WORLD PSYCHIATRIC ASSOCIATION

ESSENTIALS OF THE

WPA INTERNATIONAL GUIDELINES FOR DIAGNOSTIC

ASSESSMENT (IGDA)

World Psychiatric Association Workgroup on IGDA:
Juan E. Mezzich (Chair), Carlos E. Berganza, Michael von Cranach, Miguel R. Jorge, Marianne C. Kastrup, R. Srinivasa Murthy, Ahmed Okasha, Charles Pull, Norman Sartorius, Andrew Skodol, and Michael Zaudig

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LIST OF CONTRIBUTORS

Workgroup

Juan E. Mezzich (USA) (*Chair*)
Carlos E. Berganza (Guatemala)
Michael von Cranach (Germany)
Miguel R. Jorge (Brazil)
Marianne C. Kastrup (Denmark)
R. Srinivasa Murthy (India)
Ahmed Okasha (Egypt)
Charles Pull (Luxemburg)
Norman Sartorius (Switzerland)
Andrew Skodol (USA)
Michael Zaudig (Germany)

Advisors

Patricia Casey (Ireland)
Carlo Cazzullo (Italy)
George N. Christodoulou (Greece)
Albana Dassori (USA)
Philippe Delespaul (The Netherlands)
Simon Daniel Kipman (France)
Levent Küey (Turkey)
Sing Lee (China)
Bruce Levine (USA)
Rebecca McGuire (United Kingdom)
Mario Maj (Italy)
Yoshibumi Nakane (Japan)
Michael Olatawura (Nigeria)
Ángel Otero Ojeda (Cuba)
Pedro Ruiz (USA)
Margit M. Schmolke (USA)
Shawn C. Shea (USA)
Petr Smolik (Czech Republic)
Giovanni Stanghellini (Italy)
Javier Villaseñor (Mexico)
Marten W. deVries (The Netherlands)

Education Committee Reviewers

Roger Montenegro (Argentina) (*Chair*)
John L. Cox (United Kingdom)
Cyril Höschl (Czech Republic)
Fritz Hohagen (Germany)
Alan Tasman (USA)

INTRODUCTION

The meaning and role of diagnosis in clinical care

Diagnosis is one of the most central concepts in psychiatry and medicine at large. It in fact defines the field. It describes the whole clinical condition of the patient in a way that is helpful for effective treatment and health promotion. Consequently, it is also a fundamental concept for clinical training and clinical research. Furthermore, it informs the conceptualization of what a case is and the methodology for its assessment in epidemiology and public health.

As medicine and psychiatry are both a science and an art, clinical diagnosis involves knowledge, skills, and attitudes that demand the best of our scientific, humanistic and ethical talents and aspirations. The fundamental notion of diagnosis may be enlightened by its etymology, i.e. the Greek *diagignoskein*, "to know thoroughly", which goes beyond the more restrictive meaning of "identifying a disorder". Emerging diagnostic models, such as those represented by "multiaxial diagnosis", which are now mainstream in official diagnostic systems, reflect the convergence of important philosophical traditions: Platonic (abstract and essentialist), Aristotelian (naturalistic, comprehensive and systematic) and Hippocratic (holistic and personalized). Illustrating further an encompassing concept of diagnosis, the philosopher and historian of medicine Pedro Lain-Entralgo (1982) cogently argues that diagnosis is more than just identifying a disorder (*nosological diagnosis*) and more than distinguishing one disorder from another (*differential diagnosis*); it is in fact understanding thoroughly what goes on in the mind and the body of the person who presents for care. This understanding must be contextualized within the history and the culture of each patient for it to be meaningful.

Recent decades have witnessed considerable advances in the methodology for psychiatric diagnosis. These have included a more systematic and reliable description of disorders and multiaxial schemas for addressing the frequent plurality of the patient's clinical problems and their biopsychosocial contextualization. On the other hand, compelling arguments have been made about the need to enhance the validity of these diagnostic formulations by attending to symbols and meanings that are pertinent to the identity and perspectives of particular patients (Tasman, 2000). Furthermore, in the increasingly multicultural world in which we live, it is essential to strive for an effective integration of universalism (that facilitates professional communication across centers and continents) and local realities and needs (which address the uniqueness of the patient in its particular context).

