Diagnosis in Child Psychiatry

THE FACULTY OF CHILD AND ADOLESCENT CHILD PSYCHIATRY

ANNUAL CONFERENCE

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## Disclosures

**Past support**  
*(none in recent years)*

- Janssen  
- Eli Lily  
- Novartis  
- Shire  
- Fannin

**Royalties**

- Wiley  
- Johns Hopkins Press  
- Jessica Kingsley  
- Routledge  
- AAPAC  
- Nova Science
Classification

Ancient Chinese classification of animals

1. Those that belong to the emperor
2. Those that have 4 legs

- Those that belong to the emperor
- Embalmed ones
- Those that are trained
- Suckling pigs
- Mermaids (or sirens)
- Fabulous ones
- Stray dogs
- Those that are included in this classification
- Those that tremble as if they were mad
- Innumerable ones
- Those drawn with a very fine camel hair brush
- Et cetera
- Those that have just broken the flower vase
- Those that, at a distance, resemble flies
1791 Joseph Daquin (1732-1815)

1. Madness that requires restraints.
2. Madness which is quiet
3. The whimsical
Renaissance Classification

- Delirium
- Mania
- Loss of memory (Oblivio)
- Epilepsy
- Melancholia
All forms of mental illness are essentially the same.

Psychiatrists driven to classify to reduce anxiety and uncertainty.
Autistic diagnosis by differing criteria

- (Fitzgerald 2000) n=309
- Kanner & Eisenberg 2 Criteria 220 (71%)
- DSM III R 285 (85%)
- ICD 10 144 (47%)
- Kanner 5 Criteria 24 (8%)
- Kim 2011 ASD 2.64%
DSM

“The book of Woe” by Gary Greenberg
A. France

- The brain's unbelievable complexity
- 100 trillion connections
Why ICD-11 now?

- Decade since last revision
- Huge amount of New Research making it necessary
- Myth
André Gide (1869-1951)

“Cultivate the company of those who see the truth but beware of those who have found it”
Diagnostikein

- Lepoutre & Villa 2015, Page 349
- ICD-10 diagnosticians have **not** achieved

- 1. Diagnostikein (greek) “being able to discern and recognise”
- 2. To Identify or differentiate
- 3. What is common and what is different from other diagnoses
- 4. What is not a diagnosis (false positive)
ICD-11

- Grinker (Baily, 1965, page IX)

- “Worn/out hackneyed reiterations and reformulations of Freudian Literature and the stultifying stereotypes stated as positive facts based only on inferences”

- Also ICD-11
Science and Child Psychiatry

- Academic Child Psychiatry including diagnosis is at a very immature stage.

- Academic Child Psychiatry is only taking its first baby steps.

- Preaching to the faithful

- Statistics as absolute truth
Problems with Diagnosis

• “The singularity of a concrete individual” and the “generality of an abstract nosological picture”

Lepoutre, 2015
Lumpers versus Splitters

- Lumpers have largely won (e.g.)
  - Neuro Developmental Lump,
  - Learning disability,
  - ADHD,
  - Autism
  - Schizophrenia
  - Bi-Polar Disorder
Splitters

“Splitters exploits size differences and seeks smaller and highly differentiated groups that have no exceptions”

Cooper and Sartorius, 2013
Splitters versus Lumpers

- “Depends partly on your personality characteristics”

Cooper and Sartorius, 2013

- Bizarre
Mental Illness and Mental Disease

• “have proved impossible to define satisfactorily”

Cooper and Sartorius, 2013
Criticism of Diagnosis

• Diagnosis and the Witch trial

  (a) Scottish kings test for identifying witches
      Victor Hugo as quoted by Sigmund Freud

  (b) Boiling them and tasting the broth
      Differentiate between witches and non-witches
Charcot (19th Century)

- “Diagnosis is the extracting of “specific pathological species (types) from the chaos of imprecise notions”

- ICD-11 has imprecise notions
Hysteria (Charcot)

- 1. sharply circumscribed
- 2. “well-defined”
- 3. “grand hysteria”

Freud, 1881, page 140 – 141

Most common diagnosis will “survive” in the way hysteria has.
Freud, proclaimed that he brought “order” to the clinical “chaos” by identifying the constant combination of certain groups of symptoms.

LePoutre et al, 2015
Boundaries

1. No boundary between diagnosis mostly?
2. Artificial boundary, ICD-11
3. Borderline everything
4. Atypical or NOS
Kraepelin

- Going, going..
- British journal of psychiatry
“Insanity is protean in its manifestations”. (It is) futile and useless to found “any system of classification of insanity on symptomatology. The endeavour can only be regarded as an impossible feat. ...pathetic....who seem anxious to rival the punitive labours of Sisyphus or the daughters of Sanaus with similar fruitless results”
He was critical of Kraepelin and particularly the separation of insanity into manic depressive and dementia praecox and that there was no possibility that such a division could ever be meaningfully performed.
Problems of DSM V

1. Increased sensitivity and lower specificity
2. The “porous nature of the definitions of milder major depressive disorder and anxiety disorders.

