



Sexual Dysfunction, Gender Dysphoria, Self-Control Disorders

This column includes questions concerning sexual dysfunctions, gender dysphoria, and disruptive, impulse-control, and conduct disorders. A number of changes occurred in *DSM-5* concerning these disorders. In contrast to *DSM-IV*, gender-specific sexual dysfunctions have been added and, for females, sexual desire and arousal disorders have been combined into one disorder (female sexual interest/arousal disorder). Gender dysphoria is new in *DSM-5* and reflects a change in conceptualization of its defining features by emphasizing the phenomenon of “gender incongruence” rather than cross-gender identification per se, as was the case in *DSM-IV* gender identity disorder. The chapter on disruptive, impulse control, and conduct disorders is new to *DSM-5*. It combines disorders that were previously included among disorders usually first diagnosed in infancy, childhood, adolescence, or impulse-control disorders not otherwise specified (that is, oppositional defiant disorder; conduct disorder; other specified and unspecified; disruptive, impulse-control, conduct disorders; and intermittent explosive disorder). These disorders are all characterized by problems in emotional and behavioral self-control.

The questions below are from *DSM-5 Self-Exam Questions: Test Questions for the Diagnostic Criteria*, which will be available in August. It may be preordered from American Psychiatric Publishing at <http://www.appi.org/SearchCenter/Pages/SearchDetail.aspx?ItemId=62467>.

The questions were developed under the leadership of Philip Muskin, M.D., a professor of clinical psychiatry at Columbia University College of Physicians and Surgeons. The book, available in August, contains 500 questions for all the cat-

egories of psychiatric disorders and includes Section III.

1. Sexual Dysfunction: Which of these describes a condition or disorder, which would be properly diagnosed as Other Specified Sexual Dysfunction?

- a) Medical-induced sexual dysfunction
- b) Sexual aversion
- c) Erectile dysfunction
- d) Female sexual interest/arousal disorder
- e) Delayed ejaculation

Answer: B. Sexual aversion

Rationale: All of the answers except Sexual Aversion refer to diagnosable disorders in the Sexual Dysfunction category, each with its own specific set of criteria. Sexual Aversion, described as “extreme aversion to and avoidance of genital sexual contact with a sexual partner,” is given as an example of a presentation that is not currently recognized formally as a disorder, and would therefore be diagnosed as “Other Specified Sexual Dysfunction, Sexual Aversion.”

2. Gender Dysphoria: Which of the following diagnoses has been eliminated in *DSM-5*?

- a) Gender identity disorder
- b) Borderline personality disorder
- c) Gender dysphoria
- d) Pedophilic disorder
- e) Transvestic disorder

Answer: A. Gender identity disorder

Rationale: A major change in *DSM-5* is that the diagnosis of gender identity disorder (GID) has been eliminated. There is no consensus in the field about when or whether atypical gender identities represent a disorder. *DSM-5* focuses on gender dysphoria

(which replaces both the former GID and gender incongruence). This term emphasizes dysphoria as the clinical problem, rather than on either identity or incongruence, and is therefore more descriptive. The concept of gender dysphoria is also no longer dichotomized between male and female, allowing for an infinite range of gender experience.

3. Disruptive, Impulse-Control, and Conduct Disorders: A 16-year-old boy with a long history of defiant behavior toward authority figures also has associated aggression toward peers (gets into fights at school), his parents, and objects (punching holes in walls, breaking doors). Furthermore, he has begun to steal from stores and his parents (money, jewelry), and he frequently lies. He does not seem pervasively irritable or depressed, and has no sleep disturbance or psychotic symptoms. What is the likely *DSM-5* diagnosis for this patient?

- a) Oppositional defiant disorder
- b) Conduct disorder
- c) Attention-deficit/hyperactivity disorder
- d) Major depressive disorder
- e) Disruptive mood dysregulation disorder

Answer: B. Conduct disorder

Rationale: In this example, the boy displays aggression toward people, destruction of property, and deceitfulness or theft (all part of Criterion A for Conduct disorder in *DSM-5*). Individuals with oppositional defiant disorder (ODD) are not typically aggressive toward people or animals, and they do not generally destroy property or exhibit patterns of behavior involving theft or deceit. In addition, individuals with ODD

a have problems with emotional dysregulation as a more prominent and pervasive feature of their presentation. There is not enough information from the vignette to establish a diagnosis of ADHD, and the lack of a pervasive mood disturbance argues against a diagnosis of major depressive disorder or disruptive mood dysregulation disorder.