

More psychiatrists attack plans for *DSM-5*

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The authors of the 5th edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, due to be published in May 2013, have responded to previous criticisms of their text by announcing a further series of changes.¹

But far from mollifying their critics, these concessions have served to ignite a further and still more vituperative barrage of dissent.

The list of topics under reconsideration or already subject to change can be found on the *DSM-5* website.² It includes the proposed "attenuated psychosis syndrome," which is slated for further study, and also major depressive disorder. Here the authors have added a footnote "to clarify the difference between normal bereavement associated with a significant loss and a diagnosis of a mental disorder." One criticism of *DSM-5* has been its propensity for medicalising normal human behaviour.

"It is a great relief that the APA [American Psychiatric Association] is dropping the attenuated psychosis syndrome," said Robin Murray of London's Institute of Psychiatry. "It was always a mystery why this was being proposed since all the research evidence demonstrates that the vast majority of people who meet the proposed criteria will never develop psychosis. "Three cheers—even the APA can be persuaded by evidence to change its mind."

But not to change it sufficiently, according to the fiercest critics. While commending the *DSM-5* authors for "reconsidering some of their most unfortunate mistakes," clinical psychologist Peter Kinderman of the University of Liverpool added that the manual remains, fundamentally, a bad system.

"The very minor revisions recently announced do not constitute the wholesale revision that is called for," he said. "It would be very unfortunate if these minor changes were to be used to suggest that the task force has listened in any meaningful way to critics."

Allen Frances, an emeritus professor of psychiatry at Duke University, North Carolina, and chair of the *DSM-4* steering committee, shares this view. "This is only a first small step toward desperately needed *DSM-5* reform," he said. "In my view, *DSM-5* needs to be kept back for an additional year to allow for independent review, to clean up its obscure writing, and for retesting to ensure that adequate reliability has finally been achieved."

The most stinging rebuff came from another clinical psychologist, Mark Rapley of the University of East London. "The APA insists that psychiatry is a science," he said, before posing some barbed questions. "Why, I wonder, does the Royal College of Physicians not seek website comments from the public on the diagnosis of breast cancer . . . When, oh, when will the Geological Society finally solicit 'views from the general public' on the appropriateness of diagnosing granite as an igneous rock?"

Responding to his own questions he went on: "Real sciences do not decide on the existence and nature of the phenomena they are dealing with via a show of hands with a vested interest and pharmaceutical industry sponsorship."

Lucy Johnstone, a South Wales consultant clinical psychologist, was another expert who voiced her unhappiness. She accused the authors of ignoring "many of the most fundamental criticisms about the reliability and validity of psychiatric diagnostic categories."

The authors of *DSM-5* emphasise that further changes to the manual are still being considered.

1 Watts G. Critics attack DSM-5 for overmedicalising normal human behaviour. *BMJ* 2012;344:e1020.

2 American Psychiatric Association. *DSM-5* Development. www.dsm5.org/Pages/Default.aspx.

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