

Regular Article

Comparison of diagnostic names of mental illnesses in medical documents before and after the adoption of a new Japanese translation of "schizophrenia"

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Aim: The name of a disease entered in medical documents often differs from the true diagnosis in psychiatric practice. We examined the effects of different translations of "schizophrenia" into Japanese on the usage of disease names in documents.

Methods: We conducted a retrospective survey of the names of diseases used in the medical documents of 250 outpatients with schizophrenia or depression. These patients had attended our department of psychiatry between 1998 and 2000. We also investigated the names of the diseases of 226 outpatients who had first visited our department between 2003 and 2007. We defined the diagnosis (based on ICD-10) as the "ICD-10 disease name" and the name of the disease written in medical documents as the "disease name in documents." We classified the documents that were used to apply for national psychiatric care and welfare services as "official documents" and those submitted to others as "private documents."

Results: Prior to 2000, the term "seishin-bunretsu-byo" ("split-mind disease"; old translation of "schizophrenia") was used in 72.3% of official documents and 3.6% of private documents. In 2003 and later, the term "togo-shitcho-sho" ("integration disorder"; new translation of "schizophrenia") was used in 98.0% of official documents and 21.7% of private documents.

Conclusion: The use of "togo-shitcho-sho" in official documents has become established. On the other hand, terms such as "nervous breakdown" and "depressive state" are still commonly used in private documents after the adoption of the new Japanese translation of schizophrenia.

Key words: Depression, Name of disease in documents, Psychiatric diagnosis, Renaming schizophrenia, Schizophrenia.

In August 2002, with the aim of eradicating the misunderstanding and prejudice associated with the names of mental illnesses, the Japanese Society of Psychiatry and Neurology proposed a revision in the Japanese translation for "schizophrenia" from "seishin-bunretsu-byo," which literally means "split-mind disease," to "togo-shitcho-sho" (integration disorder).¹⁻³ In addition to the purpose of modifying an incorrect translation, the change was made with the intention of reducing the negative connotation associated with the term "seishin-bunretsu-byo" (split-mind disease)⁴⁻⁶ as well as the resulting prejudice and discrimination. This was in turn hoped to promote comprehensive health care, including drug therapy and psycho-social intervention. Social consensus was immediately reached, including swift approval of the use of the new translation in official, medical, and welfare documents by the Ministry of Health, Labour and Welfare, while the mass media followed this lead.

In recent years, greater emphasis has been placed on informed consent, notification of disease, and psychological education. Although questionnaire-based and other surveys have investigated disease notification and informed consent in psychiatric departments,⁷⁻¹² few studies have been conducted on the use of the names of mental illnesses in this field. Focusing on the names of diseases in medical records created at the Department of Psychiatry, Shinshu University Hospital, we examined the differences in the diagnoses made by physicians and the names of the diseases recorded in the documents.^{13,14} In this study, we termed the name of a disease determined by an attending physician based on ICD-10¹⁵ as the "ICD-10 disease name" and the name of the disease recorded in documents as

the "disease name in documents."

As differences in the use of the "ICD-10 disease name" and "disease name in documents" reflect the psychiatrist's perspective of the name of the disease, we examined the differences in psychiatrists' use of the terms "schizophrenia" and "depression" in official and private documents. We also focused on the adoption of a new Japanese translation for the term "schizophrenia" and examined how it influenced the use of the names of diseases in documents.

Method

The disease names indicated in the medical records of outpatients at the Department of Psychiatry of Shinshu University Hospital were investigated. Documents were divided into those created in 2000 or earlier and those created in 2003 or later, and the consistency between the "ICD-10 disease name" and "disease name in documents" was investigated.

Documents created in 2000 or earlier¹³

We conducted a retrospective survey of the documents of 2,350 consecutive outpatients issued between 1985 and 2000. These patients had attended the Department of Psychiatry of Shinshu University Hospital between December 1998 and May 2000.

