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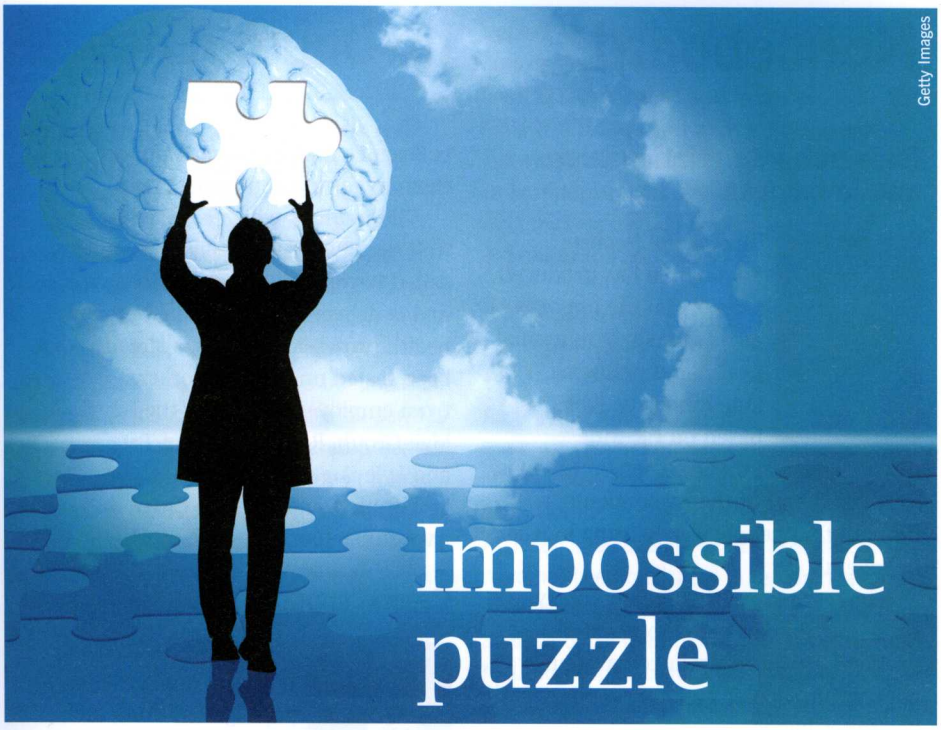

Impossible puzzle

The recent draft update of psychiatry's diagnostic bible has revealed dissent in the profession, claims Gail Hornstein

NEARLY THREE decades ago the American Psychiatric Association (APA) published its Diagnostic and Statistical Manual of Mental Disorders (DSM) to assimilate doctors' descriptions of psychiatric problems. The list contained about 100 diagnoses and attracted little attention.

In February, the APA unveiled a draft version of the fifth edition of this manual which has become the profession's most widely used diagnostic system. Previous revisions tripled the number of diagnoses, with one quarter of the population of the United States now considered to suffer symptoms of mental illness. The content of DSM-V is hugely consequential because it could affect parental rights, treatment options and brain functions.

The APA says it aims to reflect the scientific progress by revising the criteria for mental illness. But the spectacle now unfolding around DSM-V exposes a very different side to classification in psychiatry.

The media reports on breakthroughs in brain research but still little is known about the mind. Unlike other fields of medicine, psychiatry still lacks consensus on fundementals such as what causes mental illness, how best to treat it and how widely used methods operate. For decades, researchers have searched for biological markers of mental dysfunction, but there are still no objective measures – blood tests, brain scans, genetic maps, assays of 'chemical imbalance' – that can validate the diagnosis of psychiatric problems.

Lacking a unifying theory or sufficient scientific evidence to answer its main questions, psychiatry has turned the DSM into its key accomplishment. Emphasising their role as arbiters of normality, psychiatrists make it seem as if their field is grounded in certain knowledge. But when disputes within the ranks start to attract public notice this authority is questioned. The DSM-V drafting committee is rife with disagreement and the contested nature of the process is starting to leak out.

Hidden ambiguities

Psychiatrists cannot afford to lose their power to define what is pathological. If the DSM is to continue to be psychiatry's bible, the manual has to be taken as authoritative by its many audiences such as insurance companies, other physicians, courts, families and patients. The ambiguities and financial interests inherent in diagnostic categories have to be kept hidden. But that has not worked for this latest edition.

The publication date for DSM-V has already been pushed back to 2013 because the drafting committee cannot agree on which categories to include. The chairs of the two previous revision committees (for DSM-III and IV) have called for these disagreements to be made public and have criticised the APA's 'completely inexplicable secrecy'.

Big business

Psychiatry's reputation is at stake, but the DSM is big business. In its first ten months, DSM-IV reportedly brought $18 million (£12.5 million) to the APA's coffers, royalties and a range of DSM-related products keep the money flowing. All content, even drafts of the manual, is copyrighted and trademarked. Drafting committees are showered with consulting fees from pharmaceutical companies. Eager to avoid comparisons to research on smoking funded by the tobacco industry, the APA is requiring members of the DSM-V committee to limit their 'honoraria' from drug companies to $10,000 per year.

Yet no matter how close the links between psychiatry and its sponsors, the system can only work if the rest of us buy into it. We have to be willing to believe that DSM categories reflect real phenomena to classify suffering as psychiatric disorder, setting aside life experiences and focusing on brain functions.

Over the past 20 years, more of us have been willing to do this. We take for granted that psychiatric diagnosis and treatment reflect evidence-based medicine. But the reality is that the classification process has become deeply politicised.

We all know people who have benefited from psychiatry but we cannot afford to stay naïve about whose needs the DSM serves. It could be time to turn the page on the 'decade of the brain,' recognise what it has taught us and start to think about mental health in terms more suited to our own personal histories and sense of self.

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