HISTORICAL BACKGROUND

• In the past two millennia
• Either too many nomenclature
• Or too Few
• Differed in purpose between clinical or research usage
• First attempt in the United States – 1840 census – recorded the frequency of one category – “idiocy/insanity”
HISTORICAL BACKGROUND

• By the 1880 census – seven categories appeared – mania, melancholia, monomania, paresis, dementia, dipsomania, and epilepsy. ** definitions on next page

• In 1917, the American Medico-Psychological Association (now the American Psychiatric Association), combined with the Bureau of Census and the National Commission on Mental Hygiene to gather uniform across mental hospitals.
HISTORICAL BACKGROUND

• **
  – Mania – mood disorder characterized by inappropriate elation
  – Melancholia – from Greek *black bile*. Now known as pronounced depression
  – Monomania – equivalent of *paranoia*
  – Paresis – paralysis of organic nature resulting from tertiary syphilis
  – Dipsomania – intense craving for alcoholic beverage
  – Epilepsy – umbrella term for a number of disorders characterized by sensory seizures

• This original terminology was based on ancient metaphysical theories, based on four cardinal body humours (fluids).

• Commonly relating each to a particular mood:
  – Black Bile
  – Yellow bile
  – Phlegm
  – Blood

Believed to affect personality by degree of balance
HISTORICAL BACKGROUND

• The APA subsequently collaborated with the New York Academy of Medicine to develop a nationally acceptable psychiatric nomenclature that would be incorporated in the first edition of the American Medical Association’s Standard Classified Nomenclature of Disease.
• The modern version is now the ICD-10 (International Classification of Diseases)
• The WHO published the ICD – 6 which was to be used with Veterans Administration to help with their massive caseloads.
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- In 1952, a variant of the ICD became the first edition of the DSM-1 of the American Psychiatric Association.
- The next round of revisions were the DSM-II in 1975 and 1978 and the DSM-III, begun in 1974 and published in 1980. Then a DSM-III R was published in 1987.
- The DSM-IV was published in 1994 and the current rendition is the DSM IV-TR (text revision) published in 2001.
Issues in the use of the DSM

• This is a categorical classification dividing mental disorders into types based on specific criteria.

• The DSM requires the use of clinical judgment in various settings. The idea THAT IT IS USED MECHANICALLY BY UNTRAINED INDIVIDUALS IS REPUGNANT to practitioners. The complexity and subtlety of the various diagnoses takes years of education, training, and experience.

• Diagnostic Codes are the main feature of the manual. The use of codes is fundamental to medical record keeping, thus the need for education, training, and practice to gain the optimal use of the material.