Development of the IGDA Project

One of the roots of the World Psychiatric Association (WPA) project on *International Guidelines for Diagnostic Assessment* (IGDA) can be found in the dedicated collaboration between the World Health Organization and WPA through its Executive Committee and its Section on Classification and Diagnostic Assessment towards the development of the Tenth Revision of the International Classification of Diseases and Health Related Problems (ICD-10) (WHO, 1992; Sartorius, 1995), DSM-IV (American Psychiatric Association, 1994), recent Chinese classifications of mental disorders (CCMD-2R, CCMD-3) (Chinese Medical

Association, 1995; Lee, 1996), Third Cuban Glossary of Psychiatry (GC-3) (Otero, 2000), and the Latin American Guide for Psychiatric Diagnosis (Berganza, 2001).

Also reflective of the relevant work of the WPA Classification Section on international psychiatric classification and diagnosis are three conferences over the past two decades during which African, Chinese, Egyptian, French, Japanese, Latin American, Russian, Scandinavian, South Asian, and United States perspectives were discussed and new directions for international systems of classification and diagnosis were explored (Mezzich, Honda and Kastrup, 1994; Okasha, 1988; Mezzich and Ustun, 2002).

Another important root of the IGDA project was the International Survey on Diagnostic Assessment Procedures conducted by the WPA Section on Classification and Diagnostic Assessment in the early 90's, which revealed a widely perceived need for more comprehensive diagnostic approaches, which should be culturally informed and generated in a truly international manner (Mezzich, 1993).

In consideration of the above-mentioned International Survey, the Section on Classification and Diagnostic Assessment decided in 1994 to start the development of the IGDA project. The first meeting for this purpose took place in the Bavarian town of Kaufbeuren, Germany. Since then, meetings have been held in Canada, China, France, Germany, Mexico, Turkey, and the United States.

The work group for this project is composed of experts representing several theoretical approaches and fields of psychiatry. As a group, they cover all continents, consistent with the diversity of the Section membership. A list of the work group members and advisors is presented earlier in this document.

In 1997, the Executive Committee of the World Psychiatric Association adopted the project as a WPA Educational Program. Later the project received some central institutional funding to facilitate its completion.

Distinctive Features and Components of the IGDA Project

A fundamental feature of the IGDA project involves the assessment of the psychiatric patient as a whole person, rather than just as a carrier of disease. Thus, it assumes in the clinician the exercise of scientific competence, humanistic concern, and ethical aspirations. Another essential feature is the coverage of all key areas of information (biological, psychological and social) pertinent to describing the patients pathology, dysfunctions and problems as well as his/her positive aspects or assets. A third important feature involves basing the diagnostic assessment on the interactive engagement among the clinician, the patient, and his/her family, leading to a joint understanding of the patient's clinical condition and a joint assumption and monitoring of the treatment plan. Fourth, IGDA uses ICD-10 for the first three axes of its multiaxial formulation (classification of mental and general medical disorders, disabilities, and contextual factors). Alternatively, regional adaptations of ICD-10, such as DSM-IV, the Chinese CCMD-2-R, the Cuban GC-3, or the Latin American GLDP, may be used for this purpose.

Additionally, it is important to point out the need to employ in the diagnostic assessment process scientific objectivity and evidence-based procedures, as well as intuition and clinical wisdom in order to enhance the descriptive validity and therapeutic usefulness of the diagnostic formulation. Furthermore, it is critical for the effectiveness of the diagnostic enterprise to use a culturally informed framework, both for the development of new diagnostic models and procedures as well as for the conduction of a competent clinical evaluation of every patient.

The main products of the IGDA project include the following:

1. An *Essentials* booklet presenting concisely the international guidelines for diagnostic assessment.
2. An *Educational Protocol* to organize various educational formats for the presentation of the guidelines to different audiences.
3. A *Support Book* to provide literature reviews related to the development of the guidelines and to discuss their implications.
4. A *Case Book* to present illustratively and heuristically the results of the application of the guidelines to diverse cases from across the world.

The *Essentials* booklet has already been completed and is the subject of this publication. Items 2, 3 and 4 are in preparation for future publication.

The IGDA Essentials Booklet

This booklet presents concisely the 100 IGDA guidelines along with explanatory graphs and tables, and additional recommended readings. This material is organized into ten sections covering, broadly speaking, conceptual bases, interviewing and informational sources, symptom and supplementary assessments, comprehensive diagnostic formulation, treatment planning and chart organization.

The guidelines are presented here in a deliberately compact form, deferring for the S*upport Book* a detailed presentation of their implications and adaptations to different clinical situations.

