

Neuroscience-based nomenclature and medicolegal significance

Sir,

The need and characteristics of an ideal nomenclature of psychotropic drugs and the arrival of neuroscience-based nomenclature (NbN) are a landmark in psychopharmacology.^[1,2] NbN has medicolegal importance too. Psychotropic drugs lack specificity in indication. Antipsychotics can be used in schizophrenia, bipolar mood disorders, depressive disorders, tic disorders, and also obsessive–compulsive disorders.

However, as expert witness in the court, one may get into difficulty for the very same reason. I was once asked by the honorable court as to why I had prescribed antipsychotic medication (risperidone) for a patient with obsessive–compulsive disorder when she did not have psychotic symptoms. I had used risperidone as an augmenting strategy. The lawyer of the patient's husband submitted that the patient was receiving antipsychotic medication and so, it was a case of schizophrenia and hence a ground for divorce could be considered. It was a difficult task explaining to them the varied indications of a particular class of psychotropic drugs. I was also asked as to why we call the drug as “antipsychotic” when we use it for indications other than psychosis.

The nomenclature system of “Medication defining the diagnosis” may thus cause difficulties in the court. NbN can circumvent these difficulties. Therefore, it is a welcome change that many journals have started adopting this system.^[3] The replacement of indication-based nomenclature by pharmacologically driven nomenclature to some extent reduces the stigma associated with psychiatric diagnosis. The need of moving from a disease-centered model to a drug-centered model of how psychotropic drugs work and its implications on research and clinical practice was posited by Moncrieff and Cohen in 2009.^[4]

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Conflicts of interest

There are no conflicts of interest.

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