EDITORIAL

Comorbidity: A Sign of the Times

The paper by Addington and Addington in this issue of the *Journal of Psychiatry & Neuroscience* addresses the question of whether cognitive problems commonly associated with schizophrenia are compounded when schizophrenia cooccurs with substance abuse (Addington and Addington 1997). Such cooccurrence of disorders in the same individual is commonly described by the term "comorbidity." Interpretation of what constitutes comorbidity varies widely, ranging from relatively specific applications (for example, dual diagnosis) to a more general use of the term to indicate simply an overlap of diagnostic classes.

Underlying this apparently simply defined concept, however, are a number of implications and concerns that are of sufficient importance to prompt some to characterize comorbidity as representing "the premiere challenge facing mental health professionals in the 1990's" (Kendall and Clarkin 1992, p 833) and others to state that it presents difficulties for "categorical models of psychopathology in general and the current DSM-IV system in particular" (Clark and others 1995, p 126). These concerns have emerged from an ever-expanding literature on this topic that has developed primarily during the past decade.

Why such emphasis on comorbidity and why now? Does it reflect an increased vulnerability to disease states expected in what some might consider to be our current "sicker society" and thus simply be a sign of the times, or, as suggested by the 180% increase in the number of disorders from DSM-I (N = 106) (American Psychiatric Association 1952) to DSM-IV (N = 297) (American Psychiatric Association 1994), are clinicians becoming increasingly astute at discriminating disorders? To some extent, both of these factors may contribute to the increased focus on comorbidity, but there are other influences, historical and current, that play compelling roles in this movement.

Answers to the question of "why such emphasis" become evident upon considering the potential practical, theoretical, and nosological implications of comorbid disorders. From a *practical* perspective, the presence of multiple disorders must be recognized if effective, multifaceted treatment is to be provided. Determining the basis for relationships between comorbid disorders will have *theoretical* consequences by enhancing our understanding of psychopathology. Finally, recognizing the cooccurrence of disorders across diagnostic groupings may indicate the necessity for reconsidering aspects of our *nosological* system. Clearly, in view of the fundamental nature and obvious significance of these considerations, the increased emphasis on comorbidity is well placed.

The second part of the question relates to why this surge of interest in comorbid conditions is occurring now. In part, the current movement reflects the application of increased and rapidly accumulating knowledge regarding biopsychosocial factors involved in psychiatric and medical disorders. If this expanded knowledge base fueled the explosion of comorbidity-related research, the spark that ignited the explosion was provided by publication of the DSM-III (American Psychiatric Association 1980; Clark and others 1995). That publication included preemptive exclusionary diagnostic rules which had the effect of artificially masking coexisting disorders judged to be secondary in the diagnostic hierarchy (Boyd and others 1984; Brown and Barlow 1992). A growing literature supported criticisms of these criteria, with the result that the majority of the restrictions were eliminated from DSM-III-R (American Psychiatric Association 1987). However, since most of the comorbidity-related research began after DSM-III-R was published, there was insufficient time for the findings of this research to be fully incorporated into DSM-IV, and to the extent that comorbidity remains undefined or unrecognized, our current categorical system for classifying psychopathology will be compromised. Consequently, research adhering to these diagnostic criteria will be subject to an undetermined degree of variance and confounding due to diagnostic imprecision, placing such research in danger of "drifting ever closer to diagnostic irrelevance" (Van Praag 1996, p 133). Suggested strategies to counter this dilemma include comprehensively assessing psychopathology in patients to enhance the likelihood of detecting the presence of comorbid conditions and conducting more longitudinal studies to assess and address effectively issues raised by concurrent versus lifetime cooccurrence of disorders (Clark and others 1995; Van Praag 1996).

Undeniably, the concept of comorbidity has been exerting a tremendous heuristic influence in psychiatry during the past

decade and will continue to do so into the next millennium. For this reason, comorbidity can be considered to be a sign of the times and one worthy and demanding of acknowledgement and careful evaluation. Comorbidity has been characterized as a "multi-interpretable [concept which] . . . conceals more than it clarifies" (Van Praag 1996, p 129). The challenge facing psychiatry is to provide the needed clarification—an endeavor of some importance, since the outcome will profoundly influence our understanding of the nature of psychopathology.

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