## Field Trials of New DSM-V Criteria Set to Begin

BY MARY ELLEN SCHNEIDER

his fall, the American Psychiatric Association will begin field trials of the diagnostic criteria and dimensional assessments it plans to include in the next edition of the Diagnostic and Statistical Manual of Mental Disorders.

The field trials will test the reliability, feasibility, and clinical utility of the new diagnostic criteria being proposed, as

well as a completely new element being introduced in the DSM-V—dimensional assessments. These assessments will allow clinicians to rate the symptomatology of their patients on a scale, rather than simply on a categorical or "yes or no" basis, said Dr. William E. Narrow, research director of the DSM-V Task Force.

One reason that the developers of the DSM-V chose to introduce dimensional assessments in this edition is to help clin-

icians document the complex symptom patterns of patients. Under the current DSM edition, a patient could receive three or four primary diagnoses, which is not necessarily clinically useful, Dr. Narrow said. With the addition of dimensional assessments, it could instead be possible to make one or two primary diagnoses and document the rest of the symptoms using the assessments.

The tool also could be useful to clini-

cians by providing quantitative evidence about whether their prescribed treatments are working. And they could help patients to better understand the treatment process by using the assessments as treatment targets. In that way, the dimensional assessment could be treated like a lab test, Dr. Narrow said, and could get patients more involved in their treatment.

"This really has the potential to be a big change in the way that clinicians operate and the way that we interact with our patients," he said.

The developers of DSM-IV considered introducing dimensional assessments but concluded that the field wasn't ready for it, Dr. Narrow said. But since that time, evidence on the use of dimensional assess-



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ments, including the APA's own research on depression assessments, shows that they can be useful and reliable, he said.

But this fall's field testing will provide additional evidence about their use. Specifically, the DSM-V work groups are looking closely at the feasibility of introducing the assessments into most psychiatry practices. There's no question that the assessments will add time; the field trials will shed light on whether it is time well spent, Dr. Narrow said. The DSM-V developers will seek feedback from patients and clinicians about how well the questions are understood, how long the assessments take to fill out, and whether patients and clinicians like them and find them useful.

The field trials also will test how the assessments perform when they are used during follow-up visits. For example, the developers want to find out if the dimensional assessments will accurately track the patient's status and if they aid in making treatment decisions. "We don't want these to replace clinical judgment by any means, but do they help in clinical judgment?" Dr. Narrow said. "Do they confirm what the clinician suspects?"

The testing will take place at various sites around the United States and Canada including general psychiatric clinics, psychiatry office practices, specialty clinics, and primary care settings. Researchers want to include primary care among the trial sites because of the large number of patients with depression, anxiety, and sleep problems who seek care there, Dr. Narrow said.

Some of the field trials will begin in October; all the trials are set to wrap up by the end of 2010, according to Dr. Narrow. Once the field trials have been completed, the bulk of 2011 will be spent writing and reviewing the final DSM-V document, which is scheduled to be published in May 2012.







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