Introduction

Since the early 1980s, the Department of Mental Health of the World Health Organization (WHO) has developed the ICD-10 classification, starting with the Clinical Descriptions and Diagnostic Guidelines [1] and continuing with the more exact and restricted Diagnostic Criteria for Research (DCR) [2]. These and other documents, such as the Primary Health Care Classification [3] and the Multiaxial System, [4] have been translated into the German language. Several field studies have been implemented as worldwide projects. As a result of our first multicenter study, in 1990 we published the data of a field study concerning the Clinical Descriptions and Diagnostic Guidelines of Chapter V (F). In the meantime, supported by the German Research Foundation (Deutsche Forschungsgemeinschaft, Az.: Fr 873/1-1) a multicenter study was conducted in 34 clinical departments comprising adult psychiatry, child and juvenile psychiatry, and psychosomatic medicine, coordinated by the WHO Collaborating Centre for Research and Training in Mental Health, of Lübeck. The text of the ICD-10 DCR was used to diagnose 39 video-documented cases of sections F0-F9 connected to written case histories. These cases were compared concerning several diagnostic factors such as diagnostic difficulty, confidence and especially interrater reliability of the diagnoses. Furthermore, expert diagnoses of clinicians who were already accustomed to the DCR as well as diagnoses of clinicians who were introduced to the system recently, and personal data of the clinicians were compared to the diagnoses.

The results of this exercise show a good acceptibility of the DCR and a better interrater reliability compared to the study on the clinical guidelines. It should be kept in mind that the study was performed with a draft of the DCR and not with the published version that appeared at a later stage of the study. Further, the results concerning the diagnostic categories cannot generally be taken as representative for those categories, since in several subchapters there were not enough cases and some cases were not very typical for all the categories concerned. This study reveals that in using the DCR one must consider more details as constituents for the diagnoses concerning the individual disorders. The DCR as a whole is more suitable to obtain exact diagnoses than the guidelines are. Moreover, several diagnoses seemed to be very typical and easy to describe, whereas others, such as dysthymia, were very difficult to distinguish.

An important goal of our study was the initiation of a scientific discussion about the ICD-10, which has been attained, as shown by the participation of so many institutions and clinicians from different fields; this discussion should be a preparation for the introduction of the new classification. In future we hope that the DCR will be used routinely; in scientific work,
however, the instruments using standardized or specific interviews such as the CIDI, SCAN, and IPDE [6-8] will probably be mandatory.

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I. Introduction