

# Letters

## 'Fuzzy' diagnostic boundaries

Kudos to Drs. Lake and Hurwitz for bringing to the fore an issue that deserves much more attention than it gets in psychiatry's academic circles. Their opinion remains in the minority not because their argument is invalid, but because:

1) We find it difficult to accept that the boundaries between psychiatric disorders are much fuzzier than what DSM-IV-TR suggests. We fear that doing so will cost us our hard-earned ostensive legitimacy as a medical discipline.

2) As most atypical antipsychotics are indicated for both schizophrenia and bipolar disorder, one can justify use of any atypical for either disorder, even if the diagnosis is not entirely accurate.

Questioning the validity of a diagnostic construct (not a disease) should not be considered a "scientific transgression," as Dr. Nasrallah puts it. After all, we still have not reached an international consensus on how long symptoms must be present before we diagnose schizophrenia (DSM-IV-TR says 6 months, ICD-10 says 1 month).

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