

CLASSIFICATION OF PSYCHOSIS

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Current Classifications

ICD-9.

In the 1975 (Ninth) Revision of the International Classification of Diseases of the World Health Organization, mental disorders are divided into three major classes of illness¹; and within the class of psychoses, the somatically, determined psychoses, referred to as organic psychotic conditions²; are one of the two major categories of disorders.³

In the ICD-9, the diagnostic importance of dementia⁴ and delirium⁵ are explicitly recognized. Nevertheless, the distinctiveness between organic psychoses, i.e., disorders in which the dementia syndrome is linked with neuropathologic changes, and exogenous psychoses, i.e., disorders in which delirium is linked with physical illness, is not used as an organizing principle in the classification of these illnesses. As a result, alcoholic psychoses, one of the five subcategories of organic psychotic conditions, include both, i.e., organic psychoses (such as alcoholic Korsakoff's psychosis and other alcoholic dementia) and exogenous psychoses (such as delirium tremens and other alcoholic hallucinosis).

¹ The three major classes of illness in the ICD-9 are: (1) psychoses, (2) neurotic disorders, personality disorders and other nonpsychotic mental disorders and (3) mental retardation.

² In the ICD-9, organic psychotic conditions are defined as follows: "Syndromes in which there is impairment of orientation, memory, comprehension, calculation, learning capacity and Judgment." In addition to these essential features, "there may also be shallowness or lability of affect, or a more persistent disturbance of mood, lowering of ethical standards and exaggeration or emergence of personality traits, and diminished capacity for independent decision."

³ In the ICD-9, the class of psychoses, includes two major categories of disorders, i.e., organic psychotic conditions and other psychoses.

⁴ In the ICD-9, the term, dementia, refers to organic psychosis which is "chronic or progressive" and which, "if untreated, is usually irreversible and terminal".

⁵ In the ICD-9, the term, delirium, refers to organic psychosis with a short course in which the features of dementia are "overshadowed by clouded consciousness, confusion, disorientation, delusions, illusions and often vivid hallucinations".

DSM-III

In the Third Edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, mental disorders are divided into 15 clinical syndromes.⁶ One of these syndromes is somatically determined psychoses, referred to as organic mental disorders.⁷

The two categories of disorders within organic mental disorders in the DSM-III are: (1) organic mental disorders whose etiology or psychophysiological process is listed in the mental disorders section of the ICD-9-CM,⁸ and (2) organic brain syndromes⁹ whose etiology or pathophysiological process is listed in the somatic disorders section of the ICD-9-CM (or is unknown). By separating organic brain syndromes which are intrinsically linked to somatic illness, from the other organic mental disorders, i.e., dementias arising in the senium and presenium, and substance-induced, the DSM-III has set the stage for the recognition of the dichotomy between organic and exogenous psychoses. However, as the result of a shift in emphasis in the classification of these disorders to etiology and phenotypic manifestations¹⁰, and from the typical to the atypical forms of presentation in Bonhoeffer's (1909) classification,¹¹ the traditional diagnostic concepts of organic and exogenous psychoses are dismissed.

⁶ In the DSM-III, mental disorders are separated into clinical syndromes, described in Axis I, and personality disorders, described in Axis II. The 15 clinical syndromes of Axis I are as follows: (1) disorders usually first evident in infancy, childhood or adolescence, (2) organic mental disorders, (3) substance use disorders, (4) schizophrenic disorders, (5) paranoid disorders, (6) psychotic disorders not elsewhere classified, (7) affective disorders, (8) anxiety disorders, (9) somatoform disorders, (10) dissociative disorders, (11) psychosexual disorders, (12) factitious disorders, (13) disorders of impulse control not elsewhere classified, (14) adjustment disorders, and (15) psychological factors affecting physical condition.

⁷ In the DSM-III, "the essential feature of organic mental disorders is a psychological abnormality associated with transient or permanent dysfunction of the brain. They are diagnosed (a) by recognizing the presence of one of the organic brain syndromes, and (b) by demonstrating by means of the history, physical examination, or laboratory tests, the presence of a specific organic factor judged to be etiologically related to the abnormal mental state. Under certain circumstances, however, a reasonable inference of an organic factor can be made from the clinical features alone..."

⁸ ICD-9-CM stands for the Clinical Modification of ICD-9. The clinical modification was prepared at the request of physicians in the United States, who "found that they needed a classification with more specificity that provided by the ICD-9"

⁹ Under the heading of organic mental disorders in the DSM- III, disorders are separated from syndromes. Included under organic brain syndromes are: (1) delirium and dementia in which cognitive impairment is relatively global, (2) amnesic syndromes and organic hallucinosis in which relatively selective areas of cognition are impaired, (3) organic delusional syndromes and organic affective syndromes which have features resembling schizophrenia or affective disorders, (4) organic personality syndrome in which the disorder is associated with ingestion or reduction in use of a substance and does not meet the criteria for any of the other syndromes, and (6) atypical or mixed organic brain syndrome not classifiable otherwise.

