



Paraphilic Disorders

An overarching change from *DSM-IV-TR* is the addition of the course specifiers “in a controlled environment” and “in remission” to the diagnostic criteria sets for all the paraphilic disorders. These specifiers are added to indicate important changes in an individual’s status. There is no expert consensus about whether a longstanding paraphilia can entirely remit. In *DSM-5*, paraphilias are not ipso facto mental disorders. There is a distinction between paraphilias and paraphilic disorders. A paraphilic disorder is a paraphilia that is currently causing distress or impairment to the individual or a paraphilia whose satisfaction has entailed personal harm, or risk of harm, to others. A paraphilia is a necessary but not a sufficient condition for having a paraphilic disorder, and a paraphilia by itself does not automatically justify or require clinical intervention. The distinction between paraphilias and paraphilic disorders was implemented without making any changes to the basic structure of the diagnostic criteria as they had existed since *DSM-III-R*.

The questions below are from *DSM-5 Self-Exam Questions: Test Questions for the Diagnostic Criteria*, which may be reordered from American Psychiatric Publishing by clicking [here](#). The book, available January 2014, contains 500 questions for all the categories of psychiatric disorders and includes Section III. 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.

1. What change had been made in *DSM-5* to the diagnosis of paraphilia/parahilic disorder?

a) Paraphilia has been distinguished from paraphilic disorder so as to

distinguish between those who have benign interests/behavior, and those whose Interest/behavior is associated with distress or impairment

b) The “benign” specifier has been added to paraphilic disorder

c) Transvestic disorder has been eliminated from *DSM-5*

d) To be diagnosed as a paraphilic disorder, a paraphilia must go beyond fantasy or urge to include behavior

e) Paraphilic disorders are grouped in a chapter with sexual disorders

Correct Answer: A. Paraphilia has been distinguished from paraphilic disorder so as to distinguish between those who have benign interests/behaviors, and those whose Interest/behavior is associated with distress or impairment.

Rationale: In *DSM-5*, paraphilia has been distinguished from paraphilic disorder so as to distinguish between those who have benign interests/behaviors, and those whose interest/behavior is associated with distress, impairment, or harm. Only the latter is considered a diagnosis or a disorder. This is important because in the *DSM-IV-TR* system, there was no way to identify a man as having transvestism no matter how exciting cross-dressing was to him, unless he was unhappy about his behavior or it caused harm. The new system allows for a benign form of paraphilia. There are only two specifiers that can be added to a paraphilic disorder: “in remission,” or “in a controlled environment.” Paraphilias and paraphilic disorders may include fantasy, urge, or behavior. Most significantly, the chapter on paraphilic disorders will no longer include either gender dysphoria or sexual dysfunction/disorder.

2. In *DSM-5* which of the following is NOT included among the paraphilic

disorders?

a) sexual masochism disorder

b) transvestic disorder

c) transsexual disorder

d) voyeuristic disorder

e) fetishistic disorder

Correct Answer: C. transsexual disorder

Rationale: Transsexualism is not a disorder. Transsexualism is not included within paraphilias/paraphilic disorder.

3. Which of the following is TRUE about pedophilic disorder?

a) The extensive use of pornography depicting prepubescent or early pubescent children is not a useful diagnostic indicator of pedophilic disorder

b) Pedophilic disorder is stable over the course of a lifetime

c) There is an association between pedophilic disorder and antisocial personality disorder

d) While normophilic sexual interest declines with age, pedophilic sexual interest remains constant

e) Vaginal plethysmography is a less reliable diagnostic instrument for pedophilia in women than is penile plethysmography for pedophilia in men

Correct Answer: C. There is an association between pedophilic disorder and antisocial personality disorder.

Rationale: Pedophilia is associated with antisocial personality disorder. Pedophilic sexual interest may fluctuate over the course of a lifetime and generally declines with age, as does normophilic sexual interest. As many pedophiles deny their interest, the extensive use of pornography depicting children can be a useful diagnostic indicator. Pedophilic interest is harder to diagnose in women, and instruments such as plethysmography are less reliable in women.

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