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**Conventional 'Pattern Title Diagnosis'
versus a novel approach of
'Whole Patient Diagnosis'
based on categorized list of dysfunctions**

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Pattern Title Diagnosis (PTD)

Conventional diagnoses (DSM / ICD) are PTD - titles given to a pattern of dysfunctions.

Pattern of dysfunctions

- sadness, loss of interest

- fear/anxiety related to topic,
avoidance of situations

- . . .

Title of disorder

- MDD

- Specific Phobia

- . . .

If your resident calls & says that a patient has been admitted and has features of MDD, do you:

1. Immediately advise antidepressant treatment?

OR

2. Ask whether the patient has any other dysfunctions like

- Comorbid disorders,**
- Personality disorders,**
- Substance use problems**
- “features of disorders that do not meet full criteria”**

→ & then advise treatment?

So, what is a better guide to treatment:

1. The conventional diagnosis of disorder (PTD)

OR

2. Knowing all the dysfunctions present in the mind of the patient

- including all dysfunctions not included in the PTD

In other words,

the treatment is started or modified

**considering all the dysfunctions present in the mind
of the patient**

- and not just on the diagnosis of a disorder (PTD)

‘Cardiologist’s diagnosis’ is not PTD, but complete list of dysfunctions in heart categorized according to functional parts of heart

Parts of heart	Dysfunctions
Myocardium	Acute Myocardial Infarction
Arterial System	LAD block
Contractile System	Left Ventricular Failure
Excitatory and Conducting System	Ventricular Tachycardia
Valvular System	Mitral Valve Prolapse
Endocardium / Pericardium	Pericarditis

The treatment is decided after considering all the dysfunctions present

In Psychiatry, there is a need for

**Whole Patient Diagnosis (WPD) or
Whole Mind Diagnosis (WMD)**

- complete list of dysfunctions in mind**
- categorized according to functional parts of mind**
- need for a framework to describe functional parts of mind**
- proposing '4-Level, 5-Part Theory' of mind (4L5PT)**

'4-Level, 5-Part Theory' of mind (4L5PT)

- A framework for describing the mind

5 Functional Parts of mind	
1. <u>Emotions</u>:	
- Happiness	
- Sadness	
- Fear	
- Anger	
2. <u>Beliefs</u>	
3. <u>Wishes</u>	
4. <u>Attention</u>	
5. <u>Mind Operating System</u>	
Input Processing Function	

'4-Level, 5-Part Theory' of mind (4L5PT)

- A framework for describing the mind

5 Functional Parts of mind	MDD
1. Emotions:	
- Happiness	
- Sadness	Hyper-sadness
- Fear	
- Anger	
2. Beliefs	
3. Wishes	Reduced intensity of wishes
4. Attention	
5. Mind Operating System	
Input Processing Function	

But presence of other dysfunctions can change choice of therapy

5 Functional Parts of mind	Dysfunctions in the patient
1. Emotions:	
- Happiness	
- Sadness	Hyper-sadness
- Fear	Hyper-fear (Anxiety)
- Anger	Hyper-anger
2. Beliefs	Delusions
3. Wishes	Reduced intensity of wishes
4. Attention	Distractibility
5. Mind Operating System	
Input Processing Function	Repetitive thinking (OCD like)

Conclusion:

~ It is important to consider all dysfunctions in the mind of the patient (including those beyond the disorder) when deciding treatment

~ Whole Mind Diagnosis (WMD) or WPD is a better guide to treatment - as compared to conventional Pattern Title Diagnosis (PTD) (e.g. DSM, ICD)

~ The 4-Level, 5-Part Theory of mind can provide the framework for describing parts & dysfunctions in the mind of the patient

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