


# Why Diagnose? Why Refrain from Diagnosing?

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## Objectives

- Overview of diagnosis
- To consider why a diagnosis may be made
- To consider why a diagnosis may not be made

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## ACAMH Touchstones

- Clinical practice

Diagnosis is core to neurodevelopmental condition/disorder clinical practice. Knowledge of when to and when not to diagnose is important to meet a young person's needs.

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## What is a diagnosis?

- The process of determining which disease or condition explains a young person's symptoms and signs.
- It is a stereotype- distinct from other diagnoses
- Allows a shared understanding for professionals, research, guidance
- Concepts differ over time and between cultures
- Generally made by a professional trained in the recognition of symptoms and signs and in making diagnoses eg Medical Dr, Psychologist, Speech and Language Therapist, Occupational Therapist etc

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## Components of a diagnosis

- Symptoms- what reported
- Signs- what seen
- Test results
- Age cut-offs
- Duration
- Severity
- Numbers of symptoms
- Exclusions

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## Neurodevelopmental Diagnoses

- Relate to development of the brain: eg
- Intellectual Disability
- Autism Spectrum Disorder
- Attention Deficit Hyperactivity Disorder
- Developmental Coordination Disorder
- Speech and Language Disorders
- Etc etc etc

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## Diagnostic systems

- ICD-10, International Classification of Diseases and Mental Disorders, WHO 1993
- DSM-5, Diagnostic and Statistical Manual of mental Disorders, APA 2013
- (ICD-11) ? 2022

### Others

- CFTMEA, Clasification Francaise des Trouble Mentaux de L'Enfant et de l'Adolescent, 2000
- DC-LD 2001
- (DC-DID)

## Diagnostic system caveats

- Systems change over time
- Diagnostic systems may be structured differently
- Created by 'experts'
- Cultural influences
- Thresholds differ between systems
- New diagnoses
- Removal of old diagnoses
- Consistency between clinicians can vary

## Single 'diagnosis' systems

- Often lead by 1 professional/team
- Challenge the established classification systems
- May persist in their use, even if not recognised by main classification systems
- May become recognised by classification systems
- Not always recognised by health/education/social care
- Can cause conflict
- Eg PDA, DAMP, SPD

## Formulation

- Person centred
- Considers numerous factors
- Can supplement diagnosis
- Tells a descriptive story
- Better for considering needs based upon factors

## Formulation Grid

Factors	Biological	Psychological	Social
Presenting			
Predisposing			
Precipitating			
Perpetuating			
Protective			

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## Diagnosis Guidance

- Eg NICE, SIGN
- Advise on how to assess eg ASD, ADHD
- Comprehensive assessments
- Multisource information
- Observation
- Standardised tests
- screening
- Multidisciplinary input
- Who can diagnose?

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## Why a diagnosis may be made?

- Diagnostic criteria are met
- Helpful to meet an individual's needs eg
  - to get a diagnosis specific educational provision,
  - to fulfil criteria for disability social care,
  - to guide treatment linked to licenses, guidance, best practice, research findings
- Helpful to explain a presentation for parents, carers, professionals, the individual
- To protect rights

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## Factors in making a diagnosis

- Symptoms/signs/concerns presented
- Commissioned service available
- Referral made to service
- Professional recognised symptoms/signs cluster
- assessment carried out
- Differential diagnosis/Co-morbidity considered
- Diagnosis made/not made

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## Why an incorrect diagnosis may be made?

- Incorrect information gathered
- Incorrect information given
- Factitious Illness (deliberate)
- Missing information
- Similarities between diagnoses/presentations- all developmental
- 'single lens view'
- Was right at the time, not in the future
- Competency of the clinician

## Why a diagnosis may not be made?

- Diagnostic criteria not met (?yet)
- Screening not 'passed'- not assessed
- Not the correct diagnosis/formulation (differential diagnosis)
- Diagnostic overshadowing
- Quality/quantity/content of information requested
- Quantity/quality/content of information given (or concerns about this)





- Not recognised by the professional (skills/preferred diagnostic system/not deemed necessary)
- Still developing?- security of diagnosis
- Lack of diagnostic resource
- Lack of commissioning
- Diagnosis assessment declined by child/family

## Tips

- Be competent- single, alternative and multiple diagnoses
- Remain updated
- Seek 2<sup>nd</sup> opinions/advice
- Remain curious
- Be flexible over time
- Remain calm
- Be timely, but wait if you need to
- Maintain multiple diagnostic lenses

## Summary

- Diagnoses can be important
- They may resemble each other
- They may co-occur
- They may change
- There are reasons to diagnose or not
- They are not infallible

- Any Questions?
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