FC133 *Psychopathology and psychotherapies*

PERSONALITY DISORDERS DIAGNOSES: DSM-IV VERSUS ICD-10

T. Blanes, Raven P.W., Marks I. M., Mann, A.H. *Universitat Illes Balears, Plaza Rosario 5, Palma, Malloca 07001, Spain*

Objective: to compare diagnoses generated by ICD-10 and DSM-IV by applying both to the same population and to test the prognostic validity of personality disorders (PD) diagnosis.
Method: The Schedule for the Assessment of Personality (SAP) was used to assess 100 consecutive outpatient referrals. Each subject received DSM-IV, ICD-10 Clinical Description and Diagnostic Guidelines (ICD-10 CDDG) and ICD-10 Diagnostic Criteria for Research (ICD-10 DCR) diagnoses. All patients had behavioural psychotherapy and standardized measurements were taken at pre-treatment, discharge and 1, 3 and 6 month follow-up.
Results: The rates of PD diagnosis were higher for ICD-10 CDDG (55%) and similar for DSM-IV (45%) and ICD-DRC (40%). On individual allocation to PD or no PD, DSM-IV was not different from ICD-10 DCR (x^2=1.01), but significantly different from ICD-10 CDDG (x^2=4.04, $p<0.05$). However, analysis of PD diagnoses by DSM-IV clusters reveals that ICD-10 DCR is not better than ICD-10 CDDG in terms of agreement with DSM-IV. The differences in both forms of ICD-10 and DSM-IV are even more marked when specific diagnoses are considered. Dropout from treatment was similar for patients with PD (30%) and without PD (32%), but significantly different for clusters A (75%), B (43%) and C (6%) versus no PD. Only patients in cluster C (% improvement 39%) improved significantly less than patients with no PD (% improvement 53%).
Conclusions: (i) ICD-10 DCR and DSM-IV appear to make a similar number of PD diagnoses but they are not the same diagnoses and not in the same subjects. (ii) PD is not itself a predictive factor of outcome, however cluster A or B predicts high dropout and cluster C predicts low dropout but poorer treatment outcome.

FC136 *Psychopathology and psychotherapies*

CAN PSYCHIATRISTS COMMUNICATE WITH NON-PSYCHIATRIC COLLEAGUES?

G. Christodoulou, *Department of Psychiatry, University of Athens Medical School, 74 Vas. Sophias Ave, Athens, Greece*

Psychiatrists often object to the difficulties of non-psychiatric colleagues in understanding the importance of psychological and psychosocial factors in the causation and course of physical illness. However psychiatrists are less sensitive to the need of our colleagues to be offered a short, jargon-free and non-paradoxical explanation of the dysfunction of patients and a straightforward proposal for intervention.

It is often overlooked that a psychiatric ward round is different from a busy non-psychiatric ward round and it is important to respect our colleagues by giving priority to the essentials.

Psychiatric physicians can teach humanism to colleagues accustomed to a dehumanized routine. Similarly, non-psychiatric colleagues can teach psychiatrists realism, a practical approach to problems, respect for time and attention to priorities.

https://doi.org/10.1016/S0924-9338(97)80574-3 Published online by Cambridge University Press