For these outpatients, we examined the names of the diseases entered in the medical records and the diagnoses made by physicians, as well as the purpose of their submissions (to whom or where). In this study, we classified the documents that were used to apply for national psychiatric care and welfare services (i.e. reports for the

social welfare registration) as "official documents" and the medical certificates, written comments, and certificates of hospitalization submitted to schools, companies, or private insurance companies as "private documents."

Subjects were patients with "F20: Schizophrenia," "F32: Depressive episode," and "F33: Recurrent depressive disorder," as defined by the ICD-10 classification.¹⁵

Documents created in 2003 or later

A new Japanese translation for "schizophrenia," "togo-shitcho-sho" (integration disorder), to replace "seishin-bunretsu-byo" (split-mind disease), was proposed in August 2002 and widely accepted throughout the country by April 2003. Therefore, we included, as the subjects in this group, patients who had first attended the Department of Psychiatry between April 2003 and March 2007 and were diagnosed as having "F20: Schizophrenia," "F32: Depressive episode," and "F33: Recurrent depressive disorder."

Comparison of documents created in 2000 or earlier and those in 2003 or later¹⁴

With regard to the Japanese translation for schizophrenia, we compared the documents created in 2000 or earlier that included the term "seishin-bunretsu-byo" (split-mind disease) with those that used the term "togo-shitcho-sho" (integration disorder) that were written in 2003 or later. We also compared documents created in both periods, focusing on the use of the names of the diseases to represent "depression."

Results

Clinical documents created in 2000 or earlier

For 177 patients with schizophrenia, 779 documents were issued: 477 (61.2%) official and 302 (38.8%) private (Fig.1). For 73 patients with depression, 273 documents were issued: 76 (27.8%) official and 197 (72.2%) private (Fig.2).

Clinical documents created in 2003 or later

For 71 patients with schizophrenia, 161 documents were issued: 101 (62.7%) official and 60 (37.3%) private (Fig.3). The term "togo-shitcho-sho," instead of "seishin-bunretsu-byo," was used to represent the diagnosis of "schizophrenia" in all of these documents. For 155 patients with depression, 631 documents were issued: 72 (11.4%) official and 559 (88.6%) private (Fig.4).

Comparison of documents from 2000 or earlier and 2003 or later

A comparison of Figures 1 and 3 illustrates the changes in the use of disease names in the documents prepared before and after the adoption of the new Japanese translation for "schizophrenia." In both periods, the terms "seishin-bunretsu-byo" (split-mind disease) and "togo-shitcho-sho" (integration disorder) were frequently used in public documents. In 2000 or earlier, "seishin-bunretsu-byo" was used in about 70% of the official documents along with "nervous breakdown" and "neurosis" (Fig.1). Since 2003, "togo-shitcho-sho" has been used in almost all the official documents (Fig.3). The term "seishin-bunretsu-byo" (split-mind disease) was used in 3.6% of

private documents from 2000 or earlier (Fig.1), and "togo-shitcho-sho" (integration disorder) was used in 21.7% of the private documents from 2003 or later (Fig.3). The term "neurosis," which was applied most frequently in 2000 or earlier (Fig.1), has not been used since 2003.

A comparison of the documents prepared in 2000 or earlier (Fig.2) and 2003 or later (Fig.4) showed an increase in the use of the term "depression" and a decrease in the use of "depressive state", particularly in official documents.

Discussion

Characteristics of the names of diseases used in documents from 2000 or earlier

In 2000 or earlier, terms used to represent "schizophrenia" (seishin-bunretsu-byo) differed between official and private documents (Fig.1). The term "schizophrenia" (seishin-bunretsu-byo) was used most frequently in official documents, while "neurosis," "dysautonomia," "nervous breakdown," and "depressive state" were used more often than "schizophrenia" in private documents, such as medical and hospitalization certificates submitted to workplaces and insurance companies. To represent the diagnosis of "depression," the terms "depressive state" and "depression" were used in both official and private documents. These findings indicate that it was more difficult for psychiatrists to use the term "schizophrenia" (seishin-bunretsu-byo) than "depression," particularly in private documents.

