university of groningen

Classifying in psychiatry

Presentation for Puzzles of Classifying
London School of Economics, 6 November 2017

Jan-Willem Romeijn
Faculty of Philosophy
University of Groningen

In collaboration with Hanna van Loo (UCP Groningen)

Disease classification

Classification schemes for mental illness serve a large variety of goals.

- *Medical doctors* use classification schemes to design and apply treatments.
- *Researchers* employ them to design studies and carry them out.
- *Patients* and their families and friends fall back on classifications for explanation and understanding.

How can we best serve these goals? When is a classification scheme “good”?

Comorbidity…

In psychiatry it often occurs that patients suffer from multiple disorders at the same time.

	Country	N	DSM	12 mth any dx (in%)	1 dx	2 dx	3 dx	> 3 dx	% pts > 1dx
Bijl 1998	NL	7076	III-R	23,3	15,3	4,4	1,9	1,9	35
Jacobi 2004	BRD	4181	IV	31,1	18,8	6,3	2,8	3,2	40
Kessler 2005	USA	9282	IV	26,2	14,4	5,8	6,0		45

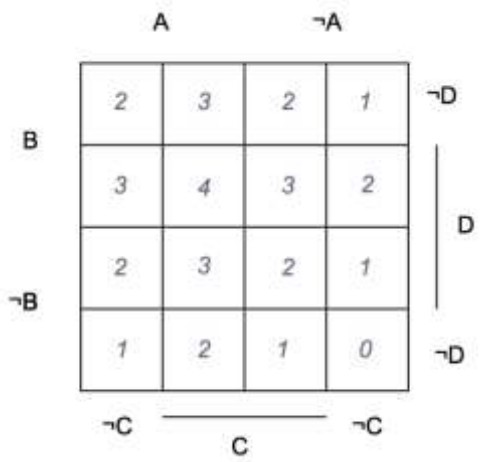
...as a problem

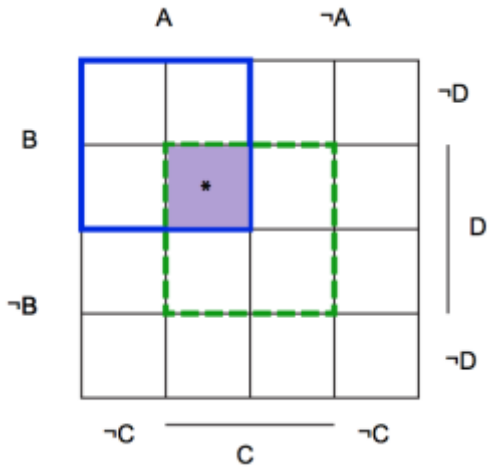
Understanding the phenomenon is important, both practically and theoretically.

- Patients with comorbid disorders have disproportional functional disability and react less well to treatment.
- A better understanding of comorbidity will contribute to a sensible debate over theoretical issues that surround the DSM.
- Comorbidity serves as a magnifying glass for philosophical concerns about scientific categorisation.

Comorbidity as overlap

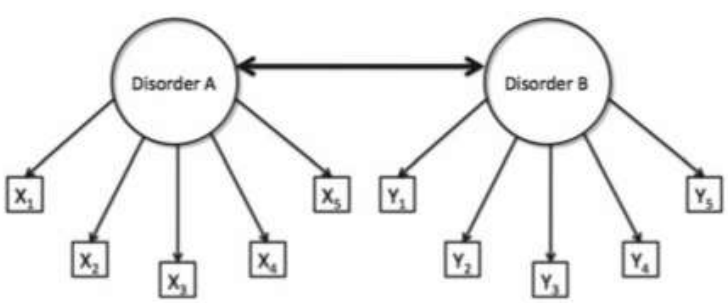
It may be an artefact of the DSM that some people are diagnosed with multiple disorders, e.g. MDD and GAD.

