S60. WHO ICD-10: Evaluation and evolution

Chairmen: JE Cooper, B Ustun

WHO-ICD 10 EVALUATION AND EVOLUTION: SCAN STATUS

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SCAN is a development of the Present State Examination (Wing, Cooper & Sartorius, 1974). The latest version (SCAN 2.1) represents the culmination of a decade of work by an international team under the auspices of the World Health Organization. SCAN 2.1 covers the psychiatric phenomenology of the original Present State Examination (PSE9) together with additional items required for DSM-IV and ICD-10. (Wing et al, 1990).

In this presentation the development of the SCAN system and its associated computer software will be described. A series of studies in which SCAN has been evaluated and used will be referred to.

The important topic of training will also be covered in the presentation. Information on SCAN training is accessible on the Internet for homepage browsers at the following URL:
http://w3socpsy.med.rug.nl/@tlcs/netscan.htm

[1] Wing JK, Cooper JE, Sartorius N (1974) Measurement and classification of psychiatric symptoms. University Press, Cambridge.
[2] Wing JK, Babor T, Brugha T, Burke J, Cooper JE, Giel R, Jablensky A, Regier D, Sartorius N (1990) SCAN: Schedules for Clinical Assessment in Neuropsychiatry. Archives of General Psychiatry 47, 589–593.

IPDE STATUS

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The International Personality Disorder Examination (IPDE) is a semi-structured interview schedule designed to assess personality disorders according to ICD-10 and DSM-IV criteria. The IPDE covers the following six areas of the respondent's personality and behaviour: work, self, interpersonal relationships, affects, reality testing and impulse control. The instrument is accompanied by the user manual, screener, hand-scoring sheets and computer scoring programmes for ICD-10 and DSM-IV diagnoses of personality disorders.

The IPDE has been tested in a WHO-coordinated field trial in which 14 centres from 11 countries participated. The field test results indicate good acceptability, high inter-rater reliability and satisfactory stability for the criteria and diagnoses covered by the instrument.

The IPDE has been translated into 11 languages. A network of IPDE training and reference centres has been established in different parts of the world. The ICD-10 version of the instrument is in press by Cambridge University Press and DSM-IV version by American Psychiatric Press. A book describing development and field trial results of the IPDE is also in press by Cambridge University Press.

TOWARDS A COMMON LANGUAGE FOR THE ASSESSMENT OF DISABLEMENTS: ICIDH

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The World Health Organization has a constitutional mandate to establish international classifications of health related conditions. The *International Classification of Impairments, Disabilities, and Handicaps* (ICIDH) is the WHO classification for "consequences of disease". It has been in use since 1980 and it is now being updated and the second revision is scheduled for 1999. The aim of this revision process is to produce a user-friendly version of ICIDH with proper tools (i.e. glossary, guidelines, training materials, computer applications and assessment instruments).

The *disablements* (impairments, disabilities and handicaps) which result from alcohol and drug use and mental disorders are a major public health problem. They are of increasing concern because of their impact on health services. Diagnosis alone does not provide sufficient understanding of the need for mental health care. Assessment and classification of disablements provides an important additional dimension for understanding health care needs, provision and outcomes. At present researchers and policy-makers are hampered in their ability to make accurate assessments of the form and frequency of such disablements, to develop projections of future health care needs and costs, and to evaluate and monitor management, treatment and outcomes. These difficulties stem from the absence of standardized methods for the assessment and classification of these disablements.

The WHO has established a program to develop a common language for disablements as well as assessment instruments in accordance with the ICIDH. The project aims specifically to develop two instruments for the assessment of disablements: One, for use in clinical settings and the second for use in health care research. Cross-cultural definitions and methods of assessing disablements will be used as the basis for developing instruments. The instruments will be reviewed and pilot tested at international collaborating centres and the revised instruments will be tested in focused field tests.

THE WHO-COMPOSITE INTERNATIONAL DIAGNOSTIC INTERVIEW (CIDI): CURRENT STATUS AND THE FUTURE

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The last decade the CIDI has firmly established a leading position among diagnostic interviews not only in epidemiological studies in the general population as well as primary care studies, but also for many clinical studies. Furthermore an abundance of studies were conducted examining the psychometric properties of specific questions, procedures to date onset and other time-related information, diagnostic sections as well as the instrument as a whole. Whereas the beginning of these activities was closely monitored and sometimes rigidly steered by the CIDI Advisory Board established in WHO, the past decade has also evidenced the development of several modifications and derivation of the original WHO-CIDI. Some of these modifications were commissioned by WHO in response to various needs in WHO coordinated studies (HIV-infections, primary care studies); others were not officially monitored and officially sanctioned by WHO. Actually the majority of users worldwide made at least to some degree modifications in their study version in an attempt to adapt the instrument to their specific research questions. The best-known example for the latter type of studies is the University of Michigan CIDI for use in the National Comorbidity Survey (NCS). This development raises the issue, whether it is adequate at all in research to promote one standardized core instrument or whether the

future will see rather the development of a modular approach, in which only a substantial but limited number of diagnostic modules are presented, offering some flexibility to researchers. The paper discusses some key methodological findings, reviews the pros and cons and attempts an outlook to the future.

