CHANGING THE DSM MULTIAXIAL SYSTEM

From Division to Integration

The upcoming fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) structures clinical assessment differently than past editions by switching to a unified system aimed at improving diagnosis and care, informing new research, and facilitating global information sharing.

Until now, DSM has organized clinical assessment into five areas, or axes, addressing the different aspects and impact of any disorder. Mental disorders were grouped on the first two axes, general medical conditions and physical disorders were on the third axis, and contributing stressors and a functioning scale appeared on the fourth and fifth axes. This configuration divided disorders into multiple categories and created an arbitrary hierarchy of mental disorders between the first two axes. It also implied a separation of mental disorders from other medical disorders, when in fact mental disorders are medical disorders.

The multiaxial system was introduced to help guide clinical assessment and ensure adequate attention to all mental disorders. But serious problems emerged, which have had negative consequences for clinicians, patients, and researchers alike.

To address these issues, DSM-5 assesses disorders through an approach that is aligned with international classification systems and reflects the scientific knowledge gained over the past several decades.

A Single Axis Approach

With the new assessment system, clinicians will still take note of the same mental, physical, and social considerations as under the multiaxial system to provide comprehensive assessments. They’ll just go about it differently.

DSM-5 combines the first three axes into one that contains all mental and other medical diagnoses. Doing so removes artificial distinctions among conditions, benefitting both clinical practice and research use.

In addition, the current fourth axis, describing contributing stressors, is now represented through an expanded selected set of ICD-9-CM V codes and, from the forthcoming ICD-10-CM, Z codes. These V and Z codes provide ways for clinicians to indicate other conditions or problems that may be a focus of clinical attention or otherwise affect the diagnosis, course, prognosis, or treatment of a mental disorder (such as relationship problems between the patient and their intimate partner).
Finally, *DSM-IV*’s fifth axis, providing an assessment of functioning scale, was removed from *DSM-5* due to its conceptual lack of clarity and questionable use in routine clinical practice. Instead, the World Health Organization’s Disability Assessment Schedule, in which disorders and their associated disabilities are conceptually distinct and assessed separately, is recommended as a global measure of disability. This measure is based on an international classification of functioning and disability that is currently used throughout the rest of medicine, thereby bringing *DSM-5* into greater alignment with other medical disciplines.

**Rationale for Change**

The multiaxial system was introduced to *DSM* in part to solve a problem that no longer exists: Certain disorders, like personality disorders, received inadequate clinical attention and research.

The change to a unified assessment system is important for clinicians, patients, and researchers alike. For clinicians, the *DSM-IV* axis system is burdensome and time consuming. Additionally, there is no fundamental difference between mental disorders described on Axis I and those described on Axis II. Some disorders on separate axes identify overlapping patient populations.

Similarly, the separation of mental conditions from other medical conditions is based more on tradition between specialties rather than science. For example, epilepsy used to be categorized on Axis I as a mental disorder. But as it became better understood, it was moved in *DSM-IV* to Axis III as a medical condition. Still, other conditions, such as Alzheimer’s disease, require both psychiatric and neurologic care and don’t fit neatly on one axis or another.

For patients, the division of disorders has caused problems with health care coverage. Some insurance companies have interpreted the axes as a hierarchy, ranking Axis II disorders below other mental disorders.

For researchers, the new unified assessment system brings *DSM-5* into greater harmony with the single-axis approach used in the WHO’s *International Family of Classifications* and *International Classification of Diseases*. Aligning the *DSM* more closely with the WHO manuals will facilitate global sharing of health information as well as inform new research.

Rather than the axial distinctions of the past, the next manual allows clinicians and researchers to assess disorders through a more unified approach that reflects the latest scientific knowledge and is aligned with international classifications. Ultimately, the change will improve patient diagnosis and care and benefit research both here and abroad.
DSM is the manual used by clinicians and researchers to diagnose and classify mental disorders. The American Psychiatric Association (APA) will publish DSM-5 in 2013, culminating a 14-year revision process. For more information, go to www.DSM5.org.

APA is a national medical specialty society whose more than 36,000 physician members specialize in the diagnosis, treatment, prevention and research of mental illnesses, including substance use disorders. Visit the APA at www.psychiatry.org and www.healthminds.org.