Editorial: Operational Diagnostic Approaches in Psychosomatic Medicine and Psychotherapy

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During the last decades, psychiatric nosology and classification have received renewed attention. The development of operational diagnostic approaches using psychopathological, time- and course-related diagnostic criteria to define mental disorders has been realized in a variety of diagnostic systems, e.g. DSM-III [1], DSM-III-R [2], DSM-IV [3] and ICD-10 [4, 5]. However, the recent increase in research activities and publications concerning classificatory problems has improved theoretical and clinical concepts of both psychiatric and psychodynamic diagnoses. In the present issue, seven papers provide an introduction to and overview of the classificatory innovations which have been developed, especially in ICD-10, Chapter V (F) Mental and Behavioural Disorders [4, 5].

In ICD-10, disorders are defined descriptively, while aetiological and nosological factors are less important. The 'non-theoretical' approach of DSM-III and DSM-III-R was partly realized within the sections of ICD-10 which deal with neurotic and psychosomatic disorders. A major consequence is the abandonment of the conceptual classificatory distinction between neurotic and psychotic disorders. On the background of the different areas in psychodynamic-oriented diagnoses, the paper of Wolfgang Schneider et al. summarizes the advantages and disadvantages of descriptive multiaxial diagnostical models like DSM-III-R and ICD-10. Since the introduction of the multiaxial system of DSM-III, multiaxial diagnoses have achieved more theoretical and clinical relevance, especially in-diagnosing personality disorders. Thus, the paper of Juan E. Mezzich and Margit Schmolke reviews the current approaches in multiaxial systems with regard to aspects of psychotherapy planning.

Another important innovation in operational diagnostic approaches concerns the development of instruments improving the validity and reliability of psychiatric diagnoses, especially structured and standardized diagnostic interviews like the Schedules for Clinical Assessments in Neuropsychiatry (SCAN) [6] and the Composite International Diagnostic Interview (CIDI) [7]. The paper of Rolf-Dieter Stieglitz and Gerhard Schüssler provides an introduction and overview into these

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instruments including a critical comment concerning the consequences of the related approaches for interview techniques in psychiatry and psychosomatic medicine.

The next three papers discuss the results of a multicentre field trial assessing acceptability, practicality, feasibility and reliability of the ICD-10 Diagnostic Criteria for Research, conducted by a number of departments of psychotherapy and psychosomatics in Germany. The field trial was part of an international study initiated and coordinated by the WHO Department of Mental Health. In German-speaking countries, the WHO Field Trial Coordination Centre at the Department of Psychiatry, Medical University Lübeck has coordinated the study, which involves 34 psychiatric, child and adolescent psychiatric and psychosomatic centres with support by the Deutsche Forschungsgemeinschaft (project No. Fr 873/1-1). The papers summarize the results obtained in the psychosomatic centres. Harald Freyberger et al. review the theoretical and practical relevance of the concept of co-morbidity for diagnosing psychosomatic and neurotic disorders. Aribert Muhs and Christina Öri present the results with special regard to the concept of neurotic and personality disorders in ICD-10, while Günter Jantschek et al. discuss the same topic with reference to psychosomatic disorders in ICD-10.

The final paper by Wolfgang Ehlers, et al. reviews the most elaborated operational approaches for psychodynamic variables which refer to defense mechanisms.

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