



DSM-5 Criteria for Diagnosis of Opioid Use Disorder

The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition describes opioid use disorder as a problematic pattern of opioid use leading to problems or distress, with at least two of the following criteria occurring within a 12-month period.

Criteria*	Check all that apply
Opioids are often taken in larger amounts or over a longer period of time than intended.	<input type="checkbox"/>
There is a persistent desire or unsuccessful efforts to cut down or control opioid use.	<input type="checkbox"/>
A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.	<input type="checkbox"/>
Craving, or a strong desire to use opioids.	<input type="checkbox"/>
Recurrent opioid use resulting in failure to fulfill major role obligations at work, school, or home.	<input type="checkbox"/>
Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.	<input type="checkbox"/>
Important social, occupational or recreational activities are given up or reduced because of opioid use.	<input type="checkbox"/>
Recurrent opioid use in situations in which it is physically hazardous.	<input type="checkbox"/>
Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioids.	<input type="checkbox"/>
Exhibits tolerance, as defined by either of the following: a) a need for markedly increased amounts of opioids to achieve intoxication or desired effect b) a markedly diminished effect with continued use of the same amount of an opioid Note: This criterion is not considered to be met for those taking opioids solely under appropriate medical supervision.	<input type="checkbox"/>
Exhibits withdrawal, as manifested by either of the following: a) the characteristic opioid withdrawal syndrome (i.e., dysphoric mood; nausea or vomiting; muscle aches, lacrimation or rhinorrhea; pupillary dilation, piloerection, or sweating; diarrhea; yawning; fever; or insomnia) b) the same (or a closely related) substance are taken to relieve or avoid withdrawal symptoms Note: This criterion is not considered to be met for those taking opioids solely under appropriate medical supervision.	<input type="checkbox"/>
Total number of checked boxes:	



Continuum of severity for opioid use disorder

Severity	Total number of checked boxes
Mild	2-3 symptoms
Moderate	4-5 symptoms
Severe	6 or more symptoms

First-line treatment for most patients with opioid use disorder commonly consists of medication treatment with associated psychosocial treatment (e.g., counseling). In some circumstances psychosocial treatments may not be available or acceptable to the patient, and medication should not be withheld if the patient does not or cannot participate in psychosocial treatment. Most patients with opioid use disorder require long-term treatment to prevent relapse.

For additional information on diagnosing opioid use disorder, including associated features supporting diagnosis and differential diagnoses, see The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition.

