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PTSD: National Center for PTSD

PTSD and DSM-5

In 2013, the American Psychiatric Association revised the PTSD diagnostic criteria in the fifth edition of its *Diagnostic and Statistical Manual of Mental Disorders (DSM-5; 1)*. PTSD is included in a new category in *DSM-5*, Trauma- and Stressor-Related Disorders. All of the conditions included in this classification require exposure to a traumatic or stressful event as a diagnostic criterion. For a review of the *DSM-5* changes to the criteria for PTSD, see the American Psychiatric Association website on Posttraumatic Stress Disorder [↗](#).

DSM-5 Criteria for PTSD

Full copyrighted criteria are available from the American Psychiatric Association (1). All of the criteria are required for the diagnosis of PTSD. The following text summarizes the diagnostic criteria:

Criterion A (one required): The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s):

- Direct exposure
- Witnessing the trauma
- Learning that a relative or close friend was exposed to a trauma
- Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics)

Criterion B (one required): The traumatic event is persistently re-experienced, in the following way(s):

- Intrusive thoughts
- Nightmares
- Flashbacks
- Emotional distress after exposure to traumatic reminders
- Physical reactivity after exposure to traumatic reminders

Criterion C (one required): Avoidance of trauma-related stimuli after the trauma, in the following way(s):

- Trauma-related thoughts or feelings
- Trauma-related reminders

Criterion D (two required): Negative thoughts or feelings that began or worsened after the trauma, in the following way(s):

- Inability to recall key features of the trauma

- Overly negative thoughts and assumptions about oneself or the world
- Exaggerated blame of self or others for causing the trauma
- Negative affect
- Decreased interest in activities
- Feeling isolated
- Difficulty experiencing positive affect

Criterion E (two required): Trauma-related arousal and reactivity that began or worsened after the trauma, in the following way(s):

- Irritability or aggression
- Risky or destructive behavior
- Hypervigilance
- Heightened startle reaction
- Difficulty concentrating
- Difficulty sleeping

Criterion F (required): Symptoms last for more than 1 month.

Criterion G (required): Symptoms create distress or functional impairment (e.g., social, occupational).

Criterion H (required): Symptoms are not due to medication, substance use, or other illness.

Two specifications:

- **Dissociative Specification.** In addition to meeting criteria for diagnosis, an individual experiences high levels of either of the following in reaction to trauma-related stimuli:
 - Depersonalization. Experience of being an outside observer of or detached from oneself (e.g., feeling as if "this is not happening to me" or one were in a dream).
 - Derealization. Experience of unreality, distance, or distortion (e.g., "things are not real").
- **Delayed Specification.** Full diagnostic criteria are not met until at least six months after the trauma(s), although onset of symptoms may occur immediately.

Note: *DSM-5* introduced a preschool subtype of PTSD for children ages six years and younger.

How Do the *DSM-5* PTSD Symptoms Compare to *DSM-IV* Symptoms?

Overall, the symptoms of PTSD are generally comparable between *DSM-5* and *DSM-IV*. A few key alterations include:

- The revision of Criterion A1 in *DSM-5* narrowed qualifying traumatic events such that the unexpected death of family or a close friend due to natural causes is no longer included.
- Criterion A2, requiring that the response to a traumatic event involved intense fear, hopelessness, or horror, was removed from *DSM-5*. Research suggests that Criterion A2 did not improve diagnostic accuracy (2).
- The avoidance and numbing cluster (Criterion C) in *DSM-IV* was separated into two criteria in *DSM-5*: Criterion C (avoidance) and Criterion D (negative alterations in cognitions and mood). This results in a requirement that a PTSD diagnosis includes at least one avoidance symptom.
- Three new symptoms were added:
 - Criterion D (Negative thoughts or feelings that began or worsened after the trauma): Overly negative thoughts and assumptions about oneself or the world; and, negative affect
 - Criterion E (Trauma-related arousal and reactivity that began or worsened after the trauma): Reckless or destructive behavior

What Are the Implications of the *DSM-5* Revisions on PTSD Prevalence?

Changes in the diagnostic criteria have minimal impact on prevalence. National estimates of PTSD prevalence suggest that *DSM-5* rates were only slightly lower (typically about 1%) than *DSM-IV* for both lifetime and past-12 month (3). When cases met criteria for *DSM-IV*, but not *DSM-5*, this was primarily due the revision excluding sudden unexpected death of a loved one from Criterion A in the *DSM-5*. The other reason was a failure to have one avoidance symptom. When cases met criteria for *DSM-5*, but not *DSM-IV*, this was primarily due to not meeting *DSM-IV* avoidance/numbing and/or arousal criteria (3). Research also suggests that similarly to *DSM-IV*, prevalence of PTSD for *DSM-5* was higher among women than men, and increased with multiple traumatic event exposure (3).

References

1. American Psychiatric Association. (2013) Diagnostic and statistical manual of mental disorders, (5th ed.). Washington, DC: Author.
2. Friedman, M. J., Resick, P. A., Bryant, R. A., & Brewin, C. R. (2011). Considering PTSD for *DSM-5*. *Depression & Anxiety, 28*, 750-769. doi:10.1002/da.20767
3. Kilpatrick, D. G., Resnick, H. S., Milanak, M. E., Miller, M. W., Keyes, K. M., & Friedman, M. J. (2013). National estimates of exposure to traumatic events and PTSD prevalence using *DSM-IV* and *DSM-5* criteria. *Journal of Traumatic Stress, 26*, 537-547. doi:10.1002/jts.21848

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The National Center for PTSD does not provide direct clinical care, individual referrals or benefits information.

For help please see:

Where to Get Help for PTSD or
Get Help with VA PTSD Care, Benefits, or Claims

For Web site help: Web Policies

PTSD Information Voice Mail:
(802) 296-6300
Contact Us: ncptsd@va.gov
Also see: VA Mental Health

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