

Worried about work? You may need therapy: Psychiatric “bible” may classify more chronic worriers as mentally ill

BY SHARON KIRKEY, POSTMEDIA NEWS DECEMBER 9, 2012



The latest edition of the Diagnostic and Statistical Manual of Mental Disorders is expected next spring. It will change how some diagnoses are made.

Photograph by: Christopher Pike/Postmedia News/Files, Postmedia News

Official psychiatry could soon make it easier for the chronically worried to be diagnosed as mentally “disordered” and in need of treatment.

Among the controversial changes anticipated in the newest edition of psychiatry’s manual of mental disorders, due to hit doctors’ offices in May, the thresholds for “generalized anxiety disorder” (GAD) are widely expected to be loosened, a move some observers say could make it more frequently diagnosed than depression.

The publishers of psychiatry’s guidebook of mental illness won’t discuss final diagnostic criteria until the manual is completed and published in the spring. But a leading U.S. psychiatrist who chaired the task force that wrote the current edition of the [Diagnostic and Statistical Manual of Mental Disorders](#), or DSM, says the next manual will further obscure the “already fuzzy boundaries” between GAD and normal, everyday worries.

Ten years in the making, the latest edition of the DSM reflects the most up-to-date science and understanding of dysfunction in the brain, leaders of the [American Psychiatric Association](#) said last week in announcing that its board of trustees has approved the final criteria for the fifth edition of the DSM.

But while the total number of diagnoses hasn’t changed — believed to be a first in the catalogue’s 60-year history — many of the early proposals that drew the most heated criticism have made it through.

They include “disruptive mood dysregulation disorder” — defined as children who exhibit “persistent irritability” and frequent “behaviour outbursts” — hoarding (people who have difficulty “discarding or parting with possessions”) bingeing and excoriation (skin picking) disorder.

Meanwhile, gone from the new manual will be “bereavement exclusion” for a diagnosis of [major depressive disorder](#). Currently, people who have recently suffered a loss cannot be diagnosed with major depression unless their symptoms persist beyond two months. In the new manual, “grief exclusion” has been dropped. Instead of having to wait two months, the diagnosis could be made two

weeks after the loss of a loved one.

Dr. Suzanne Renaud, president of the Canadian Psychiatric Association, says research and clinical observation are beginning to show that "maybe we need to consider at times that bereavement can become pathological if the person is not doing well."

Renaud said choices had to be made about what psychiatric diagnoses should be added, dropped or revised. "We're hoping (the new manual) is going to help us work better, but we will have to see ... Sometimes, despite everybody's best intention, it's (only) a little bit afterwards that we see the repercussions."

The most publicly embarrassing tussle in the manual's history occurred in the 1970s, when gay activists successfully lobbied to have homosexuality, which had been listed under "sexual deviation" in the 1968 edition, deleted from the text.

More recently, the current edition has been blamed for a surge in the number of children as young as preschoolers diagnosed with bipolar disorder.

Canadian medical historian Edward Shorter says what makes it into the DSM is more the result of "a lot of horse-trading around the table" than science — "I'll give you your diagnosis if you give me mine," which is a fundamentally unscientific process," says Shorter. "They didn't come up with the speed of light this way.

"Psychiatry claims to be a medical specialty that is based on neuroscience, but the whole diagnostic system is very questionable," said Shorter. "The current DSM series is, in my view, a scientific disaster and should be discarded."

Others, too, are questioning the science behind the latest revisions.

"Disruptive mood dysregulation disorder? Temper tantrums, in a nutshell," said Dr. Frank Farley, an Edmonton native and a past president of the [American Psychological Association](#). "[Hoarding disorder](#) — where is the threshold? When does hoarding become 'mentally sick'? Where's the tipping point?"

Proposed changes to the criteria for generalized anxiety disorder could lead to runaway diagnoses, with vast numbers of people experiencing normal anxiety misclassified as mentally sick and an expanded market for drug companies, said Dr. Allan Horwitz, a professor of sociology at Rutgers University in New Jersey.

According to the proposed new definition, generalized anxiety disorder would capture people experiencing "unrealistic or excessive anxiety and worry" in two or more domains of life, such as family, health, finances or school or work problems. "These are exactly the kinds of things we would expect people to be anxious about," Horwitz said.

"To say they're 'disordered' is to take what seems to be clearly normal sources of anxiety and call that an anxiety disorder."

"Earlier definitions made it very clear that it's only when there is no reason to have those kinds of worries would it be disordered," he added.

The duration of symptoms would also be lowered from six months, to three. In addition, people would have to exhibit fewer symptoms.

"There is a very strong likelihood that GAD, which is already very heavily over-diagnosed around the world, will become an extraordinarily common disorder," says [Christopher Lane](#), a professor at Northwestern University in Illinois and author of [Shyness: How Normal Behavior Became a Sickness](#), a history of the third edition of the DSM.

The manual, which has morphed from a 132-page booklet when it was first published in 1952 to 886 pages today, has an enormous influence on the way the world defines "mental pathology," Lane said.

Most of its language is skewed toward biological explanations of dysfunction in the brain, Lane said, "as opposed to social, environmental and psychological factors.

"And one of the consequences of the newer psychiatric emphasis is, of course, that it translates more readily to pharmacological treatment," he said.

Lane predicts that "disruptive mood dysregulation disorder" will become as widely diagnosed in children as bipolar disorder and attention-deficit/hyperactivity disorder, and that medication rates "will skyrocket once again."

Renaud, of the Canadian Psychiatric Association, said the hope is that [DSM-5](#) "will be a little bit more flexible and adjusted as time goes on, to correct whatever might not work out that well.

"We hope it's going to help us make better clinical decisions," she said.

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