

# Psychopharmacology and the Classification of Functional Psychoses

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## Classification and Clinical Psychopharmacology

### Diagnostic Criteria for Research

The Diagnostic Assessment Scale (DAS) of the Diagnostic Criteria for Research (DCR), developed primarily for research purposes, is one of the diagnostic assessment scales which includes all diagnoses within the functional psychoses. It is essentially based on the KDK Budapest which was published in Hungarian under the title Experimental Diagnostic Criteria for the Diagnosis of Functional Psychoses by Pethö, Ban, Kelemen, Ungvari, Karczag, Bitter and Tolna in 1984.

The DCR differs from the other research diagnostic criteria in that it is based on a four-dimensional model of diagnosis with consideration to all four developmental stages of psychiatric illness. In the course of the diagnostic process, functional psychoses are separated into psychogenic and endogenous; psychogenic psychoses into regressive, affective and paranoid psychoses and delusional development; and endogenous psychoses into schizophrenic, cycloid and affective (Figure 3a). Schizophrenic psychoses are subdivided into nonsystematic and systematic; nonsystematic schizophrenias into effect-laden paraphrenia (anxious, ecstatic and bipolar), cataphasia (agitated and inhibited), and periodic catatonia (hyperkinetic, akinetic and bipolar); and systematic schizophrenias into catatonias (parakinetic, proskinetik, speech prompt, speech inactive, manneristic and negativistic), hebephrenias (silly, eccentric, shallow and autistic), and paraphrenias (hypochondriacal, phonemic, incoherent, fantastic, confabulatory and expansive) (Figure 3b). Cycloid psychoses are subdivided into anxiety-elation (anxious and elated), confusion (inhibited and excited) and motility (akinetic and hyperkinetic) psychoses; and affective psychoses into melancholic and manic (both, pure and manic melancholic) psychoses. On the melancholic side there is an additional subdivision into depressions (harried, hypochondriacal, self-torturing, suspicious and nonparticipatory) and on the manic side there is an additional subdivision into euphorias (unproductive, hypochondriacal, enthusiastic, confabulatory and nonparticipatory) (Figure 3c).

The diagnostic instrument of the DCR is the DAS which consists of 396 items, presented in 12 tables, each table representing one step in the differential diagnostic process (Table II/1-12).

Table II/I

DAS Functional Psychoses

1. Psychopathology induced disruption of functioning (at present)
2. Lack of insight (at present)
3. Collapse of customary way of life (at present)
4. Psychiatric hospitalization (at present)
  - Less than 3 go to 5
  - At least 3 go to 9
5. Psychopathology induced disruption of functioning (in past)
6. Lack of insight (in past)
7. Collapse of customary way of life (in past)
8. Psychiatric hospitalization (in past)
  - Less than 3 MINOR PSYCHIATRIC DISORDER
  - At least 3 go to 9
9. Absence of somatic illness (at least 1 of 2)
  - a. At start of psychosis
  - b. Immediately prior to start of psychosis
10. Somatic illness not of sufficient severity to explain (at least 1 of 2)
  - a. Disturbance of consciousness
  - b. Mental deterioration
11. Somatic illness and mental disturbance do not run parallel course
  - Less than 2 ORGANIC DISORDER
  - At least 2 go to 12
12. IQ of 70 or above
  - Less than 1 MENTAL RETARDATION
  - 1 go to 13

Psychogenic

13. Psychosis is attributable to life event
14. Psychotic content is understandable on the basis of (at least 1 of 3)
  - a. Life event
  - b. Life history
  - c. Patient's personality
15. Psychosis is an integral part of patient's life history
  - Less than 2 go to 20
  - At least 2 go to 16
16. Intensity of trauma explains emergence of psychosis
17. Thematic continuity between trauma and content of psychosis
18. There is a meaning to the psychosis
  - Less than 2 go to 20
  - At least 2 go to 19
19. Absence of endogenous psychopathological symptoms such as
  - a. Inhibited thinking
  - b. Tangential thinking
  - c. Flight of ideas
  - d. Perseveration
  - e. Neologisms
  - f. Blunted affect
  - g. Autistic behavior

- Less than 1 go to 20
- 1 go to 26

Endogenous

- 20. Psychosis is not attributable to a life event
- 21. Psychotic content is incomprehensible (at least 1 of 2)
  - a. Bizarre
  - b. Disorganized
- 22. Psychosis is not an integral part of patient's life history
  - Less than 2 FUNCTIONAL PSYCHOSIS UNDIFFERENTIATED
  - At least 2 go to 23
- 23. Lack of precipitating trauma
- 24. No thematic continuity between trauma and content of psychosis
- 25. There is not meaning to the psychosis
  - Less than 2 FUNCTIONAL PSYCHOSIS UNDIFFERENTIATED
  - At least 2 go to 49

