DIAGNOSIS AND CHRONIC MENTAL ILLNESS

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This paper describes the occurrence of chronicity in varying psychiatric illnesses. There is not an unequivocal definition of chronicity, but with the exception of the illnesses that will be described below and that lead directly or indirectly to death from CNS complications of the illness, chronicity will require a duration of a minimum of five years without a significant remission. Chronicity is further differentiated into four different kinds of chronicity: chronic—death, chronic—self-limited, chronic—remission, and chronic—recurrent. The illnesses that may be considered as possibly fulfilling the criteria for chronic will be noted and a method for deciding whether an illness qualifies will be outlined.

A psychiatric illness persisting for at least 5 years will by definition be considered chronic if there is no symptom-free interval for at least six months during the 5-year period of illness. A psychiatric illness that leads to death as a consequence of the underlying illness will be considered chronic, regardless of duration. Examples include suicide terminating a shorter or longer episode of manic-depressive illness (major affective disorder), suicide after some years of chronic alcoholism, death terminating a progressive dementia (Alzheimer’s disease), or a chronic illness that has psychiatric manifestations as a phase but is primarily a whole body disease, e.g., disseminated lupus erythematosus, with a renal death.

I Mental Retardation

Mental retardation may be classified as mild, moderate, or severe, depending primarily on a measured IQ of less than 70. Mild is 50–69; moderate is 35–49; and severe is below 35. Severe mental retardation is frequently the result of a diagnosable genetic defect, whereas mild mental retardation is ordinarily not related to specifically diagnosable mental retardation but appears to be part of the lower tail of the normally distributed IQ curve. Whether mild mental retardation turns out to include some

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specifically diagnosable genetic defect(s) or whether it is the tail end of a normally distributed curve or both, only time and further investigation will tell. As long as mental retardation begins before two years of age, and must be chronic, a number of relevant exogenous factors may also be involved: (1) infection or intoxication; (2) trauma or other physical agent; (3) disorders of metabolism, growth, or nutrition; (4) gross brain disease (postnatal); (5) unknown prenatal influence; (6) chromosomal abnormality; (7) prematurity; and (8) psychosocial (environmental) deprivation. The last associated condition is equivocal as a cause of mental retardation as long as retardation must begin before year two and be chronic.

II Organic Brain Syndromes (OBS)

(1) Alzheimer presenile or senile dementia; (2) delirium tremens; (3) Korsakov's psychosis; (4) alcoholic hallucinosis; (5) alcoholic paranoid state; (6) alcoholic psychosis; (7) general paresis (paralysis); (8) psychosis with encephalitis; (9) psychosis with cerebrovascular conditions; (10) psychosis with epilepsy; (11) psychosis with intracranial neoplasm; (12) psychosis with degenerative disease of the CNS; (13) psychosis with brain trauma; (14) psychosis with endocrine disorder; (15) psychosis with metabolic or nutritional disorder; and (16) psychosis with childbirth. Each of the psychotic OBS may have a nonpsychotic phase that may or may not eventuate in psychosis.

III Psychoses Not Attributable to Previously Listed Conditions

(1) Schizophrenia; (2) major affective disorder; (3) paranoia; (4) involutional paranoid state; (5) depressive neurosis (see below for an alternative place for listing this diagnosis).

IV Neuroses

(1) Anxiety neurosis; (2) obsessive compulsive neurosis; (3) phobic neurosis; (4) hysteria; (5) depressive neurosis (see above for an alternative place for listing for this diagnosis).

V Personality Disorder

(1) Antisocial personality.

VI Sexual Deviations

(1) Homosexuality; (2) fetishism; (3) pedophilia; (4) transvestitism; (5) exhibitionism; and (6) transsexualism.