Shergill, 2013
(Holman, 1976)

Noted that psychiatrist (and I would particularly emphasis diagnosis) are engaged in “significant part, engaged in special interests advocacy, pursuing and preserving social power”, Via

- Annual meetings
- CPD
- Diagnosis etc
15th Century
Doctrine of Learned Ignorance
G.B. Shaw
Professionals are in conspiracy against the laity
1. Periodic table of elements

2. “The successive versions of the classification will continue to be no more that hypotheses.

Cooper and Sartorius, 2013
Disorder

1. “Disorder is a conveniently imprecise meaning”
   Cooper and Sartorius, 2013

2. At least honest and without “spurious precision”
   Cooper et al, 2013
Disorder implies the existence of a clinically recognisable set of symptoms or behaviour associated in most cases with distress, interference with personal functions.
They are like committees who set out to design a horse and came up with a dinosaur.
1. Van Os (2013) AJP, points out that mental disorders appear to be “continuous... with sub threshold states. (NOS DSM 4) or extended phenotypes”

2. Van Os (2013), points out that normal variation and the extended end of the distribution.
ICD-11

• “Our Mythology”

• It gives us stories and reduces uncertainty
ICD-11 – DSM -5

- Continue down Cul-de-sacs because what Kahneman called the “sunk cost fallacy” where so much has been invested and therefore cannot be abandoned.

- Gazzaniga, Tales from both sides of the Brain
The Emperor’s New Clothes

- ICD-11

- The Emperor’s New Clothes
Professor Odegard and John Cooper (Cooper et al, 2013) states

“We must not get too worried about trying to define mental disorders exactly. Many of the definitions we use are rather like the lines of latitude and longitude on a map. If you go looking for them, there is nothing there but they are very useful for helping is to get around.”
Mis-labelling

- Means “there is known abnormal physical or physiological cause for the symptoms of the patient.

- ICD-10 in terms of disease is mis-labelled.
Criticism of Diagnosis

- Clusters of critical symptoms and not any objective laboratory measures... equivalent to creating diagnostic systems based on the nature of chest pain or the quality of fever.

Insel, T.
Sartorious, 2011 notes that the “pathogenesis of most mental disorders is still a matter of speculation and remains largely unknown.
1. Increase sensitivity and increased false positives with “reckless” hyperinflation of fussy elastic diagnosis. (Frances, 2013)

2. “Reliability...abysmally low. (Frances, 2013)

3. ICD-XI – “following a DSM V template ..is a serious mistake. (Frances, 2013)
Diagnosis – DSM-5

- S. Hayman, DSM V

- Produced an absolute scientific nightmare. Many people who get 1 diagnosis, get 5 diagnoses, but they don’t have 5 diseases, they have 1 underlying condition.
Points out that psychiatrists actually believe (that the diseases they diagnose in DSM) are real. But there is no reality, they are just constructs. There is no reality to schizophrenia or depression because they are getting in our way, confusing things.

Scull, 2015 page 408
A Eureka Moment - Not

- Not likely in psychiatric classification, if ever.
Autism Diagnosis

- The idea that Autism and other behavioural phenotypes will fragment into “shared mutations, molecular pathology and bi-chemical mechanisms”.

  Marcus and Freeman, 2015

- in my view, this is grossly optimistic.
Dimensional Diagnosis

- Genetics is mired in a swamp.
- Is neuro-imaging more like neuro-phrenology

Maj, 2005
Waiting for a diagnosis

- Waiting for a diseased model of diagnosis is probably like waiting for Godot
  (Beckett)
“Prediction is very difficult especially if it is associated with the future”

N. Bohr
ICD-11, Periodic Table

- "a neuro-psychological periodic table of elements on the basis of which we could predict the existence of new forms of mental disorder which have not yet been reported".

Berrios
ICD- 11

- Validity /Truth (Berrios , 2015)

- “Closed Loops, excluding corrective informational variants”
Validity /Truth (Berrios, 2015)

1. “Statistical Analysts confims”, classification, not on account of the “truths” of groupings but because the information collected by structured systems is already bias in the direction of confirmation. (Query structured interview)
Collaboration between ICD-11 and DSM V

- Agreement to have the same mistakes in both classifications
Psychiatric objects may not be susceptible to classification at all.

Berrios, 2015
Blank Slate

- Better to start again with a blank slate.

- Current classifications of our culture and our time.
Clinical singularity to universal diagnosis (Biblical), a million bridges too far.