

DSM-IV Guidebook

by Allen Frances, M.D., Michael B. First, M.D., and Harold Alan Pincus, M.D. Washington, D.C., American Psychiatric Press, 1995, 501 pages, \$49.95.

Let's face it. You do not write a 501-page book to "explain" another that is already 886 pages long. Thus, the purposes of *DSM-IV Guidebook* are not only to "capture the overall landscape of DSM-IV," clarify the meaning of the diagnostic criteria, or even facilitate the process of differential diagnosis. Of course the book does all that, but what this reader found more appealing was the personal, almost confessional nature of the authors' statements about their thinking on psychiatric diagnosis, their glimpse into the inner works of the DSM-IV Task Force, and their somewhat uncomfortable but always disciplined support of the conservative nature of the *Manual* as a whole. Also, I found it to be a valuable contribution to the theoretical debate about the diagnostic process in psychiatry.

In 25 of the 29 chapters, each diagnostic category in DSM-IV is dissected and each criterion is expanded upon in accessible language; annotations, specifiers, useful clinical distinctions, and clear explanations are provided. Sometimes the definitions are inevitably tautological (e.g., "sleep disorder due to a general medical condition is diagnosed when sleep problems . . . are caused by a general medical condition"). There are excellent clarifications, such as those in the introduction to mood disorders or about the functional definition of obsessions and compulsions. An interesting feature is a short paragraph titled "The Last Word" at the end of each group of diagnostic categories. It contains a clear summary of what is included in the section and serves as a useful reminder that things do not have to be as dense or convoluted as technical jargon sometimes leads us to believe. On the other hand, the authors do not necessarily take a firm stand on some polemical issues as witnessed, for instance, by the ambiguous description of the nature and characteristics of a traumatic event or stressor sufficient to cause posttraumatic disorder.

Chapter 1, titled "Roots: A Brief History of Psychiatric Classification," is an interesting review that takes us from 3000 B.C. to 1995, in spite of a big gap of eight centuries between Rhazes (A.D. 864–925) and Sydenham (1624–1663). Most important from a historical point of view is the book's mention of Freud's influence on diagnosis and classification—it is well known that the founder of psychoanalysis and his followers despised classification, calling it an almost impossible task and too constraining an exercise. Some may also question Adolf Meyer's role in the introduction and dissemination of Kraepelin's classification in the United States. There is no mention of the contributions of the New York Academy of Sciences in the 30s, or the work of the Menninger's Commission in charge of codifying the causes of psychiatric casualties in WWII. The authors' regret about DSM-III's "excessive attention to the determination of psychiatric diagnosis at the expense of a more complex and rounded formulation of the patient's problems" has, unfortunately, not been corrected by DSM-IV,

as the *Manual*, misused by the procrustean demands of managed care, seems to have unwittingly contributed to the gradual and saddening loss of empathy and humanism in the diagnostic interview process.

A chapter on "Conceptual Issues in Psychiatric Diagnosis" outlines the terms of the debate between realism and nominalism. One notion is clear: each diagnostic system responds to the culture of the time in which the system comes about. The undeserved glorification of Szasz as the main "object" to psychiatric classifications aside, it comes as little surprise that the authors favor the "syndromal" character of all DSM-IV diagnostic categories and their criteria. The "Last Word" of this chapter calls for DSM-IV readers not to be idolaters nor heretics, but the last sentence is somewhat puzzling as it reveals the overall ambiguity of DSM-IV and this book: while attempting to make sure that we are not blinding clinical judgment, it basically states that we should not take DSM-IV rules so seriously. This section is also useful in disclosing the thin line that the DSM-IV Task Force had to walk in order to accept the current lack of scientific evidence regarding psychiatric etiologies. A very important concept is that making multiple DSM-IV diagnoses does not necessarily mean more than one underlying pathophysiologic process. On the other hand, the use of "Not Otherwise Specified" diagnoses, even though vigorously advocated by the authors, still has risks that are more than disappointing for practicing clinicians.

Other useful chapters deal with an interesting chronology of the preparation of DSM-IV; conditions that may be a focus of clinical attention, even though they can not be considered a mental disorder; and conditions that are "not ready for prime time" (the authors examine 13 categories, from caffeine withdrawal to factitious disorder by proxy or negativistic personality disorder, and give a bold although brief look at the future). The "hot controversies" of Chapter 26 focus on premenstrual dysphoric disorder and the self-defeating personality disorder, the former kept in an appendix, the latter wisely included nowhere in DSM-IV. Chapter 27 is a repetitious "Capsule Summary: What Everyone Should Know About DSM-IV." The final Chapter is a quiz of 100 questions to test the reader's "DSM-IV mastery."

The book could and should be read not as an "essential companion to DSM-IV," but as a "labor of love," representing the thinking of conspicuous members of the DSM-IV Task Force and their work on the document that will guide our clinical deliberations for many years to come. We know now that this is a time for reflection and return to the trenches of true clinical practice to weigh the real impact of DSM-IV and its future. Technology and scientific progress notwithstanding, the diagnostic process in psychiatry will continue to be a fascinating combination of intuition and "hard data" blended by the venerable and ubiquitous clinical judgment. This is, indeed, the pivotal message of the book.

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