

kappas between 0.2 and 0.4. We indicated that such kappas might be acceptable with low-prevalence disorders, where a small amount of random error can overwhelm a weak signal. Higher kappas may, in such cases, be achievable only in the following cases: when we do longitudinal follow-up, not with a single interview; when we use unknown biological markers; when we use specialists in that particular disorder; when we deal more effectively with comorbidity; and when we accept that “one size does not fit all” and develop personalized diagnostic procedures.

Greater validity may be achievable only with a small decrease in reliability. The goal of DSM-5 is to maintain acceptable reliability while increasing validity based on the accumulated research and clinical experience since DSM-IV. The goal of the DSM-5 field trials is to present accurate and precise estimates of reliability when used for real patients in real clinics by real clinicians trained in DSM-5 criteria.

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Social Phobia and Social Anxiety Disorder: Effect of Disorder Name on Recommendation for Treatment

TO THE EDITOR: A decade ago, researchers (1) raised the question of whether the name “social phobia”—which initially described the fear of specific social situations such as public speaking or eating in front of others—contributed to a minimization of the impairment associated with the disorder. In fact, data suggest that social phobia may not be recognized, by patients or providers, as warranting treatment (2). Those with social phobia show greater delays in seeking treatment and considerable failure to do so at all compared with those with other anxiety and mood disorders (3). Recognizing the pervasive and impairing nature of the condition, the alternative name “social anxiety disorder” was included in DSM-IV.

Using data collected from a telephone survey of residents of New York State, we investigated whether the disorder name affects the perceived need for treatment. The Stony Brook University Center for Survey Research collected data between April and June 2011. Random-digit dialing was used to obtain phone numbers, and the adult resident with the nearest birthday was interviewed. In total, 806 people participated. Weights based on population estimates of six demographic

variables (gender, age, education, race, region within New York, and income) were applied to compensate for lower response rates in some groups.

Respondents heard a brief vignette describing a person who experiences discomfort in social situations and often avoids social events. These symptoms were labeled as either social phobia or social anxiety disorder, and respondents indicated whether the person should seek mental health treatment. Fifty-eight respondents either replied that they did not know (N=40) or declined to answer (N=18). Of the remaining 748 respondents, 83.2% believed the symptoms labeled as social anxiety disorder warranted treatment compared with 75.8% who believed that symptoms labeled social phobia warranted treatment ($\chi^2=6.34$, $df=1$, $p=0.012$). However, the effect size was small (odds ratio=0.663, 95% confidence interval=0.443–0.905) and was not moderated by respondent age, gender, or ethnicity.

These findings are encouraging. Despite a slightly greater likelihood of recommending treatment for social anxiety disorder, the overwhelming majority of respondents endorsed seeking help regardless of diagnosis name. Although the impact of social phobia has been underestimated historically, efforts by researchers, health care providers, and the health care industry appear to have increased public awareness. Still, rates of treatment seeking among these individuals are low. Our findings suggest that using the term “social anxiety disorder” increases the likelihood that the condition will be perceived as requiring treatment. Making social anxiety disorder the official diagnostic label in DSM-5 is appropriate.

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A Fatal Case of Adynamic Ileus Following Initiation of Clozapine

TO THE EDITOR: In patients with treatment-refractory schizophrenia, clozapine is considered the most effective antipsychotic medication (1). However, it has side effects that can limit its usage (2). A seldom-encountered but significant side effect is adynamic ileus. We present here the case of a patient with schizophrenia who developed adynamic ileus within 9 days of initiation of clozapine.