

Table : Opinions of Japanese psychiatrists on the recent psychiatric classification

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Q1. The ICD and DSM are being revised. Are you interested in the process?			
Interested and seeking information actively	50	21%	243
Interested but not seeking information actively	187	77%	
Not interested	6	2%	
Q2. Concerning making modifications to operational diagnostic criteria for each disorder, some say that the current descriptions are inadequate and therefore major modifications are necessary, while others say that there are insufficient data to support major revisions and therefore modifications should be kept to minimum where evidence is available. You believe that:			
Diagnostic criteria need major modifications	46	19%	240
Diagnostic criteria need to be kept to a minimum	194	81%	
Q3. There has been a proposal to add conditions that have been considered as subthreshold (e.g., attenuated psychotic syndrome, subthreshold depression). Some feel that it can be helpful to offer early prevention, while others feel that it may lead to the increased number of patients and, subsequently, harmful overtreatment. You believe that:			
Subthreshold conditions should be added to diagnostic categories	95	40%	239
Subthreshold conditions should not be added to diagnostic categories	144	60%	
Q4. There are two diagnostic classification systems, namely, the ICD and DSM. Some say that they can co-exist as they differ in nature, while others say that having two systems is inconvenient and therefore should be combined as one. You feel that:			
The two systems can co-exist	117	48%	243
The two systems should be combined as one	126	52%	
Q5. In the event the two systems are merged into one, there is a proposal that elements from the ICD should be utilized for clinical practice, while those from the DSM should be utilized for research purposes. You:			
Approve this proposal	101	42%	240
Do not approve this proposal	139	58%	
Q6. There has been a proposal to add the dimensional diagnostic classification system (i.e., conceptualize mental illness from the dimensional perspectives such as psychotic, externalizing) to the current categorical system. Some say that this proposal will provide new findings, while others say that the data is insufficient to inform decisions as to which dimensions should be added. You:			
Approve the idea to add dimensions	62	26%	242
Do not approve the idea to add dimensions	41	17%	
Do not know much about the details of the idea	139	57%	
Q7. The National Institute of Mental Health (NIMH) in the United States has started a project to create a diagnostic classification system that is based on biological evidence. This project is called RDoC (Research Domain Criteria), and it is at its early stage. You:			
Approve the orientation of the NIMH	168	74%	226

Do not approve the orientation of the NIMH	58	26%	
Q8. In Japan, the translated terms for schizophrenia and dementia were recently changed to new terms, equivalent to disintegrative disorder and cognitive disorder, respectively. In contrast, there have been no such changes in English. Considering that some terms for mental disorders can be stigmatizing, you:			
Should consider renaming in English	21	8.9%	235
Do not need to consider renaming in English	214	91.1%	
Q9. In the present classification system, depression (major depression) and bipolar disorder are grouped in the same category (i.e., mood disorder). On the other hand, recent molecular genetic studies suggest that bipolar disorder is closer to schizophrenia than to depression. As a consequence, some argue that we should combine bipolar disorder and schizophrenia as a psychotic disorder. You:			
Agree	67	28.4%	236
Disagree	169	69.3%	
Q10. While the ICD does not include disability as part of the diagnostic criteria and instead have the ICF handle it, the DSM explicitly includes it, as seen in the following: “clinically significant distress or impairment in social, occupational, or other important areas of functioning.” Should the ICD-11 include disability in the diagnostic criteria?			
Should include disability	54	22.1%	244
Should not include disability	112	45.9%	
Neither	78	32.0%	
Q11. One of main discussions of the ICD-11 is clinical utility. Some argue that the current diagnostic classification system yields too many “NOS” diagnoses. You feel that:			
Diagnostic criteria that will yield fewer NOS diagnoses is desirable	113	45.0%	251
It is inevitable; actually commonly seen in clinical settings	59	23.5%	
It is inevitable; it comes from the nature of the operationalized diagnostic criteria	79	31.5%	
Q12. One of main discussions of the ICD-11 is clinical utility. Some argue that the current diagnostic classification system yields too many “comorbid” cases. You feel that:			
Diagnostic criteria that will yield fewer comorbid cases is desirable	75	30.7%	244
It is inevitable; actually commonly seen in clinical settings	50	20.5%	
It is inevitable; it comes from the nature of the operationalized diagnostic criteria	119	48.8%	