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Abstracts for oral sessions

Sunday, 18 March 2007
CS01. Core Symposium: EUROPEAN CONTRIBUTION TO THE CLASSIFICATION OF MENTAL DISORDERS

CS01.01

Towards ICD-11 and DSM-V: Some current problems of diagnosis in psychiatry

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Current operational systems have made psychiatric diagnosis more precise and reliable. They have also contributed, however, to the emergence of several problems which are currently being addressed in empirical studies (1). The first problem is that of the threshold for the diagnosis of mental disorder. At present, this threshold is based on the presence of a given number of symptoms (often fixed arbitrarily) and a significant degree of personal suffering or impairment of social functioning (both left to the subjective evaluation of the individual clinician). However, for some mental disorders, the existence is well documented of cases which are ''sub-threshold'' concerning the number of symptoms, but fulfil completely the criterion of impairment of social functioning. On the other hand, for other mental disorders, the criterion of impairment of social functioning appears to be not relevant. A second problem concerns the frequent concomitance of two or more psychiatric diagnoses (so-called ''psychiatric comorbidity''). The emergence of this phenomenon is in part an artefact of some characteristics of current classification systems, such as the proliferation of diagnostic categories, the reduced number of hierarchical rules, a certain tendency to psychopathological oversimplification. The use of multiple psychiatric diagnoses in the same patient may prevent a holistic approach to the individual case and encourage an unwarranted use of polypharmacy.

Reference

1 Maj M. 'Psychiatric comorbidity': An artefact of current diagnostic systems? (Editorial). Br J Psychiatry 2005;186:182–4.

CS01.02

Prospects for the classification of mental disorders of the elderly

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The diagnostic categories of mental disorder in DSM-IV and ICD-10 are very powerful in determining how patients are treated, how services are planned, resourced and monitored, and how progress through research is made. It is unfortunate therefore that all of these categories are problematic when applied to elderly patients. Areas of difficulty include: ageist criteria that ignore important changes in social role and functioning with age; co-morbid physical illness and disability (e.g. anxiety, depression); frequent co-morbidity between mental disorders (e.g. anxiety and depression, 'mixed dementia', dementia and delirium, dementia and depression); categories vs. dimensions - the issue of clinically significant and treatment-responsive episodes of mental illness that do not meet diagnostic criteria (e.g. mild depression, sub-syndromal delirium); the possible aetiological role of cerebrovascular disease in late-onset disorders (e.g. depression, schizophrenia, dementia); the diagnostic status of 'new' conditions (e.g. Lewy body dementia, fronto-temporal dementia, mild cognitive impairment); and the definition of dementia as a progressive and irreversible disorder in the new era of symptomatic treatments. This presentation will review these issues, and will discuss the extent to which the available evidence can support the move to a more aetiologically-based classification of mental disorders in old age.

CS01.03

Prospects for the classification of mental disorders of children and adolescents

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During the last decades progress in classification of child and adolescent psychiatric disorder has mainly been reached considering the course of mental illness. On the other hand etiological approaches recurring on biological markers are fairly immature. Therefore the question of allowing combined diagnoses as already discussed on occasion of the AEP/WPA meetings in Vienna and Cairo is of continuous relevance. Suggestions are to be made for affective disorders of children, eating disorders of adolescents, multiple pervasive developmental disorder, the subtypes of conduct disorder and possible subtypes of enuresis. Following DSM phonological disorder should replace articulation disorder. Finally the idea of introducing categories of interaction disorder as proposed for DSM V has to be addressed.

CS01.04

Prospects for the classification of mental disorders in women

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Many mental disorders show marked gender differences as regards prevalence, symptomatology, risk factors or course. Other disorders

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