

Ask the Expert

Kevin St. P. McNaught, Ph.D.



Kevin St. P. McNaught, Ph.D., is Vice President for Medical and Scientific Programs at TSA. Below, he comments on the proposed changes to the classification and diagnostic criteria of Tourette Syndrome in the forthcoming DSM-V.

What is the DSM? The Diagnostic and Statistical Manual of Mental Disorders (DSM) is a book that was first published in 1952 by the American Psychiatric Association. The book continues to be updated and published by the APA. The current version, referred to as DSM-IV, was published in 2000. The DSM provides detailed description, diagnostic criteria and classification of a wide range of psychiatric conditions and some neurological disorders. Tourette's disorder (the name for Tourette syndrome used in the DSM) and other tic disorders are included in the book.

Who uses the DSM and why is it important? The information provided in the DSM is used widely by physicians for diagnosing medical conditions. The book is also used by health care providers and insurance companies for managing reimbursement of medical care for individuals with mental disorders. Thus, the DSM has become a very important publication, and is widely used in the provision and management of care for people who have psychiatric and some neurological conditions.

Why is the DSM being revised and when will the new version be released? The DSM is revised periodically as physicians, psychologists, scientists, researchers and others gain a better understanding of existing mental disorders and as new conditions are discovered. This helps to keep the information in the DSM up-to-date, accurate and presented clearly. Preparations are now underway for the next revision of the book, to be called DSM-V, expected to be released in May 2013.

I have heard that several changes are being proposed for TS in the forthcoming DSM-V. Is this true? Yes. There are several changes to the diagnostic criteria being proposed for Tourette's disorder in DSM-V. A draft of these proposed changes has been posted on the American Psychiatric Association's website for public review and comment. The TSA encourages the TS community to visit the DSM-V

website, www.dsm5.org to learn more about the proposed changes for tic disorders.

What are the proposed changes to TS in DSM-V and what is TSA's response? The following are the major recommendations by the DSM-5 work group, a panel of experts responsible for revising the manual. Each recommendation is followed by TSA's position which has been developed in collaboration with members of TSA's Medical Advisory Board. The TSA submitted these comments to the DSM-V work group for consideration.

1: In the current version, DSM-IV, Tourette's disorder (TD) is listed in the section entitled "Disorders Usually First Diagnosed In infancy, Childhood or Adolescence." For now, the DSM-5 Work Group is recommending that Tourette's disorder remain in this section in the upcoming DSM-5. However, the DSM Work Group does make note of the fact that there is a possibility that the entire section "Disorders Usually First Diagnosed In infancy, Childhood or Adolescence" might be eliminated in the next DSM-5 edition. If that were to happen, then the DSM Work Group would recommend moving Tourette's disorder over to the section entitled "Anxiety and Obsessive-Compulsive Disorders."

TSA response: The TSA strongly recommends that Tourette's disorder/tic disorders not be included in a section that is entitled "Anxiety and Obsessive-Compulsive Disorders." We believe that grouping tic disorders under the rubric of anxiety and obsessive compulsive disorders is not accurate. Essentially, tic disorders are movement disorders, and thus are best represented as neurological conditions. Tic disorders are not anxiety disorders and they are sufficiently distinct from obsessive compulsive disorder to warrant not being subsumed under this category. In addition, for many years, the TSA and the broader TS community, along with countless medical professionals, have worked to dispel the misleading notion that TS is,

at its root, a psychiatric condition. We are concerned that grouping TD with "Anxiety and Obsessive-Compulsive Disorders" in DSM-5 will represent the condition solely as a psychiatric illness. This categorization would prove very confusing, would lead to renewed stigma and potential discrimination, as well as serve to reverse many years of successful advocacy on behalf of children and adults with TD.. Therefore, the TSA supports the retention of TD in the category of "Disorders Usually First Diagnosed In infancy, Childhood or Adolescence" in the DSM-5. If this is not possible, then we suggest that tic disorders be placed under a different or newly created category that is more suitable for these neurological disorders.

2. In DSM-5, it has been proposed that a diagnosis of chronic tic disorders – e.g. Tourette's disorder and Chronic Motor or Vocal Tic Disorder can be made if tics persist for more than one year, beginning at first onset and regardless of a tic-free period during that time. This criterion eliminates the maximum three months tic free interval which was specified in DSM-IV. The rationale for the requirement for a maximum of a three month tic interval was an effort to assure that the chronic tic disorder was indeed chronic.

TSA response: The TSA supports these revised diagnostic criteria. Our medical experts suggest that most doctors make a diagnosis of a chronic tic disorder based on the duration of symptoms from first tic onset and they do not adhere to the maximum 3 month tic free interval. This change is consistent with our experts' actual practice, and simplifies the assessment of chronic tic disorders.

3. In DSM-5, it is recommended that the term "stereotyped" be removed from the descriptive definition of a tic which was present in previous versions of the manual. The new proposed definition is: "A tic is a sudden, rapid, recurrent, non-rhythmic motor movement or vocalization."

TSA response: The aim of this change is to make it easier for physicians to distinguish between tics and stereotypic movements seen in children and adults. Although tics are clearly stereotyped movements, the TSA understands that the use of the term in the definition may create confusion and misdiagnoses. On the other hand, the proposed description of a tic does not capture the relative stability in tic symptoms within and across individuals. It is hoped that the committee will note this feedback and consider revising the definition of a tic so that it is both accurate and does not lead to misdiagnoses.

What can the TSA and the TS community do about the proposed changes? TSA recognizes the importance of the classification and description of Tourette's disorder in the DSM, and we are committed to doing all we can to ensure that the disorder is presented accurately and clearly in the forthcoming revision of the manual.

In April 2010 of this year, the TSA, in conjunction with our MAB, developed a document in which we commented on the proposed changes to TS and other tic disorders. This document was submitted to the relevant DSM Work Group and was also released to the public. We are aware that many physicians and other professionals, as well as people touched by the disorder, have also submitted comments to the Work Group.

The consultation, review and amendment of the classification and description of TS and other disorders for DSM-V will continue for some time. We are hoping that there will be other opportunities for input from TSA, professionals and the general public, before the new manual is published (May 2013). Should there be further developments or opportunities in this area, we will inform our community.