Table II/2

DAS Psychogenic Psychoses

Regressive Psychosis

- 26. Acute onset
  - Less than 1 go to 38
  - 1 go to 27
- 27. Clouding of consciousness
- 28. Impaired orientation
  - Less than 1 go to 31
  - At least 1 go to 29
- 29. Resolution of psychopathological symptoms within three months
  - Less than 1 PSYCHOGENIC PSYCHOSIS UNDIFFERENTIATED
  - 1 go to 30
- 30. Full remission
  - Less than 1 PSYCHOGENIC PSYCHOSIS UNDIFFERENTIATED
  - 1 PSYCHOGENIC REGRESSIVE PSYCHOSIS

Affective

- 31. Exaltation
- 32. Depression
  - Less than 1 go to 35
  - 1 go to 33
- 33. Resolution of psychopathological symptoms within three months
  - Less than 1 PSYCHOGENIC PSYCHOSIS UNDIFFERENTIATED
  - 1 go to 34
- 34. Full remission
  - Less than 1 PSYCHOGENIC PSYCHOSIS UNDIFFERENTIATED
  - 1 PSYCHOGENIC AFFECTIVE PSYCHOSIS

Paranoid

- 35. Delusions of reference
  - Less than 1 PSYCHOGENIC PSYCHOSIS UNDIFFERENTIATED
  - 1 go to 36
- 36. Resolution of psychopathological symptoms within three months

- Less than 1 go to 38  
 1 go to 37
37. Full remission  
 Less than 1 go to 38  
 1 PSYCHOGENIC PARANOID PSYCHOSIS
38. Delusions (at least 2 of 4)  
 a. Logically derived systematized delusions  
 b. Delusions are spreading to a restricted area  
 c. Change of personality  
 d. No disintegration of personality  
 Less than 1 PSYCHOGENIC PSYCHOSIS UNDIFFERENTIATED  
 1 go to 39
39. Paranoid personality trait(s)
40. Key experience  
 Less than 1 PSYCHOGENIC PSYCHOSIS UNDIFFERENTIATED  
 1 go to 41
41. Passionate (1 of 3)  
 a. Idealists  
 b. Conjugal paranoia  
 c. Erotomania
42. Litigious (1 of 2)  
 a. Querulous paranoia  
 b. Reformatory zealotry
43. Monosymptomatic-hypochondriacal (1 of 2)  
 a. Delusions of parasitosis  
 b. Shikano syndrome
44. Shared (symbiotic) (1 of 2)  
 a. Foile a deux  
 b. Foile a trois  
 Less than 1 PSYCHOGENIC PSYCHOSIS UNDIFFERENTIATED  
 1 go to 45
45. Subacute onset
46. Tendency for chronicity  
 Less than 1 PSYCHOGENIC PSYCHOSIS UNDIFFERENTIATED  
 1 PSYCHOGENIC DELUSIONAL DEVELOPMENT
47. Transformation of personality
48. Maladjustment  
 Less than 1 PSYCHOGENIC PSYCHOSIS UNDIFFERENTIATED  
 At least 1 PSYCHOGENIC DELUSIONAL DEVELOPMENT

### DAS Endogenous Psychosis

#### Schizophrenic

49. Psychosis has no meaning and it is (at least 1 of 3)  
 a. Incomprehensible  
 b. Purposeless  
 c. Intruding event
50. Dissociation (split)
51. Catathymic evolvement of content  
 Less than 2 go to 60  
 At least 2 go to 52
52. Formal thought disorder that disturbs comprehensibly (at least 1 of 5)

- a. Primary incoherence
  - b. Tangential thinking
  - c. Blocking
  - d. Derailment
  - e. Desultory thinking
  - f. Onomatopoesis
53. Delusions
54. Hallucinations
55. Affective change (at least 1 of 4)
- a. Blunted
  - b. Inadequate
  - c. Inappropriate
  - d. Decreased depth
56. Personality change (at least 1 of 4)
- a. Abandonment of habits
  - b. Change in life style
  - c. Incomprehensibility of behavior
  - d. Autistic behavior
- Less than 1 go to 60
- At least 1 go to 57
57. Clear consciousness
58. No holothymic evaluations
- Less than 2 go to 60
- At least 2 go to 57
59. Consistent presence of psychopathological symptoms for two weeks
- Less than 1 go to 60
- 1 go to 85

### Cycloid

60. Acute Onset
61. Subacute onset
- Less than 1 go to 81
- 1 go to 62
62. Protopathic change of Gestalt (at least 1 of 3)
- a. Trema
  - b. Apophany
  - c. Apocalyptic
63. Polymorphous fluctuating
64. Presence of contradictory influences
65. Change in the depth of emotions (1 of 4)
- a. Apathy
  - b. Anxiety
  - c. Happiness
  - d. Ecstasy
66. Holothymic (mood congruent) delusions
67. Emotional involvement in symptoms
68. Harmony: experience, behavior and performance
69. Ideas of reference
70. Delusional perceptions
71. Misidentifications
72. Increase of expressive movements
73. Decrease of expressive movements

