Discuss issues associated with the classification and/or diagnosis of Schizophrenia? (8+16 marks).

One issue associated with the classification of schizophrenia is **reliability** as this refers to the consistency of a measuring instrument such as a questionnaire or scale, to assess the severity of schizophrenic symptoms or the extent of cognitive dysfunction. **Inter rater reliability** is whether two independent assessors give the same diagnosis of schizophrenia for example. The DSM-III in 1980 was designed to provide a more reliable way of classifying mental disorders which is another issue. Beck et al (1961) looked at the inter rater reliability between two psychiatrists when considering the cases of 154 patients. The reliability was only 54% which meant only 54% agreed on diagnosis of 154 patients. This shows there is an issue associated with the diagnosis of schizophrenia. Also true diagnosis cannot be made until a patient is clinically interviewed. Furthermore **test retest reliability** is whether tests used to determine diagnosis gives the same results overtime. Cognitive screening tests such as RBANS are important in the diagnosis of schizophrenia as they measure the degree of neuropsychological impairment. Also Wilkes et al administered two versions of the RBANS over intervals ranging from 1-134 days. Test retest reliability was high at .84.

Overall to evaluate the issues associated with classification or diagnosis of schizophrenia recent studies from Whaley found that inter rater reliability **correlations for diagnosis of schizophrenia was low at .11.** Also Rosenhan highlighted the unreliability of diagnosis when “normal” people presented themselves to psychiatric hospitals claiming they were hearing voices. They were diagnosed as schizophrenic despite the complete absence of symptoms. In addition there are **cultural differences** in reliability when using the inter rater reliability. Copeland found 69% of US psychiatrist said only 2% of UK psychiatrists gave a diagnosis of schizophrenia when given the same description of a patient. Also Cheniaux et al found although inter rater reliability was .6 in the DSM-IV and the ICD 10 was above .50, schizophrenia was more frequent diagnosed when using the ICD criteria than the DSM which shows issues when diagnosing or classifying schizophrenia.

Another issue associated with the classification or diagnosis of schizophrenia is **validity.** This refers to the extent of their diagnosis represents something that is real or distinct. Classification systems such as the DSM or ICD should actually measure what they intended to measure. However **co-morbidity** is another issue when classifying of diagnosing schizophrenia or diseases in addition to a primary disease or disorder which has implications on validity, for example Buckley found that 50% of people with schizophrenia also had depression. Elleson and Ross also pointed out that people with dissociative identity disorder have more schizophrenic symptoms than people diagnosed as being schizophrenic, as this affects the validity of the diagnosis which is another issue with the classification of schizophrenia. In addition KlosterKotter et al found **positive symptoms** were more useful for a diagnosis than negative symptoms.

However to evaluate this issue is poor levels of functioning found in many schizophrenics may in part be the result of **co-morbid medical problems** like hypertension or diabetes. This is supported by Webster et al who discovered that many patients with schizophrenia receive a lower standard of medical care because of their co-morbid conditions, which affects their prognosis. Furthermore Harrison et al found that **ethnicity may lead to misdiagnosis,** schizophrenia among Afro Caribbean’s are much higher than among the white populations showing ethnicity can lead to misdiagnosis in mannerisms and language. Clinician’s might not speak the same language as the person they are attempting to diagnose. This could lead to inappropriate treatment or no treatment at all.