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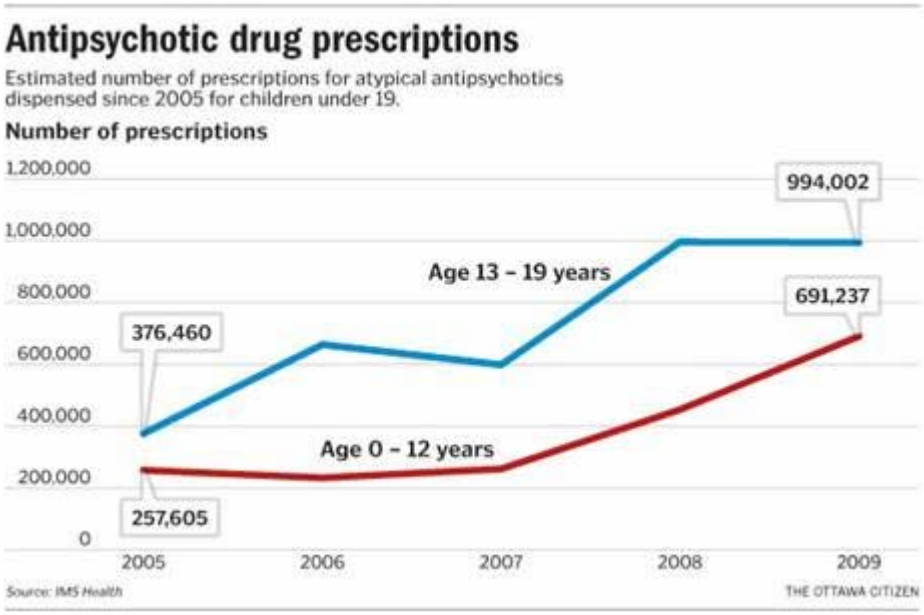
The sickening of society

By Sharon Kirkey



As Dr. Allen Frances read through the list of proposed changes to psychiatry's bible of mental sickness, alarms started ringing in his mind.

"I was surprised," the renowned U.S. psychiatrist says, "that the proposals managed to be much worse than my most pessimistic expectations."

By the time he was finished reading, Frances had calculated that the recommendations contained within the first draft for the fifth and latest revision of the Diagnostic and Statistical Manual of Mental Disorders — a hugely influential book used daily by doctors worldwide, psychiatry's official classification of all the ways humanity can go "mad" — could unnecessarily trigger wholesale "epidemics" of mental illness and expose millions more adults and children to potentially harmful psychiatric drugs.

Frances, more than most, knows the kind of surprises that may be lurking.

He chaired the task force that wrote the current edition of the manual — referred to as DSM-IV — which Frances says is a book that unintentionally contributed to vast and sudden increases in the diagnosis of attention-deficit hyperactivity disorder, autism and childhood bipolar disorder (manic depression), after it made changes in those definitions.

Rates of bipolar disorder alone jumped 40-fold in the U.S. after the definition was broadened to suggest that children don't have to experience the typical manic symptoms seen in adults to be diagnosed bipolar — and that depression in kids can be a persistent irritable mood.

“Most of this was not our fault,” says Frances.

Rather, he blames “a runaway fad led by thought leaders and pushed by drug companies and advocacy groups.”

“We were remarkably conservative and very careful. We laboured very carefully not to have surprises, not to have unintended consequences,” says Frances, former chairman of the psychiatry department at Duke University’s School of Medicine in Durham, North Carolina. He’s now a professor emeritus at Duke.

But once a diagnosis gets out of the bottle, he says, “it spreads like wildfire in ways you could never imagine.”

This psychiatrists’ bible is in the midst of its first major rewrite in 16 years, coming at a time when antidepressants, tranquillizers and other psychoactive drugs have become the second most-prescribed drug class in the country, second only to cardiovasculars, according to prescription drug tracking firm IMS Health Canada.

