DSM-IV Multi-Axial Assessment

The Multi-Axial Assessment has usually been the first assessment a clinician would look at in diagnosing a client. It provided a way to communicate with other health professionals to coordinate services for the client.

Note: When the fifth edition, the DSM-5, was compiled, it was determined that there was no scientific basis for dividing the disorders in this manner, so the multi-axial system was done away with. Instead, the new non-axial diagnosis combines the former Axes 1, II and III and include separate notations for the type of information which would have previously fallen into Axes IV and V. (More later on this …)

DSM-IV Multi-Axial Assessment

Axis I provided information about clinical disorders. Any mental health conditions, other than personality disorders or mental retardation, would have been included here. Disorders which would have fallen under this axis include:

- Disorders Usually Diagnosed in Infancy, Childhood or Adolescence
- Delirium, Dementia and Amnestic and Other Cognitive Disorders
- Mental Disorders Due to a General Medical Condition
- Substance-Related Disorders
- Schizophrenia and Other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Sexual and Gender Identity Disorders
- Eating Disorders
- Sleep Disorders
- Impulse-Control Disorders Not Else Classified
- Adjustment Disorders
- Other Conditions That May Be a Focus of Clinical Attention

Axis II provided information about personality disorders and mental retardation. Disorders which would have fallen under this axis include:

- Paranoid Personality Disorder
- Schizoid Personality Disorder
- Schizotypal Personality Disorder
- Antisocial Personality Disorder
- Borderline Personality Disorder
- Histrionic Personality Disorder
- Narcissistic Personality Disorder
- Avoidant Personality Disorder
- Dependent Personality Disorder
- Obsessive-Compulsive Personality Disorder
- Personality Disorder Not Otherwise Specified
- Mental Retardation

Axis III provided information about any medical conditions that were present which might impact the patient's mental disorder or its management.

Axis IV was used to describe psychosocial and environmental factors affecting the person. Factors which might have been included here were:

- Problems with a primary support group
- Problems related to the social environment
- Educational problems
- Occupational problems
- Housing problems
- Economic problems
- Problems with access to health care services
- Problems related to interaction with the legal system/crime
- Other psychosocial and environmental problems

Axis V was a rating scale called the *Global Assessment of Functioning*; the GAF went from 0 to 100 and provided a way to summarize in a single number just how well the person was functioning overall. A general outline of this scale would be as follows:

100: No symptoms

90: Minimal symptoms with good functioning

80: Transient symptoms that are expected reactions to psychosocial stressors

70: Mild symptoms or some difficulty in social occupational or school functioning

60: Moderate symptoms or moderate difficulty in social, occupation or school functioning

50: Serious symptoms or any serious impairment in social occupational or school functioning

40: Some impairment in reality testing or communication or major impairment in several areas such as work or school, family relations, judgment, thinking or mood

30: Behavior is considerably influenced by delusions or hallucinations or serious impairment in communication or judgment or inability to function in almost all areas

20: Some danger of hurting self or others or occasionally fails to maintain minimal personal hygiene or gross impairment in communication

10: Persistent danger of severely hurting self or others or persistent inability to maintain minimal personal hygiene or serious suicidal act with clear expectation of death

DSM-5 Unified Assessment System

DSM-5 combines the first three axes into one that contains all mental and other medical diagnoses. Doing so removes artificial distinctions among conditions, benefitting both clinical practice and research use.

In addition, the current fourth axis, describing contributing stressors, is now represented through an expanded selected set of ICD-9-CM V codes and, from the forthcoming ICD- 10-CM, Z codes. These V and Z codes provide ways for clinicians to indicate other conditions or problems that may be a focus of clinical attention or otherwise affect the diagnosis, course, prognosis, or treatment of a mental disorder (such as relationship problems between the patient and their intimate partner). Listed below are the Z00-Z99 ICD- 10 codes (for more detailed information https://www.icd10data.com/ICD10CM/Codes/Z00-Z99).

- Z00-Z13 Persons encountering health services for examinations
- Z14-Z15 Genetic carrier and genetic susceptibility to disease
- Z16-Z16 Resistance to antimicrobial drugs
- Z17-Z17 Estrogen receptor status
- Z18-Z18 Retained foreign body fragments

- Z19-Z19 Hormone sensitivity malignancy status
- Z20-Z29 Persons with potential health hazards related to communicable diseases
- Z30-Z39 Persons encountering health services in circumstances related to reproduction
- Z40-Z53 Encounters for other specific health care
- Z55-Z65 Persons with potential health hazards related to socioeconomic and psychosocial circumstances
- Z66-Z66 Do not resuscitate status
- Z67-Z67 Blood type
- Z68-Z68 Body mass index (BMI)
- Z69-Z76 Persons encountering health services in other circumstances
- Z77-Z99 Persons with potential health hazards related to family and personal history and certain conditions influencing health status

Finally, DSM-IV's fifth axis, providing an assessment of functioning scale, was removed from DSM-5 due to its conceptual lack of clarity and questionable use in routine clinical practice. Instead, the World Health Organization's Disability Assessment Schedule (attached), in which disorders and their associated disabilities are conceptually distinct and assessed separately, is recommended as a global measure of disability. This measure is based on an international classification of functioning and disability that is currently used throughout the rest of medicine, thereby bringing DSM-5 into greater alignment with other medical disciplines.

References

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