# **Communicating a DSM-5 Diagnosis**

The DSM-5 manual provides little guidance on how a DSM-5 diagnosis should be communicated in writing. However, as clinicians, we need to consider both the *purpose* of our communication and the *audience* for that communication. As professionals, we must also consider the potential misuse of documents by others, which will influence the way that we present our findings. This document will provide some guidance for clinicians.

#### What does DSM-5 say about presenting diagnostic conclusions?

- DSM-5 does not tell us how we must present our diagnostic conclusions.
- DSM-5 does state that there is no axial framework for presenting results.
- DSM-5 does insist that the principal diagnosis be listed first, and suggests that in most cases the qualifying phrase "(*principal diagnosis*)" or "(*reason for visit*)" should be added afterwards. (The *principal diagnosis* is considered to be the mental health condition that is the primary reason for the referral, or that is the main focus of clinical attention or treatment.)
- DSM-5 does insist that multiple diagnoses must be presented in a hierarchy descending from the condition of most significance to that of the least concern (i.e., it must reflect the client's presentation at the time of assessment and be based on the reason for referral / focus of clinical attention or treatment).
- DSM-5 does insist that we consider all relevant subtypes and specifiers.
- **DSM-5** <u>does</u> suggest that we consider, and report, psychosocial and contextual factors and influences when formulating and reporting our diagnostic conclusions.
- DSM-5 reminds us that V Codes are not mental disorders.

Although DSM-5 has not provided a clear reporting format, many organizations may choose to develop a model or framework for presenting DSM-5 diagnoses. In addition, some agencies or organizations may have specific requirements or guidelines around what is considered acceptable documentation in order for clients to access services, accommodations, or funding. This can include eligibility for government funding, insurance benefits, and access to disability services. It may also include eligibility for accommodations, supports, or modifications in the workplace, at school, and for high-stakes exams. In addition, documentation for use in the legal system or during legal proceedings will have its own unique requirements.

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The following examples offer suggestions for how to write relevant DSM-5 diagnosis. Note that these examples do not include important information that would be relevant to communicating a diagnostic formulation (e.g., background history, presenting concerns, manifestation and progression of behavioural signs and symptoms over time).

#### Example 1: Client with a single disorder

"Client X presents with symptoms and behaviours that are consistent with a DSM-5 diagnosis of Major Depressive Disorder, Single Episode, Mild (296.21), with Anxious Distress"

- **Note:** Given that there is only one disorder the principle diagnosis would be assumed and it is therefore not required to state: *Principal Diagnosis*.
- **Note:** DSM-5 presents diagnostic specifiers in lowercase rather than capitalized letters. However, in order to ensure that readers recognize that all words are part of the diagnostic description, I recommend that the entire diagnosis be capitalized, including specifiers.

### Example 2: Client with two mental health disorders

"Client Y meets criteria for the following DSM-5 diagnoses:

300.02 Generalized Anxiety Disorder (Principal Diagnosis)

315.00 Specific Learning Disorder, With Impairment in Reading"

## Example 3: Client with two mental health disorders (one a Subtype)

"Client Z meets criteria for the following DSM-5 diagnoses:

309.81 Posttraumatic Stress Disorder" (Principal Diagnosis)

300.4 Persistent Depressive Disorder (Dysthymia), Moderate, With Pure Dysthymic Syndrome, with Peripartum Onset

### Example 4: Client with a mental health disorder and a primary medical condition

"Client P meets criteria for the following DSM-5 and ICD-10 diagnoses:

250 Diabetes Mellitis (Principal Diagnosis)

- 307.51 Bulimia Nervosa, Moderate"
- **Note:** When a medical condition if the primary concern (including medical condition-induced mental disorders), then the principle diagnosis is attached to that disorder.