<table>
<thead>
<tr>
<th>Anxiety Disorder</th>
<th>Brief Description</th>
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</table>
| Separation Anxiety (309.21 [F93.0]) | Fear of, or anxiety about, being separated from attachment figures to a degree that is developmentally inappropriate. | • Moved from Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence section of DSM-IV-TR to DSM-5 Anxiety chapter.  
• Core features unchanged, except now:  
  • Reflects fact that can continue into adulthood (e.g., behaviors may occur in workplace; attachment figure may be child vs. parent).  
  • Must last at least 4 weeks in children & adolescents & 6 + months in adults |
| Selective Mutism (312.23 [F94.0]) | Persistent failure to speak in specific social situations where speaking is expected such as at school or with playmates. | • Moved from Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence section of DSM-IV-TR to DSM-5 Anxiety chapter.  
• Criteria largely unchanged. |
| Panic Disorder (300.01 [F41.0]) | Experience of recurrent, unexpected, panic attacks (i.e., “abrupt surges of intense fear or intense discomfort that reach a peak within minutes” and are accompanied by physical and/or cognitive symptoms) with concern or worry for one month or more about having more panic attacks or changes his/her behavior in maladaptive ways because of the panic attacks. | • Panic “attacks” are now specifiers that can accompany any DSM-5 disorder and serve as a prognostic factor for severity of diagnosis, course, and comorbidity.  
• Panic Disorder and Agoraphobia are now unlinked, whereas previously two disorders were potentially coded (i.e., Panic Disorder with Agoraphobia (300.21) and Agoraphobia without history Panic Attack (300.22); therefore co-occurrence of these disorders is reflected by coding both Panic Disorder and Agoraphobia.  
• Requires now endorsement of fears from two or more agoraphobia situations.  
• Now reflects consistency with other anxiety disorder criteria (e.g., clinician judgment of fears as being out of proportion to actual danger). |
| Agoraphobia (300.22 [F40.0]) | Fear or anxiety about two or more situations including the use of public transportation, being in open spaces, being in enclosed places, standing in line, being in a crowd, or being outside of the home alone in other situations. | • Panic Disorder and Agoraphobia are now unlinked, whereas previously two disorders were potentially coded (i.e., Panic Disorder with Agoraphobia (300.21) and Agoraphobia without history Panic Attack (300.22); therefore co-occurrence of these disorders is reflected by coding both Panic Disorder and Agoraphobia.  
• Shift in duration criteria, which now requires duration of at least 6 months regardless of age (previously was required only for individuals younger than 18).  
• Slight revision to criteria highlighting fear/anxiety is out of proportion to the social situation (clinician judgment). No longer requires individual to recognize that the fear/anxiety is excessive or unreasonable.  
• Different types of phobias unchanged, however are now identified as specifiers. |
| Specific Phobia (300.29) | Fear or anxiety about exposure to a specific feared object or situation, i.e., the phobic stimulus, and often avoid the object or situation. | • Shift in duration criteria, which now requires duration of at least 6 months regardless of age (previously was required only for individuals younger than 18).  
• Slight revision to criteria highlighting fear/anxiety is out of proportion to the social situation (clinician judgment). No longer requires individual to recognize that the fear/anxiety is excessive or unreasonable.  
• Different types of phobias unchanged, however are now identified as specifiers. |
<p>| Social Anxiety (300.23 [F40.10]) | Characterized by an individual who is fearful or anxious about or avoidant of social interactions and situations that involve the possibility of being scrutinized. | • Slight revision to criteria highlighting fear/anxiety is out of proportion to the social situation (clinician judgment). No longer requires individual to recognize that the fear/anxiety is excessive or unreasonable. |
| Obsessive-Compulsive (300.3) | DSM-5 Obsessive-Compulsive and Related Disorders was created to reflect the relatedness of these disorders in terms of diagnostic validators and clinical utility of grouping. | • Moved to create independent chapter |
| Post-traumatic Stress (309.81) | DSM-5 Trauma- and Stressor-Related Disorders chapter now includes PTSD and disorders in which exposure to a traumatic or stressful event is listed explicitly as a diagnostic criterion. | • Moved to create independent chapter |</p>
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<td>Generalized Anxiety (300.02 [F41.1])</td>
<td>Persistent and excessive anxiety and worry about various domains that the individual finds difficult to control.</td>
<td>• Criteria remain essentially the same.</td>
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| Anxiety Disorder due to Another Medical Condition (293.84 [F06.4]) | Anxiety symptoms are the direct physiological consequence of a general medical condition. | • Slight change to name (from Anxiety Disorder due to General Medical Condition) reflecting general changes to all disorders in DSM-5.  
• Criteria remain essentially the same.  |
| Substance/Medication-Induced Anxiety Disorder         | Panic attacks or anxiety due to substance intoxication or withdrawal or to a medication treatment | • Slight name change (from Substance-induced Anxiety Disorder) reflecting general changes to all disorders in DSM-5.  
• Criteria remain essentially the same. |
| Other Specified Anxiety Disorder (300.09 [F41.8])     | Applies when symptoms characteristic of an anxiety disorder predominate but do not meet full criteria for any of the disorders and the clinician wishes to record the specific reason. | • DSM-IV-TR category of Anxiety Disorder Not Otherwise Specified further differentiated into Other Specified and Unspecified Anxiety Disorders, reflecting general changes to all disorders in DSM-5.  
• Offers several specific types (including two options for cultural concepts of distress):  
  • Limited-symptom attacks  
  • Generalized anxiety not occurring more days than not  
  • Khyîl cap (wind attacks)  
  • Ataque de nervios (attack of nerves) |
| Unspecified Anxiety Disorder (300.00 [F41.9])         | Applies when symptoms characteristic of an anxiety disorder predominate but do not meet full criteria for any of the disorders and the clinician does not wish to record the specific reason, or there is insufficient information to make the diagnosis. | • DSM-IV-TR category of Anxiety Disorder Not Otherwise Specified further differentiated into Other Specified and Unspecified Anxiety Disorders, reflecting general changes to all disorders in DSM-5. |