

DIAGNOSIS

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By

Dr. Priyanka Kumari

Assistant Professor

Institute of Psychological Research and Service

Patna University

Contact No.7654991023;

E-mail- drpriyankakumari1483@gmail.com

REASON FOR DIAGNOSIS

By categorizing psychological disorders, clinicians and researchers can know more about a patient's symptoms and about how to treat the patient. Classification systems of mental disorders provide the following benefits:

- ***They provide a type of shorthand, which enables clinicians and researchers to use a small number of words instead of lengthy descriptions.*** For instance, by using the term *depression*, clinicians don't need to spell out the various elements that constitute disorder.
- ***They allow clinicians and researchers to group certain abnormal thoughts, feelings, and behaviours into unique constellations-*** someone has a diagnosis of depression effectively communicates to a mental health professional that the patient has a particular constellation of symptoms.

- ***A particular diagnosis may also convey information about the etiology (causes) of the disorder, its course, and indications for its treatment.*** Depression, for instance, can further be specified as either a single—that is, first—episode or as a recurrence. A diagnosis of recurrent depression implies a heightened neurological and/or cognitive vulnerability to depression and a longer and more variable course, and it indicates that the disorder may require multiple types of treatments in order to reduce symptoms.
- ***Classification systems also enable researchers to study the causes, the course, and the effects of treatments for various disorders.*** If there were no diagnoses, researchers would not be able to study mental illness and its treatment.
- ***Some people find great relief in learning that they are not alone in having particular problems.*** People may derive a measure of comfort from merely being given a label for their problems—knowing not only that there is a term for their disturbing thoughts, feelings, and behaviours, but also that they are not the only one with the specific difficulties. Moreover, once they have a name for the symptoms they are experiencing, they can learn more about the disorder and treatments for it.

Condition that Bias Diagnosis

A **diagnostic bias** is a systematic error in diagnosis. Such a bias can cause groups of people to receive a particular diagnosis disproportionately, on the basis of an unrelated factor such as sex, race, or age. Studies of diagnostic bias show. Uncertainty is an essential part of the practice. This characteristic encompasses all the diagnostic and therapeutic process and is conditioned by external (technology available to the doctor, the environment of the hospital or consultation...), and internal agents (knowledge about the symptomatology and potential pathology, personal problems).

Diagnosis bias occurs when the diagnosis is not intentionally delayed, after an error, or missed to evaluate some information provided. Attending to the diagnosis bias, cognitive errors are the most frequent. The error rate has been estimated to range from 0.6% to 12%.

A Clinician accepts a clinical diagnosis as correct when there is a great agreement of ideas with other colleagues and the diagnosis is obtained quickly during the consultation. However, it has been observed that the time of consultation is not related with the possibility of asserting a correct clinical diagnosis. It is due to it has been observed that clinicians have to obtain a conclusion with a range of 60% to 70% of the information obtained. A higher prevalence of erroneous diagnoses have been observed related with fatigue, lack of sleep, excess of work, and overconfidence.

Diagnostic errors have been classified over time into different types. Some authors have classified them as non-failed processes (atypical presentations of the disease, non-patient collaboration, lack of knowledge of the disease...), systematic errors, and cognitive errors.

Cognitive errors can be derived from 3 sources:

- knowledge deficits,
- cognitive bias and
- clinician attitude problems.

Heuristic is defined as a method to increase knowledge, is influenced by availability. This affects the decision to choose a definitive diagnosis between the different options. It will be presumably influenced by previous similar cases as well as the plausibility of the diagnosis according to the symptomatology presented.

Diagnostic anchoring occurs when it is concluded that a patient is affected by certain pathology before receiving all the necessary information about it. It influences negatively in reassessing the diagnosis when more data of the case is collected.

In addition, this can be influenced by **three other types of bias**:

The primacy effect (the first idea is the one that reigns), and the effect of recent (is easier to retain and to value in a greater manner the last information received than the first one),

Confirmation bias (the initial diagnosis is affirmed by internal or external agents to the physician). This is consistent with several studies that affirm that clinicians do not diagnose pathologies that are not similar to the "classical" pattern of presentation.

Player's fallacy is another related bias. It is consisted in the presumption of gamblers that events like throw a coin have a logical sequence of repetition.

Outcome bias occurs when the clinician underestimates the poor outcome and overestimates a good outcome.

The overconfidence bias is the best known of all. Some studies have found that health professionals are frequently classified within the upper half of their profession compared to their peers. Likewise, it has been observed that in the process of transition from medical student to resident and specialist physician, an exponentially increase of overconfidence is observed.

Conclusion

Diagnosis bias are relevant in the clinical practice. They may be classified attending to the type or the step during the diagnosis process. In addition, it may be observed in expert as well as newbies physicians. Due to that, the awareness of it by health professionals as well as health system is necessary to prevent them.