

S28 *The spectrum of measurement instruments in psychiatry*

GRADE OF MEMBERSHIP ANALYSIS AS A TOOL OF PSYCHIATRIC NOSOLOGY

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Grade of membership analysis (GoM) is a statistical technique based on the mathematical concept of fuzzy sets. In its application to biomedical and behavioural data it enables classification in those instances where the definition and criteria of inclusion are ambiguous or incomplete. In psychiatry, both disorders (sets) and patients (elements) manifest fuzziness. GoM partitions the sets of disorders into a number of "pure types" and assigns coefficients of membership of each individual in each one of the pure types. GoM analysis was applied to the initial mental state (Present State Examination) data on 1379 patients included in the WHO ten-country study of schizophrenia. Six "pure types" of psychopathology profiles were identified in patients with a diagnosis of schizophrenia or related disorder, suggesting considerable clinical heterogeneity. Individual GoM profiles were significantly associated with centre, age at onset, two year prognosis, and family history of psychiatric disorder. Empirically derived symptom profiles from existing large databases should complement the conventional concepts and diagnostic criteria in the development of new assessment tools for psychiatric research.

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A NOSOLOGICAL CONCEPT BESIDE DSM AND ICD

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Modern etiological research usually deals with schizophrenia as a disease entity or a spectrum of the disease. This concept mainly derives from Kraepelin's classification of psychotic disorders into "manic-depressive insanity" and "dementia praecox". Karl Leonhard and Wernicke and Kleist before him as well as Kraepelin considered the long-term course of endogenous psychoses as one important feature of a meaningful classification. The result of Leonhard's lifelong empirical investigations was a classification of endogenous psychoses into five main categories: 1. Monopolar phasic psychoses, 2. Bipolar phasic psychoses, 3. Cycloid psychoses, 4. Unsystematic schizophrenias, 5. Systematic schizophrenias. Within this subdivisions of endogenous psychoses Leonhard adheres to the prognostic dichotomy of Kraepelin. The monopolar and bipolar phasic psychoses as well as the cycloid psychoses are favorable. Unsystematic and systematic schizophrenias run a course leading to irreversible psychic defects as does Kraepelin's dementia praecox. While Leonhard's concept of cycloid psychoses has already been adopted in ICD-10, his classification of schizophrenia into unsystematic forms has thus far been accepted by only few influential clinicians. Remissions are the rule with the unsystematic schizophrenias. Acute clinical symptomatology is usually polymorphous. They lead, however, to residual states of varying degrees of severity after one or several attacks. In contrast, the systematic schizophrenias tend to begin insidiously and actually lead to gross defective states which are meticulously elaborated by Leonhard. These defective states are irreversible and clinically sharply characterized. Leonhard reports a high familial loading in the unsystematic forms, whereas in families with systematic schizophrenias almost no psychoses can be found.

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WHO INSTRUMENTS FOR THE ASSESSMENT OF MEDICALLY UNEXPLAINED SOMATIC SYMPTOMS

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It has been traditionally believed that somatic presentation of psychological disorders is a phenomenon characteristic of non-western and developing societies and is mainly present among the ethnic groups in the West. Somatization has also been seen as altered expression of psychosocial distress by less sophisticated patients who are unable to express emotional stress. However, there is a growing evidence that suggests that somatic presentation of psychological disorders is a universal phenomenon and that somatization can be seen all over the world.

In 1992 WHO launched an international study of somatoform disorders and in the Phase I of the project developed and tested a set of structured and semi-structured instruments for the assessment of medically unexplained somatic symptoms. The instruments were tested in 5 distinct cultures representing different regions of the world and found to be cross-culturally applicable and reliable assessment tools. The main characteristics of the WHO instruments for the assessment of somatoform disorders and their field trial results will be presented.

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TRANSLATION ISSUES IN PSYCHIATRIC ASSESSMENT

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Psychiatric texts are more and more often published first in English and then subsequently translated into other languages. This represents a major problem, the extent of which varies with the nature of the particular text that needs to be translated. Translations of textbooks and similar texts for professionals, such as classification manuals, raise problems that are different from those that arise from the translation of questionnaires, rating scales or structured diagnostic interviews. In the recent past, a number of qualitative and quantitative methods have been developed to evaluate the reliability and validity of these translations. Major discrepancies have been revealed when such methods are applied to investigate the quality of translated texts. The ultimate aim of these investigations is to improve the translation of psychiatric texts and to make them more comparable to the original. The author intends to highlight some of the difficulties that arise when psychiatric texts are being translated and to discuss various methods that may be used to evaluate the quality of translations in psychiatry.