The attenuated psychosis syndrome in DSM-5

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Letter to the Editor

Dear Editors,

In May 2013, the American Psychiatric Association (APA) released the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). DSM-5 features a chapter in Section III with ‘conditions for further study’ that were determined by the Task Force and Work Groups as currently providing “*insufficient evidence to warrant inclusion as official mental disorder diagnoses in Section II*” and that thus are not intended for clinical use. The first ‘condition for further study’ listed in this section is the ‘attenuated psychosis syndrome’ which has been the matter of extensive, controversial and long-standing debate among experts in the field of early psychosis (Corcoran et al., 2010 and Yung et al., 2010). Implementation of this syndrome into DSM-5 is an appraisal of the results yielded over almost two decades of research of patients with clinical psychosis risk states (Fusar-Poli et al., 2013), with the term ‘attenuated psychosis syndrome’ finally being favored over the initially suggested ‘psychosis risk syndrome’ due to concerns about stigma.

The Section III, however, is not the only section that features the ‘attenuated psychosis syndrome’. Indeed, the very same diagnosis is explicitly mentioned in Section II among the examples for presentation of ‘Other Specified Schizophrenia Spectrum and Other Psychotic Disorder’ (298.8). Although in Section II the proposed criteria and diagnostic features are not presented at such length as in Section III, the main clinical feature, i.e. that “*this syndrome is characterized by psychotic-like symptoms that are below a threshold for full psychosis*”, is identically reproduced as in Section III. This is not the only intriguing ‘finding’ with regard to the new ‘attenuated psychosis syndrome’ in DSM-5. It is further noteworthy that its Section II DSM-5 code

298.8 is the same as the one applied for DSM-5 ‘Brief Psychotic Disorders’, i.e. a disorder with symptom level that transgresses psychotic threshold and that in general requires antipsychotic medication and often psychiatric inpatient care.

One of the main concerns of implementing an ‘attenuated psychosis syndrome’ in DSM-5 Section III and not in Section II emerged from more recent findings that a substantial proportion of individuals that meet formal at-risk criteria for psychosis actually do never develop psychosis and in some cases even fully remit (Simon and Umbricht, 2010 and Simon et al., 2011). Allocating these individuals prematurely to a DSM-5 Section II disorder would result in an unintentional scenario with unwarranted treatment regimens and imminent stigma (Yung et al., 2012). However, the concurrent inclusion of the very same ‘attenuated psychosis syndrome’ in Section II, even simply as quasi synonym for ‘Other Specified Schizophrenia Spectrum and Other Psychotic Disorder’, is disconcerting. It obscures above mentioned concerns and the explicit statement in DSM-5 that only criteria sets and disorders in Section II, but not proposed criteria sets in Section III are intended for clinical use. Subsequently, as DSM novices may lay their primary focus on the official mental disorders according to Section II, there is some justified concern that this scenario may transform the ‘attenuated psychosis syndrome’ into a disorder for which it initially was not intended when implemented in DSM-5, i.e. into a Section II diagnosis for clinical use instead of a Section III not intended for clinical use. We thus propose that the ‘attenuated psychosis syndrome’ be removed as synonym for ‘Other Specified Schizophrenia Spectrum and Other Psychotic Disorder’ and thus from Section II.

With this short contribution, the present authors may be happy to enhance a reply by the ‘attenuated psychosis syndrome’ Work Group.

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