Dementia in DSM-5: A New Ball Game

Dr. Oren Tene

The publication of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in 2013 by the American Psychiatric Association (APA) attracted much attention from researchers, clinicians and the general public. The classification guide, widely referred to as the "psychiatric bible", has vast medical, social, moral, philosophical and economic implications in a world in which the definition of a medical condition as an illness adds millions of new clients to the pharmaceutical industry.

The interest in the publication was justified, as the DSM-5 did not only transform its digits from Latin to western (Arabic) figures (DSM-5 and not V), but also introduced major changes to many psychiatric diagnoses. The chapter of neurocognitive disorders was not spared in this aspect, and got its fair share of innovations, mainly the introduction of a new and already controversial diagnosis – "mild neurocognitive disorder". Another change refers to the name we all commonly use, dementia. DSM-5 aims to replace this name altogether with the term "major neurocognitive disorder", but "allows its future use for continuity and in settings where physicians and patients are accustomed to this term."

The following talk will highlight the major changes in classification of dementia in DSM-5 and focus on vascular dementia.