

Symposium

📅 2025年9月25日(木) 16:25 ~ 17:55 🏛️ Session Room 1 (Main Hall A)

[Symposium 14] Recent Advances in Psychiatric Classification: DSM and ICD

Moderator: Michael First (Columbia/NYS Psychiatric Institute)

[SY-14]

Recent Advances in Psychiatric Classification: DSM and ICD

Michael First¹, Kimberly Yonkers², Roberto Lewis-Fernandez¹, Shigenobu Kanba³
(1.Columbia/NYS Psychiatric Institute(United States of America), 2.Univ. of Massachusetts Chan Medical School/U Mass Memorial Medical Center(United States of America), 3.Kyushu Univ(Japan))

[SY-14-01]

DSM-5-TR Overview

*Michael B First (Columbia University(United States of America))

[SY-14-02]

The DSM Steering Committee - What, Why and How it Does What it Does

*Kimberly A Yonkers (UMass Memorial Health and UMass Chan Medical School(United States of America))

[SY-14-03]

Fundamental questions for the future of the DSM

*Roberto Lewis-Fernandez (Columbia/NYS Psychiatric Institute(United States of America))

[SY-14-04]

Implementation of ICD-11 into Japanese psychiatry

*Shigenobu Kanba (Kyushu University(Japan))

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キーワード : DSM、ICD、Psychiatric classification

This symposium will focus on the recent advances in the development of the Diagnostic and Statistical Manual (DSM). We will discuss the development of DSM-5-TR, which dealt with improvements in the text of DSM (including the work of the cross-cutting culture review group) and which incorporated the changes that were approved until that time by the standing DSM Steering Committee (including the addition of a new disorder, Prolonged Grief Disorder). We will also discuss the work and organization of the standing Steering Committee, which reviews all the recommendations submitted by the field for changes to the Manual, starting right after the publication of DSM-5 until the present day. The symposium will also touch on the current plans for the next DSM. Profs. Yonkers and Lewis-Fernández are the Chair and a Vice Chair of this standing Steering Committee and Prof. First is a member of this Committee and was the Editor-in-Chief of DSM-5-TR. Prof. Kanba will discuss the situation in Japan, comparing the DSM-5-TR to the ICD-11.

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[SY-14-01] DSM-5-TR Overview

*Michael B First (Columbia University(United States of America))

キーワード : DSM-5-TR、ICD-11、Diagnosis、Classification

DSM-5-TR, the latest edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, is the product of two separate but complimentary revision processes: the DSM iterative Revision Process (2014-2021) and Text Revision Development Process (2018-2021). Approved changes to criteria that were the product of the DSM iterative revision process were integrated on an ongoing basis into the on-line version of DSM (psychiatryonline.org/dsm), with notices of changes posted on the DSM-5 website (dsm5.org). The goal of the text revision process was to comprehensively review and update the DSM text (hence "TR" designation) which becomes incrementally obsolete owing to advances in psychiatric knowledge. Moreover, the inclusion of new DSM text sections more closely tied to etiology and pathophysiology and thus more rapidly evolving (i.e., Risk and Prognostic Factors, Diagnostic Markers) increases susceptibility of the text to becoming outdated. The texts for most disorders had at least some revisions, with the majority having significant revisions. Text sections most extensively updated were (in order) "Prevalence," "Risk and Prognostic Factors," "Culture-related Diagnostic Features," "Sex- and Gender-related Diagnostic Features," "Association with Suicidal Thoughts and Behaviors," and "Comorbidity," with the fewest updates to "Diagnostic Features" and "Differential Diagnosis." Substantive changes to DSM-5-TR included the inclusion of Prolonged Grief Disorder as an official disorder, the addition of symptom codes for Current (and History of) Suicidal Behavior and Current (and history of) nonsuicidal self-injury, each of which can be applied cross-diagnostically. Other notable changes involved the Narcolepsy specifiers (cataplexy/hypocretin deficiency), the restoration of the DSM-IV Unspecified Mood Disorder category for cases (e.g., acute agitation) in which it is not possible to choose between unspecified bipolar disorder and unspecified depressive disorder.