In 1995, Iwadate et al.^{7,8} conducted a questionnaire survey that

asked Japanese psychiatrists about their use of the names of diseases in documents. They found that, in writing a medical certificate for a disability pension application, 59.1% of the psychiatrists would use the term "seishin-bunretsu-byo" after providing the patient or family members with an explanation and obtaining their consent, 33.6% would use it regardless of the consent of the patient or family members, and 6.4% would not use it as a rule. As many as 53.6% responded that they would not use the disease name on a medical certificate submitted to a workplace, 40.9% would use the term if the people at the workplace were supportive, and 4.5% would use it regardless of the approval of the patient or family members. These findings showed that many psychiatrists were concerned that the use of the disease name "seishin-bunretsu-byo" written in documents to be submitted to workplaces could prove to be a disadvantage to patients.

According to the results of a survey conducted by Linden and Chaskel⁹ in West Germany in 1981, schizophrenia had the highest proportion of psychiatric patients aware of the name of their disease (52%), followed by "nervous breakdown" (25%). A total of 51% of these patients were informed of the name of their disease by their physicians, and about 30% were notified while completing or reading legal and administrative documents (e.g. documentation necessary for hospitalization, certificates of physical disability, and orders of hospitalization). Other sources of this information included friends, nurses, and books. That study demonstrated that patients might learn about their disease through documents.

In 1992 a study was published on the notification of mental illnesses by Japanese and North American psychiatrists.¹⁰ The results

demonstrated that more than 90% of the physicians in both groups notified patients with mood and anxiety disorders of their diseases. In schizophrenia and schizophreniform disorder, however, less than 30% of the Japanese psychiatrists informed the patients of their disease, compared to more than 90% of their North American counterparts; instead, the term "nervous breakdown" was used more often in Japan.

In 2000 or earlier, the disease name "schizophrenia" was rarely used in private documents, probably because psychiatrists were afraid of causing their patients social disadvantage and so hesitated to notify them of the disease,.

Names of diseases in documents before and after the adoption of the new Japanese translation for schizophrenia

In both official and private documents, the term "togo-shitcho-sho" (integration disorder) was used more commonly for schizophrenia in 2003 or later than "seishin-bunretsu-byo" (split-mind disease) was in 2000 or earlier (Figs 1,3). According to our survey, the term "togo-shitcho-sho" (integration disorder) was used in all but two official documents completed in 2003 or later. This suggests that a smooth transition to the new Japanese term was achieved within a short period.

Nishimura¹¹ and Ono and Nishimura¹² conducted a questionnaire survey involving members of the Japanese Society of Psychiatry and Neurology, to examine changes in the rate of disease notification after the adoption of the new Japanese translation for "schizophrenia". During the period when the term

"seishin-bunretsu-byo" was used, 47.6% of psychiatrists responded that they would notify patients of the disease, 33.8% that they would not notify them, and 18.5% that they were undecided.¹² Following the adoption of the term "togo-shitcho-sho" to represent "schizophrenia," a survey was conducted in December 2002 (immediately after the adoption), 2003 (1 year later), and 2004 (2 years later). The proportion of psychiatrists who reported that they would notify patients was 36.7%, 65.0%, and 69.7% in these successive years, and the proportion of those who would not notify patients was 44.0%, 21.0%, and 15.2%, respectively.¹¹ As Nishimura et al. pointed out, the use of the new Japanese translation for "schizophrenia" appears to have exerted a significant impact on psychiatrists' views regarding notification of the disease.

However, these changes in the use of the "names of diseases" in documents are attributable not only to the adoption of new Japanese translations but also to other factors. These include the introduction of an international classification and operational diagnostic criteria in clinical settings, introduction of a comprehensive health care system based on ICD diagnosis (2003),¹⁵ and the influences of welfare policies. In 2004, a modification was made to Japanese official documents: a field for an ICD category was added beneath the one for the disease name. Following this, in 2006, the Services and Supports for Persons with Disabilities Act came into effect, requiring psychiatrists to enter ICD-10 codes in all official medical certificates. This situation has made it difficult to enter the names of diseases, particularly in official documents, unless they are based on the ICD diagnosis. These factors have contributed

to the increased use of the term "depression" and decreased use of "depressive state" in documents (Figs 2,4).

