

The Axes of a Diagnosis

Psychiatrists and psychologists use criteria in the DSM-IV, or Diagnostic and Statistical Manual, to diagnose a patient. If you are not familiar with this manual, check this out first.

Axis I: Clinical syndromes that are the focus of the diagnosis

Axis II: Long standing chronic conditions that may affect the clinical syndromes listed in Axis I

Axis III: Medical conditions

Axis IV: Psychosocial and environmental stressors that may affect the clinical syndromes listed in Axis I

Axis V: GAF Score (1 - 100)

There exists a standard notation for DSM-IV diagnosis for use by all psychologists in the West, and primarily the United States. This notation functions as the language by which the fine institution of psychology communicates with the insurance companies. For many patients, this sort of diagnosis is the red tape itself. The standard form of a DSM-IV diagnosis exists in five parts, or axes. Each axis represents the condition of an aspect of the patient's mental health.

I. On this line, the diagnostician writes the DSM code for the particular disorder, followed by the name of the disorder. This line includes any extra notes as well, such as whether the disorder is "early onset." This line might include common clinical syndromes such as Obsessive Compulsive Disorder, Dysthymic Disorder, or Panic Disorder. Axis I includes less common disorders such as schizophrenia and autism. Axis I also includes any appropriate V Codes. V Codes are defined in the DSM-IV as "other conditions or problems that may be a focus of clinical attention," such as "Noncompliance With Treatment" or "Parent-Child Relational Problem."

II. These conditions include mental retardation and personality disorders. Typified as any permanent, usually genetic condition of the patient, personality disorders affect the way an Axis I syndrome manifests itself in a patient. For example, a patient with obsessive compulsive tendencies ought to be treated differently if they also suffer from a Schizoid Personality Disorder. Note: The newest version of the DSM (DSM-IV) no longer includes Passive-aggressive Personality Disorder as a personality disorder, which is listed in the respective node.

III. This broad category includes any of the patient's relevant medical conditions, such as diabetes or physical injury. It should be noted that Downs Syndrome is considered an Axis III medical condition, because the syndrome is a holistic disorder affecting the entire body, and not just a mental disorder. The focus of the diagnosis (conditions listed in Axis I or II), of course, might be direct results of a more basic problem here in Axis III, such as a mood disorder that results from the debilitating circumstances of a spinal injury.

IV. These non-clinical, albeit medically significant, stressors on the individual include economic, social, or criminal barriers. Examples include whether the patient is homeless, currently under foster care, or living in jail. Just as with Axis II, these stressors affect the patient's clinical syndromes.

V. The Global Assessment of Functioning Scale is a relatively subjective score given on a scale between 0 and 100, used to quickly communicate the general mental health of the patient. Every tenth value on the scale correspond to specific criteria, with the numbers in-between representing a more specific assessment of functioning. The higher the score, the healthier the patient.

Rule Out (R/O) Notation

Although it is considered unethical to over-diagnose or under-diagnose a patient, psychologists who feel a patient is on the border of a certain illness will often use a certain notation to show which diagnosis may be

recommended in the future. Consider this situation: A patient reports feeling "blue" for about a year and half. The DSM-IV states that in order to diagnose the patient with dysthymic disorder, there must be a "depressed mood for most of the day, for more days than not, as indicated either by subjective account or observation by others, for at least two years." Since the patient reported the condition for six months less than required, the psychologist cannot diagnose dysthymic disorder. Instead, the psychologist will report "311 Depressive Disorder Not Otherwise Specified, R/O Dysthemia." This notation calls for a ruling out of dysthemia in a future diagnosis. Confusedly, psychologists use the rule out notation to also remove a disorder from consideration.

Example Diagnosis

Axis I: 296.84 Bipolar II Disorder, Early Onset.

Axis I: 307.51 Bulimia Nervosa, Nonpurging Type.

Axis II: 301.6 Dependent Personality Disorder

Axis III: 426.00 Complete Atrioventricular Block

Axis IV: Child abuse victim, unemployment

Axis V: 28

V-Codes

V-Code	Diagnoses
V15.81	Noncompliance With Treatment
V61.1	Partner Relational Problem Physical / Sexual Abuse of a Adult
V61.20	Parent-Child Relational Problem
V61.21	Child Neglect Physical / Sexual Abuse of a Child
V61.8	Sibling Relational Problem
V61.9	Relational Problem Related to a Mental Disorder or General Medical Condition
V62.2	Occupational Problem
V62.3	Academic Problem
V62.4	Acculturation Problem
V62.81	Relational Problems
V62.82	Bereavement
V62.89	Borderline Intellectual Functioning

	Phase of Life Problem Religious or Spiritual Problem
V65.2	Malingering
V71.01	Adult Antisocial Behavior
V71.02	Child or Adolescent Antisocial Behavior
V71.09	No Diagnosis or Condition on Axis I No Diagnosis on Axis II

Axis V

Global Assessment of Functioning Scale.

Global Assessment of Functioning is for reporting the clinician's judgment of the individual's overall level of functioning and carrying out activities of daily living. This information is useful in planning treatment and measuring its impact, and in predicting outcome.

The Global Assessment of Functioning Scale is a 100-point scale that measures a patients overall level of psychological, social, and occupational functioning on a hypothetical continuum.

The GAF Report decision tree is designed to guide clinicians through a methodical and comprehensive consideration of all aspects of a patients symptoms and functioning to determine a patients GAF rating in less than 3 minutes.

The GAF Report addresses the growing need for accuracy and reliability in determining and reporting on GAF ratings by ensuring all aspects of a patients functioning are considered. Use the "current" or "past week" rating to indicate current management needs, the "at discharge" rating to document progress and quality of care, and the "highest level in past year" rating as a target for termination of treatment.

The GAF scale is particularly useful for managed care-driven diagnostic evaluations to determine eligibility for treatment and disability benefits and to delineate the level of care required for patients. On completion of the GAF Report questions, a 10-point range is automatically determined. Then, using the sliding rating scale, you can quickly indicate the specific GAF rating within this 10-point range, using clinical judgment and hypothetical comparison with other patients in the range. Explanation screens provide clarification of specific questions throughout the assessment. The report, which summarizes a patients results, can be produced immediately after an assessment .Global Assessment of Functioning

Global Assessment of Functioning Scale.

Scale Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness.

Do not include impairment in functioning due to physical or environmental limitations.

You do not need to know the numbers but rather what the GAF measures and is used for Code (Note. Use intermediate codes when appropriate, e.g., 45, 68, 72.)

91-100	Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms
81-90	Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members)
71-80	If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social occupational, or school functioning (e.g., temporarily falling behind in schoolwork).
61-70	Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social occupational, or school functioning (e.g., occasional truancy or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.
51-60	Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).
41-50	Severe symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational or school functioning (e.g., no friends, unable to keep a job).
31-40	Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
21-30	Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g.,

	stays in bed all day, no job, home, or friends).
11-20	Some danger of hurting self or others (e .g., suicidal attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
1-10	Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.0 Inadequate information.