¹⁰ The two distinctive clinical syndromes of organic psychosis in the DSM-III, are the different disorders the emphasis is not on these syndromes, but on the phenotypic manifestations, such as delirium, delusions and /or depression.

¹¹ There is only one typical (i.e., delirium), whereas there are three atypical forms (i.e., delusional, hallucinatory and affective) of Bonhoeffer's (1909) exogenous psychoses included in the DSM-III-R

DSM-III-R

The Revised Third Edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (1987) shows little difference from the DSM-III.¹² In variance with the DSM-III, however, it divides organic mental disorders into three, instead of two sections,¹³ and separated primary degenerative dementia of the Alzheimer type from senile dementia not otherwise specified.¹⁴

ICD-10

In the ICD-10 mental disorders are divided into ten categories of illness.¹⁵ One of the categories is somatically determined psychoses, referred to as organic, including symptomatic, mental disorders.

The ICD-10 represents an important step in the classification of organic, including symptomatic, mental disorders. It is the first classification which separates: (1) the organic psychoses from the exogenous psychoses, (2) the psychoses with the dementia syndrome, from the psychoses with the amnesic syndrome within the organic psychoses, and (3) the typical forms of exogenous psychoses (i.e., delirium. Other than induced by alcohol or drugs) from the atypical forms of exogenous psychoses, referred to as symptomatic psychoses (i.e., other mental disorders due to brain disease, damage or dysfunction, or to physical disease including hormonal disturbances)¹⁶.

¹² The DSM-III-R includes one more category of disorders than the DSM-III. The added category is sleep disorders.

¹³ In the contradistinction to the DSM-III, in the DSM-III-R, organic mental disorders are divided into three sections, i.e., dementia arising in the senium and presenium, psychoactive substance-induced organic mental disorders, and organic mental disorders associated with physical disorders or conditions, or whose etiology is unknown.

¹⁴ The diagnosis of primary degenerative dementia of the Alzheimer type with senile or presenile onset in the DSM-III-R is a considerably broader diagnostic concept, than the diagnostic concept of Alzheimer's diseases, a presenile dementia described in 1907. Common neuropathologic characteristics of both are senile plaques and their amyloid as well as neurofibrillary tangles and paired helical filaments of the "tau" species of proteins in the brain. However, the possible marker for the Alzheimer's gene on chromosome 21, the same chromosome that is involved in Down's syndrome, applies only to Alzheimer's diseases (Heston and Mastri, 1977; Heston, 1984; Cutler et al., 1985; Van Broeckhoven et al., 1987, 1990; St. George-Hyslop et al., 1987; Goate et al., 1989.) It should be noted that in the studies of Pericak-Vance et al. (1988), and Schellenbers, Bird and Wijsman (1988), the chromosome 21 linkage could not be confirmed.

¹⁵ The ten categories of mental disorders of the ICD-10 include: (1) organic, including symptomatic mental disorders, (2) mental and behavioral disorders due to psychoactive substance use, (3) schizophrenia, schizotypal and delusional disorders, (4) mood (affective) disorders, (5) neurotic, stress-related, and somatoform disorders, (6) behavioral syndromes associated with physiological disturbances or physical factors, (7) disorders of adult personality and behavior, (8) mental retardation, (9) disorders of psychological development, and (10) behavior and emotional disorders with onset usually occurring in childhood or adolescence.

¹⁶ The subcategory, delirium other than induced by alcohol or drugs, is restricted to delirium and therefore does not completely overlap with, and includes all of Bonhoeffer's (1909) typical forms of exogenous

Although organic psychoses are separated from exogenous psychoses in the ICD-10, both, organic and exogenous psychoses are included under the category of organic, including symptomatic, mental disorders¹⁷. On the other hand, mental and behavioral disorders due to psychoactive substance use are assigned a separate category of mental disorders.

psychoses; whereas the subcategory, other mental disorders, due to brain disease, damage or dysfunction, or to physical disease, including hormonal disturbances, includes also some of the typical forms of exogenous psychoses, and therefore does not completely overlap with the atypical forms of Bonhoeffer's exogenous psychoses. Considering that each of the different forms of disorders included in this category correspond with patterns displayed by one or another sui generis psychiatric disorder, the disorders of this subcategory are referred to as symptomatic psychoses and/or symptomatic psychiatric disorders.

¹⁷ In Part Two of this series, organic and exogenous psychoses will be separated from each other and organic psychoses will be discussed in the monograph on neuropsychiatric disorders, whereas exogenous psychoses will be discussed in the monograph on sui generis psychiatric disorders.