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EV0173

The WHO ICD-11 classification and diagnosis of mental disorder in people with disorders of intellectual development (PWDID): An international study on clinical utility

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Introduction Constituting 2% of the population, PWDID are a vulnerable group with a higher prevalence of mental disorders than the general population. ICD diagnostic criteria often rely on adequate cognitive functioning and hence diagnosis of mental disorders in PWDID can be difficult, consequently leading to inequity of treatment, prognosis and stigma. Our study critically analysed the available evidence base and explored the feasibility of applying modified diagnostic criteria within the context of cumulative iterative iteration. We present the outcome using diagnosis of DID and anxiety disorder as examples.

Aims Address current shortcomings in ICD classification regarding PWDID by contributing effectively to the WHO ICD-11 consultation process in collaboration with international stakeholders.

Objectives Facilitate accessibility of ICD-11 criteria for diagnosis of mental disorders capable of engendering robust evidence based epidemiological data and healthcare in PWDID.

Methods We evaluated current evidence via a systematic literature search utilising PRISMA guidelines and developed pragmatic guidelines to adapt ICD diagnostic criteria in PWDID. A brief screener [Glasgow Level of Ability and Development Scale (GLADs)] for detecting DID was also studied internationally within the context of clinical utility ($n = 136$).

Results The evidence base relating to mental disorders in PWDID is poor, significantly hampered by difficulties in applicability of diagnostic criteria. The GLADs appears to be a promising screening tool with good clinical utility for detecting disorders of intellectual development (DID) particularly where resources are scarce.

Conclusions Pragmatic modifications to ICD-11 diagnostic criteria and the GLADs tool facilitates its clinical utility for PWDID and contributes significantly to enhancing research based evidence, and, ultimately their health access and well-being.

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Body dysmorphic disorder: Classification challenges and variants

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Introduction The main feature of body dysmorphic disorder (BDD) is impairing preoccupation with a physical defect that appears slight to others. Previously, its delusional and nondelusional variants were sorted in two separate categories, but owing to new data suggesting that there are more similarities than differences between them, DSM-5 now classifies both as levels of insight of the same disorder.

Objectives To enunciate the similarities and differences between the two variants of BDD.

Aims To better understand the features and comorbidity of BDD, so as to improve its management and treatment.

Methods Taking DSM-5 and DSM-IV-TR as a reference, we have made a bibliographic search in MEDLINE (PubMed), reviewing articles no older than 5 years that fit into the following keywords: body dysmorphic disorder, delusions, comorbidity, DSM-IV, DSM-5.

Results Both the delusional and nondelusional form presented many similarities in different validators, which include family and personal history, pathophysiology, core symptoms, comorbidity, course and response to pharmacotherapy.

Conclusions The new classification of delusional and nondelusional forms of BDD as levels of insight of the same disorder, which places them closer to the obsessive-compulsive spectrum than to the psychotic one, not only improves treatment options, but also reinforces the theory that delusions are not exclusive of psychotic disorders, setting a precedent for the understanding and classification of other disorders with delusional/nondelusional symptoms.

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EV0175

Underestimation of autism spectrum disorders according to DSM-5 criteria: A pilot study

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Introduction Recent studies on autism concern the number of individuals diagnosed with pervasive developmental disorder (PDD) according to DSM-IV-TR who may no longer qualify for diagnoses under the new DSM-5 autism spectrum disorder (ASD). ASD is diagnosed using the impairments in two dimensions: – the social and communication dimension;

– the restricted and repetitive interests and behaviors (RRIB) dimension whereas PDD is diagnosed using impairments in three dimensions.

All the studies indicate between 50 and 75% of individuals will maintain diagnoses.

Objectives The aim of the study is to quantify how many individuals with previous PDD diagnoses under DSM-IV-TR criteria would maintain a diagnosis of ASD under DSM-5 criteria.

Methods Our sample consists of 23 cases (21 males, 2 female) related to the treatment Centre “Una breccia nel muro” of Rome and Salerno. All the cases previous received a PDD diagnose according to DSM-IV TR criteria. The mean age of cases was 7.7 years. All the cases were diagnosed by our team according to DSM-5 criteria, clinicians also used to make diagnoses: the Autism Diagnostic Observation Schedule-2, the Autism Diagnostic Interview-Revised.