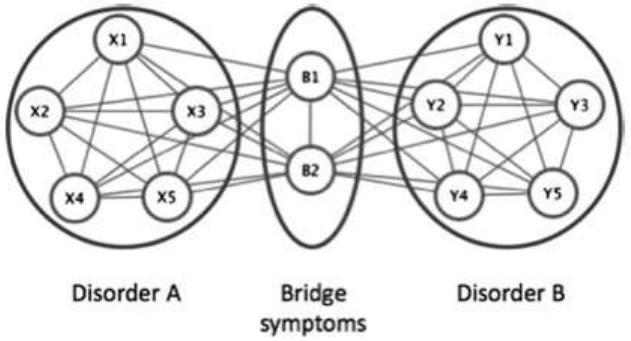




Comorbidity as causal

The co-occurrence of two disorders may also signal that they promote each other causally.

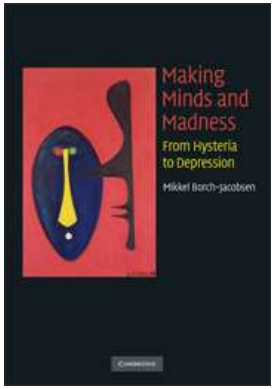




(Figures from Cramer *et al*, BBS 2010)

Theoretical controversy

Two opposing views on comorbidity determine the psychiatric debate: realism and constructivism.



This debate reflects an opposition in philosophy of science that has echoes of the “science wars”.

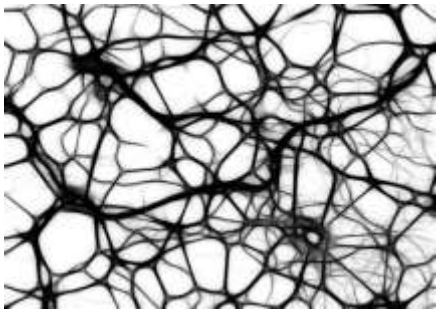
Disorders as conventions

In practice psychiatrists often escape the opposition by relying on a form of *conventionalism* about mental disorders.

Definitions of disorders are determined by considerations of intelligibility and predictive performance.

Levels of description

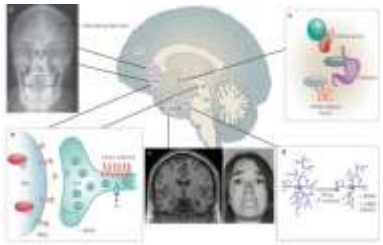
It is perfectly possible that a classification employs characteristics from a several different levels of description.



This raises numerous concerns in predominantly “smallist” psychiatric science, relating to philosophical debates over reductionism.

Moving forward

Debates over the DSM5, comorbidity and so on do not benefit from the strong oppostions real-artificial and material-social.



In my view a perspectival and local realism facilitates good research practice.

Past work…

Some references to papers:

- "Measuring and defining: the double role of the DSM-criteria for psychiatric disorders", *Psychological Medicine*, to appear 2017.
- "Psychiatric comorbidity does not only depend on diagnostic thresholds: an illustration with major depressive disorder and generalized anxiety disorder", with H. van Loo, P. de Jonge, K.S. Kendler, and R.S. Schoevers, *Depression and Anxiety*, DOI 10.1002/da.22453, 2015.
- "Comorbidity: fact or artefact?", with H. van Loo, *Theoretical Medicine and Bioethics* 36(1), pp. 41-60, 2015.
- "Psychiatric comorbidity and causal disease models", with H.M. van Loo, P. de Jonge, R.A. Schoevers, *Preventive Medicine*, 57(6), pp. 748-752, 2013.
- "Data-driven subtypes of major depressive disorder: a systematic review", with H.M. van Loo, P. de Jonge, R.C. Kessler, and R.A. Schoevers, BMC medicine 10: 156, 2012.

Thanks for your attention

This presentation will be made available on:

http://www.philos.rug.nl/~romeyn/

For questions and remarks please email:

j.w.romeijn@rug.nl or h.van.loo@rug.nl