

# AAGP | American Association for Geriatric Psychiatry

February 3, 2017

Dr. Shekhar Saxena  
Department of Mental Health & Substance Abuse  
World Health Organization  
CH-1211, Geneva, Switzerland

Dear Dr. Saxena:

The American Association for Geriatric Psychiatry (AAGP) was recently informed of the World Health Organization's (WHO) ICD-11 proposal to transfer all dementia diagnoses from the Mental or Behavioural Disorder section to Diseases of the Nervous System section.

The AAGP has an organizational membership of 1,500 professionals, including psychiatrists, psychologists, nurse practitioners, social workers and others, who provide mental health services for older adults in the USA. Many of our patients suffer from dementia with behavioral and psychological symptoms. Geriatric psychiatrists are trained to diagnose and treat these problems and many patients and families rely on us for their care.

This issue was discussed by the AAGP's Board of Directors and there is significant concern that the proposal will diminish access to mental health professionals specializing in the neuropsychiatric disorders of aging at a time where the USA is experiencing an increase in demand for such services. Now, more than ever, we need to ensure that administrative policy decisions support improved access to mental health care across-the-board. If implemented, this proposal will compromise access to care for our patients and their caregivers and family members.

In addition, psychiatrists and other mental health professionals trained in geriatric mental health are the ones taking care of the troubling, disruptive and distressing behavioral and psychological signs and symptoms of dementia (BPSD). We are also sufficiently trained to diagnose and manage the cognitive problems which occur in individuals living with dementia. At present, both psychiatrists and neurologists see these patients and consult one another as needed, for the benefit of the patient. Psychiatry and neurology should be allies rather than adversaries in the fight against dementia. Unnecessarily changing the classification system will cause needless suffering for patients and their family members.

There are influential and well-intentioned dementia advocacy groups, however, who appear unaware of the critical services that psychiatry provides to patients and carers. They take the position that dementia is not a mental disorder and that labeling it as such burdens dementia patients with "double stigma." This perspective, trying to separate the brain from the mind, is a challenge that will further deprive dementia patients of our services. It can also be viewed as a

golden opportunity for social psychiatry to initiate and lead an effective public education effort to help erase both kinds of stigma.

Given the efforts that the US government, the AAGP and other professional and consumer organizations involved in care of older individuals have taken to destigmatize mental illness, this proposal will have serious unintended consequences of further limiting those who seek access to mental health care. Specifically, patients with dementia who require psychiatric care, and this decision may affect the availability of that care.

While the rationale for such a decision is less than clear, it would appear that psychiatry is being “stigmatized” by those who do not understand the role that we play in diagnosing and treating those who suffer from comorbid conditions associated with dementia.

For these reasons, the AAGP strongly recommends the WHO rescind this proposal and ensure that all diagnoses for dementia remain in the Mental or Behavioral Disorders section.

Sincerely yours,



Daniel D. Sewell, MD  
AAGP President

*CC: Members, AAGP Board of Directors*

*Ms Donna Pickett Chief, Classifications and Public Health Data Standards National Center for Health Statistics Centers for Disease Control and Prevention*

*Dr Stefanie Weber Head, Medical Vocabularies German Institute for Medical Documentation and Information (DIMDI)*

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