Across Canada, pharmacies last year dispensed 61.2 million prescriptions for psychotherapeutics, worth nearly $2.4 billion.

The changes being proposed for the manual would create even more patients for whom psychoactive drugs can be prescribed.

Under the revisions being recommended for the upcoming fifth edition binge eating would officially be classified a brain imbalance. Children with frequent temper outbursts and a persistent “negative mood” could meet criteria for a new illness called “temper dysregulation disorder with dysphoria,” or TDD.

And an entirely new category of mental dysfunction called “behavioural addictions” would be created, with gambling as the single, sole disorder for now, but with Internet and sex addiction recommended for inclusion in the appendix as conditions worthy of further study.

“Hypersexual disorder” would become a new category of sexual dysfunction at a time when Tiger Woods and other celebrities are taking philandering to new heights.

The diagnosis would capture men and women with recurrent, “out of control” sexual behaviours that, according to the rationale, “are not inherently socially deviant,” but that are causing them problems nonetheless; they may be consumed by pornography or cybersex, for example, or repeatedly engage in “one-night stands” or affairs.

Most men, as well as a considerable number of women, would recognize themselves in the criteria for hypersexual disorder, says Christopher Lane, a literature professor at Northwestern University in Illinois and author of Shyness: How Normal Behaviour Became a Sickness, which chronicles the creation of more than 100 new disorders in the

third edition of the DSM, based on the APA's archives of unpublished letters, transcripts and memorandums.

"It's an extremely alarming precedent to see psychiatrists trying to legislate what are normal sexual desires and how often we should experience them," he says.

One of the most controversial proposals calls for the establishment of a new condition called "psychosis risk syndrome." The goal is to identify young people at risk of developing a psychotic disorder, such as schizophrenia, and intervene early.

But even the very experts behind the proposal say the unanswered question is whether "ordinary users" in "ordinary settings" — meaning not just expert investigators working in university-based research clinics — will be able to reliably identify cases based on the criteria.

"You and I might say, 'Well, there are a lot of adolescents who are just kind of funny, and have funny ideas, and they don't communicate well.' About half my students are like this," says Edward Shorter, professor of the history of medicine and of psychiatry at the University of Toronto, and author of A History of Psychiatry: From the Era of the Asylum to the Age of Prozac.

"The DSM-5 says, 'Ah, no. These people probably have a precursor of schizophrenia, so we'll treat them prophylactically with powerful antipsychotic drugs in the hope of forestalling the eruption of serious illness that we know to be almost inevitable'."

Frances worries that the "false positive" rate could run as high as three to nine adolescents wrongly diagnosed at being at risk for psychosis for every one correctly identified.

Many of these misidentified youth would be prescribed antipsychotics that can cause one pound per week of weight gain, a greater risk of diabetes and "likely reduced life expectancy," he says.

"I think about 400,000 (American) kids are already on these meds," says Frances, adding pre-psychotic risk and temper dysregulation would ratchet it up even further.

The more behaviours the DSM medicalizes and the more disorders added to the official nomenclature, the bigger the market for psychiatric medications grows.

The first DSM, published in 1952, was a skinny, 132-page spiral-bound booklet containing 128 disorders. Its current edition, published in 1994, lists 357 disorders, and runs 886 pages.

"There's something wrong with that," says Dr. Frank Farley, a past president of the American Psychological Association. "We're seeing too many quote-unquote disorders lurking simply in the extremes of behaviour. We see some extreme of behaviour and we decide it's a 'disorder,' that it's out of order with something, that it's not normal," says

Farley, an Edmonton native who's now a psychologist at Temple University in Philadelphia.

"Are we going to force human behaviour into a kind of 'normal' category that, let's face it, is ill-defined? What is 'normal' behaviour? That's ground zero. That's job one, to clearly define what is normal, before you start saying what's abnormal."

There is no reliable biomarker or blood test a doctor can point to and say, "This person has a psychiatric illness." And so, not one biological test is ready to be included in the DSM, says Frances.