On the other hand, terms such as "nervous breakdown" and "depressive state" are still commonly used in private documents. Physicians tend to avoid using "schizophrenia" in private documents, including medical certificates and applications for disability benefits submitted to workplaces, for fear of causing social disadvantage. The renaming of schizophrenia in Japan appears to have had some effect in reducing the stigma associated with the disease. However, differences in recognition of schizophrenia among physicians, patients, and society persist, and it is necessary for society as a whole to continue efforts to deepen the understanding of schizophrenia. It will accordingly be important to raise awareness of not only the disease name of schizophrenia but also its symptoms, course, treatment, and medical and welfare systems.

Schizophrenia is one of the most common psychiatric disorders. The adoption of the new Japanese translation for "schizophrenia" in 2002 was an epoch-making event in the history of Japanese psychiatric medicine, 65 years after the original Japanese translation for the term schizophrenia, "seishin-bunretsu-byo," was published in 1937. Revisions of the DSM and the ICD classifications are currently in progress. A marked change in the current diagnostic system may occur in the near future,^{16,17} thereby facilitating further changes with regard to renaming schizophrenia.^{18,19} The adoption of the new Japanese translation for "schizophrenia" in 2002 served as a precedent in predicting the resulting impacts on physicians, patients, and society as a whole.²⁰

It is noteworthy that physicians have not used the term "neurosis," which was commonly used until 2000, in documents since 2003. Although DSM-III²¹ (1980) does not use the exact term, it does contain terminology such as "hysterical neurosis" and "obsessive compulsive neurosis". However, DSM-IV²² (1994) does not use terms that included "neurosis." There appears to be an association between the revision of the DSM and the fact that the term "neurosis" has not been used in documents since 2003. Changes in the use of technical terms for the classification and diagnosis of mental disorders are assumed to have an impact on both physicians and patients.

The present results were obtained at only one hospital, and may not necessarily reflect the general trends in psychiatric wards in Japan. Nonetheless, the method of classifying documents into "official documents" and "private documents" in this study can be considered a meaningful methodology that provides a new perspective in the field of social psychiatry.

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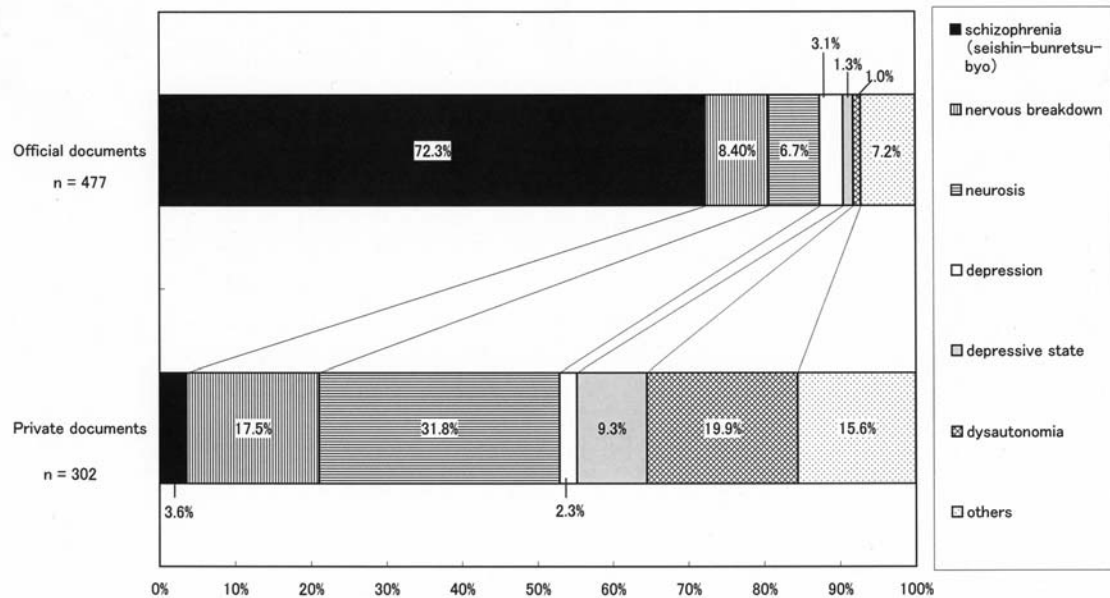