S61. Computers in psychiatry

Chairmen: C Pull, I Marks

THE INFORMATION SUPERHIGHWAY AND PSYCHIATRY

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The Internet, a military creation, is a global network of computer systems. It stores, and is able to transfer, vast quantities of information. Over 30 million people currently access its information banks. The Internet has the potential to revolutionise many aspects of our lives such as; shopping, banking, education, entertainment and health.

The network presents health professionals with some important questions and challenges, such as. How can we ensure quality of stored information? How can we use the network for professional educational programs? Can patients be treated over the Internet? How will doctors adapt to patients who, through reading information on the network, know more about their condition than their doctor? What are the medico-legal implications?

This presentation will describe the mental health resources currently available on the Internet and discuss developments likely to occur in the near future.

INTERNET PERSPECTIVES FOR PSYCHIATRY

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Based on the growing general interest and discussion on how the Internet is changing our information behaviour, an idea might arise that an international-multimedia-network-future is starting right now for everyone — including psychiatry and psychiatrists. Though ICD-10 yields a "common language" for communication in psychiatry, there are still unsolved problems concerning searching and delivering psychiatric information on the net.

Among these are the structuring the information, rules about the kind of information to be made available, and for whom, the question of maintaining quality, the authorization of information and data, ethical issues and — last not least — costs and profits.

We will present some ideas and suggestions how these problems can be dealt with and how Internet can be utilized in the field of psychiatry for:
● Disseminating information from health-care organizations
● Research collaboration, exchange and collecting data and information
● Handling frequently asked questions (FAQs) in psychiatric problems
● Electronic journals and discussion forums
● Learning medicine in public education and computer assisted training
● Research in means of delivering health care and telemedicine potentials

We will present some plans in Internet for German psychiatry and the first experiences we gained when offering ICD-10 chapter V (F) as a HTML textbook on our internet server.

COMPUTERIZED AUDIT OF CLINICAL OUTCOME AND ITS COST: A EUROPEAN CLEARINGHOUSE IS NOW POSSIBLE

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Clinicians want to know how much their patients improve with treatment and the cost of obtaining that improvement, but rarely measure this in daily practice because of the time it takes. The measuring of improvement and the cost of treatment can be speeded up greatly by computerising it. Over the last 7 years computerized clinical audit systems have been developed. Experience with these is reported with 800 patients and 80 clinicians, first with a pilot system and then with its more efficient successor called *CORM (Clinical Outcome and Resource Measure)*. CORM prints out 'psychiatric temperature charts' of clinical progress and the cost of getting that. Such charts allow clinicians to track outcome of individual patients at a glance and help them decide about further care. Data from individual patients can easily be aggregated in order to track outcome from particular diagnoses, treatments, clinics, age groups, gender, geographical areas etc. Such computerized data can be transmitted among clinics, regions and countries. This makes it feasible now to create a European Clearinghouse of Clinical Outcome and its Cost.

[1] Marks IM et al & McKenzie N et al (1995) J Mental Health, 1, 63–69 & 71–78
[2] Marks IM (1995) Australian & NZ J Psychiatry, 29, 1, 32–37.

S62. Perceptual processes in psychosis

Chairmen: A David, M Spitzer

FRONTOLIMBIC MECHANISMS FOR PERCEPTUAL AND RESPONSE CLASSIFICATION IN SCHIZOPHRENIA

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Prevailing theories of frontal lobe and hippocampal function in humans are based largely on a small number of unique cases sustaining massive injuries not limited to discrete anatomic loci. Lesion studies in non-human primates have shown many similarities between the cognitive consequences of frontal and hippocampal lesions, leading to suggestions that an integrated frontolimbic system is critically involved in a range of executive, "working" memory, and "explicit" memory functions; these functions in turn have been described as elaborations of more primitive classification operations in both sensory and effector domains. We report results from studies aimed at dissecting the respective contributions of frontal and limbic components to integrated frontolimbic functions, using modifications of methods validated in animals. Tests were developed to assess Delayed Matching to Sample with Trial Unique and Repeated Stimuli (DMSU/R), Conditional Discrimination Learning with Delays (CDLD), and Variable Interval Delayed Alternation (VIDA). Adaptive titration procedures assured that all subjects performed at equivalent levels of accuracy before introduction of delays. Samples included neuroleptic naive first-episode and stably treated