- 74. Increase of reactive movements
- 75. Decrease of reactive movements
- 76. Thematic incoherence
  - Less than 1 go to 81
  - At least 1 go to 77
- 77. Rhythmic course
- 78. Bipolar course
  - Less than 1 go to 81
  - At least 1 go to 77
- 79. Accentuated personality
- 80. Full remission
  - Less than 1 go to 81
  - 1 go to 309

Affective

- 81. Holothymic (mood-congruent) changes (at least 1 of 3)
  - a. Experience
  - b. Behavior
  - c. Performance
- 82. Holothymic (mood congruent) delusions
  - Less than 1 ENDOGENOUS PSYCHOSIS UNDIFFERENTIATED
  - At least 1 go to 83
- 83. Monomorphous disease picture
- 84. Polymorphous disease picture
  - Less than 1 ENDOGENOUS PSYCHOSIS UNDIFFERENTIATED
  - 1 go to 341

Table II/4

DAS Schizophrenic Psychoses

- 85. Acute onset
- 86. Subacute onset
  - Less than 1 go to 102
  - 1 go to 87
- 87. Polymorphous disease picture
- 88. Entire personality affected
- 89. Emotional availability
- 90. Affective participation in symptoms
- 91. Hyperthymic features
- 92. Dysthymic features
  - Less than 3 go to 102
  - At least 3 go to 93
- 93. Hallucinations
- 94. Emotionally loaded delusions
- 95. Catatonic symptoms (at least 1 of 2)
  - a. Excitement
  - b. Stupor
- 96. Schizophrenic type of formal thought disorder (at least 2 of 9)
- 97. Rhythmic course
- 98. Schub type episodes
- 99. Bipolar course
  - Less than 2 go to 102
  - At least 2 go to 100
- 100. Transient remissions(s)

101. Residual symptoms (at least 2 of 14)
- a. Bizarre ideation
  - b. Blunted affect
  - c. Circumstantial speech
  - d. Ideas of reference
  - e. Inappropriate affect
  - f. Impairment in role functioning
  - g. Peculiar behavior
  - h. Metaphoric speech
  - i. Disturbance of ego integrity
  - j. Overinclusive speech
  - k. Overvalued ideas
  - l. Social withdrawal
  - m. Unusual social experiences
  - n. Vague speech

Systematic

102. Insidious onset of first episode  
103. No full remission after first episode  
104. Double-entry book-keeping  
105. Monomorphous disease picture  
106. Amorphous disease picture  
    Less than 2   SCHIZOPHRENIC PSYCHOSIS UNDIFFERENTIATED  
    At least 2    go to 107
107. Delusions  
108. Hallucinatory excitement  
109. Catatonic symptoms (at least 1 of 15)
- a. Ambitendency
  - b. Automatic obedience
  - c. Cooperation in movements
  - d. Excitement
  - e. Mannerisms
  - f. Mutisms
  - g. Negativisms
  - h. Parakinesis
  - i. Posturing
  - j. Proskinesis
  - k. Rigidity
  - l. Stereotypes
  - m. Stupor
  - n. Waxy flexibility
110. Blunted affect  
    Less than 1   SCHIZOPHRENIC PSYCHOSIS UNDIFFERENTIATED  
    At least 1    go to 111
111. Chronic continuous course  
112. Chronic episodic course  
113. Defect syndrome (at least 1 of 2)
- a. Clinical defect
  - b. Personality defect
- Less than 2   SCHIZOPHRENIC PSYCHOSIS UNDIFFERENTIATED  
    At least 2    go to 166

Table II/5

DAS Nonsystematic Schizophrenias

Affect-laden Paraphrenia

- 114. Polymorphous stabilized
  - 115. Polymorphous systematized
  - 116. Primary affective change
    - Less than 2 go to 133
    - 2 go to 117
  - 117. Secondary delusions
  - 118. Paralogically derived systematized delusional system
  - 119. Paralogically derived non-systematized delusions
  - 120. Logically derived non-systematized delusions
  - 121. Strong delusional dynamics
    - Less than 3 go to 133
    - 3 go to 122
  - 122. Anxiety
  - 123. Irritability
  - 124. Ecstasy
  - 125. Fluctuating affective state
    - Less than 1 go to 133
    - At least 1 go to 126
  - 126. Delusions of reference
  - 127. Delusions of grandeur
  - 128. Fantastic delusions
  - 129. Mixed delusions
  - 130. Anxious affect-laden paraphrenia (at least 2 of 4)
    - a. Anxiety
    - b. Irritability
    - c. Delusions of reference
    - d. Fantastic delusions
  - 131. Ecstatic affect – laden paraphrenia (1 of 2)
    - a. Ecstatic mood
    - b. Grandiose delusions
  - 132. Bipolar affect-laden paraphrenia (2 of 2)
    - a. Fluctuating affective state
    - b. Mixed delusions
- |             |   |
|-------------|---|
| Less than 1 | AFFECT-LADEN PARAPHRENIA UNDIFFERENTIATED |
| 1 (+ 130)   | ANXIOUS AFFECT-LADEN PARAPHRENIA          |
| 1 (+ 131)   | ECSTATIC AFFECT-LADEN PARAPHRENIA         |
| 1 (+ 132)   | BIPOLR AFFECT-LADEN PARAPHRENIA           |