Figure 1: The disease names used in documents to express the ICD-10 diagnosis of "schizophrenia" (to 2000)

Figure 1

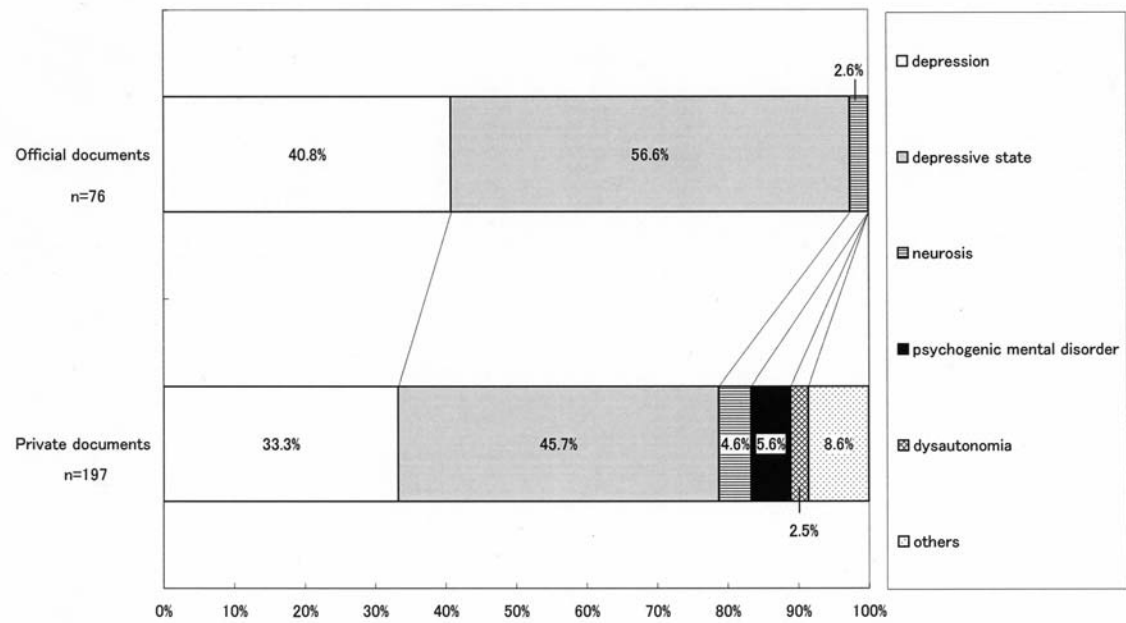


Figure 2: The disease names used in documents to express the ICD-10 diagnosis of "depression" (to 2000)

