

The DRAM, Vol. 9(5) - A DUI but no diagnosis? How DSM-5 might impact the identification of Alcohol Use Disorders

May 8, 2013

Imagine a man who drinks in dangerous situations, such as when driving, but doesn't meet any other criteria for alcohol use disorders. According to the DSM-IV, this man is experiencing alcohol abuse. The DSM-IV separates alcohol use disorders (AUDs) into alcohol abuse, characterized by serious negative consequences due to drinking, and alcohol dependence, characterized by physical symptoms related to drinking (APA, 1994); it also requires only one criterion for a diagnosis of alcohol abuse. However, under the new DSM-5 guidelines scheduled to be released this month, our hypothetical man's diagnostic situation would change. The DSM-5 does not make separate diagnoses for alcohol abuse and dependence but makes a single diagnosis of AUD along a severity continuum and requires a minimum of two criteria. In addition, the DSM-5 substitutes a current criterion related to legal consequences of alcohol for a new criterion related to alcohol craving. This week the DRAM reviews a study that investigated how these potential changes will affect diagnosis and prevalence of AUDs (Agrawal, Heath & Lynsky, 2011).

Methods

- Researchers used Wave II data from 34,653 respondents to the National Epidemiological Survey on Alcohol and Related Conditions (NESARC) (Grant et al, 2004).
- NESARC used the Alcohol Use Disorders and Associated Disabilities Schedule (AUDADIS-IV) to collect information about both DSM-IV and DSM-5 alcohol use disorder criteria (Grant et al., 2003). Criteria included:

Criterion*	DSM-IV Alcohol Abuse	DSM-IV Alcohol Dependence	DSM-5 Alcohol Use Disorder
Alcohol-related legal problems	✓		
Alcohol-related failure to fulfill obligations	✓		✓
Recurrent drinking in hazardous situations**	✓		✓
Continued drinking despite problems	✓		✓
Tolerance		✓	✓
Withdrawal		✓	✓
Drinking more/more often than intended		✓	✓
Unable to quit/cut back drinking		✓	✓
Spent a lot of time drinking/recovering		✓	✓
Gave up important activities due to drinking		✓	✓
Continued drinking despite consequences		✓	✓
Craving			✓

* Each criterion is represented by one to three AUDADIS items

** Includes an item measuring drinking and driving.

Results

- 9.7% of NESARC Wave II respondents qualified for alcohol abuse or alcohol dependence (DSM-IV), while 10.8% of the sample qualified for an AUD as defined by DSM-5.
- As shown in the Figure, 1,033 people who did not qualify for alcohol abuse or alcohol dependence according to DSM-IV criteria qualified for an alcohol use disorder according to DSM-5 criteria. All of these were classified as having a moderate AUD.
 - o Only 16.1% (n= 166) of these respondents endorsed the new DSM-5 “craving” criterion.
- A total of 659 people who qualified for alcohol abuse or alcohol dependence according to DSM-IV criteria did not qualify for an AUD according to DSM-5 criteria.
 - o The overwhelming majority of these people (96.5%; n= 636) endorsed the criterion for drinking in hazardous situations, in particular an item measuring drinking and driving.

DSM-IV Diagnosis (Past 12-Month)	DSM-V Diagnosis (Past 12-Month)			Total
	No Diagnosis (0-1 criteria)	Moderate (2-3 criteria)	Severe (4-11 criteria)	
No Diagnosis	30259	1,033	0	31 292
Alcohol Abuse or Dependence	659	1361	1341	3361
Total	30908	2394	1341	34653

Figure. Diagnoses of AUDs according to DSM-IV and DSM-5 in the NESARC Wave II Sample (adapted from Agrawal, Heath & Lynsky, 2011) Click image to enlarge.

Limitations

- As with any survey that relies on self-report, it is possible that the answers did not accurately reflect actual behavior or symptoms.

Conclusions

The changes in the DSM-5 had a modest positive effect on the prevalence of AUD , though the addition of the craving criterion did not play a major role in this re-classification. Those who met criteria for AUD under DSM-IV but not under DSM-5 were most likely to endorse the criterion for drinking in hazardous situations. This, combined with the fact that the DSM-5 requires a minimum of two criteria, means that people like the man described above switch from a diagnosis of alcohol abuse to no diagnosis at all. Under DSM-5, these individuals could lose important treatment resources. In addition, there is still debate about whether alcohol abuse and alcohol dependence are two fundamentally different disorders that require different treatment approaches; by condensing them into one, we may lose some important information. Finally, future research might focus on further refining and exploring the divisions of “moderate” and “severe” AUD within DSM-5 diagnoses.

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What do you think? Please use the comment link below to provide feedback on this article.

References

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