

# Diagnostic Inflation: Its Extent, Causes, Consequences, And Possible Cures

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# Diagnostic Inflation Out Of Control

- US: 20% in last year; 50% lifetime
- Europe: 43% lifetime
- New Zealand: by age 32
  - Anxiety disorder- 50%
  - Mood disorder- 40%
  - Substance dependence- 40%
- ☐ New US study: an amazing 83% of kids meet a DSM IV diagnosis by age 21

Faddish Diagnosis Results In Four  
False 'Epidemics' During The Past  
Fifteen Years

# Childhood Bipolar Disorder

- 40 fold increase
- Pushed by aggressive drug company marketing to MD's
- Direct to parent advertising

# Autistic Disorder- 20 Fold Increase Caused By

- DSM IV inclusion of Aspergers
- Too tight a linkage of the diagnosis to the eligibility for school services
- Consumer advocacy
- it has become fashionable to be 'Aspie'

# Attention Deficit Disorder- 3 fold Increase

- ❑ New on-patent drugs
- ❑ Direct-to-parent/teacher advertising
- ❑ Too tight a link to school services
- ❑ Fuzzy boundary with normality

❑ Developmental issues- being born in Dec is risk factor (especially in boys) because they are more immature when start school

❑ large class sizes

❑ over-worked parents

# Adult Bipolar Disorder-2 fold increase

- ❑ DSM IV added Bipolar II
- ❑ Fuzzy boundary with unipolar
- ❑ Thought leaders promote
- ❑ Heavy drug company marketing



# DSM 5 Will Cause Hyper-inflation By Turning

- ❑ Normal grief and loss into MDD
- ❑ Anxiety into GAD
- ❑ Anxiety and sadness into MAD

☐ Temper tantrums into DMDD

☐ Binge eating into BED

☐ Forgetfulness of old age – MNCD

☐ Teenage eccentricities- APS

# Is Anybody Sane Here

- ❑ Border with normality fuzzy and populous
- ❑ Small changes create millions of patients
- ❑ DSM 5 will medicalize the stresses, worries and disappointments of everyday life.
- ❑ The pool of normal becomes small puddle
- ❑ Creates impression we live in a sick society

Diagnostic Inflation Has Many  
Causes And So Will Require Many  
Cures

# Causes Inherent To DSM Diagnosis

- ❑ Subjective judgment- no biological tests
- ❑ Too many categories-a splitter's system
- ❑ Thresholds are set too low

- ❑ No bright line to demarcate the fuzzy and populous boundary with normality
- ❑ Expert driven- worry re missed cases
- ❑ Narrow focus-no concern re containing costs, proper allocations, or promoting overall public health

# Disease Mongering By Drug Companies

- ❑ Market the 'ill' to sell the pill
- ❑ Life problems are "chemical imbalance"
- ❑ \$\$ to MD's and professional associations
- ❑ Thought leaders as mouthpieces

# And More Disease Mongering

- ☐ Target primary care- where the \$\$'s are
- ☐ Promote off-label uses- especially for kids
- ☐ Promote long-term use
- ☐ Promote polypharmacy
- ☐ Side-effects are confused with symptoms leading to prescribing cascades



# And More Disease Mongering

- ❑ Direct to consumer advertising
- ❑ Disease awareness campaigns
- ❑ Self-diagnosis check-lists
- ❑ Inordinate power over government
- ❑ Exaggerating the rates, severity and cost of mental disorders

# Huge Profits From Psychotropics

- ☐ Antipsychotics- fourth highest revenue among all drug classes - \$16 billion
- ☐ Antidepressants- fifth at \$11 billion
- ☐ Antianxiety - eighth

Provide enormous resources and incentives for aggressive and misleading marketing

# Big Fines Are Just A Cost Of Doing Business

- ❑ Lilly- \$1.5 billion
- ❑ AstraZeneca- \$500 million
- ❑ Pfizer- \$500 million
- ❑ Jansen- \$160 million

# Prime Target- Primary Care MDs

- ❑ Prescribe 80% of psychotropic drugs
- ❑ Little training or interest in psychiatry
- ❑ Little time to evaluate symptoms/hx

☐ Tend to favor pill solutions

☐ Easily influenced by drug companies and thought leaders and patients

☐ Distribute free samples

# Over-diagnosis Caused By Consumer Groups

- ❑ Tend to widen boundaries of their ill
- ❑ Attract people who don't have diagnosis
- ❑ Gain power in numbers

- ❑ Reduced stigma in numbers
- ❑ Receive drug company funding
- ❑ Are powerful lobbyists - more credible than drug companies but often pursue same goals



# Over-diagnosis Caused By DSM Linkage To:

- ❑ Insurance reimbursement
- ❑ Disability payments (often 'mental disorder' increases with unemployment)
- ❑ Eligibility for school services

# Over-diagnosis Due to Bias in Epidemiology

- ❑ Methodological limitations due to cost
- ❑ Lay interviewers tap self report
- ❑ No filter for clinical significance of distress or impairment
- ❑ Can only provide an upper limit for rates of disorder- not true rates
  - ❑ But presented as true rates