Periodic Catatonia

- 133. Polymorphous stabilized
- 134. Polymorphous fluctuating
- 135. Paralogically derived non-systematized delusions
- 136. Logically derived non-systematized delusions
- 137. Loss of natural harmony of movements
- 138. Decrease of expressive movements
- 139. Decrease of reactive movements



- Less than 2 go to 149
- At least 2 go to 140
- 140. Parakinesia
- 141. Motor stereotypy
- 142. Postural stereotypy
- 143. Impulsive acts
- 144. Negativism
  - Less than 1 go to 149
  - At least 1 go to 145
- 145. Hyperkinesia
- 146. Hypokinesia
- 147. Akinesia
- 148. Mixed kinesia
  - Less than 1 PERIODIC CATATONIA UNDIFFERENTIATED
  - 1 (+145) HYPERKINETIC PERIODIC CATATONIA
  - 1 (146 or 147) AKINETIC PERIODIC CATATONIA
  - 1 (+148) BIPOLAR PERIODIC CATATONIA

### Cataphasia

- 149. Polymorphous stabilized
- 150. Monomorphous disease picture
  - Less than 1 NONSYSTEMATIC SCHIZOPHRENIA UNDIFFERENTIATED
  - 1 go to 151
- 151. Agitation
- 152. Pressure of speech
- 153. Confusion
- 154. Asyntaxis
- 155. Paralogia
- 156. Paragrammatisms
- 157. Behavior more coherent than speech
- 158. Responses to questions more coherent than spontaneous speech
- 159. Inhibition
- 160. Taciturn
- 161. Mute
- 162. Dull and empty facial expression
- 163. Neologisms
  - Less than 4 NONSYSTEMATIC SCHIZOPHRENIA UNDIFFERENTIATED
  - At least 4 go to 164
- 164. Agitated cataphasia (at least 4 of 8)
  - a. Agitation
  - b. Pressure of speech
  - c. Confusion
  - d. Asyntaxis
  - e. Paralogia
  - f. Paragrammatism
  - g. Behavior more coherent than speech
  - h. Responses to questions more coherent than spontaneous speech
- 165. Inhibited cataphasia (at least 3 of 4)
  - a. Inhibition
  - b. Taciturn
  - c. Mute
  - d. Dull and empty facial expression

Less than 1	CATAPHASIA, UNDIFFERENTIATED
1 (+164)	AGITATED CATAPHASIA
1 (+165)	INHIBITED CATAPHASIA

Table II/6

DAS Systematic Schizophrenias

Catatonias

166. Loss of gracefulness  
 167. Loss of automatisms  
 168. Sluggish-unresponsive  
 169. High strung-hyperactive  
     Less than 2    go to 176  
     At least 2     go to 170  
 170. Parakinesis  
 171. Mannerisms  
 172. Proskinesis  
 173. Negativism  
 174. Speech prompt  
 175. Speech inactive  
     Less than 1    go to 176  
     At least 1     go to 193

Hebephenias

176. Amorphous clinical picture  
 177. Uninvolved  
 178. Blunted affect  
 179. Emotional impoverishment  
     Less than 1    go to 184  
     At least 1     go to 180  
 180. Silly  
 181. Eccentric  
 182. Shallow  
 183. Autistic  
     Less than 1    go to 184  
     At least 1     go to 259

Paraphrenias

184. Inhibited thinking  
 185. Desultory thinking  
 186. Tangential thinking  
 187. Blocking  
 188. Primary incoherence  
 189. Neologisms  
     Less than 1    SYSTEMATIC SCHIZOPHRENIA UNDIFFERENTIATED  
     At least 1     go to 190  
 190. Delusions  
 191. Hallucinations  
 192. Disorders of ego (at least 1 of 6)  
     a. Derealization  
     b. Depersonalization  
     c. Thought broadcasting

- d. Thought withdrawal
- e. Thought insertion
- f. Feelings of alien influences
  - Less than 2    SYSTEMAIC SCHIZOPHRENIA UNDIFFERENTIATED
  - At least 2     go to 270

Table II/7

DAS Systematic Catatonias

Parakinetic

- 193. Continuous parakinesis
- 194. Jerkiness
- 195. Increase of pseudoexpressive movements
- 196. Increase of reactive movements
- 197. Choppy speech
  - Less than 2    go to 200
  - At least 2     go to 198
- 198. Derailment
- 199. Contented mood
  - Less than 1    go to 200
  - At least 1     PARAKINETIC CATATONIA