Results Eighty-seven percent of cases with PDD were classified as ASD using DSM-5 criteria. Thirteen percent of cases, that previous received an Asperger diagnose, did not meet the ASD criteria (Fig. 1).

Conclusions DSM-5 criteria may easily exclude cases with high functioning from ASD because they tend to be atypical for ASD according to this study.

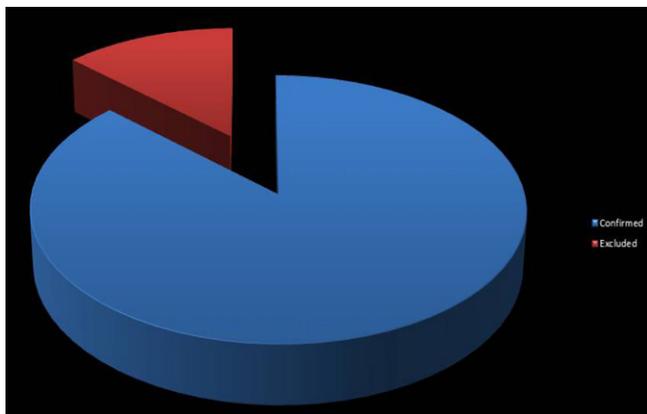


Fig. 1 Autism spectrum disorder according to DSM-5.

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EV0176

Pattern of online technology and its impact on productivity at workplace

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Background Internet use has affected the pattern of working style at the workplace. Recent years have seen an increased use of online activities (especially pornography/gaming) at the workplace. It has been shown to affect productivity at the workplace. There is a dearth of literature from the Indian context in this area.

Aim This study was conducted to explore the pattern of pornography use and gaming at the workplace and its dysfunctions.

Setting and design The present study was a cross-sectional prospective study.

Materials and methods The objective of the study was to assess the pattern of pornography use at the workplace. Five hundred employees having experience of internet use for more than a year of various government/private sector organizations in Bengaluru were assessed using background data sheet, DSM-5 criteria, internet addiction test and pornography addiction screening instrument. Users who were unwilling to participate were excluded from the study.

Results Seven to 9% reported preference for Internet to work, meals, personal hygiene, sleep, and interaction with family members and effects on productivity. Three to 4% have excessive use of pornography and game.

Conclusions The present study has implications for evolving psychoeducational modules for the promotion of healthy use of technology.

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EV0177

Mental Health Europe’s “beyond the bio-medical paradigm task force” issues on ICD-10

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Introduction Recent developments in psychiatric diagnosis risk downgrading psychological and social aspects of personal recovery and marginalise the individual needs and aspirations of people, considered in their local context. The publication of the fifth edition of the Diagnostic and Statistical Manual for Mental Health Disorders (DSM-5) by the American Psychiatric Association (APA) prompted MHE to establish the Beyond the Biomedical Paradigm Task Force (BBPtf) to investigate, debate and report on these issues.

Objectives Mental Health Europe (MHE) – along with others both within and outside mainstream psychiatry – has noted with concern the increasing dominance of a biological approach to mental health problems. We see a risk of diagnoses being misused when they become part of a complex managerial health system responding mainly to the economic and issues of safety or social control. This kind of misuse could breach the principles of the UN CRPD. MHE welcomes the role of the WHO in coordinating internationally appropriate classification systems. However, we want to ensure that systems based on biomedical, economic and managerial issues are balanced with systems based on knowledge of personal experiences, life stories and direct relationships, which have proven outcomes and which respect human rights and dignity.

Aims This workshop will explore the complex philosophical issues associated with psychiatric diagnosis and, in particular, the ICD-10 revision process.

Disclosure of interest I am President of the British Psychological Society and a member of both Mental Health Europe’s “Beyond the Bio-Medical Paradigm Task Force” and the Council for Evidence Based Psychiatry. I am currently in receipt of funding from the National Institute for Health Research (NIHR) and the Economic and Social Research Council (ESRC), and I have previously received funding from a variety of sources.

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Vintage mode: Expansive paraphrenia

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