Figure 2

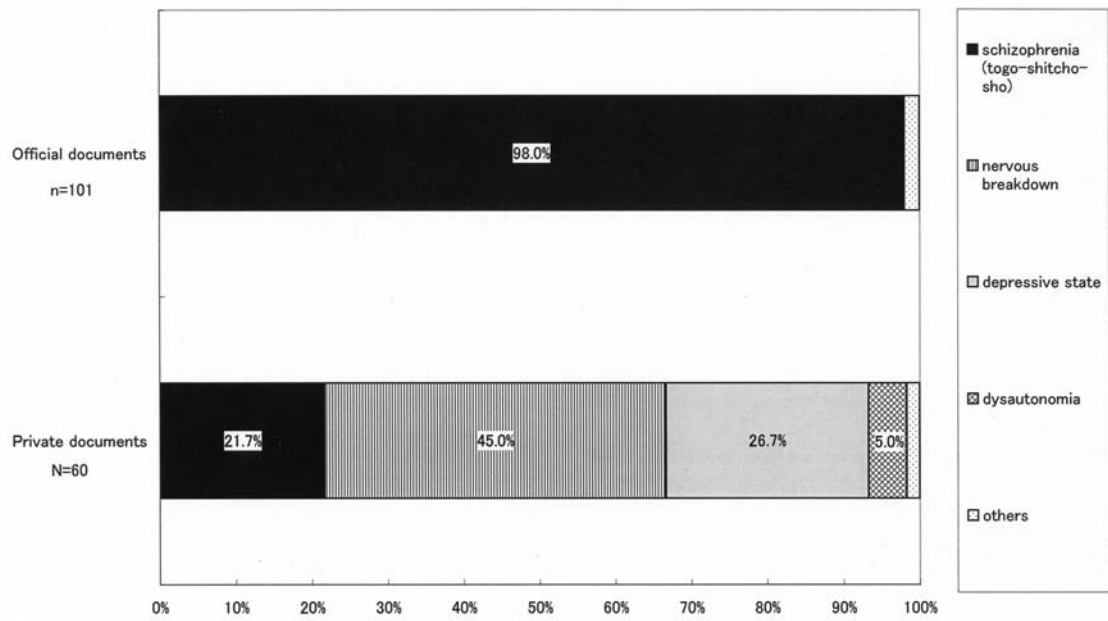


Figure 3: The disease names used in documents to express the ICD-10 diagnosis of "schizophrenia" (from 2003)

Figure 3

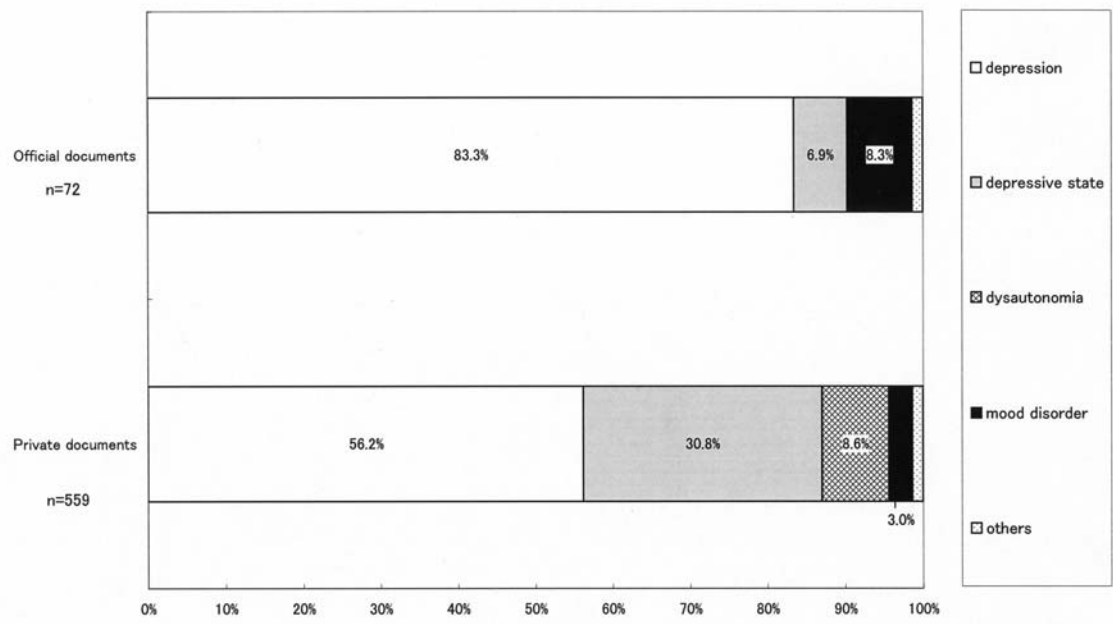


Figure 4: The disease names used in documents to express the ICD-10 diagnosis of "depression" (from 2003)

Figure 4