Proskinetik

- 200. Proskinesis
  - Less than 1    go to 210
  - 1    go to 201
- 201. Perseveration
- 202. Verbigeration
- 203. Mumbling
- 204. Fidgety
- 205. Fumbling
  - Less than 1    go to 210
  - At least 1     go to 206
- 206. Contented Mood
- 207. Blunted Affect
- 208. Episodic ranting
- 209. Episodic excitement
  - Less than 1    go to 210
  - At least 1     PROSKINETIC CATANOIA

### Speech Prompt

- 210. Speech readiness
  - Less than 1 go to 218
  - 1 go to 211
- 211. Echolalia
- 212. Perseveration
- 213. Agrammatism
- 214. Contaminations
- 215. Empty autisms
  - Less than 1 go to 218
  - At least 1 go to 216
- 216. Stiffness
- 217. Adversion
  - Less than 1 go to 218
  - At least 1 SPEECH READY CATATONIA

### Speech Inactive

- 218. Sluggish
  - Less than 1 go to 226
  - At least 1 go to 219
- 219. Low initiative
- 220. Low motivation
  - Less than 1 go to 226
  - At least 1 go to 221
- 221. Persistent hallucinations
- 222. Hallucinatory distractions
- 223. Hallucinatory excitements
- 224. Primary incoherence
- 225. Perplexed
  - Less than 1 go to 226
  - At least 1 SLUGGISH CATATONIA

### Manneristic

- 226. Hard mannerisms
- 227. Decreased automatisms
- 228. Affectation
  - Less than 2 go to 232
  - At least 2 MANNERISTIC CATATONIA
- 229. Affectivity well retained
- 230. Perceptual psychopathology
- 231. Delusions absent
  - Less than 2 go to 232
  - At least 2 MANNERISTIC CATATONIA

### Negativistic

- 232. Active negativism
- 233. Passive negativism
  - Less than 1 SYSTEMATIC CATATONIA UNDIFFERENTIATED
  - At least 1 go to 234
- 234. Ambivalence
- 235. Ambitendency
- 236. Negativistic excitements

- |      |                     |                                       |
|------|---------------------|---------------------------------------|
|      | Less than 1         | SYSTEMATIC CATATONIA UNDIFFERENTIATED |
|      | At least 1          | go to 237                             |
| 237. | Blunted affect      |                                       |
| 238. | Impulsive outbursts |                                       |
|      | Less than 1         | SYSTEMATIC CATATONIA UNDIFFERENTIATED |
|      | At least 1          | NEGATIVISTIC CATATONIA                |

Table III/8

DAS Systematic Hebephrenias

Silly

- |      |                             |                   |
|------|-----------------------------|-------------------|
| 239. | Immature behavior           |                   |
| 240. | Inane giggling              |                   |
|      | Less than 1                 | go to 247         |
|      | At least 1                  | go to 241         |
| 241. | Empty euphoria              |                   |
| 242. | Fluctuating mild depression |                   |
| 243. | Alogical thinking           |                   |
|      | Less than 2                 | go to 247         |
|      | At least 2                  | go to 244         |
| 244. | Ethical blunting            |                   |
| 245. | Episodic irritability       |                   |
| 246. | Episodic excitement         |                   |
|      | Less than 1                 | go to 247         |
|      | At least 1                  | SILLY HEBEPHRENIA |

Eccentric

- |      |                              |                       |
|------|------------------------------|-----------------------|
| 247. | Soft mannerism               |                       |
| 248. | Precocious chattering        |                       |
|      | Less than 1                  | go to 256             |
|      | At least 1                   | go to 249             |
| 249. | Dysthymia                    |                       |
| 250. | Querulous complaintativeness |                       |
| 251. | Hypochondriasis              |                       |
|      | Less than 1                  | go to 256             |
|      | At least 1                   | go to 252             |
| 252. | Monotonous self-praise       |                       |
| 253. | Ritual                       |                       |
| 254. | Hoarding                     |                       |
| 255. | Senseless stealing           |                       |
|      | Less than 1                  | go to 256             |
|      | At least 1                   | ECCENTRIC HEBEPHRENIA |

Shallow

- |      |  |           |
|------|--|-----------|
| 256. | Extreme emotional impoverishment               |           |
| 257. | Formal participation relatively well preserved |           |
|      | Less than 2                                    | go to 263 |
|      | 2  | go to 260 |
| 258. | Carefree euphoria                              |           |
| 259. | Episodes of markedly anxious mood              |           |
| 260. | Hallucinatory episodes                         |           |
| 261. | Lack of initiative                             |           |

