Correspondence

EDITED BY KIRIAKOS XENITIDIS and COLIN CAMPBELL

Symptom dimensions and the Kraepelinian dichotomy

The recent paper in which Dikeos *et al* (2006) investigate the distribution of symptom dimensions within a psychosis sample is a valuable contribution to the literature, and we fully support their observation that bipolar disorder is a much more solid construct than schizophrenia.

There are two important issues that were not discussed which we believe deserve consideration. The first is a major limitation of the current conceptual framework of psychopathology where definitions of psychopathology items are not independent of diagnostic concepts. Consider, for example, the relationship between items that measure course of illness and items that represent occurrence of reduced affective response and drive. Episodes of reduced affective response and drive with inter-episode recovery are likely to be interpreted as consistent with the presence of mood disturbance and indicative of a relatively good outcome. In contrast, chronically reduced affective response and drive which may be qualitatively identical to that in the previous example but without inter-episode recovery is likely to be interpreted as consistent with the negative features of a (schizophrenic) defect state and taken as evidence of a relatively poor outcome. In this example, recovery becomes part of the definition of two similar states. It is hardly surprising that one predicts poor outcome. We could give other examples. The only way to overcome difficulties such as these will be to use a set of clinical descriptors that do not have definitions that are enmeshed in our traditional diagnostic concepts. We believe such approaches are needed.

The second issue concerns validity. Dikeos *et al* addressed validity by considering prediction of clinical characteristics, some of which cannot be considered independent of the other items of psychopathology used to make the predictions. A key goal of diagnosis should be to identify clinical entities that are helpful for making management decisions. Recent developments in neuroscience in general, and molecular genetics in particular, offer the realistic prospects that over the coming years we will be able to identify domains of psychopathology that are associated with abnormal action in specific biological systems (Craddock *et al*, 2005). This will provide truly independent validators against which to examine the relative merits of diagnostic categories versus psychopathological dimensions (Craddock *et al*, 2006), will allow us to escape from our historical strait-jacket of traditional psychiatric thinking (Craddock & Owen, 2005; Marneros, 2006) and has the potential to lead to major benefits for our patients.

Craddock, N. & Owen, M. J. (2005) The beginning of the end for the Kraepelinian dichotomy. *British Journal of Psychiatry*, **186**, 364–366.

Craddock, N. O'Donovan, M. C. & Owen, M. J. (2005) The genetics of schizophrenia and bipolar disorder: dissecting psychosis. *Journal of Medical Genetics*, **42**, 193–204.

Craddock, N. O'Donovan, M. C. & Owen, M. J. (2006) Genes for schizophrenia and bipolar disorder? Implications for psychiatric nosology. *Schizophrenia Bulletin*, **32**, 9–16.

Dikeos, D. G., Wickham, H., McDonald, C., *et al* (2006) Distribution of symptom dimensions across Kraepelinian divisions. *British Journal of Psychiatry*, **189**, 346–353.

Marneros, A. (2006) Beyond the Kraepelinian dichotomy: acute and transient psychotic disorders and the necessity for clinical differentiation. *British Journal of Psychiatry*, **189**, 1–2.

N. Craddock, M. C. O'Donovan, M. J. Owen
Department of Psychological Medicine, School of Medicine, Cardiff University, Heath Park, Cardiff CF14 4XN, UK. Email: craddockn@cardiff.ac.uk
doi: 10.1192/bjp.190.4.361

Authors' reply: We agree that definitions of psychopathology items are not independent of diagnostic concepts and that this is a limitation of the current conceptual framework of psychopathology. It must be noted, however, that although the DSM and ICD classification systems were based largely on expert opinion, with the aim of improving reliability, and were not the outcome of rigorous nosological validity studies, they cannot be considered entirely arbitrary. Indeed, there are studies which provide support for some validity in terms of temporal stability of diagnosis and long-term outcome (Mason *et al*, 1997; Amin *et al*, 1999). In addition, the current widespread use of these two main diagnostic systems and the huge impact they have on psychiatric training make it difficult to use any set of clinical descriptors that are really free from their influence.

The second point raised by Craddock *et al* concerns the need for independent external validators of psychopathological dimensions. We agree fully with this comment. Our aim is to further the analysis of the dimensions we have identified by examining them against those validators that are currently considered the most objective, such as neuroimaging, genotypic, neuropsychological and neurophysiological data.

Like Craddock *et al*, we hope that future developments in molecular genetics and neuroscience will provide grater insight into the aetiology of psychiatric disorders. However, we would point out that one of the leading American psychiatric geneticists, Ken Kendler, has recently cautioned against an expectation that genetics will provide definitive answers to the complex and multifaceted problems currently facing psychiatric nosology (Kendler, 2006). Nevertheless, we retain our hope that the analysis of psychopathological dimensions, even if the latter are based on symptoms influenced by the current nosological categories, will help to clarify heterogeneity among patients with psychotic illnesses and facilitate our understanding of the underlying pathophysiological pathways.

Amin, S., Singh, S. P., Brewin, J., *et al* (1999) Diagnostic stability of first-episode psychosis. Comparison of ICD–10 and DSM–III–R systems. *British Journal of Psychiatry*, **175**, 537–543.

Kendler, K. S. (2006) Reflections on the relationship between psychiatric genetics and psychiatric nosology. *American Journal of Psychiatry*, **163**, 1138–1146.

Mason, P., Harrison, G., Croudace, T., *et al* (1997) The predictive validity of a diagnosis of schizophrenia. A report from the International Study of Schizophrenia