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[SY-14-02] The DSM Steering Committee - What, Why and How it Does What it Does

*Kimberly A Yonkers (UMass Memorial Health and UMass Chan Medical School(United States of America))

キーワード：DSM、Diagnostic and Statistical Manual、Psychiatric Diagnosis

The Diagnostic and Statistical Manual (DSM-5) is an evolving document that seeks to classify mental disorders and their correlates. Since development of DSM-5, APA established a steering committee that would assess potential modifications to the manual that are driven by changes in science and community needs such as parallelism with the International Classification of Diseases. The application for initiating changes is rigorous as are the vetting procedures. This presentation will provide background on this process, the changes that were made and will comment on the differences between the DSM Steering Committee and the new Committee looking forward to the next version of DSM.

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[SY-14-03] Fundamental questions for the future of the DSM

*Roberto Lewis-Fernandez (Columbia/NYS Psychiatric Institute(United States of America))

キーワード : DSM、cultural psychiatry、psychiatric classification

The role of cultural psychiatry in the Diagnostic and Statistical Manual (DSM) has grown considerably since DSM-III (1980). DSM-5-TR (2022) now includes dedicated sections on cultural issues in the general introduction and disorder chapters as well as a separate *Culture and Psychiatric Diagnosis* chapter, which includes the Outline for Cultural Formulation and the Cultural Formulation Interview. The American Psychiatric Association is beginning to explore the next iteration of the DSM, which is due in several years. This iteration is faced with two unresolved questions relating to cultural material: 1) how to fully integrate findings on global phenomenological variation? and 2) what is the role of social-structural factors in the onset and evolution of mental disorders? Integrating phenomenological variation is thwarted by the nomothetic approach that characterizes DSM since 1980, evidencing the Manual's decision to prioritize a premature reliability over local and person-centered validity. The impact of ways of societal organization (e.g., laws, overarching political ideologies and mores) that give rise to specific social determinants of mental health raises questions about the role of social environments in the etiology and pathophysiology of mental disorders. How fundamental are social conditions to the building blocks of disorder in addition to their role as determinants of service use? This presentation will describe these two questions and provide alternatives for future DSMs.

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[SY-14-04] Implementation of ICD-11 into Japanese psychiatry

*Shigenobu Kanba Kanba (Kyushu University(Japan))

キーワード : ICD-11、DSM-5TR、classification

In Japan, the "Statistical Classification of Diseases, Injuries, and Deaths," based on the International Classification of Diseases (ICD), has been established as a statistical standard under the Statistical Law. The ICD is widely utilized for cause-of-death and disease classification in official statistics—such as Vital Statistics, patient surveys, and social medical practice statistics—as well as in medical records within healthcare institutions. Efforts have been made to align the Japanese terminology of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) with that of the ICD-11 wherever feasible. Following the publication of the Japanese version of DSM-5, the Liaison Committee of the Japanese Society of Psychiatry and Neurology (JSPN) continued to work on ICD-11 disease nomenclature. They solicited public comments in June 2018 and conducted a questionnaire survey in February 2019. Based on these inputs, a draft was reviewed and reported to the Delegate Assembly at the JSPN Annual Meeting in June 2019. Subsequently, in November 2019, the Society's draft was presented to the Terminology Management Committee of the Japanese Medical Association. In 2021, the ICD-11 Office of the Ministry of Health, Labour, and Welfare officially requested the JSPN to translate disease names and terms. During the translation of the DSM-5-TR into Japanese in 2023, the society's draft of ICD-11 disease names and terms was applied. The ICD-11 Committee has been simultaneously translating the Clinical Descriptions and Diagnostic Requirements (CDDR) into a Japanese version endorsed by the JSPN. In my lecture, I will discuss the history of introducing ICD-11 to Japan and the changes it will bring to clinical psychiatry.