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Editorial

Diagnostic Inflation: A Matter for Nurses!

It is with great pleasure that I welcome this guest editorial from one of our editorial board members, Dr. Berno van Meijel. Dr. van Meijel is an associate professor of mental health nursing in The Netherlands. The issues he raises in his thoughtful commentary have international applicability. As always, letters to the editor about this topic are encouraged.

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When I was a nursing student, I was impressed by the critical work of the Austrian philosopher Ivan Illich and, in particular, his book called *Medical Nemesis*, published in 1974 (Illich, 1974). Illich was a keen opponent of the *medicalization* of normal life. The concept of medicalization refers to a tendency for medical institutions to deal with nonconforming behavior which is increasingly labeled as "sickness" (Pitts, 1968). This behavior thus becomes the subject of medical study, diagnosis, prevention, or treatment. Such medical interventions are inappropriate, in that they may cause "iatrogenic harm" and exacerbate rather than alleviate illness and social problems. Adverse effects of medicalization include inappropriate drug prescriptions, potentially resulting in serious side effects, or people being made needlessly dependent on the medical system.

Memories revived when I read Allen Frances's recently published book entitled *Saving Normal* (2013). Frances is an American psychiatrist who has become known as chairman of the task force responsible for the fourth revision of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). He has lately emerged as a sharp critic of DSM-5, published in 2013 (American Psychiatric Association, 2013).

What are his main points of criticism? His book revolves around the concept of diagnostic inflation, which set in with DSM-IV and is expected to turn into hyperinflation in the wake of DSM-5. Frances warns against overstretching the criteria for psychiatric disorders which will mislabel too many people as suffering from a psychiatric disorder. The risk is that they will be subjected to treatment that causes a variety of adverse side effects with associated huge expansion of healthcare costs. According to Frances, diagnostic "hypes" in society and psychiatry have led to vague and broadly described diagnostic categories. This has caused an influx of many "worried well" in psychiatric populations, people who receive long-term and expensive treatment without actual necessity. Examples of broad diagnostic categories in the new DSM and mentioned by Frances are the disruptive mood dysregulation disorder, minor neurocognitive disorder, binge eating disorder, attention deficit hyperactivity disorder, both in children and adults, and somatic symptom disorder (Frances, 2013). These diagnostic categories can lead to numerous false positives, resulting in overconsumption of mostly ineffective, even harmful, psychiatric care. The attention which these "worried well" receive goes at the expense of the patients with severe mental illnesses, who often do not receive appropriate and sufficient treatment.

The question now is who has an interest in this diagnostic inflation? Frances has very little positive to say about the pharmaceutical industries, with their aggressive marketing campaigns trying to expand their markets at the expense of the physical and psychological health of many. However, some of the blame should also be attributed to healthcare professionals because of their imprecise diagnostic methods, their limited diagnostic efforts, and their uncritical attitudes toward the marketing practices of the pharmaceutical companies. Researchers also frequently exhibit a lack of scientific objectivity when the big money of industry is in sight or when their scientific hobbies are at stake. Even consumer organizations are not entirely without blame. Their primary interest is in economic expansion and increased influence. Moreover, consumer organizations in the United States are often funded by pharmaceutical companies.

The criticism voiced by Frances, an insider in the world of DSM development, is strong. And he is convincing. While reading the book, I wondered what mental health nurses could do to prevent diagnostic inflation and potentially harmful treatments resulting from medicalization. First of all, I believe that advanced practice mental health nurses are preeminently placed to carry out the diagnostic process very carefully and share their observations and interpretations with both the patient and others on the healthcare team, that is, the psychiatrist or the general practitioner in primary care. Psychiatric diagnoses are too often established too quickly, based on brief impressions and biased interpretations, without sufficient diagnostic inquiry and active involvement of the patient and his/her relatives. This is particularly so in primary care, with generalist professionals who have limited expertise in psychiatric disorders and limited time and resources at their disposal for thorough diagnostics.

Advanced practice nurses can insist on adequate diagnostic procedures and conduct regular reassessments of psychiatric

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diagnoses, once established, to determine if they are still valid, for example, after a psychiatric crisis has subsided. A shared diagnostic process with active involvement of patient, advanced practice nurse, and treatment team is of great value for the quality of the final diagnosis and will ultimately result in better and more carefully crafted care.

Incorrect diagnoses go hand in hand with inappropriate drug prescriptions. Therefore, bearing in mind the current trend toward overconsumption, nurses should monitor that the prescription fits the diagnosis. Polypharmacy and overmedication are serious issues in mental health care and may cause greater health problems. Patients with severe mental disorders often benefit from carefully prescribed medications combined with proper education, guidance, and support in using them. All patients, regardless of level of impairment, can benefit from good psycho-education and proper interpretation of problems within the range of normal human functioning. Support in problem solving and strengthening resilience should always be a goal.

It is not always easy, given the fluid transition between "normal" and "abnormal," to make a clear distinction between the two states. But what should be avoided at all cost is for too many people to be mislabeled as psychiatric patients on the basis of inflated diagnostic categories. Nurses, let us be aware and do what we can to prevent iatrogenic harm due to this diagnostic inflation and avoid unnecessary or inappropriate treatment. Let us learn from the past, let us learn for the future!

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