WORLD PSYCHIATRIC ASSOCIATION
الجمعية العالمية للطب النفسي
世界精神病学协会
ASSOCIATION MONDIALE DE PSYCHIATRIE

WELTVERBAND FÜR PSYCHIATRIE
ASSOCIAÇÃO MUNDIAL DE PSIQUIATRIA
ВСЕМИРНАЯ ПСИХИАТРИЧЕСКАЯ АССОЦИАЦИЯ
ASOCIACIÓN MUNDIAL DE PSIQUIATRÍA

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Feb 3, 2017.
To
Dr Shekhar Saxena
Director, Mental Health Division
World Health Organisation
Geneva
Dear Shekhar

Further to our recent conversation, I am now writing formally on behalf of the World Psychiatric Association objecting to and protesting in the strongest terms the World Health Organization's (WHO) proposed change in the classification of Dementias (Major Neurocognitive Disorders) which completely removes Dementias from the Behavioral disorders and transfers these categories to the Neurology Disease section.

We are seriously concerned regarding this decision for a number of reasons:

1. Firstly clinically it is important that dementia stays in the Mental and Behavioural disorders. You may recognize that often diagnosis of dementia is confused with depression leading to pseudo-dementia. I wonder how many neurology colleagues will be able to make this distinction. Thus the change will have major negative impact on the development of service delivery especially in low and middle-income countries.

We were surprised to see this suggestion as to the best of my knowledge neither the mental health nor the neurology expert working groups on ICD-11 recommended this change. Indeed it appears that proposal comes from an ICD-11 Joint task force on Mortality and Morbidity Statistics (MMS) to simplify the ICD classification in the service of specifying international vital statistical reporting on causes of death and treated prevalence rates of diseases (http://www.who.int/classifications/icd/revision/2016.11.30_JTF_LOP.pdf?ua=1).

We remain concerned along with our British and American colleagues that the implementation of ICD beta versions for international vital statistics reporting occurs before clinical applications are adopted. The precedent for allowing this "statistical" coding change to go forward will **inevitably influence its adoption for clinical purposes in revisions of current versions of the ICD-10—including the ICD-10-CM in the U.S.** Thus, this change could greatly reduce the availability of the mental health and behavioral health services needed for this vulnerable patient group.

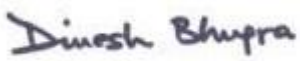
2. As you know, rates of dementia are rising globally and the total workforce in neurology is much lower than that of psychiatry. This will make it impossible to deliver services in any realistic manner.
3. As you are aware it would appear to us that this approach seems to be confined to dementia alone and not to any other condition. These changes will affect both the diagnosis and management strategies especially in low and middle income countries where the shortage of neurologists is greater than that of psychiatrists.
4. I am not challenging the skills of neurologists who can be very good and helpful in diagnosing rare types of dementia. Accurate diagnosis relies on integration of bio-psycho-social factors and in countries around the globe psychiatrists in general but old age psychiatrists in particular have specific skills to offer in planning and delivery of services. Furthermore, inclusion of dementias in neurology may give the condition purely biological emphasis in management.
5. Neurologists do not have the service infrastructure to diagnose and manage all dementias and especially differentiating from psychiatric disorders. It needs to be recognized that a vast majority of people with dementia also have psychological and behavioural needs which our neurology colleagues will have difficulty in meeting. It is imperative that dementias stay in the Mental Health & Behavioural Disorders.

On behalf of the WPA (the largest global organization supporting psychiatrists) I strongly urge the WHO to abandon this step as there appears to be no real rationale for this change.

I will be very happy to discuss this further with you.

Best wishes

Dinesh



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