Diagnostic systems revision

The diagnostic systems

Diagnosis can be defined as ‘a tool by which clinicians try to categorise manifesting symptoms to plan and implement treatments’ (Glover et al., 2006)

Two major systems are used, the ICD 10 (WHO) and the DSM 5 (APA). Both of these contain ‘lists’ of symptoms and are very similar in content with minor variations between the two.

Professionals

It allows for communication between professionals in a succinct manor

It also allows professionals to be able to guide patients in terms of treatment, for example if someone presents with BDP they would be able to refer them to DBT as that has proven effective for the symptoms individuals with BPD display

Diagnostic systems cluster similar symptoms that typically present with each other therefore allowing researchers to develop treatments for those clusters

Diagnosis allows for problems to be quantified and monitored across time and space

However, the DSM is underpinned by a research culture that has sought to have diagnoses as homogeneous as possible for the investigation of treatment and prognosis. This inevitably excludes many patients who do not meet strict diagnostic criteria and creates the need for multiple ‘comorbid’ diagnoses when, for example, patients with a depressive disorder are also diagnosed as having a range of anxiety disorders.

Reliability and validity

Brown et al. (2001) studied anxiety and mood disorders in 362 outpatients in Boston, to test reliability of the DSM-IV and patients underwent two independent interviews using anxiety disorder interview schedules for DSM-IV. Brown found good-to-excellent reliability for most of the DSM-IV categories (most of the disagreements tended not be on what the symptoms were, but simply if there were enough of them).

Cooper et al. (1972) – conducted a study aiming to investigate reliability of diagnosis. American and British psychiatrists were asked to diagnose patients by watching a number of video-taped clinical interviews. British psychiatrists diagnosed the patients as depressed twice as often, American psychiatrists diagnosed the same patients to have schizophrenia twice as often. This indicates cultural differences and reliability issues.

However diagnostic systems are largely subjective, with diagnosis being based on the interpretations of the professional and the professional having to judge what is ‘normal’

Poor case validity - For example, an individual reacting to a large life event (an adjustment disorder) may look like a person with major depressive disorder without a triggering event (Tyrer, 2014)

Culture

The criteria are mostly decided upon by older, middle class, white European and American males. Specifically looking at the ICD there were 139 contributors from the USA but the USA does not use the ICD as a diagnostic tool.