

### References

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### The Concept of Disease in Psychiatry

SIR: A recent editorial in *Psychological Medicine* on the concept of disease in psychiatry (Häfner, 1987) helped to clarify many problems connected with this issue. I would like to emphasise an approach which might add to our understanding.

For any doctor in therapeutic practice – and to the general public – a disease is what can be treated with a certain success by a physician. This definition is operational in the extreme; nevertheless, it should influence our theoretical thinking.

The estimate of the prevalence of endogenous depression at the beginning of this century was 0.5–1%. At this time patients would be in hospital for months, and all that could be done was custodial care and prevention of suicide. In some institutions opium was administered, with ambiguous results. In the period 1940–1950, the prevalence of endogenous depression was estimated to be 2–3%. Again, the patient had to be admitted to hospital, and could be treated with ECT. The duration of hospital stay would be 4–5 weeks, and the patient would usually be discharged after a satisfactory remission. Nevertheless, understandably, only severe cases were chosen to be treated in this way.

With the introduction of antidepressants, which enabled doctors to treat depressed patients as outpatients, an ever-increasing number of depressive patients has been found in the population, and current estimates of the prevalence reach 10% or more. Again, the influence of the second generation of antidepressants (e.g. mianserin, maprotiline) and of the antidepressive benzodiazepines (e.g. alprazolam, bromazepam) can be observed: their side-effects are fewer and less unpleasant than those of, for example, imipramine and amitriptyline.

It might be speculated that the increasing possibility of drug treatment of distress, considered some 10–20 years ago as a common human condition, has been an important factor contributing to the change in the image of mental illness and to the changes in the diagnostic criteria for depression, as reflected *inter alia* in DSM-III.

For a doctor in routine practice, the differentiation

of patients who will respond to neuroleptics from those who will respond to antidepressants is more important than theoretical consideration about the nosological entity of schizoaffective, mixed, or other psychoses. The same is true when deciding whether to begin lithium prophylaxis of a periodic psychosis.

Medicine has been always action-oriented. Physicians have been interested in cases which can be treated, in conditions which can be changed. An ever-increasing interest in genetic and other biological factors in the pathogenesis of mental disorders is due to the perspective of the possibility that errors in the human genome will be accessible to therapeutic intervention. In this light, the changes in opinions about possible biological causes leading to new concepts of nosological classification of alcoholism, panic anxiety, drug dependence, and criminality can be better understood.

The opposite also seems to be true: apart from the ethical and political issues, the failure to treat homosexuality contributed – according to this line of reasoning – to the disappearance of this diagnosis in nosological classification. If – 20–30 years ago – some simple drug treatment had been discovered for homosexuality, this variation of sexual behaviour would have remained in psychiatric nosology – irrespective of the possible theoretical interpretation that this fact alone would mean that homosexuality was an illness.

Therapeutic pragmatism thus may play a decisive role when constructing the concept of disease and when dealing with the problems of nosological classification.

Are mild monosymptomatic headaches, insomnia, tiredness, or feelings of emotional tension illnesses? Patients begin to believe so if they get a pill which helps – and so do doctors. The pharmaceutical industry does not object to such an evolution. This does not decrease the merit of the industry in promoting research in neurophysiology, molecular biology, and other scientific disciplines as long as their progress remains related to the relief of human suffering. A rational concept of disease should serve to further such an aim.

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### Combined Mianserin and Tranylcypromine

SIR: The early controversy about the risk of side-effects occurring with combined tricyclic