Editorial

Revision of the ICD-10 mental disorders chapter: an opportunity to make suggestions
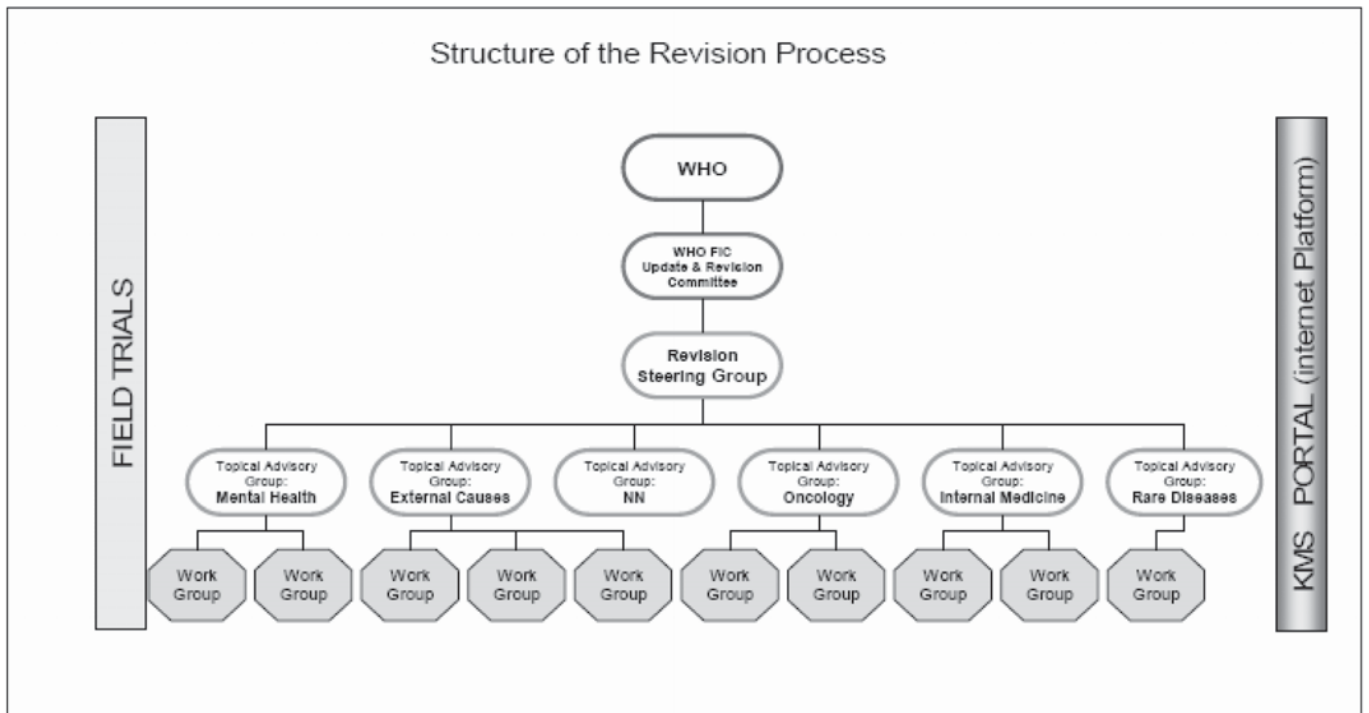
Revisão do capítulo dos transtornos mentais da CID-10: uma oportunidade para fazermos sugestões

Currently, we are living at an exciting moment in the field of Psychiatry. Due to the amount of new findings from different fields – e.g. neuroscience, molecular genetics, and developmental psychopathology – our understanding of mental disorders expanded considerably in the last two decades. Thus, this is the right time to re-think and maybe reframe our current Psychiatric nosology. Although the first steps for the revision of the two main classificatory systems in Psychiatry – International Classification of the Disorders – 10th edition (ICD-10) and Diagnostic and Statistical Manual of Mental Disorders – 4th revision (DSM-IV) – have begun some years ago, the process has been speeding up during the last year and will move even more quickly in the next 2-3 years – the publication of DSM-V is scheduled for 2012 and that of the ICD-10 for 2014[1] (for the ICD-11, please see http://www.who.int/classifications/icd/ICDRevision/en/index.html).

For the DSM-V, the workgroups are formed and they are already working hard revising the evidence to identify needs for change in the classificatory system – a sense of the impact on the field might be perceived by the number of papers having DSM-V as part of the title in the PUBMED since last year (38 papers; accessed on August 20th, 2008).

