News in classification

Su-D-01
Child psychiatric diagnoses in future classifications systems: Challenges and opportunities
L.A. Rohde
Departamento de Psiquiatria, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil

The development of classification systems adequate for child mental health has always been a complex task. There is a recent interest in opportunities for improving child psychiatric nosology due to the proximity for the launch of future classification systems like the DSM-5 (2013) and the ICD-11 (2015). This presentation addresses the following issues:

– the role of a developmental perspective in future classification systems;
– integrating DSM/ICD criteria;
– cross-cultural issues;
– problems in classification systems that cross-cut child mental disorders (dimensional versus categorical diagnosis; role of information source, and weight of individual symptoms);
– specific diagnostic problems in the classification for some child mental disorders.

In the end, we suggest that despite we have accumulated a substantial load of evidence and experience supporting the need of changes in the classification of child mental disorders, much more research should be conducted to provide an evidence-based classification for child psychiatry.

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Su-D-02
From ICD-10 to ICD-11
P. Rydelius
Women’s and Children’s Health, Dept of Child and Adolescent Psychiatry, Karolinska Institute, Stockholm, Sweden

When ICD-10 was published in 1992 a manual was set up for the classification of mental and behavioral disorders presenting clinical descriptions and diagnostic guidelines. This manual was successively completed with a manual giving diagnostic criteria for research in 1993 and a manual for multiaxial classification of child and adolescent psychiatric disorder published in 1996. Together, these three manuals have been in use for 20 years, a very long time in the history of the revisions of the ICD-classification-system. For CAP disorders, the similarities between ICD-10 and the DSM-III-r and DSM-IV have been strong. An exception has been the diagnosis of Hyperkinetic Disorders in ICD-10 vs. AD/HD in DSM-IV. For the moment, both ICD-10 and DSM-IV are revised. There is a strong collaboration and will to have the two systems as similar as possible. The time-schedule is different as DSM-V is supposed to be published in 2013 while ICD-11 will be published in 2015. ICD-10 is used all over the world incl. USA for health statistics and health insurance etc. There is a code for the “translation” of a DSM-diagnosis into an ICD-diagnosis. As ICD is used world-wide there has been local variants developed in different countries which indicates the need to include cultural aspects in the upcoming revision of ICD-10 to ICD-11. At the moment, the status of the revision work can be summarized as follows: In ICD-11 there will not be a separate section on disorders in childhood and adolescence and disorders of psychological development. ICD-11 will be arranged on a “life-time-axis” basis. Preliminary will disorders with childhood onset and mental retardation (to be called Intellectual Developmental Disorders) be included in a neurodevelopmental cluster together with schizophrenia and primary psychotic disorders, while childhood presentations of other disorder will be included in other clusters. ICD-11 will specifically address both cultural and developmental aspects of disorders and focus also upon a manual for primary care.

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Medications in child and adolescent psychiatry

Mo-D-03
Psychopharmacology for Children and Adolescents: The Paradigm Shift
G. Harper
Child and Adolescent Services, Massachusetts Department of Mental Health, Chestnut Hill, USA

No aspect of child and adolescent mental health has been changing more rapidly than psychopharmacology. A flood of published reports of clinical trials, vigorous promotion of new agents by manufacturers, and increasing acceptance, even expectation among professionals and nonprofessionals of the idea that troubled children need medications have transformed the landscape of care. This presentation examines these shifting paradigms, contrasting an Era of Easy Acceptance and an Era of Increasing Scrutiny. The paradigm shift is examined in four environments: the evidence environment, the public attitude environment, the practice environment, and the regulatory environment.

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