262. Decreased activity  
Less than 1 SYSTEMATIC HEBEPHRENIA  
UNDIFFERENTIATED  
1 go to 264

#### Autistic

263. Empty autism  
Less than 1 SYSTEMATIC HEBEPHRENIA  
UNDIFFERENTIATED  
1 go to 264
264. Mood of discontent
265. Feelings of rejection
266. Off-putting verbal responses
267. Episodes of irritability
268. Episodes of (verbal or physical) aggression
269. Hallucinatory episodes  
Less than 1 SYSTEMATIC HEBEPHRENIA  
UNDIFFERENTIATED  
At least 1 AUTISTIC HEBEPHRENIA

#### Hypochondriacal

270. Heteronom bodily hallucinations
271. Phonemic hallucinations  
Less than 2 go to 279  
2 go to 272
272. Complains of hearing voices
273. Dysphoria  
Less than 1 go to 279  
At least 1 go to 274
274. Olfactory hallucinations
275. Gustatory hallucinations
276. Visual hallucinations
277. Explanatory delusions
278. Tangential thinking  
Less than 1 go to 279  
At least 1 HYPOCHONDRIACAL PARAPHRENIA

#### Phonemic

279. Phonemic delusional hallucinations  
Less than 1 go to 284  
1 go to 280
280. Audible thoughts
281. Explanatory delusions
282. Even mood
283. Woolly thinking  
Less than 2 go to 284  
At least 2 PHONEMIC PARAPHRENIA

#### Incoherent

284. Hallucinatory rich autism
285. Primary incoherence  
Less than 2 go to 289

- 2 go to 286  
286. Delusions of persecution  
287. Delusions of grandeur  
288. Hallucinatory excitements  
    Less than 1 go to 289  
    At least 1 INCOHERENT PARAPHRENIA

Fantastic

289. Mixed (often scenic) hallucinations  
290. Fantastic experiences  
291. Grandiose delusions  
292. Contented mood  
293. Derailment  
    Less than 1 go to 294  
    At least 1 FANTASTIC PARAPHRENIA

Confabulatory

294. Continuous confabulations  
295. Paramnesias  
    Less than 2 go to 300  
    2 go to 296  
296. Elated mood  
297. Friendliness  
298. Grandiose delusions  
299. Concrete ideation  
    Less than 2 go to 300  
    At least 2 CONFABULATORY PARAPHRENIA

Expansive

300. Grandiose delusions  
301. Grandiose mannerisms  
302. Course paralogic thinking  
    Less than 2 SYSTEMATIC PARAPHRENIA UNDIFFERENTIATED  
    At least 2 go to 303  
303. Grandiose aspirations  
304. Restricted thinking  
305. Early hallucinations  
306. Early ideas of reference  
307. Early states of excitement  
308. Late emotional blunting  
    Less than 2 SYSTEMATIC PARAPHRENIA UNDIFFERENTIATED  
    At least 2 EXPANSIVE PARAPHRENIA

Table II/10

DAS Cycloid Psychoses

Anxiety-Elation

309. Delusional perceptions  
310. Delusions of reference  
311. Marked anxiety  
    Less than 3 go to 321

- 3 go to 312
312. Perplexed
313. Illusions
314. Phonemic hallucinations
315. Olfactory hallucinations
316. Bodily hallucinations
- Less than 2 go to 321
- At least 2 go to 317
317. Inhibition
318. Agitation
319. Feelings of guilt
320. Feelings of inferiority
- Less than 1 go to 321
- At least 1 ANXIETY-ELATION PSYCHOSIS, ANXIOUS
321. Elation
322. Exaggerated self-esteem
323. Misperceptions
- Less than 1 to go 324
- At least 1 ANXIETY-ELATION PSYCHOSIS, ELATED

### Confusion

324. Decreased talkativeness
325. Decreased activity
326. Confusion
- Less than 3 go to 330
- 3 go to 327
327. Reactive stupor
328. Misperceptions
329. Phonemic hallucinations
- Less than 1 go to 330
- At least 1 go to 331
330. Excitement
- Less than 1 go to 334
- 1 go to 331
331. Thematic incoherence
332. Logorrhea
333. Fragmentary hallucinations
- Less than 1 go to 334
- At least 1 EXCITED CONFUSION PSYCHOSIS

### Motility

334. Confused stupor
335. Akinesia
- Less than 1 go to 336
- At least 1 AKINETIC MOTILITY PSYCHOSIS
336. Agitation
337. Increase of expressive movements
338. Increase of reactive movements
- Less than 1 CYCLOID PSYCHOSIS UNDIFFERENTIATED
- At least 1 HYPERKINETIC MOTILITY PSYCHOSIS
339. Hyperkinetic speech
340. Thematic incoherence
- Less than 1 CYCLOID PSYCHOSIS UNDIFFERENTIATED



