since they were all patients with a diagnosis of schizophrenia on a community mental health team’s case-load.

The community mental health team concerned looked after an area of high socio-economic deprivation and the study included patients who had drifted down the social scale from more affluent rural areas where one would expect to see a lower prevalence of middle-ear disease. If there is any bias in this study it is likely to favour the null hypothesis rather than that suggested by Jainer & Shivanandaswamy.

In addition, perhaps the most striking finding in this study was the excess of left-sided middle-ear disease. In this case, the odds ratio of 4.15 meets the recommendation of Sackett et al

**Correspondence**

**Principles of diagnostic taxonomy**

Principles of diagnostic taxonomy suggest that disorders of a specific class, or spectrum, should aggregate more with each other than with disorders from another class. Results of recent comorbidity studies raise questions about whether this is true for post-traumatic stress disorder (PTSD) – which has been classified as an anxiety disorder since DSM–III – and the implications for where the diagnosis should be located in DSM–V.

Several factor analyses of diagnostic data from epidemiological and clinical samples suggest that PTSD covaries more strongly with disorders defined by anhedonia, worry and ruminating (i.e. the unipolar mood disorders and generalised anxiety disorder) than with ones characterised by pathological fear and avoidance (e.g. the phobias, panic/agoraphobia and obsessive-compulsive disorder).

However, classifying PTSD among these ‘anxious-misery’ disorders provides a poor fit to the data because PTSD is conditional on trauma exposure and symptom development. We believe that the most appropriate location for PTSD in DSM–V would be among a class of disorders precipitated by serious adverse life events, i.e. a spectrum of traumatic stress disorders. Candidates for inclusion would include PTSD, acute stress disorder, adjustment disorder, a traumatic grief or bereavement-related diagnosis, and possibly complex PTSD. These disorders are the product of an environmental pathogen (i.e. a traumatic stressor) operating on individual diatheses that span the spectrum of human variation in vulnerability to psychopathology.

### DSM–V: should PTSD be in a class of its own?


**Correction**

DSM–V: should PTSD be in a class of its own?
Mark W. Miller, Patricia A. Resick and Terence M. Keane
BJP 2009, 194:90.
Access the most recent version at DOI: 10.1192/bjp.194.1.90

References
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