5.5 Classification of “reactive” mental disorders in ICD and DSM

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Reactive mental disorders are those that are presumed to occur in reaction to one or more stressful life events. Linden has described a novel syndrome, Post-traumatic Embitterment Disorder, in which the emotional state of embitterment is precipitated by an exceptional life event (Linden 2003). As such, it is being conceptualized by Linden as a reactive mental disorder. In this paper, we review the different ways the DSM-IV and ICD-10 classify reactive mental disorders by dividing them up into three tiers which are implemented hierarchically, i.e., disorders in first tier (i.e., stress-reactive-specific disorders like PTSD) should be considered first when determining the differential diagnosis of a reactive mental disorder, followed by disorders in the second tier (other disorders meeting full criteria for a specific DSM-IV Axis I Disorder) and then finally, if the disturbance is not covered by any disorders in the first two tiers, Adjustment Disorder (tier 3) is diagnosed.

5.5.1 Etiological factors in the definition of DSM/ICD disorders

If the DSM and ICD were entirely descriptive classification systems without any etiological elements, as some have assumed DSM and ICD to be (Follette and Houts 1996), there would not be any reactive disorders included in these classifications since, by definition, exposure to a life stressor is presumed to be a necessary (although not sufficient) etiological factor in the development of these disorders. In fact, the so-called “atheoretical approach” adopted by the developers of DSM-III is far from being monolithically and consistently implemented. It is important to understand that the DSM’s attempt to be atheoretical did not stem from a position that a descriptive approach to psychiatric diagnosis was most valid or most useful for taking care of patients. Rather, this approach was adopted because it was felt that “the inclusion of etiological theories would be an obstacle to the use of the manual by clinicians of varying theoretical orientations since it would not be possible to present all reasonable etiological theories for each disorder.” (American Psychiatric Association 1980) (p. 7). Thus, as noted in the introduction of DSM-III, “the approach taken in DSM-III is atheoretical with regard to etiology or pathophysiological process except for those disorders for which this is well-established and therefore included in the definition of the disorder” (p. 7). DSM-III “attempts to describe comprehensively what the manifestations of the mental disorders are, and only rarely attempts
to account for how the disturbances come about, unless the mechanism is included in the definition of the disorder.” (p. 7).

There are five classes of DSM and ICD disorders in which etiological factors are explicitly specified in their defining diagnostic criteria, Substance-Induced Mental Disorders, Mental Disorders Due to a General Medical Condition, Adjustment Disorder, Reactive Attachment Disorder, and Factitious Disorder. Substance-Induced Mental Disorders are psychiatric disturbances due to the direct physiological effects of a substance on the central nervous system. The DSM-IV definition establishes this causal connection by the use of two criteria: one criterion specifies that the disturbance developed in the context of substance use (i.e., “There is evidence from the history, physical examination, or laboratory findings [that] either … the symptoms developed during, or within a month of Substance Intoxication or Withdrawal or medication use is etiologically related to the substance” and the second criterion directs the clinician to consider and rule out other causes of the disturbance (i.e., “the disturbance is not better accounted for by a disorder that is not substance-induced.”) The etiological substance classes in the DSM-IV include alcohol, amphetamine, caffeine, cannabis, hallucinogens, inhalants, nicotine, opioids, phencyclidine, sedative/hypnotic/anxiolytics, and “other.” Psychiatric disturbances caused by the direct effects of these substance classes include intoxication, intoxication delirium, withdrawal, withdrawal delirium, persisting dementia, persisting amnestic disorder, persisting perception disorder, psychotic disorder, mood disorder, anxiety disorder, sleep disorder, and sexual dysfunction. Since not every substance class carries with it the potential to cause every type of psychiatric disturbance, DSM-IV only includes certain combinations of substances and disturbances (e.g. cocaine-induced psychotic disorder) in the classification; 83 combinations are specifically included in DSM-IV. Although ICD-10 also classifies substance-induced disorders, the substance-induced disturbances contained in ICD-10 differ from those in DSM-IV and include acute intoxication, withdrawal state, withdrawal state with delirium, psychotic disorder, amnestic syndrome, and residual and late-onset psychotic disorder. Unlike DSM-IV, ICD-10 does not specify which drug-induced-disturbance combinations are legitimate.

The second group, Mental Disorders Due to a General Medical Condition, consist of psychiatric disturbances that are the direct physiological consequences of a general medical condition (the “organic” mental disorders in ICD-10 and DSM-III-R). The DSM-IV definition specifies this causal connection via the following criterion: “there is evidence from the history, physical examination, or laboratory findings that the disturbance is the direct physiological consequence of a general medical condition.” Psychiatric disturbances that can be directly caused by a general medical condition in DSM-IV include