



ICPCM Newsletter

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The Person-centered Integrative Diagnostic Model: A contextualized diagnostic approach for psychiatric diagnosis

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Optimizing treatment outcome is ultimately measured by the degree to which treatment and care result in regaining full physical, psychological, social and occupational functioning and the resumption of major life roles. As ill health and infirmities develop within a contextual framework, optimal recovery entails the need to address contextual realities in addition to providing the best available science-based care. Thus, it is crucial that the diagnostic assessment, which is the cornerstone of care, identifies not only the specific disease at hand but also provides an integrative formulation of individualized contextual factors and a road map towards recovery.

The Person-centered Integrative Diagnosis (PID) has emerged as a model of conceptualizing the process and formulation of contextualized clinical diagnosis and care [1]. It aims at implementing into regular clinical practice the principles and vision of Person-centered Medicine, which proposes *the whole person in context*, as the center and goal of clinical care and public health. The Person-centered Integrative Diagnosis entails a broader and deeper notion of diagnosis, beyond the restricted concept of nosological diagnoses. The PID multilevel schema intends to provide the informational basis for person-centered integration of health care. It involves a formulation of health status through interactive participation and engagement of clinicians, patients, and families using all relevant descriptive tools (categories, dimensions, and narratives).

The PID model is intended to be used in diverse settings across the world and to serve multiple needs in clinical care, education, research, and public health. The PID has been adopted by the Latin American Guide for Psychiatric Diagnosis published by the Latin American Psychiatric Association which provides an integrate personalized comprehensive diagnostic formulation. Studies conducted with the GLADP have found that Latin American psychiatrists tend to prefer this diagnostic system over existing international diagnostic systems [2].

The PID represents a paradigm shift with its focus on the whole person in context, a partnership approach, a multilevel assessment and is poised to enhance care and recovery in “real life”. The PID provides a rich, culturally and contextually informed matrix, for research on the diagnostic process and on outcome with a practical schema and personalized assessments using both quantitative and qualitative as well as categorical, dimensional and narrative approaches to the examination of ill and positive aspects of health status, contributory factors to ill health and well-being, and subjective experiences and values related to both ill-health and well-being.

References:

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