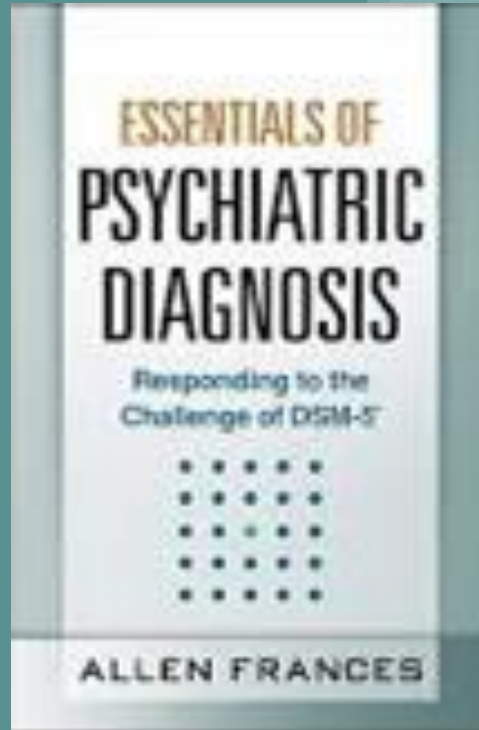


The Essentials Of Psychiatric Diagnosis

By: Allen Frances





A Dozen General Tips



1) Hippocrates said that knowing the patient is just as important as knowing the disease



2) Take the time and make the effort



**3) If you hear hoofbeats on
Broadway, think horses, not
zebras**



**4) Get all the information you
can**



**5) Consider previous diagnoses,
but don't blindly believe them**



6) Constantly revisit the diagnosis.



7) Children and teenagers are especially hard to diagnosis



8)The elderly are also hard to diagnose.



9) The less severe the presentation, the more difficult it is to diagnose



10) When you are in doubt it is safer and more accurate to underdiagnose



11) Accurate diagnosis can bring great benefits; inaccurate diagnosis can bring disaster



12) Always remember the other enduring dictum from Hippocrates, “First do no harm”



***Almost always, write your
diagnoses in pencil***



The Diagnostic Interview



- **The Relationship Comes first**
- **Make Diagnosis a Team Effort**
- **In First Moments, Don't Jump to Conclusions
but do form Hypothesis**
- **Balance Open-Ended with Specific Questions**



- Use Screening Questions to Hone in on the Diagnosis
- Remember the Significance of Clinical Significance
- Conduct a Risk-Benefit Analysis
- Don't Misunderstand Comorbidity
- Be Patient



- Don't Be Ashamed to Use the "Unspecified" Categories
- Be Cautious about "Other" Diagnoses
- Constantly Test Your Subjective Judgments
- Always Document Your Thinking
- Remember That the Stakes Are High



Stepped Diagnosis



- **Step 1: Engage in Watchful Waiting**
- **Step 2: Make Sure the Symptoms Are Severe and Persistent Enough to Count**
- **Step 3: Educate, Normalize, Reassure**



- **Step 4: Rule Out the Role of Substances**
- **Step 5: Rule Out the Role of Medical Illness**
- **Step 6: Rule Out Bipolar and Depressive Disorders**




ADHD

- **Rising Prevalence**
- **Developmental differences**
- **Nonspecificity of ADHD symptoms**
- **Requirements other than presence of symptoms**
- **Stepped diagnosis**



- **Persistence of symptoms**
- **Role of the environment**
- **Informants**
- **Possible role of substance use**
- **Pill diversion**

Autism spectrum Disorder

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- Exploding rates
 - Reasons for the epidemic
 - Avoiding over diagnosis
 - Stability of diagnosis



- **Stigma**
- **Reduced expectations**
- **Preserving individual difference**
- **Decoupling from services**
- **Risk-benefit ratio**



Major Depressive Disorder

- Distinguish from Grief and Normal lows
- Relation to stressors
- Diagnosis in the young and old



Bipolar Disorder

- Mania as a diagnostic emergency
- Noncompliance
- Hospitalization
- Informants
- Unipolar Manic Episodes



- **Mixed Episodes**
- **Role of substances**
- **Late onset**
- **Schizoaffective Disorder**
- **Avoiding overdiagnosis of childhood Bipolar Disorder**



Panic Disorder

- Real danger
- Importance of a good diagnosis in preventing unnecessary medical test and treatment
- Panic attacks
- Duration
- Hyperventilation



- **Stress**
- **Secondary impairments**
- **Substance Intoxication and Withdrawal**
- **Late onset**
- **Prevention of Agoraphobia**

Somatic Symptom Disorder

- A boundary puzzle
- Careful medical evaluation
- Avoiding overvaluation and excessive treatment
- Evaluation for over mental disorders
- Having some somatic symptoms as part of life
- Cultural factors

Substance Disorders



- Substance Dependence is an essential part of every evaluation
- Informants
- Laboratory testing
- Recreational or performance enhancements versus compulsive use
- Caffeine



Delirium

- Delirium is a medical emergency
- The need for a high index of suspicion
- Medication overdosing
- Delirium versus a primary Psychotic Bipolar, or Depressive Disorder



- **“Sundowning”**
- **Stress, environmental changes, a minor illness, pain or overmedication**
- **EEG findings**
- **The quiet patient**

Dementia



- Careful, deliberate diagnosis
- Careful medical and neurological evaluation
- Informants
- Laboratory Testing



- Dementia as a global illness
- Dementia versus a primary Bipolar or Depressive Disorder
- Practical mental status testing
- Safety first



- **Driving**
- **Environmental modifications**
- **Catastrophic reactions**
- **Falling**