

A NATURALISTIC STUDY OF THE DIAGNOSTIC EVOLUTION OF SCHIZOPHRENIA

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Introduction: In the absence of biological measures, diagnostic long-term stability provides the best evidence of diagnostic validity. Therefore, the study of diagnostic stability in naturalistic conditions may reflect clinical validity and utility of current schizophrenia diagnostic criteria.

Objectives: Describe the diagnostic evolution of schizophrenia in clinical settings.

Methods: We examined the stability of schizophrenia first diagnoses (n=26,163) in public mental health centers of Madrid (Spain). Probability of maintaining the diagnosis of schizophrenia was calculated considering the cumulative percentage of each diagnosis per month during 48 months after the initial diagnosis of schizophrenia.

Results: 65% of the subjects kept the diagnosis of schizophrenia in subsequent assessments (Figure 1). Patients who changed (35%) did so in the first 4-8 months. After that time gap the rates of each diagnostic category remained stable. Diagnostic shift from schizophrenia was more commonly toward the following diagnoses: personality disorders (F60), delusional disorders (F22), bipolar disorder (F31), persistent mood disorders (F34), acute and transient psychotic disorders (F23) or schizoaffective disorder (F25).

Conclusions: Once it is confirmed, clinical assessment repeatedly maintains the diagnosis of schizophrenia. The time lapse for its confirmation agrees with the current diagnostic criteria in DSM-IV. We will discuss the implications of these findings for the categorical versus dimensional debate in the diagnosis of schizophrenia.