

#### Handout 4: Kraynak & Hart's (2014) Description of and Changes to Anxiety Disorders

| Anxiety Disorder                      | Brief Description   | Changes   |
|---------------------------------------|---|---|
| Separation Anxiety (309.21 [F93.0])   | Fear of, or anxiety about, being separated from attachment figures to a degree that is developmentally inappropriate.   | <ul style="list-style-type: none"> <li>Moved from Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence section of DSM-IV-TR to DSM-5 Anxiety chapter.</li> <li>Core features unchanged, except now: <ul style="list-style-type: none"> <li>Reflects fact that can continue into adulthood (e.g., behaviors may occur in workplace; attachment figure may be child vs. parent).</li> <li>Must last at least 4 weeks in children &amp; adolescents &amp; 6 + months in adults</li> </ul> </li> </ul>   |
| 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.   | <ul style="list-style-type: none"> <li>Moved from Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence section of DSM-IV-TR to DSM-5 Anxiety chapter.</li> <li>Criteria largely unchanged.</li> </ul>  |
| 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. | <ul style="list-style-type: none"> <li>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.</li> <li>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 <i>and</i> Agoraphobia.</li> </ul>  |
| 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.  | <ul style="list-style-type: none"> <li>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 <i>and</i> Agoraphobia.</li> <li>Requires now endorsement of fears from two or more agoraphobia situations.</li> <li>Now reflects consistency with other anxiety disorder criteria (e.g., clinician judgment of fears as being out of proportion to actual danger).</li> </ul> |
| 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.  | <ul style="list-style-type: none"> <li>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).</li> <li>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.</li> <li>Different types of phobias unchanged, however are now identified as specifiers.</li> </ul>  |
| 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.   | <ul style="list-style-type: none"> <li>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.</li> </ul>   |
| <i>Obsessive-Compulsive (300.3)</i>   | <i>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.</i>   | <ul style="list-style-type: none"> <li><i>Moved to create independent chapter</i></li> </ul>  |
| <i>Post-traumatic Stress (309.81)</i> | <i>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.</i>   | <ul style="list-style-type: none"> <li><i>Moved to create independent chapter</i></li> </ul>  |

| <b>Anxiety Disorder</b>  | <b>Brief Description</b>   | <b>Changes</b>   |
|--|--|--|
| Generalized Anxiety (300.02 [F41.1])                               | Persistent and excessive anxiety and worry about various domains that the individual finds difficult to control.   | <ul style="list-style-type: none"> <li>• Criteria remain essentially the same.</li> </ul>  |
| Anxiety Disorder due to Another Medical Condition (293.84 [F06.4]) | Anxiety symptoms are the direct physiological consequence of a general medical condition.  | <ul style="list-style-type: none"> <li>• Slight change to name (from Anxiety Disorder due to General Medical Condition) reflecting general changes to all disorders in DSM-5.</li> <li>• Criteria remain essentially the same.</li> </ul>  |
| Substance/Medication-Induced Anxiety Disorder                      | Panic attacks or anxiety due to substance intoxication or withdrawal or to a medication treatment  | <ul style="list-style-type: none"> <li>• Slight name change (from Substance-induced Anxiety Disorder) reflecting general changes to all disorders in DSM-5.</li> <li>• Criteria remain essentially the same.</li> </ul>  |
| 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 <i>and</i> the clinician wishes to record the specific reason.  | <ul style="list-style-type: none"> <li>• 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.</li> <li>• Offers several specific types (including two options for cultural concepts of distress): <ul style="list-style-type: none"> <li>• Limited-symptom attacks</li> <li>• Generalized anxiety not occurring more days than not</li> <li>• <i>Khyâl cap</i> (wind attacks)</li> <li>• <i>Ataque de nervios</i> (attack of nerves)</li> </ul> </li> </ul> |
| 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 <i>and</i> the clinician <i>does not</i> wish to record the specific reason, <i>or</i> there is insufficient information to make the diagnosis. | <ul style="list-style-type: none"> <li>• 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.</li> </ul>  |

*Note.* From Kraynak & Hart (2014).

Disorders in italics have been moved from the chapter on Anxiety Disorders in DSM-5. Adapted from “Diagnostic and statistical manual of mental disorders” (5<sup>th</sup> ed.; DSM-5) by the American Psychiatric Association (APA), 2013a, Washington, DC: American Psychiatric Press, and “Highlights of changes from DSM-IV-TR to DSM-5,” APA, 2013b, retrieved from <http://www.psychiatry.org/dsm5>