

Diagnosis and Classification: ICD, DSM, etc.

11-13-12

A.M.B.E.R. clinic
**Albuquerque Multidisciplinary Behavioral Evaluation for Recovery
and Resiliency**

Alya Reeve, MD, MPH
University Of New Mexico Health Sciences Center
Professor of Psychiatry, Neurology & Pediatrics
PI, Continuum of Care

Purposes

- **Diagnosis**
 - **Establish etiology**
 - **Focus therapeutic options**
 - **Prevalence data**
- **Classification**
 - **Pattern recognition**
 - **Eligibility for reimbursement, tx, case-ness.**
 - **Compartmentalization**

Diagnostic Systems

- **International Classification of Diseases, 10th revision (ICD-10)**
 - **published by WHO**
- **Diagnostic and Statistical Manual, 4th edition, transitional (DSM-IV-TR)**
 - **published by APA (Am Psychiatric Assn)**

ICD

- **Intent: to promote international comparability in the collection processing, classification , and presentation of mortality statistics**
 - **Alpha-numeric**
 - **Congruent with International Classification of Functioning (ICF)**
 - **Body functions and structure**
 - **Activities & Participation**
 - **Additional info on severity & environmental factors**

DSM

- **Psychiatric diagnoses**
- **DSM-III: prevalence, prodromes, duration, reproducibility**
- **Tries not to make major diagnoses before age 18**
- **Skirts medical diagnoses**

DSM –IV-TR

- **Axis I: major mental health conditions**
- **Axis II: personality d/o & MR**
- **Axis III: medical issues**
- **Axis IV: stressors**
- **Axis V : GAF (best estimate of level of fx)**
- **Challenge of MR → Intellectual Developmental Disorder (DSM-5)**

Limitations of classification:

- **Erroneous understanding**
 - IQ levels? Borderline, mild, moderate, severe, profound...
- **Spurious separation**
 - Mood d/o due to Gen. Med. Cond
 - Anxiety d/o “ “ “ “
 - Mental d/o due to “ “ “ “
- **Patient expectations, participation**

Utility of dx & classification

- **Communication**
 - **clarity of observations**
 - **comparison over time, locations**
- **Review**
 - **changes with interventions**
 - **maturation**
- **Payment for services**
- **Testing efficacy of interventions**

Communication with patients

- **Diagnosis should not limit respect and communication**
- **Learning disorders \neq ID**
- **Dx doesn't define a person's abilities**
- **Goodness of fit – may be helpful avenue to discuss challenges in daily functioning and longer term goal**

Summary

- **Review symptoms**
- **Record symptoms**
- **Conceptualize and categorize**
- **Use diagnostic criteria, rather than clinical impressions alone**
- **Expect change over time**
- **Document, document, document.**