UPDATE # THREE

This is the THIRD in a monthly series of updates, emphasizing the differences between DSM5 and DSMIV, or highlighting necessary components to integrate the DSM5 into practice. This month we are combining the DSM update with a disaster preparedness update in recognition of September as National Preparedness Month, Hurricane Season and the 55th anniversary of Hurricane Hugo.

Hurricane Hugo 25th Anniversary
September 25, 1989

SC Hurricane Guide 2014

Early Interventions:

Disasters come in all flavors. Man-Made, Natural and various combinations. the commonality across the each is that they overwhelm the customary and usual systems and services available to a population. Different regions of the country are more at risk. Most persons exposed to disaster situations, though impacted, recover without meeting criteria for a mental disorder. Currently, the evidence-driven early intervention of choice used by our major response agencies continues to be Psychological First Aid (PFA). If not yet trained, consider the PFA Online Course from the NCTSN and NCPTSD as an introduction to working with those exposed to disasters and major traumatic events. There is also a PFA field Operations Guide (2nd Edition) useful for first responder Mental Health providers, which was put together in collaboration with the National Office of the (MRC) Civilian Medical Reserve Corps.

Diagnostic Considerations for those more affected:

Those with more severe or disabling reactions to disaster likely fall across several diagnostic categories, which may or may not also be associated with and complicated by grief and bereavement for a loved one, a livelihood, or property loss in relation to the event. Persons with preexisting or chronic mental illness may be more at risk of relapse and statistically may be more disconnected from the usual social supports and medical care, even before a disaster. Acutely, the category of Adjustment Disorder (modified as appropriate to symptoms type and severity of presentation) may be an appropriate diagnosis in cases where significant reactivity and symptoms are severe enough to require specific therapeutic interventions or cause great disability, even if short term.

This category is largely unchanged in the DSM5. If symptoms are severe enough and prolonged enough to meet the timed and symptomatic requirements for Major Depression (MDD) that may be an appropriate diagnosis over time. Don't forget, the Bereavement Exclusion no longer exists in DSM5. That doesn’t imply that all bereaved persons have MDD. Remember to consider cultural context and an individual’s background when assessing symptoms and presentation. There can be a wide variety of normative expression of loss and bereavement across different cultural, ethnic and religious groups. PTSD is also a potential sequela. (continued...)
**Trauma and Stress Related Disorders**

Because of these variable expressions of clinical distress following exposure to catastrophic or aversive events, the aforementioned disorders have been grouped under a separate category: trauma- and stressor-related disorders. Furthermore, it is not uncommon for the clinical picture to include some combination of the above symptoms (with or without anxiety- or fear-based symptoms) \((\text{APPI DSM5})\)

Follow the links to the psychiatryonline DSM5 collection (MUSC or subscription)

**Adjustment Disorder**

**Acute Stress Disorder**

**PTSD**

---

**Would you or your patients be ready if there were a local Emergency or Disaster?**

- **Get a Kit.**
- **Make a Plan.**
- **Be Informed.**
- **Get Involved.**

---

**Major Revisions**

Overview Summary of Major Changes DSMIV to DSM5 \((\text{APA})\)

Chart of Major Changes from IV to 5 \((\text{Psychiatric Times})\)

End of Multiaxial Diagnosis \((\text{APA})\)

Quick and Dirty DSM5 Charts \((\text{Psychiatric Times})\)