

M. Roque. *Department of Psychiatry, Coimbra University Hospital, Coimbra, Portugal*

A clinical case of alteration of behaviour is the unit of analysis. The cultural aspects play a major role in physical and mental health and in this case the subject was part of a family where mediunity was seen as a common gift. Even though, she looked for medical help after her mother-in-law had spoken by her mouth. This patient was also exposed to high dosages of corticoids for the treatment of Alopecia Areata (AA). Mental disorders induced by corticoids are well documented, in a variety of symptoms. When observed, this patient also met criteria for Dysthymic Disorder and the episode testified by her family could suggest a narrowing of the field of consciousness in a dissociative experience. The author raises some etiological hypothesis and presents a 2 years follow-up of the case and patient-doctor relationship.

### P0095

A systemic approach to cross-scientific diagnostic procedure

N.P. Rygaard. *Private practitioner, Aarhus, Denmark*

**Background:** Psychiatry today faces an inherent crisis in diagnostic procedure. An increasing number of specialized subdisciplines (biochemistry, genetics, neurology, psychoanalysis, group theories and cultural theories) develop separate theoretical and practical frameworks for diagnosis and treatment, thus increasing the risk of fragmented and adverse definitions of "psychiatric problems" and their "treatment". The paradox being that specialized precision in each field in fact prevents the possibility of comparing and ordering data from different disciplines.

**Method:** Using the DSM diagnosis "Reactive Attachment Disorder" as an example, the author discusses the problems of transferring data from one discipline to another without losing validity, and suggests a hypothetical systemic model and method for ordering data into a meta-theoretical framework.

**Conclusions:** Cross-scientific diagnostic procedures should include: Simultaneity in observation - identity of system-descriptive terms - common denominators for time/space/mass differences between observation points.

#### Reference

[1]. Rygaard, N.P. (2007): Current problems in diagnostic theory and practice. A systemic approach to cross-scientific terms in the diagnostic Babylon. *Journal of Clinical Neuropsychiatry*, 4, 1, 3-10.

### P0096

Current problems in diagnostic theory and practice - A systemic approach to cross-scientific terms in the diagnostic Babylon

N.P. Rygaard. *Private Practitioner, Aarhus, Denmark*

The concept of "diagnosis" is discussed with regard to the fact that different scientific disciplines (i.e. chemistry, genetics, neurology, psychology, sociology, etc.) seem to lack a theoretical basic grid, enabling them to exchange and compare observations and interpretations of data. Various solutions have been offered to this problem: multidimensional diagnostic tools, and at present combining phrases (such as "neuro-psychological" or "psycho-social") have become modern. Moreover, merely symptom-descriptive systems have evolved (such as the DSM system, ignoring causality). However, none of these solutions seem to resolve the problem of interdisciplinary exchange, but rather avoid it. The discussion explores this problem and suggests tentative interdisciplinary systemic assumptions,

and a derived number of possible criteria for inter-disciplinary diagnostic practice.

(The discussion is based on the article "Current Problems in Diagnostic Theory and Practice – A Systemic Approach to Cross-Scientific Terms in the Diagnostic Babylon" by the speaker, published in *Clinical Neuropsychiatry* (2007), 4, 1, 23 -28) For copies please contact the author or Dr. Giovanni Fioriti, editore, Rome mail: [giovanni@fioriti.it](mailto:giovanni@fioriti.it)

### P0097

Can syndrome - the new diagnostic entity in ICD-11?

I. Skodacek, K. Cinovsky. *Department of Child Psychiatry Comenius University, Bratislava, Slovak Republic*

The authors are concerned with the contribution of anxiety in origin of functional behavioural disorders of children. They attribute the intense sensing of anxiety with the shaping of one's personality. They analyse adaptation and adjustment, accommodation and assimilation to stressful conditions producing anxiety. They describe reactions of organism to the circumstances of the CAN syndrome and traumas. In these circumstances, a primary perception of reality is at stake that consequently leads to sociopathological features. The authors also provide opinions of psychoanalytical and behavioural schools on origin of personal decompensation and neurotic disorders. They deal with causes of panic disorder and other diseases, in which a stress trauma plays a role.

For these reasons the authors suggest to classify the CAN syndrome as a separate nosologic unit in the future ICD-11.

### P0098

Somatoform disorders and the siren "psychogenic inference": seductive charms, hidden perils and a safe escape route

R.D. Sykes. *Institute of Psychiatry, London University, London, UK*

**Background and Aims:** The "psychogenic inference" is the inference that "if the physical cause of a condition can not be found, the cause must be psychological". Though this "siren" inference has been much criticised, it is still pervasive in medical and psychiatric thinking.

The presentation will examine this inference.

**Methods:** The method is that of careful logical analysis. The presentation will set out the seductive charms of the psychogenic inference, which include a surface plausibility and an apparent usefulness in practice. It will illustrate some of the hidden perils by reference to the characterization of Somatoform Disorders in DSM-IV and to debates about Chronic Fatigue Syndrome. It will then set out a set of alternative inferences which provide a safe escape route from the difficulties.

**Results:** The "siren" psychogenic inference is deeply flawed and is the source of some current major difficulties. Alternative inferences are preferable.

#### Conclusions:

1. The psychogenic inference has done much harm and should now be firmly and finally eliminated.
2. Alternative inferences should be made when the physical cause of a condition can not be found.
3. The characterization of Somatoform Disorders in DSM-IV needs revision.