At least 1      HYPERKINETIC MOTILITY PSYCHOSIS

Table II/11

DAS Affective Psychoses 1

Melancholia

- 341. Acute onset
- 342. Subacute onset
  - Less than 1      go to 362
  - 1                    go to 343
- 343. Depressive mood
  - Less than 1      go to 362
  - 1                    go to 344
- 344. Decreased appetite
- 345. Increased appetite
- 346. Insomnia
- 347. Hypersomnia
- 348. Decreased libido
- 349. Increased libido
- 350. Decreased psychomotor activity
- 351. Increased psychomotor activity
- 352. Anhedonia
- 353. Feelings of guilt
- 354. Self-incrimination
- 355. Concentration difficulties
- 356. Retarded thinking
- 357. Suicidal behavior
  - Less than 6      go to 378
  - At least 6        go to 358
- 358. Unipolar course
- 359. Rhythmic course
  - Less than 6      go to 378
  - At least 6        go to 358
- 360. Rhythmic course
  - Less than 2      go to 378
  - 2                    go to 361
- 361. Full remission
  - Less than 1      go to 378
  - 1 (+ 358)        PURE MELANCHOLIA
  - 1 (+359)        MANIC MELANCHOLIC PSYCHOSIS
  - MELANCHOLIC

Mania

- 362. Elation
- 363. Irritability
  - Less than 1      go to 387
  - At least 1        go to 364
- 364. Hyperthymia
- 365. Euphoria
- 366. Hyperactivity
- 367. Logorrhea
- 368. Flight of ideas
- 369. Grandiosity

- 370. Insomnia
- 371. Distractibility
- 372. Tactless
- 373. Reckless
  - Less than 6 go to 387
  - At least 6 go to 374
- 374. Unipolar course
- 375. Bipolar course
- 376. Rhythmic course
  - Less than 2 go to 387
  - 2 go to 377
- 377. Full remission
  - Less than 1 go to 387
  - 1 (+374) PURE MANIA
  - 1 (+375) MANIC MELANCHOLIC PSYCHOSIS MANIC

Table II/12

DAS Affective Psychoses 2

Depressions

- 378. Monomorphous
  - Less than 1 go to 387
  - 1 go to 379
- 379. Harried depression (at least 3 of 4)
  - a. Motor restlessness
  - b. Marked anxiety
  - c. Driven complaintativeness
  - d. Poor thematization
- 380. Hypochondriacal Depression (at least 3 of 4)
  - a. Hypochondriasis
  - b. Homonom bodily hallucinations
  - c. Hopeless complaintativeness
  - d. Corporization
- 381. Self-torturing depression (at least 3 of 4)
  - a. Self-accusations
  - b. Loss of self-esteem
  - c. Lamentativeness
  - d. Feelings of guilt
- 382. Suspicious depressions (at least 3 of 4)
  - a. Suspiciousness
  - b. Ideas of reference
  - c. Paranoid ideation
  - d. Lack of hostility
- 383. Nonparticipatory depression (at least 3 of 4)
  - a. Lack of affective participation
  - b. Anhedonia
  - c. Feelings of alienation
  - d. Abulia

- Less than 1    DEPRESSIVE PSYCHOSIS UNDIFFERENTIATED
- More than 1    DEPRESSIVE PSYCHOSIS UNDIFFERENTIATED
- 1    go to 384
- 384.    Unipolar course
- 385.    Tendency for chronicity
- 386.    Full remission
  - Less than 2    DEPRESSIVE PSYCHOSIS UNDIFFERENTIATED
  - 2 (+379)    HARRIED DEPRESSION
  - 2 (+380)    HYPOCHONDRIACAL DEPRESSION
  - 2 (+381)    SELF-TORTUNING DEPRESSION
  - 2 (+382)    SUSPICIOUS DEPRESSION
  - 2 (+383)    NONPARTICIPATORY DEPRESSION

Euphorias

- 387.    Euphoria
- 388.    Monomorphous disease picture
  - Less than 2    AFFECTIVE PSYCHOSIS UNDIFFERENTIATED
- 389.    Unproductive euphoria (at least 2 of 3)
  - a.    Radiant facial expression
  - b.    Motiveless feeling of happiness
  - c.    Contentless vital emotional tone
- 390.    Hypochondriacal euphoria (at least 2 of 3)
  - a.    Homonom bodily hallucinations
  - b.    Euphoric complaintativeness
  - c.    Transient tearfulness
- 391.    Enthusiastic euphoria (at least 2 of 3)
  - a.    Excessive happiness
  - b.    Exaggerated self-esteem
  - c.    Desire to make others happy
- 392.    Confabulatory euphoria (at least 2 of 3)
  - a.    Happy confabulations
  - b.    Lively
  - c.    Playful
- 393.    Nonparticipatory euphoria (at least 2 of 3)
  - a.    Impoverishment of will
  - b.    Impoverishment of emotions
  - c.    Lack of feelings of sympathy
    - Less than 1    EUPHORIC PSYCHOSIS UNDIFFERENTIATED
    - More than 1    EUPHORIC PSYCHOSIS UNDIFFERENTIATED
    - 1    go to 394
- 394.    Unipolar course
- 395.    Tendency for chronicity
- 396.    Full recover
  - Less than 2    EUPHORIC PSYCHOSIS UNDIFFERENTIATED
  - 2 (+ 385)    UNPRODUCTIVE EUPHORIA
  - 2 (+ 390)    HYPOCHONDRIACAL EUPHORIA
  - 2 (+ 391)    ETHUSIASTIC EUPHORIA
  - 2 (+ 392)    CONFABULATORY EUPHORIA
  - 2 (+ 393)    NONPARTICIPATORY EUPHORIA

