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Dear Bob and Jean:

I have read the submission of "Research Diagnostic Criteria for a Selected Group of Functional Conditions". A formidable production! Congratulations!

While the details are necessary, I find the descriptions complex and "phenotypic". By that I mean that the clues which have come from genetics, and the lesser clues from neurophysiology, and the response to treatment, are not included in the classification. Considering the state of the art, this may be necessary, but I would be more enthusiastic in applying this classification if there were ways to include the suggestions in the evaluation.

The principal omission is the response to prior treatment and the response to a therapeutic trial in the present classification. The response to lithium by those with manic illness or hypomanic episodes may be used to separate these two groups from the schizophrenics. Some scientists claim that the response to amitriptyline is of diagnostic value in bipolar depression. In the work that Don Klein and I did more than fifteen years ago, we were convinced that there were sub-groups of the mentally ill who responded differently to phenothiazines and imipramine. These comments should be enough to suggest that the response to therapy may have some place in the classification scheme.

With regard to your specific question, I never use "Manic Illness" and "Hypomanic Episodes", for I was taught that "mania" is "mania". I also find the syndrome "Schizo-affective disorder, manic type", difficult to differentiate from manic illness. I wonder if the difference between "minor dysphoric illness" and "dysphoric personality" is not a case of nitpicking.

With regard to Items 14 and 15, I think alcoholism is not a separate disorder, but is a sub-type of drug dependence. I find useful the classification "drug dependence, opiate type", "drug dependence, alcoholic type", and "drug dependence, mixed type".

As the APA has suggested that "homosexuality" not a diagnosis of mental disorder, I would accept this view.

These comments are not to be interpreted as criticisms, for I think you and your teammates have done a splendid job. I would be pleased to see the version after the next review.

Sincerely yours,

Max Fink, M. D.
Professor of Psychiatry

MF:ed