

## DSM-V: madness!



### ● Lower diagnostic thresholds and medicalisation of life.

**A**n analysis of internal documents of the American Psychiatric Association revealed an astonishing arbitrariness and lack of scientific rigour in the different versions of the Diagnostics and Statistical Manual (DSM), the “reference” manual for psychiatric diagnosis and research (1). The latest revision, DSM-V, to be published in 2012, seems to exhibit the same flaws.

The project manager for DSM-IV, the version published in 1994, has now raised the alarm over preparatory work for DSM-V (2).

**New, useless and even harmful diagnoses.** The draft includes new “disorders” that will be commonly diagnosed in the general population, “especially after marketing by an ever alert pharmaceutical industry” (2). This creates a risk that healthy individuals will be unnecessarily prescribed poorly effective and expensive treatments with harmful adverse effects (notably “atypical” neuroleptics) for “Psychosis Risk Syndrome”, “Mixed Anxiety Depressive Disorder”, “Minor Neurocognitive Disorder”, “Binge Eating Disorder”, or “Temper Dysfunctional Disorder with Dysphoria” (2).

**Far lower diagnostic thresholds.** The draft also reduces the number of criteria required for the diagnosis of disorders already listed in DSM-IV. This is the case, for example, of

attention deficit-hyperactivity disorder: the number of symptoms necessary for its diagnosis in adults is halved. Similarly, the separate categories of substance abuse and dependence would be eliminated and replaced with a new category, “addiction and related disorders”; and “major depression” would be extended to cover normal grief (2).

**Specialists’ narrow point of view.** In the author’s opinion, the basic reason underlying these flaws is that the classification of mental disorders has been handed to specialised task forces that seek to reduce the number of persons who remain undiagnosed, without taking into account the associated risk of increasing the number of persons who are incorrectly diagnosed. And treated by “harried primary care clinicians in an environment heavily influenced by drug company marketing” (2).

In summary, the DSM-V draft is described as a “dangerous combination of nonspecific and inaccurate diagnosis leading to unproven and potentially quite harmful treatments” (2).

In practice, healthcare professionals should distance themselves from the DSM, as well as drug company marketing strategies, disease mongering, and the growing “medicalisation of life”.

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### Selected references from Prescrire’s literature search.

1- Prescrire Rédaction “Comment la psychiatrie et l’industrie pharmaceutique ont médicalisé nos émotions” *Rev Prescrire* 2010; 30 (317): 230.

2- Frances A “Opening Pandora’s box: the 19 worst suggestions for DSM5” [www.psychiatrictimes.com](http://www.psychiatrictimes.com) accessed 19 May 2010: 10 pages.