

## **Psychiatric Diagnoses and Neurasthenia**

by JOE YAMAMOTO, MD

**T**he population of the United States has changed remarkably during the past 10 years. The Asian American population has doubled to more than 7 million, with more expected to come to the United States in the next decade. Thus, consideration of the specific needs and issues of Asians will be an increasing concern among psychiatrists and other mental health practitioners. One such issue is related to the diagnosis of neurasthenia, which was de-

*The growing immigrant population assures that consideration of the specific needs of Asians will be an increasing concern among mental health practitioners.*

*Dr. Yamamoto is professor of psychiatry, University of California, Los Angeles.*

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*Address reprint requests to Joe Yamamoto, MD, Professor of Psychiatry, UCLA Neuropsychiatric Institute, 760 Westwood Plaza, Los Angeles, CA 90024-1759.*

leted in DSM-III and now is being considered for inclusion in DSM-IV and ICD-10. This issue of *Psychiatric Annals* focuses on whether ICD-10 and DSM-IV should include neurasthenia, since it is an important diagnosis in Asia.

Psychiatric diagnoses are "Western-centric"<sup>1</sup> in the sense that the clinical experience, the patients, the theoretical considerations have been with patients and professionals in Europe and North America.

Now, from our biopsychosociocultural perspective, psychiatric diagnoses as we have known them in the United States are the subject of some consideration and criticism. For example, in a recent NIMH-funded conference at the University of Pittsburgh, sponsored under the chairmanship of Professor Juan Messich, a distinguished group of cross-cultural scientists met to discuss cultural issues in psychiatric diagnoses. This meeting included

members of the American Psychiatric Association DSM-IV Committee.

Neurasthenia was one of the important diagnoses discussed from a cultural view. There was favorable opinion that neurasthenia should be included in ICD-10 and DSM-IV. It is now known that there are differences due to genetic and also cultural factors when comparing populations in North America and Europe with those from Asia, Hispanic America, and Africa. These include the "flushing response" to alcohol and also the metabolism of drugs.

It is our contention that we need a less Western-centric focus and a more specific biopsychosociocultural approach including scientific knowledge of the genotypes that may be responsible for the differences in the pharmacokinetics and pharmacodynamics in Asians com-

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pared to Europeans and Americans.<sup>2,3</sup> Cultural and psychosocial issues also enter the picture comparing individuals from Asia to those from North America and Europe. The teachings of Confucius have very much influenced many of the cultures of Asia with the emphasis on proper hierarchical relationships resulting in harmony in the home and peace in the nation. Asians are more family-oriented and group-oriented.

The different popularity of the diagnoses of neurasthenia is an example of an illness, common in

China and among the people of the Orient, which has been discarded by the psychiatric profession in North America and in Europe. Perhaps ICD-10 and DSM-IV will correct this omission in the West. We hope this issue of *Psychiatric Annals* will positively influence the Committee for the DSM-IV.

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