The Revision for the ICD-11 has the same pace. A Revision Steering Group was formed, members of which are the Chairs of the Topic Advisory Groups (TAG), which have been organized for mental disorders, oncology, rare disorders and others. For mental disorders, the TAG "Mental Health" will be chaired by Steven Hyman from Harvard University (Cambridge, (USA). The basic structure of the process has been already established (see Figure 1). The TAG will initiate workgroups dealing with special classificatory issues such as the definition and validation of the respective diagnostic entity, links with the pathophysiology and genetic markers, reliability of the diagnostic tests for the diagnostic unity and its clinical utility. Having completed these tasks, large field trials are planned to assess reliability, validity and utility of the novel diagnostic categories. In the mental health field, a specific group – the Harmonization group (HG) – will work to guarantee the highest possible harmonization between the two diagnostic systems – ICD-11 and DSM-V. In addition, a Global Scientific Partnership Network (GSPN) is being established to facilitate inputs for the revision from an international network of scientists and practitioners particularly from regions whose research traditions and perspectives on diagnosis and classification of mental and behavioural disorders do not suffice to be represented in English-language networks and journals. A Coordination Group for this GSPN was formed under the leadership of Professor Norman Sartorius and composed by experts from 8 different countries each covering one of the official working languages of the World Health Organization. For the Portuguese language Professor Luis Augusto Rohde will be the representative for the first two years and Professor Jair Mari for the following two years.

Although modifications in classificatory system in mental health affect all of us, ordinary clinicians always stayed apart of the process. For the first time, the World Health Organization (WHO)

Extracted from ICD revision process description at http://www.who.int/classifications/icd/ICDRevision.pdf

Figure 1 – Structure of the revision process

is implementing a system that will allow stakeholders to participate in the ICD revision through an Internet platform. Any user can enter suggestions to improve the ICD via a new web application called "ICD-10 Plus" at http://extranet.who.int/icdrevision. Those who register can contribute to the revision and back their proposal with evidence. Users can also see what others have proposed and discuss these topics through a blog. These suggestions will be reviewed by expert groups and formulated as an ICD-11 draft, which is the second step in the revision process. The draft will be formulated using "wiki" methodology, similar to the widely known Internet encyclopedia "Wikipedia" but with stricter editorial rules, to jointly author the next version of the ICD-10. Experts who are participating in the Global Scientific Partnership Network may be actively involved in this process. Moreover, the website is being translated into several languages including Portuguese. Therefore, there is no excuse for not visiting it. Üstün et al. have recently published a report on the development process on the internet (http://www.who.int/classifications/icd/ICDRevision.pdf).

Thus, clinicians who have identified areas where the classification system might be improved in the mental health arena based on extensive clinical work or investigations that are not part of the mainstream will have a space to share their thoughts and suggestions with the world and to take an active part in improving one of our most important international public goods in health.

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Writting group member	Employment	Research grant[1]	Other research grant or medical continuous education[2]	Spekear's honorária	Ownership interest	Consultant/ Advisory board	Other[3]
Luis Augusto Rohde	UFRGS**	Bristol*** Novartis*** CNPq**,*** CAPES*** FAPERGS*** NARSAD*** PRONEX*** Wellcome Trust*** SENAD*** FIPE-HCPA***	Novartis*** Eli-Lilly*** Janssen-Cilag*** Abbott*** Shire***	Novartis* Eli-Lilly* Janssen-Cilag*	---	Novartis* Eli-Lilly* Janssen-Cilag*	Novartis* Artes Médicas*
Jair de Jesus Mari	UNIFESP	FAPESP CNPq CAPES	---	Astra-Zeneca	---	---	---
Norman Sartorius	Association for the Improvement of Mental Health Programmes	---	---	---	---	---	---

Modest
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*** Significant. Amounts given to the author's institution or to a colleague for research in which the author has participation, not directly to the author.*
Note: UNIFESP = Universidade Federal de São Paulo; UFRGS = Universidade Federal do Rio Grande do Sul; CNPq = Conselho Nacional de Desenvolvimento Cientifico e Tecnológico; FAPESP = Fundação de Amparo a Pesquisa de São Paulo; CAPES = Coordenação de Aperfeiçoamento de Pessoal de Nível Superior; FAPERGS = Fundação de Amparo a Pesquisa do Rio Grande do Sul; NASARD = National Alliance for Research on Schizophrenia and Depression; PRONEX = Programa de Apoio a Núcleos de Excelência-Ministério da Ciência e Tecnologia; FIPE/HCPA = Fundo de Incentivo à Pesquisa do Hospital de Clínicas de Porto Alegre; SENAD = Secretaria Nacional de Políticas sobre Drogas.
For more information, see instructions to authors.

Reference

1. Hyman SE. Can neuroscience be integrated into the DSM-V? *Nat Rev Neurosci*. 2007;8(9):725-32.