In completing DAS the following time frames are considered:

- a. Presence of psychosis (one-dimensional diagnosis) can usually be determined by a single examination. It should definitely be possible within eight days.
- b. At least two weeks of continuous observation and repeated--at least three--careful assessments are required to clarify the nature of the psychosis (two-dimensional diagnosis). This, however, does not imply that the psychosis must be present for at least two weeks and that treatment should be withheld for the same time period.
- c. Course of disease always refers to a specified period with a duration of at least five years (three-dimensional diagnosis). Formal characteristics of the course, such as rhythmicity-periodicity, polarity and deterioration are distinguished from the contentual characteristics, such as time spent in hospital, nature of therapies.
- d. The evaluation of outcome, e.g., after five years is always done in terms of the presence of psychopathological symptoms and impairment of social adjustment (fourth-dimension).

Thus, for a final diagnosis on the DAS cross-sectional findings (diagnostic impressions) have to be supplemented with information on the course of the disease (provisional diagnosis) and outcome data (final diagnosis). Or in other words, in the diagnostic hierarchy (impression, provisional and final) alternative decisions are based not merely on a given store of (cross-sectional) knowledge, but on the increasing store of knowledge in time.

In spite of all its complexities, inter-rater agreement was very high, 92% (12 of 13 patients) between two raters in a small pilot study on the DAS. For the most distal diagnostic endpoints of the decision tree (subtypes) agreement was only 77% but for the three major groups of systematic schizophrenia (hebephrenia, catatonia and paraphrenia) the agreement was 100% (Daniel, Craig, Ban and Wilson, 1985).

In addition to reliability the pilot study also explored the relationship between DCR and DSM-III diagnoses. For this, 96 randomly selected patients from the acute and chronic services from a mental hospital were subtyped on the basis of DAS criteria and the resulting DCR diagnoses were cross-tabulated with DSM-III diagnoses. Although overall agreement for all diagnoses was only 45% (Cramer's statistics = 0.45) of the patients with systematic schizophrenia on the DCR, 92% were diagnosed as schizophrenic by the DSM-III. Agreement was considerably lower (57%) between DCR diagnoses of nonsystematic schizophrenia and DSM-III diagnoses of schizophrenic disorders. However, the agreement for schizophrenic diagnoses between DCR and DSM-III would have been 100% if schizoaffective disorders would have been included among the schizophrenic disorders in the DSM-III (Daniel, Craig, Ban and Wilson, 1985).

Employing the DAS in the assessment of a large number of patients has brought to attention some of the shortcomings of the scale. Among them one of the most important is that within the current format, presentation of variables relevant to the form of onset, cross-sectional psychopathology, course of illness and outcome features, are not sufficiently distinct. Another important shortcoming of the scale is the lack of separation between the different forms of outcome and the different forms of end-states.

In addition to the shortcomings of the scale (DAS) there are also shortcomings of the system (DCR); and while shortcomings of the DAS may or may not be the result of shortcomings of the DCR, all problem areas of the DCR are reflected in the shortcomings of the DAS. Among the identified problem areas one of the most important is related to the diagnosis of delusional development, a diagnostic concept which is not broad enough to accommodate all non-schizophrenic paranoid (delusional) patients who do not fit the diagnosis of psychogenic paranoid psychosis of the DCR. Studying this particular population,

however, it has been revealed that all of these patients fulfill criteria of acute or chronic delusional psychoses, as defined in prevalent diagnostic schemes within the French language areas. Furthermore, there has also been some indications that delusional psychoses provide a transition between the psychogenic (exogenous) and autochthonous (endogenous) psychoses. It was on the basis of these considerations that in the proposed classification (see pages 10 to 12) the concept of delusional psychosis was adopted and positioned between the exogenous and endogenous psychoses (exo-endogenous psychoses).

In contradistinction to empiricistic and experimental classifications, a nosological classification is based on a historical process in the course of which numerous clinical observations are integrated into distinct clinical pictures. Since both the DCR and the proposed classification are nosological, in the following the historical process of conceptual development of these classifications will be reviewed to provide the necessary background information for the construction of new diagnostic assessment instruments (or the correction of old ones) which are based on nosological principles. Special emphasis will be placed in this review to the development of a four-dimensional model of diagnosis, with consideration to the four developmental stages of psychiatric illness. It will also be examined whether a four-dimensional psychiatric diagnosis could offer advantages for psychiatric research and open new paths for psychopharmacologic progress.