

# WE NEED TO ABANDON THE CURRENT SCHIZOPHRENIA CONSTRUCT - A DEBATE



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The debate at the 31<sup>st</sup> European Congress of Psychiatry in Paris, France addressed the question as to whether or not the current schizophrenia construct should be abandoned. The arguments 'for' were addressed by Professor Silvana Galderisi of Luigi Vanvitelli University of Campania, while the 'against' arguments were addressed by Professor Wolfgang Gaebel of Heinrich-Heine University Düsseldorf, Germany.

## PROS



- The current schizophrenia construct is described in The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition<sup>1</sup> as well as in the International Classification of Diseases 11th Revision.<sup>2</sup>
- The strength of the current construct involves improved inter-rater and test-retest reliability when formulating a diagnosis, less ambiguous communication between clinicians and families, and utility in terms of education and training purposes.<sup>3,4</sup>
- The main weaknesses on the other hand are that the present construct supports the belief that schizophrenia is a unitary disease entity, and the term is still often interpreted as "split personality".<sup>3,4</sup>
- The heterogeneity of schizophrenia has been recognised since Bleuler<sup>5</sup> and there have been many attempts to bring this aspect back by defining subtypes such as deficit/non-deficit<sup>6</sup> or negative/positive schizophrenia, but the current construct fails to achieve this.<sup>7</sup>
- Clinicians should be ready to acknowledge this heterogeneity and complement the ICD/DSM diagnosis with an in-depth characterisation of the individual patient.<sup>3</sup>

## CONS



- Clinicians should not abandon the current schizophrenia construct because it has been more useful than harmful in guiding the development of diagnostic, treatment, and care guidelines, although there are some important considerations to be made.
- Considerable changes were introduced by the ICD-11, such as symptom- and course-profiles, which should be implemented into everyday clinical practice.<sup>8</sup>
- The dialogue between the ICD-11 and DSM-5 should be more intensive, given the great need for harmonisation.<sup>9</sup>
- The inclusion of the experience of people with schizophrenia in future research and regarding the construct would be appreciated.<sup>9</sup>
- Instead of subtypes of schizophrenia, fluid neuro-mental constructs should be developed within the transdiagnostic concept.<sup>9</sup>

## References

1. American Psychiatric Association. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders Fifth Edition. Arlington (2013). 2. World Health Organization. International Classification of Diseases Eleventh Revision (ICD-11). License: CC BY-ND 3.0 IGO vol. 11 (2022). 3. Galderisi, S. & Giordano, G. M. We are not ready to abandon the current schizophrenia construct, but should be prepared to do so. *Schizophr Res* 242, (2022). 4. Jablensky, A. The diagnostic concept of schizophrenia: its history, evolution, and future prospects. *Dialogues Clin Neurosci* 12, (2010). 5. Bleuler, E. *Dementia Praecox or the Group of Schizophrenias*. Translated by Joseph Zinkin. International Universities Press (1950). 6. Carpenter, W. T., Heinrichs, D. W. & Wagman, A. M. I. Deficit and nondeficit forms of schizophrenia: The concept. *American Journal of Psychiatry* 145, (1988). 7. Andreasen, N. C. & Olsen, S. Negative v Positive Schizophrenia: Definition and Validation. *Arch Gen Psychiatry* 39, (1982). 8. Reed, G. M. et al. Clinical utility of ICD-11 diagnostic guidelines for high-burden mental disorders: results from mental health settings in 13 countries. *World Psychiatry* 17, (2018). 9. Tandon, R. & Maj, M. Nosological status and definition of schizophrenia: Some considerations for DSM-V and ICD-11. *Asian Journal of Psychiatry* vol. 1 Preprint at <https://doi.org/10.1016/j.ajp.2008.10.002> (2008).