Diagnosis and Classification: ICD, DSM, etc.

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

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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.