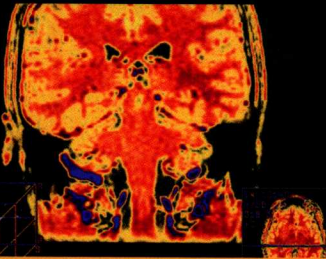


# CURRENT

## Diagnosis & Treatment



# PSYCHIATRY

second edition

MICHAEL H. EBERT | PETER T. LOOSEN  
BARRY NURCOMBE | JAMES F. LECKMAN

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## Diagnosis & Treatment

### Psychiatry

second edition

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## Current Diagnosis & Treatment: Psychiatry, Second Edition

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# Preface

*Current Diagnosis & Treatment: Psychiatry, Second Edition*, reflects the current dynamic state of psychiatric knowledge. New discoveries from the basic biomedical and psychological sciences are having a major impact on psychiatric practice today. The task is to translate these new discoveries into a form useful to clinicians. This text is intended to be practical, succinct, and useful for all health care professionals who encounter and provide care for individuals with psychiatric symptoms and behavioral disturbance.

The field of psychiatry has undergone a gradual change in the last several decades. It has moved from a body of medical and psychological knowledge that was theory-bound, to an empirical approach that is more flexible with regard to reasoning about etiology. This change came about as it became apparent that developments in neurobiology, genetics, and cognitive and developmental psychology would make unanticipated inroads into our understanding of the etiology and pathogenesis of psychiatric syndromes. Furthermore, a more flexible philosophy evolved regarding the description and definition of psychiatric syndromes. Some syndromes have indistinct boundaries and shade into each other. In addition, the idea of discovering a single underlying biochemical characteristic of a psychiatric syndrome, which would in turn clarify the diagnostic description and predict treatment, was recognized as being hopelessly simplistic. Moreover, through the complexity of behavioral genetics, we now understand that those genotypes which are becoming highly significant in understanding psychopathology and developmental psychology may lead to unexpected phenotypes which do not fit our current conception of the psychiatric syndromes.

Section I of *Current Diagnosis & Treatment: Psychiatry, Second Edition*, identifies some of the major tributaries of scientific knowledge that inform the current theory and practice of psychiatry and also presents techniques for the evaluation of psychiatric patients. Section II presents the diagnosis, phenomenology, and psychopathology of the major adult psychiatric syndromes and their evidence-based treatments. Section III presents the same material for the major syndromes seen in child and adolescent psychiatry. Section IV presents specialized settings for diagnosis and treatment in psychiatry.

*Current Diagnosis & Treatment: Psychiatry, Second Edition*, is written from an empirical viewpoint, with recognition that the boundaries of psychopathological syndromes may change unexpectedly with the emergence of new knowledge. Eventually, the accumulation of new knowledge will sharpen our diagnostic techniques and improve the treatment of these illnesses that have such a high impact on normal development, health, and society.

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# SECTION I

## Psychiatric Principles and Practice

### Clinical Decision Making in Psychiatry

1

Barry Nurcombe, MD

#### THE PURPOSE OF CLINICAL REASONING

It is through clinical reasoning that clinicians collect, weigh, and combine the information required to reach diagnosis; decide which treatment is required; monitor treatment effectiveness; and change their plans if treatment does not work. The study of clinical reasoning, therefore, concerns the cognitive processes that underlie diagnosis and the planning and implementation of treatment.

Diagnosis has three purposes: to aid research, to summarize information, and to guide treatment. For clinicians, the chief purpose of diagnosis is to summarize information in such a way as to guide treatment. In one approach to diagnosis, the clinician matches a pattern of clinical phenomena elicited from the patient against the idealized patterns of disease entities and chooses the diagnosis that best fits. In another approach, the clinician attempts to understand the particular environmental, biological, psychological, and existential factors that have both led to the current problem and perpetuated it. The first approach, therefore, seeks commonality and lends itself to generic treatment planning. The second approach stresses uniqueness and the adaptation of treatment to the individual. In good clinical practice the two approaches are complementary.

#### CLINICAL REASONING & ACTUARIAL PREDICTION

Diagnosis and treatment are risky ventures, fraught with the possibility of error that can have serious consequences. How can error be minimized? On the one hand are the clinicians who, having elicited information that is generally both incomplete and inferential, diagnose patients and use subjective probabilities to predict outcome. On the other hand are the psychological actuaries who regard natural clinical reasoning as so flawed as to be virtually obsolete and who seek to replace it with reliable statistical formulas.

A considerable amount of research has been conducted into the fallacies and biases that can lead clinicians astray. For several reasons, such research has had little effect on clinical practice. Actuarial experiments sometimes seem artificial, or even rigged (against the clinician), and may be dismissed as irrelevant. Clinicians are prone to concede that others may make a particular mistake in reasoning but they themselves are unlikely to do so. Indeed, clinicians often have a degree of self-confidence that enables them to survive in an uncertain world, and they are not likely to accept their defects unless they see a practical remedy. Finally, clinicians may fear that, if tampered with, their mysterious diagnostic skills will evaporate and be replaced by computing machines.