

Transdiagnostic Specifiers: Challenges in Children and Adolescents Psychiatry Classification

Francisco R. de la Peña,^{1,2} Gabriela Cortés-Meda,^{1,2} Emmanuel Isaías Sarmiento Hernández,^{1,2}

¹ Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz.

² Asociación Mexicana de Psiquiatría Infantil A. C.

Correspondence:

Francisco R. de la Peña
Av. México-Xochimilco 101,
Col. San Lorenzo Huipulco, Tlalpan,
Ciudad de México, México.
Email: adolesclinic@gmail.com

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The last twenty years have been one of debate and controversy around changes in the classification of mental disorders in general but particularly in children and adolescents (de la Peña & Fera, 2021). The original proposals for diagnostic validity mentioned by Robins & Guze (1970) and Feigher et al. (1972) are far away from new classification approaches. The clinical descriptions of the current classifications diagnoses are complex and involve symptoms in affects, cognition, behaviors and social interactions that are present among the different categories, this condition generates shared clinical manifestations. This situation impedes an adequate categorical delimitation. Current detailed brain imaging and function approaches, genetic or neuropsychological studies are still not of complete diagnostic utility for clinical work in children and adolescents psychiatry. Follow-up studies and long-term treatments have only partially helped to understand some aspects of the pathophysiology of disorders and their evolution over time.

Just recently the Diagnostic and Statistical Manual of Mental Disorders in its fifth edition (DSM-5) published by the American Psychiatric Association (APA) (APA, 2013) and the International Classification of Diseases in its eleven edition (ICD-11) of the World Health Organization (WHO) (WHO, 2024) achieved some harmonization. Both classifications incorporated main dimension areas in which different categories were included. Neurodevelopment disorders include diagnoses such as intellectual disability, autism spectrum disorders, and attention deficit hyperactivity disorder. Internalized disorders are integrated with depressive, anxious, obsessive compulsive, and stress-related disorders. Externalized disorders include oppositional and defiant disorder (ODD), conduct disorder (CD), and other impulse control disorders, such as intermittent explosive disorder (IED), and even alcohol and drug use disorders. It is worth mentioning that this dimensional approach was proposed several years ago (Achenbach, 1966; Achenbach et al., 2016) and has been rescued by the new Hierarchical Dimensional Models of Psychopathology (HiTOP) (Achenbach, 2021) in which the externalizing (Mullins-Sweatt et al., 2022) and internalizing (Watson et al., 2022) superspectrum are incorporated. Associations among the disorders are analyzed to yield broad-spectrum groupings such as those designated as internalizing and externalizing.

Even more, the set of all the clinical manifestations of the different disorders or dimensions constitute what is now known as the “P Factor.” This factor is a global representation of psychopathology and is associated with greater deterioration in life, greater family burden of the disease, worse developmental trajectories, and greater compromise of brain function at an early age. This “P Factor” helps us to understand why it is difficult to find specific causes, consequences, biomarkers, and treatments for individual mental disorders (Caspi et al., 2014). The high rates of comorbidity among psychiatric disorders suggest that there is the possibility of a more parsimonious structure that explains psychopathology than that currently described by the DSM-5 and ICD-11 classifications with discrete categories (disorders), that is, with the use of dimensions and transdiagnostic constructs.

There are today three important transdiagnostic constructs that have generated much debate between DSM-5 and ICD-11; chronic irritability (CI; Lochman et al., 2015) limited prosocial emotions (LPE; Frick et al., 2003) and non-suicidal self injuries (NSSI; Hooley et al., 2020).

CI was proposed by the WHO ICD-11, as a specifier for ODD; however, it has also been described in other disruptive behavior disorders and internalizing disorders. There is a debate with the DSM-5 proposal in which chronic irritability was introduced as a new diagnosis with the disruptive mood dysregulation disorder.

LPE is a specifier introduced into CD in both the ICD-11 and in DSM-5, but also in ODD in the ICD-11. LPE has been found in several other diagnoses as IED and internalizing and neurodevelopmental disorders. There is an international debate in which may be the best way to evaluate it.

NSSI has been in the classification debate due to its controversial assumption as a specifier or as a categorical diagnosis. NSSI could be found as part of the suicide dimension or as an independent condition; they are associated not only with internalizing but also with externalizing and neurodevelopmental disorders.

In the context of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACA-PAP) 2024 World Congress celebration and under the motto “Child development, mental health challenges and the future of nations” is why the Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz and the Asociación Mexicana de Psiquiatría Infantil A. C., have joined forces in order to debate the convenience of these three transdiagnostic specifiers, in one of the international symposiums that will be held in Rio de Janeiro, Brazil, next May 2024. Discussing the diagnostic and classification characteristics on these specifiers will contribute to reduce stigma associated and improve the awareness of psychopathological burden.

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