

“...developing a gold-standard approach to athlete eligibility...”

UPDATE ON DSM-V



WHAT IS DSM 5?

DSM = Diagnostic and Statistical Manual
of Mental Disorders

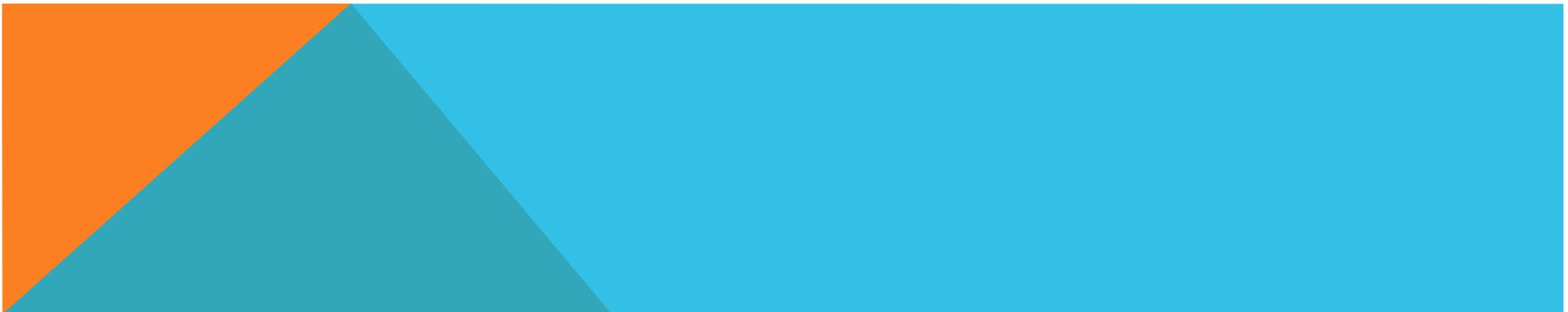
APA = American Psychiatric Association
– who publish the DSM

5 = edition five, revised May 2013



WHY ARE WE CONCERNED WITH IT?

- **Inas adheres to the World health Organisation criteria**
- **The WHO classification system is International Classification of Diseases, edition 10 (ICD-10)**
- **Supplemented by the WHO International Classification of Functioning Disability and Health (ICF)**
- **However, ICD and DSM have been closely aligned, although ICD covers all health issues and DSM just mental health**
- **Many mental health professionals trained in using DSM criteria and therefore may apply these when assessing for intellectual disabilities**
- **Hence, changes in DSM may change how ID is diagnosed**



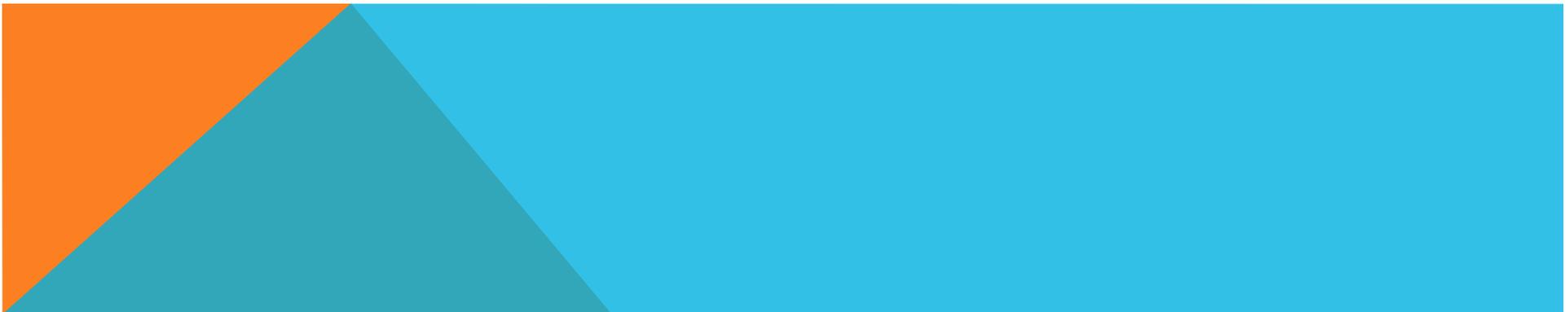
DSM, ICD.....