Section 1 offers a conceptual framework for the whole diagnostic process, including historical, cultural and clinical perspectives, definitions of core constructs and procedures, and their overall articulation for enhancing clinical care.

Section 2 focuses on patient interviewing. It is based on the establishment of optimal clinician-patient engagement aimed at systematic data gathering through a fluid and graceful process with a deliberate therapeutic tone. The interviewing process is organized into opening, body, and closure phases. Section 3 deals with the use of extended sources of information. It discusses the covering of key informational sources, such as relatives, friends, other living informants, and documentary sources. It also attends to the resolution of conflictive information and the protection of confidentiality.

Guidelines for the core characterization of a psychopathological case is the subject of Section 4. It organizes the assessment of major symptomatological areas and the key components

of the mental status examination. Supplementary assessment procedures are reviewed in Section 5 (concerning psychopathological, neuropsychological and physical aspects) and Section 6 (concerning functioning, social context, cultural framework and quality of life).

One of the most innovative contributions of these guidelines involves a new diagnostic model that articulates a standardized multiaxial evaluation with a personalized idiographic one. Personalized interventions call for personalized assessments. This development is built on converging philosophical traditions and current multiaxial schemas for diagnostic formulation as outlined above. What is particularly innovative in the proposed diagnostic model is the integration of standardized and idiographic elements in contrast to conventional and reductionistic views that favor only one of these elements. The recommendations concerning the conceptualization and formulation of a comprehensive diagnostic statement are the matter of Section 7 and 8. Section 7 focuses on the standardized multiaxial formulation involving clinical disorders, disabilities, contextual factors, and quality of life. Section 8 deals with the idiographic personalized formulation, which integrates the perspectives of the clinician, the patient, and his/her family into a jointly understood narrative description of clinical problems, patient's positive factors, and expectations about restoration and promotion of health. The idiographic formulation may be the most effective way to address the complexity of illness, including its cultural framework.

Section 9 organizes the utilization of the information contained in the diagnostic formulation for treatment planning. It configures the patient's clinical problems by extracting pertinent elements from both the standardized and the idiographic components of the diagnostic formulation. It then delineates an intervention package (including appropriate diagnostic studies as well as treatment and health promoting activities) for each one of the problems listed. Finally, Section 10 contains recommendations on organizing the clinical chart. Attended to are basic demographic identifying data, informational sources and reasons for evaluation, history of psychiatric and general medical illnesses, familial, personal, and social history, psychopathological and physical examination, supplementary assessments, comprehensive diagnostic formulation, and treatment plan. Chart organizing principles that are emphasized include adequate coverage of clinical areas and narrative presentations along with semi-structured components as needed. The handling of the charts must ensure safe and efficient accessibility as well as confidentiality.

For each section of the *Essentials* booklet the following elements are presented:

a) The ten guidelines corresponding to that section.
b) Recommended readings.
c) An illustrative diagram, an explanatory table, or an organizing form to facilitate the use of the guidelines.

At the end of the booklet, an illustrative clinical case is presented.

The *IGDA Essentials* are recommended for use in psychiatric care settings in general, including child, adult and old age services as well as inpatient and outpatient programs. These international guidelines are to be implemented within the usual framework and time of a full psychiatric assessment, with modifications based on the setting and purpose of the evaluation.

The manner of their application shall be informed by local realities and needs. The clinician should always attempt to strike a reasonable balance between comprehensiveness and efficiency, budgeting carefully the time available. In any case, a competent psychiatric evaluation, even under time constraints, should yield a diagnostic statement that is both standardized and personalized and takes into consideration the patient's perspectives, assets and expectations for care as outlined in the body of these *Essentials*.

Colophon

The objectives and contents of the International Guidelines for Diagnostic Assessment are fully consistent with one of the central missions of WPA, namely, to advance scientifically, humanistically and ethically the practice of psychiatry across the world. More specifically, the purpose of the guidelines is to facilitate and structure the conduction of a diagnostic evaluation that is effective for clinical care. This is to be achieved by promoting the clinician's use of both scientific evidence and clinical wisdom as well as by actively engaging the patient and the family in the process of diagnosis and care. This *IGDA Essentials* booklet presents concisely the International Guidelines for Diagnostic Assessment for their use by clinicians, young and experienced, across the world. Further work on educational protocols, compiled literature reviews, validation studies, and international patterns on the application of these guidelines is planned for future publications.

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