

About Psychiatric Diagnoses



When we go to the doctor for a problem, we expect the doctor to tell us what is wrong and give us a diagnosis. For many ailments this is a relatively easy proposition. If a doctor measures your blood sugar level and it is 400, you have diabetes. If the doctor measures your blood pressure and it is 180 over 120, you have high blood pressure. For mental illnesses, doctors don't have a simple diagnostic test. For mental illnesses, all the doctor has to go on is what he or she observes of you and your behaviors. Because there is no diagnostic test, quite often, doctors have to rely upon what you choose to tell them. For this reason, it is important to tell the doctor everything that is going on with you. Your psychiatrist has to rule out many physical ailments prior to giving you a psychiatric diagnosis. For example, thyroid problems can often appear to be mental illnesses.

After the doctor rules out other causes of your problems, he or she has to make a psychiatric diagnosis. To do this, your doctor will likely make a list of symptoms they have observed in you and which you have described. The doctor will then refer to a book called the DSM-IV™ or *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*. This book is simply a list of what symptoms go with what mental illnesses. The psychiatrist tries to make the best match he or she can based on your symptoms and a particular mental illness. That becomes your diagnosis.

It is important to realize that frequently a few weeks or even months are necessary to get a good assessment of your symptoms. Unfortunately, our insurance system requires the psychiatrist to put a diagnosis on your chart the first time you are seen. This means that the doctor must make a decision based on what he or she has to work with at the time. As a result, the initial diagnosis may need to be changed. For example, if a patient has symptoms of psychosis on the first examination, it may be impossible to distinguish between psychosis due to schizophrenia, psychosis due to bipolar disorder, or psychosis due to depression. Psychosis could also be due to many other causes. Often it is not until a patient has been stabilized that an accurate diagnosis can be made.

Sometimes there are time limits on a diagnosis as well. For example, suppose someone had symptoms that were consistent with schizophrenia and other causes of psychosis have been ruled out. If the symptoms have persisted for less than 30 days the correct diagnosis would be brief reactive psychosis. If the symptoms have persisted for more than 30 days but less than six months, the correct diagnosis is schizophreniform disorder. Should the symptoms persist longer than six months, the diagnosis could be schizophrenia. This example shows someone who could legitimately have three different diagnoses with no change in symptoms.

Over time, when your doctor learns more about your symptoms, it is much easier to make a diagnosis. And, because there is no simple diagnostic test, two doctors may have different opinions as to what your symptoms mean, which in turn, may lead to two different diagnoses. It is not uncommon for someone who has been mentally ill for some time and has been seen by different doctors to have been given two or more different psychiatric diagnoses. As well as honest differences of opinion between doctors, sometimes doctors observe different symptoms over the course of time. For some patients their illness changes over the course of time. Also it is important to realize that the book (DSM-IV) itself sometimes changes. Prior to the DSM-IV™, doctors used the DSM-III-R or the *Diagnostic and Statistical Manual of Mental Disorders, Third Edition Revised*. Work is underway on a new version, which will be known as the DSM-V or *Diagnostic and Statistical Manual of Mental Disorders, Version Five*. Each time the book is updated, some of the diagnostic criteria in the book may also change, resulting in a change in diagnosis.

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It is important to remember that although having an accurate diagnosis is highly desirable, the most important question is whether or not your treatment is working. If your treatment is working and controlling your symptoms, that is what matters. For some people, the determination of diagnosis may be made by what treatment works best for them. Everyone should be encouraged to look up their diagnosis in the DSM-IV and read what it says. The DSM-IV can be found in the reference section of most libraries. After you have read about your own diagnosis, you should discuss it with your doctor so that you can have any questions answered and so you can discuss whether or not the diagnosis fits your symptoms.

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