# Over-diagnosis Caused By Media/ Internet

- ❑ Popularize mental disorders
- ❑ Celebrity exemplars
- ❑ Contagion effects
- ❑ Attraction of joining support groups
- ❑ Self-diagnosis check-lists

# Social Trends

- ❑ Psychiatric disability a convenient way to explain the lack of jobs or added job stress
- ❑ Perfectionism: falling short= mental illness
- ❑ Intolerance for individual difference
- ❑ Intolerance for developmental lags
- ❑ Intolerance for eccentricity

# Overdiagnosis/Misuse In The Legal System

- ❑ Using psychiatric commitment to allow preventive detention of sexual predators
  - ❑. Dx to reduce criminal responsibility
  - ❑ Dx to explain 'mad' political acts- the Unabomber and Norwegian Terrorist
  - ❑ Dx to increase damages in civil cases

# Consequences of Overdiagnosis - Excessive Prescription of Potentially Harmful Drugs

- ☒ Antidepressants- 11% of adults
- ☒ Stimulant drugs- 4% of kids
- ☒ Huge increases in antipsychotic use in children and the elderly
- ☒ Complications: diabetes, obesity, heart disease, reduced life expectancy.
- ☒ Mindless and dangerous polypharmacy

# Prescription Drugs Now Rival Street Drugs

- ❑ Emergency room visits
- ❑ Overdoses
- ❑ Accidental deaths
- ❑ Drug diversion- illegal stimulant use in 30% of college and 10% high school kids

# Other Consequences of Diagnostic Inflation

- ❑ Increased costs for unnecessary drugs and psychiatric treatment
- ❑ Costs for treating complications- eg obesity, overdoses
- ❑ Increased cost of disability payments
- ❑ Lost work productivity
- ❑ Misallocation of mental health, school, and other services



# Terrible Paradox Of Misallocated Resources

- ❑ Under-diagnosis of severe disorders
- ❑ Only 1/3 severe depressed see MH prof
- ❑ People who need help often don't get it
- ❑ Efficacy proven only for mod/severely ill

# Over-diagnosis of questionable disorders

- ❑ People who don't need help often get it
- ❑ High placebo response rate for mild/mod
- ❑ Unnecessary costs and side effects

# And More Unfortunate Consequences

- ❑ Stigma
- ❑ Reduced expectations and ambitions
- ❑ Loss of personal responsibility
- ❑ Creating 'sick' rather than resilient individuals and a 'sick' society
- ❑ Forensic misuse and medicalization of criminality

# Take Home Messages

- ❑ Psychiatric treatment is very effective when targeted for proper indications
- ❑ Diagnosis can cause more harm than good when not really needed
- ❑ Diagnosis and treatment are spread too thin and applied in the wrong places.

# Cures- Professional Steps

- ☐ Tightening the diagnostic system
- ☐ Encourage stepped diagnosis
- ☐ Focus on continuity of care and disorders with proven response to treatment

ards

- [?] Evidenced based practice guidelines
- [?] CME and medical school training to counteract drug company marketing
- [?] Increase awareness of ethical standards

# Control Drug Company Marketing

- ☐ Eliminate industry-funded 'education'
- ☐ Eliminate direct to consumer adverts.
- ☐ Eliminate gifts, trips, meals for doctors

- ❑ Eliminate free samples
- ❑ Eliminate support for professional groups
- ❑ Eliminate support for advocacy groups
- ❑ Eliminate disease awareness campaigns
- ❑ Bigger fines for off-label marketing



# Loosen The Coupling Between Diagnosis And

- ❑ Insurance-allow first 6 visits without dx
- ❑ School services- instead target specific educational deficits
- ❑ Disability- require both psychiatric and OT evaluation with focus on impairment not diagnosis. Provide vocational training, job placement, and jobs

# Quality Control

- ☐ Closely monitor MD prescribing habits
- ☐ Identify high prescribers
- ☐ Limit polypharmacy

- ❑ Require documentation from outliers
- ❑ Publicize MD's who can't justify excessive prescription
- ❑ Prohibit initial prescription of antipsychotics by primary care doctors

# Use Media Against Drug Companies

- ❑ Publicize abuses and fines
- ❑ Encourage stories about over-diagnosis
- ❑ Encourage stories about placebo effects
- ❑ Encourage journalist skepticism re industry media releases

# Conclusions

Psychiatry is extremely effective and efficient when practiced within appropriate boundaries and for proper indications

# But Diagnostic Inflation Leads To:

- ☐ Individual harm
- ☐ High economic and social costs
- ☐ Misallocation of scarce resources

# Change Won't Be Easy

- ❑ Multiple powerful forces are promoting diagnostic inflation
- ❑ Multiple powerful forces will surely be required to tame it
- ❑ Mental well being is not just a psychiatric issue- also requires adequate housing, employment, social programs

# Advice

Local problems will differ widely- no one solution

☐ Use common sense and be skeptical

☐ Do not be dazzled by 'experts'



# Enduring Lessons From Hippocrates

- ☐ Rule of thirds-  $\frac{1}{3}$  get better without treatment;  
 $\frac{1}{3}$  need rx;  $\frac{1}{3}$  nonresponders
- ☐ Medical wisdom- telling them apart
- ☐ Let's treat those who can benefit
- ☐ Not over-diagnose/over-treat the others

DO NO HARM