BEYOND PHENOMENOLOGY IN DUAL DX: IS THE TRUTH REALLY OUT THERE?

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Goals

- Review the strengths and weaknesses of current psychiatric nomenclature
- Discuss a bio-psycho-sociologically integrated model
- Discuss broader issues related to whether the DSM-5 will provide a solution
- Discuss options for the Diagnostic Manual-Intellectual Disability-2
Evolution of the DSM

- Uniformity, reliability/validity, shift away from psychodynamic ontology towards statistical categories, mental disorders as syndromes
- Standardization of descriptive, psychiatric syndromes- shared features, guidance for communication, focused treatments, and a tool for researchers
- Multi-axial diagnosis with modifiers, etiology (3); psycho social (4); functional impairment (5),
Boundaries, Dimensions, Biology

- Gene-environmental interactions
- “Functional” v “organic”;
- Endogenous v reactive
- Developmental/congenital v acquired
- Growing complexity of psycho-sociology and neurobiology in mental disorders- final common pathways
- Lumping versus splitting
Mental Disorders and Intellectual Disability

- Complex interaction between developmental disability and psychiatric disorders
- Listing etiologically relevant conditions on Axis 3 may not resolve things- e.g. degree of variability between epilepsy and psychoses
- Behavioral phenotypes, temperament-personality, two-hit models of mental disorders- are they interconnected
Dueling Heterogeneities

- ID presents a problem of diverse levels of functional impairments, etiologies, co-occurring conditions—how do we fit these individuals into not-so-neat diagnostic boxes?

- How do we integrate learning theory/behavioral empiricism with the neurosciences?

- How do we integrate the developmental neurobiology of ID with mental disorders?
Velocardoimal Syndrome (22q deletions)

- VCFS is a complex copy number variant that affects multiple genes and a complex phenotype
- Overlap between ASD and developmental language, ADHD, social relatedness
- Raises issues about the genetic and syndromal overlap between bipolar and schizophrenia spectrum disorders
DM-ID

- The task of accommodating and adapting DSM-IV-TR criteria with IDD-field testing, complex statistical analysis, but hailed as useful tool
- DSM-V is on the way
- Should the DM-ID-2 follow in the footsteps of the DSM-V or rethink the nature of mental disorders- return to the question ontology
Conclusion or Skepticism?

- Are our assumptions about the similarities between psychiatric disorders with/without ID valid?
- Should we answer this question by lumping or splitting into endophenotypes?
- Where is the boundary between behavioral/learning RX models, psychotherapies, and biological treatments?