The challenge is finding which diagnosis, according to the criteria, is the best fit. (Insurance companies require a DSM code before they will authorize reimbursement.)

In their book, Making Us Crazy; DSM: The Psychiatric Bible and the Creation of Mental Disorders, Herb Kutchins and Stuart Kirk say the manual is intended to describe symptoms of mental illness that can make life devastating for individuals and their families. But the guidebook goes further, they say, "by defining how we should think about ourselves; how we should respond to stress; how much anxiety or sadness we should feel; and when and how we should sleep, eat and express ourselves sexually."

The tome, Kirk said in an interview, has led to manufactured epidemics of illness.

"Bipolar disorder in children was never seen 20 years ago. It was thought it wasn't even possible," says Kirk, a professor of social welfare at the School of Public Affairs at the University of California, Los Angeles.

"The APA knows it really got tagged manufacturing that category and throwing lots of children in it unnecessarily, so they're now trying to figure out where else these children should go, as if they need to go somewhere. … And that's not unusual with changes in DSM," he says.

"They try to fix one area of silliness by seeing if they can redistribute the behaviours to another disorder."

The latest revision of the DSM has been a decade in the making. About 160 of the top global experts in various areas of diagnosis are members of the task force and work groups. The APA says the highest priority is to ensure the manual is useful for those who diagnose and treat patients, as well as for the scientists studying the causes and most effective treatments for the patients being treated.

Field trials of the draft criteria will begin in May. The final book is scheduled for release in 2013.

The editors of the DSM say the criteria are developed by consensus, that the diagnoses are borne from meticulous reviews of the data and are meant to serve as guidelines for

people with the appropriate training, and not as a cookbook way of diagnosing mental illness.

But Farley says the manual is driving a "sickening of society."

If a person is talking to Napoleon, he says, and "showing serious problems of reality contact and cognitive slippage of some sort — and it's serious enough that they're not functioning in their life, then, OK, we're probably on track with something like that.

"But are we sickening society with simply too many labels, way over-pathologizing human behaviour? Do we have 300-some valid and reliable disorders? I don't think so. And that's DSM version No. 4," he added.

"This new version may well end up with a whole lot more, becoming a growth industry of labelling and diagnosing, with no end in sight."

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A history of the Diagnostic and Statistical Manual of Mental Disorders

- 1840: The frequency of "idiocy/insanity" is recorded in the 1840 U.S. census, the first official attempt to gather information about mental illness in the U.S.
- 1917: A new guide for mental hospitals — entitled the "Statistical Manual for the Use of Institutions for the Insane" — is published. It includes 22 diagnoses.
- 1943: The U.S. army produces "Medical 203," used to diagnose and assess Second World War soldiers and veterans. It is the first formal attempt at a psychiatric "nomenclature" and becomes the precursor to DSM-I.
- 1952: DSM-I is published as the first official American Psychiatric Association manual of mental disorders. It lists 128 disorders, including "passive-aggressive personality disorder" and "emotionally unstable personality disorder" and "inadequate personality disorder."
- 1968: The second edition of the DSM is published. with 159 disorders. Homosexuality is listed under "sexual deviations" but removed from the manual in 1973.
- 1980: DSM-III is published. Explicit diagnostic criteria are introduced for each disorder. It includes 227 disorders. New disorders added include social phobia, avoidant personality disorder and several similar conditions. Post-traumatic stress disorder and attention-deficit disorder also appear for the first time.
- 1994: DSM-IV, the last major revision, is published. It includes 357 disorders.
- 2013: DSM-5 is scheduled for publication. It is too early in the revision process to know whether the number of diagnoses will be more, less or the same as those in DSM-IV.

Sources: The American Psychiatric Association; "Shyness: How Normal Behavior Became a Sickness," by Christopher Lane.

http://www.ottawacitizen.com/health/sickening+society/2950503/story.html