

The American Psychiatric Association (APA) will be releasing its fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) during summer of 2013. Since the first edition introduced by the APA in 1952, the DSM has served as the primary guideline used by clinicians in the mental health field for diagnosing and coding mental disorders, as well as by insurance companies for reimbursement decisions. It is widely utilized by all types of medical practices and hospitals, the courts, researchers, pharmaceutical companies, and by governmental agencies and policy makers.

The fifth edition, DSM-5, includes a new psychiatric category, Somatic Symptom Disorder (SSD), which is so broad and ambiguous that it could apply to many medical problems and diagnose these as mental disorders. This new criteria is causing great concern among ME/CFS organizations and advocates as well as many discerning physicians and psychiatrists who are speaking out against it because SSD may easily be substituted as a false diagnosis for ME/CFS and other well-established physical illnesses. Despite efforts by many to get revised wording of the SSD diagnosis criteria, the DSM-5 has already gone to press.

Dr. Allen J. Frances, chair of the DSM-4 Task Force and chair of the department of psychiatry at Duke University School of Medicine, Durham, NC and currently, professor emeritus at Duke University has written about the deficiencies and dangers of SSD criteria and the APA's rush to publish the DSM-5 in a series of articles for *Psychology Today*, as follows:

- In his first article, [*"Mislabeling Medical Illness As Mental Disorder"*](#) (December 8, 2012) Dr. Frances explains how DSM-5 will allow for a quick diagnosis of an illness to be made on few physical symptoms, without consideration of other factors, and with the focus on the patients' reaction concerning their health problems.
- [*"Bad News: DSM 5 Refuses to Correct Somatic Symptom Disorder"*](#) (January 16, 2013) Dr. Frances discusses how improvements to the wording of the SSD criteria was submitted, but not accepted by the APA. He shares his misgivings about APA's defensive posture and the dire consequences of DSM-5 on patients.
- [*"Why Did DSM 5 Botch Somatic Symptom Disorder?"*](#) (February 5, 2013) Dr. Frances questions the APA's rush to get the DSM5 to press and the omission of quality control steps in their haste.
- Two days later, in another article, [*"DSM5 in Distress"*](#) (February 7, 2013) Dr. Frances looks at

what he can do to alert the public and clinicians and reports on a book he has written for clinicians that will help “to make accurate diagnoses and to avoid the DSM 5 pitfalls.”

On February 14, 2013, Dr. Keith Ablow, graduate of Brown University and the Johns Hopkins School of Medicine, an assistant clinical professor at Tufts University School of Medicine, and board-certified in adult, adolescent and forensic psychiatry, spoke out against the new psychiatric illness category of SSD, to Fox News, [“Does somatic symptom disorder really exist?”](#) (Fox News) Dr. Ablow has serious concerns about how people who may simply give their health problems extra time or attention will risk being labeled with Somatic Symptom Disorder (SSD). He explains how a patient can meet the criteria for SSD by having one physical symptom that is disruptive or distressing to his or her daily life, for at least 6 months, and

only one

of the following:

- “a) The person has disproportionate, persistent thoughts about the seriousness of their symptoms
- b) The person reports or displays a persistently high level of anxiety about his or her health or symptoms
- c) The person is devoting excessive time and energy to his or her symptoms or health concerns”