Table 3 Diagnostic or classification system used in relation to intellectual disabilities (percentages of countries by WHO regions)

	World		Africa	Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	N
	Proportion of countries	Number of countries							
AAMR or AAIDD	15.1%	2	20.6%	16.0%	60.0%	6.4%	23.1%	9.1%	146
DSM-IV	39.7%	58	38.2%	52.0%	40.0%	27.7%	53.8%	45.5%	146
Professional opinion	31.5%	46	50.0%	32.0%	20.0%	23.4%	46.2%	13.6%	146
ICD-10	62.3%	91	41.2%	48.0%	60.0%	89.4%	61.5%	54.5%	146
ICF	14.4%	21	17.6%	12.0%	20.0%	14.9%	15.4%	9.1%	146

WHAT CHANGES OCCURRED IN NEW EDITION OF DSM?

1. Name change – ‘mental retardation’ has been changed to Intellectual Disability to bring it in line with WHO-ICD10, and other common usage.
2. De-emphasis on IQ test scores and more emphasis on comprehensive assessment – IQ scores have been removed from the diagnostic criteria, but remain in the descriptive text.
3. The same IQ cut off scores remains and the use of ‘approximately two standard deviations’ in relation to these scores remain. The emphasis on the effect of lowered intelligence across the three dimensions of conceptual, social and practical adaptive behaviour remains the same.



WHAT CHANGES OCCURRED IN NEW EDITION OF DSM?

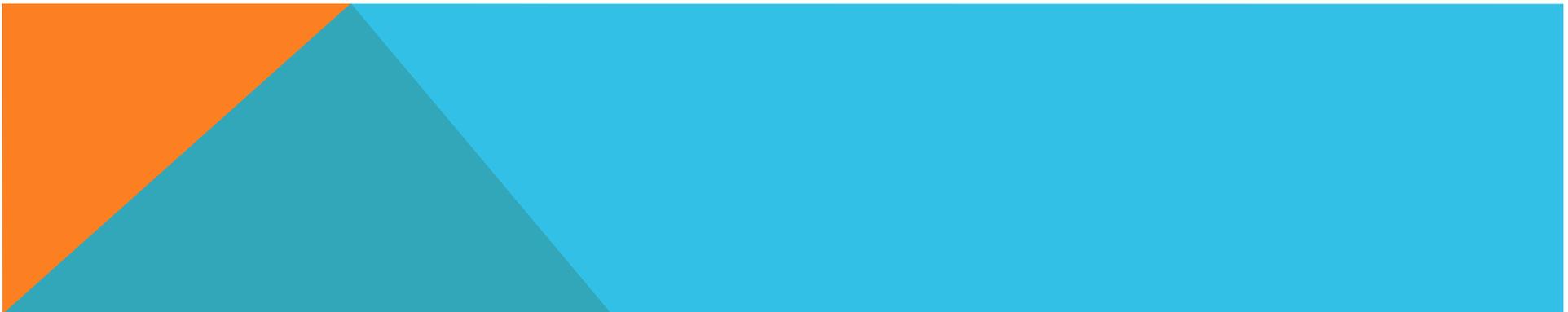
4. New term 'Autistic Spectrum Disorder (ASD) introduced

reflecting a scientific consensus that four previously separate disorders are actually a single condition with different levels of symptom severity in two core domains, both of which must be present 1) deficits in social communication and social interaction and 2) restricted repetitive behaviours, interests, and activities (RRBs).



IMPLICATIONS FOR INAS?

1. Differences between DSM and ICD 10 reduced – endorsing our current practices
2. The reduction of emphasis on strict IQ cut off points and greater emphasis on comprehensive assessment is welcomed and is in accordance with our current practices.
3. Reduction in multiple diagnoses relating to Autism, but recognition of great co-morbidity between ID and Autism (50-70%)
4. Our central eligibility criteria are IQ, AB & age of onset, so athletes both with and without autism may enter the master list.



ACTIONS?

1. No change
2. ICD 11 is due out in 2017 and we will review procedures then

