Comorbidity in psychiatry

Philosophy of Medicine Roundtable
Columbia University, New York

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Comorbidity

In psychiatry it often occurs that patients suffer from multiple disorders at the same time.

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<th>N</th>
<th>12 mth any dx (in%)</th>
<th>1 dx</th>
<th>2 dx</th>
<th>3 dx</th>
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<td>NL</td>
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<td>Jacobi 2004</td>
<td>BRD</td>
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<td>18,8</td>
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<td>Kessler 2005</td>
<td>USA</td>
<td>9282</td>
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<td>14,4</td>
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Why study comorbidity?

Understanding this phenomenon is important, both practically and theoretically.

› Patients with comorbidity have more functional disability and react less well to treatment.

› A better understanding of comorbidity will contribute to a sensible debate over many issues surrounding the DSM.
Theoretical controversy

Two opposing views on comorbidity dominate the debate: realism and constructivism.
Disorders as conventions

We aim to escape this opposition and argue for conventionalism.
Plan of talk

① Discussion on comorbidity
② Illustration of conventionalist perspective
③ Philosophical benefits
④ Implications for practice
⑤ Future work
Comorbidity

The discussion on comorbidity has focused on what it might tell us.

- Some argue that it results from definitional choices (constructivist).
- Others maintain that it signals real relations among diseases (realist).
Example: MDD

At least 5 out of (items 1 or 2 necessary):

1. Depressed mood
2. Loss of interest
3. Appetite disturbance
4. Sleep disturbance
5. Psychomotor disturbance
6. Fatigue
7. Worthlessness
8. Trouble concentrating
9. Suicidal thoughts
Comorbidity as artificial

It may be an artefact of the DSM that some people are diagnosed with multiple disorders, e.g. MDD and GAD.
Comorbidity as causal

The co-occurrence of two disorders may also signal that they promote each other causally.

(Figures from Cramer et al, BBS 2010)
② Conventional choices

There is undeniably a subjective element to comorbidity.

(Data from NEMESIS study n=7076)
Objective representations

Relative to conventions, the comorbidity rates indicate robust aspects of symptom distribution.

(Data from NEMESIS study n=7076)
Conventionalism

The DSM has the role of a convention that occasions substantive claims about mental disorders.
Coordinative definitions

Mental disorders obtain the role of “coordinative definitions”.

[Image of two individuals]
3 Philosophical benefits

Conventionalism can clarify a number of conceptual problems in psychiatry.

› The DSM performs two functions: diagnostic tool and theoretical structure. Does psychiatry suffer from vicious circularity?

› Psychiatric disorders from the DSM are man-made and hence seem arbitrary. How can they be carriers of causal power?
Virtuous circularity

The structure of the DSM establishes the relation between theory and data but is not itself a substantive claim.
Non-arbitrariness

The structure of the classification must be such that substantive claims, made by means of it, can be expressed conveniently.
Impact on practice

The appropriate response to conceptual problems in psychiatry is the one that is most conducive to successful psychiatric practice.
Psychiatry: fake?

Constructivists views on the DSM have adverse effects on health policy.

Minister Edith Schippers: “Psychiatrische diagnoses zijn geen echte ziekten”.

Excesses of realism?

The idea that MDD is real possibly misdirects major research efforts.

(Figure from Krishnan & Nestler. Nature 2008)
Moving forward

Debates over the DSM5, comorbidity and so on do not benefit from the strong opposition between real and artificial.
⑤ Future work

More fine-grained analyses may suggest subtypes of depression that relate directly to treatment profiles.
Conventions: whence?

The conventions find their ultimate basis in a situated practice (cf. van Fraassen).

The *use* of the DSM defines the conventions that fix its theoretical content.
Thanks for your attention

For questions and remarks please email:
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