DIAGNOSTIC INSTABILITY IN PSYCHIATRY

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Introduction

Diagnostic instability is a measure of the degree to which psychiatric diagnoses change and is predictive of the validity of psychiatric syndromes. However, since psychiatric diagnostic categories developed without laboratory tests and other biomarkers, the diagnostic process is less certain in Psychiatry than in other fields of Medicine. We aim to study how often psychiatric diagnoses change and what factors are involved.

Methods

Non-systematic literature review using PubMed with the following search terms: “diagnostic instability”, “diagnostic accuracy”, “overdiagnosis”, “misdiagnosis” and “diagnostic error”.

Results

The overall mobility of diagnoses ranged from **27 to 40%**. The main groups of diagnostic instability are **neurotic disorders** and **personality disorders**, with 80% and 75% variation range, respectively. For most studies, the diagnosis with **greater instability** was **schizoaffective disorder**, with some authors even defending its elimination from the diagnostic nomenclature.

Schizophrenia

The **most stable** diagnosis is **schizophrenia** (mean stability of **90%**). The most robust portents of a change to schizophrenia are the increase in negative symptoms and the loss of functionality. The lack of substance use and poor social adaptation in adolescence have also been reported frequently. The main diagnoses to shift to schizophrenia are: **not otherwise specified psychosis** (80%), **acute and transient psychotic disorders** (55%) and **persistent delusional disorder** (50%).

The diagnostic instability in psychotic disorders its often due to **substance abuse**. It has been found that 46% of the patients with toxic psychosis evolved to full-blown schizophrenia. While cannabis seems to increase this progression, stimulants (amphetamines or cocaine) appear to have the opposite influence.

Major depressive disorder

Regarding major depressive disorder (MDD), up to **74%** of the patients maintained the diagnosis. If the depressive episode had psychotic symptoms, 30% shifted the diagnosis to **bipolar disorder** or **schizophrenia**. The patients whose initial diagnosis remained unchanged had more commonly existential anguish, nihilist delirious thoughts and weight loss.

Bipolar disorder

Bipolar disorder (BD) may appear as **underdiagnosed** or **overdiagnosed**. In the first case, the shifts from **MDD** are the more widely known (which calls for attention on the age of first depressive episode and family history for example). The existence of psychotic symptoms at the entrance may also be a confounder. In fact, in a study conducted with 240 bipolar outpatients with psychotic symptoms, 61,5% received a first diagnosis different from BD, with the most frequent being **persistent delusional disorder** (17,9%). Many of BD’s patients have also been diagnosed with schizophrenia previously of their BD diagnosis. The main reasons found were the existence of irritability over euphoria and the psychotic symptoms other than grandiosity. BD may also be overdiagnosed, according to some studies, and the main confusion seems to be with **personality** and **substance use disorders**. As it is well-known, substance use is also a great confounder for affective disorders. In fact, in studies conducted with individuals participating in a community-based substance treatment program who had a previous diagnosis of BD, only 33% to 42,9% subjects met the diagnostic criteria.

Discussion and Conclusions

The **most unstable diagnosis is schizoaffective disorder** and the majority of overall diagnostic shifts move towards **schizophrenia**. In the absence of biological markers, longitudinal validation through a long-term follow-up is necessary for accurate diagnostic ascertainment.

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