One classification for brain disorders

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The paper....

• “Time to end the distinction between mental and neurological illnesses”

• White P, Rickards H & Zeman A

• BMJ 24th May 2012
Response from the College
(President, Dean, Registrar, Secretary & Editor)

• “Premature”
• “The current system has clinical utility so we shouldn’t change”
• “The patients are more interested in the care they receive than in questions of nosology”
What I will be saying

• The brain is the only organ with 2 taxonomies
• This does not reflect natural science, has led to “parallel discourse” and serves our patients badly
• The dual classification is supported by two bits of bad science
  • “double accounting”
  • The “no biomarkers in psychiatry” argument
• Unifying classification could lead to good things
  • Reduced stigma and social exclusion
  • Better care for our patients
  • Better training, morale and retention of psychiatrists
  • Less fragmented services
• Psychiatry can retain it’s unique culture within medicine as “doctors of higher mental function”
Dualistic classification does not reflect natural science.

- Dual systems
  1. Symptoms ("mental" symptoms vs "physical" symptoms)
  2. Treatments ("physical" vs "psychological" treatments)
  3. Function ("higher" vs "lower" brain functions)
  4. Aetiology ("mental" causes vs "physical" causes)
  5. Best way of understanding ("the molecules" vs "the story")
Parallel Discourse in relation to brain disorders

FIG. 2. Conflicting views of the same disorder—illustrations from contemporary text books (Norman, 1928; Wilson, 1940).

The “double accounting” problem

- G30 Alzheimer disease or F00.2 Dementia in Alzheimer disease
- Fronto-temporal dementia = F02 or G31
- Tension headaches F45.4 or G44.2
- G93.3 Myalgic encephalomyelitis or F48 Neuraesthenia
- Auto-immune NMDAR encephalitis or “organic psychotic disorder”
Q: What do you call a mental illness with a biomarker?

- Some biomarkers leading to mental illness;
  - Serum sodium
  - Serum B12
  - Serum calcium
  - CAG repeats on short arm of chromosome 4
  - Antibodies to NMDA receptors
  - Demyelination of white matter tracts in the brain
  - Etc. etc.

- The “no biomarker” argument favours 2 taxonomies.
- “This is not a mental illness, it’s a physical illness”
- Leads to exclusion of F00-F07 from mainstream adult psychiatric discourse
The practical effects of dualism today

• People with “organic disorders” excluded from mainstream adult mental illness discourse.
• People with mental disorder are stigmatised as they aren’t “really ill”.
• Social care fragmented
• “Pass the parcel”/ “underlapping”.
• Sterile mind/brain debates
  • i.e. ME/CFS.
One classification could...

- Prevent blame and stigma attached to mental illness
- Improve morale, training and retention in psychiatry
- More joined up care
- Prevent the shrinkage of psychiatry
- Bring us into line with other organs.

- Psychiatrists can retain their identities by being specialists in the assessment and treatment of “disorders of higher brain function”
“The distinction between mental and physical illness is ill-founded and incompatible with contemporary understanding of disease”

Robert Kendell, 2001
Robert Kendell again

“...if we do continue to refer to ‘mental’ and ‘physical’ illnesses we should preface both with ‘so-called’, to remind ourselves and our audience that these are archaic and deeply misleading terms.”
“The nature of the body can only be understood as a whole, for it is the great error of our day in the treatment of the human body that physicians separate the soul from the body”