now referred to as paraphilic disorders; the removal of the system with five axes; and the division of disorders that are not otherwise specified into unspecified disorders and other disorders that are specified. Before and after the fifth edition was published, numerous authorities voiced their disapproval. For instance, critics assert that many DSM-5 additions and revisions lack empirical support; for many disorders, inter-rater

reliability is low; information that is unclear, contradictory, or poorly written can be found in several sections; changes from DSM-IV The DSM-5 is divided into three sections and each section is designated by Roman numerals. Furthermore, the psychiatric drug industry may have had an undue influence on the manual's content because many DSM-5 workgroup participants were connected to pharmaceutical companies. A major mood episode is required for schizoaffective disorder for the majority of the disorder's duration after criterion A related to delusions, hallucinations, disorganized speech or behavior and negative symptoms such as avolition is met. Criteria for delusional disorder changed and it is no longer separate from shared delusional disorder. Catatonia in all contexts requires 3 of a total of 12 symptoms. Mental shock might be a specifier for burdensome, bipolar and crazy problems; a component of another health problem; or of another specified diagnosis bipolar and related disorders. The new specifier with mixed features can be applied to bipolar I disorder, bipolar II disorder, bipolar disorder NED (not elsewhere defined, previously called NOS (Not Otherwise Specified) and MDD. Allows other specified bipolar and related disorders for particular conditions. Anxiety symptoms are a specifier (called anxious distress) added to bipolar disorder and depressive disorders. The DSM-5 no longer stipulates that a person must recognize that their fear and anxiety are excessive or unreasonable for the various types of anxiety disorders and phobias. A new chapter on obsessive-compulsive and related disorders includes four new disorders: A specifier was expanded and added to body dimorphic disorder and hoarding disorder to allow for good or fair insight, poor insight and absent insight/delusional (*i.e.,* complete conviction that obsessive-compulsive disorder beliefs are true). Criteria were added to body dimorphic disorder to describe repetitive behaviour or mental acts that may arise with perceived defects or flaws in physical appearance.