and social networks) and using different but complementary methods (epidemiology, phenomenology, neurophysiology, neuroimaging, etc.). Otherwise, we risk building knowledge upon increasingly frail foundations, thus hindering the understanding and ultimately the care provided to patients.

AUTHORS CONTRIBUTION

TT: Concept of the work, draft of the manuscript, critical review.

SVBG: Critical review of the paper.

PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in 2013.

DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

COMPETING INTERESTS

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Abandoning Old Concepts and Revisiting the Idea of a Diagnostic Hierarchy in Psychiatry

Abandonando Conceitos Antigos e Revisitando a Ideia de uma Hierarquia Diagnóstica em Psiquiatria

Keywords: Mental Disorders/classification; Mental Disorders/diagnosis; Psychotic Disorders; Schizophrenia
Palavras-chave: Esquizofrenia; Perturbações Mentais/classificação; Perturbações Mentais/diagnóstico; Perturbações Psicóticas

To the Editor,

We have read with great interest the letter penned by our fellow psychiatrist Dr Gama Marques published in a recent issue of the Acta Med Port.[1] In his letter, Dr Gama Marques revisits the concepts of pseudo-schizophrenia and secondary schizophrenia. He also emphasises the need for psychiatrists to be vigilant regarding cases of *de facto* organic psychosis misdiagnosed as primary psychosis, namely schizophrenia.

Despite the insightful observations, we diverge from Dr Gama Marques on certain points. The first concerns the concept of pseudo-schizophrenia. Pseudo-schizophrenia is an archaic, ill-defined, concept representing a form of non-diagnosis. The concept goes against the modern notions that any medical diagnostic practice should reside on positive findings, a trend that has received attention in psychiatry and in neurology, particularly in functional disorders.[2] Why use 'schizophrenia' to denote something we suspect is not schizophrenia? If we have reason to believe that a schizophrenia-like syndrome is due to a medical condition, why not just say 'psychosis due to a medical condition'? If a patient with neurosyphilis presents with schizophrenia-like symptoms, they do not have pseudo-schizophrenia or secondary schizophrenia; they simply have neurosyphilis. Despite their historical interest, these concepts are of dubious usefulness and will likely contribute to deteriorated communication among psychiatrists, and between psychiatrists and patients. This first objection leads to our second point of dissent.

During his closing remarks, Dr Gama Marques states that 'schizophrenia is the ultimate diagnosis of exclusion in psychiatry'.[1] Although the spirit of the remark is

understandable, the reference to an exclusion diagnosis brings unwanted noise, as it suggests that every other psychiatric condition is more positively diagnosable than schizophrenia. Thus, we take the opportunity to revisit the concept of diagnostic hierarchy, which is based on the 'organizing principle that polysymptomatic conditions with well-established pathophysiology should rank higher on the diagnostic hierarchy than conditions with fewer symptoms'.[3] The diagnostic hierarchy therefore entails that diagnoses ranked lower in the hierarchy should not be made if diagnoses higher in the hierarchy are present.[3] Despite some controversy, it is hypothesized that this model may improve the performance of clinicians and lead to a reduction of psychotropic prescriptions and misdiagnoses.[3] Famous hierarchies include Fould's hierarchy, with organic and drug-related conditions at its top.[4] Ghaemi[3] adapted the hierarchy for psychiatry, fitting new empirical data regarding psychiatric conditions (first affective, then psychotic, anxious, and personality). With a hierarchical model in mind, particularly the one defended by Ghaemi[3], we are inclined to diverge from the comments of Dr Gama Marques, praising, nonetheless, their ability to elicit discussion.

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COVID-19 em Enfermarias Forenses: O Exemplo do Serviço Regional de Psiquiatria Forense (SRPF-CHPL)

Forensic Units and COVID-19: The Example of the Regional Department of Forensic Psychiatry (SRPF-CHPL)

Palavras-chave: COVID-19; Hospitalização; Pandemia; Portugal; Psiquiatria Forense
Keywords: COVID-19; Forensic Psychiatry; Hospitalization; Pandemics; Portugal

A pandemia de COVID-19 representa um enorme desafio para os serviços de Psiquiatria Forense, particularmente para as enfermarias de segurança, com impacto sobre os indivíduos sujeitos a medida de privação de liberdade (Medida de Segurança). Em 2020 existiam em Portugal, de acordo com dados do Instituto Nacional de Estatística, um total de 159 indivíduos inimputáveis com medidas de segurança aplicadas em hospitais psiquiátricos não prisionais.[1] Os desafios neste contexto são únicos dada a natureza dos doentes e a duração da sua estadia.[2]

Com o início e evolução da situação pandémica em Portugal, a Direção Geral de Reinserção e Serviços Prisionais emitiu uma comunicação a 3 de Abril de 2020, dirigida aos diretores das unidades de internamento de psiquiatria forense. Esta iniciativa teve por objetivo a uniformização de procedimentos nos estabelecimentos onde ocorresse a execução de medidas privativas de liberdade, nomeadamente o internamento de inimputáveis, pela necessidade de evitar riscos e contactos desnecessários com o recluso internado, particularmente vulnerável, face à dupla situação de reclusão e internamento. Entre as medidas implementadas destacaram-se a suspensão de entrada de visitantes, a suspensão de saídas para atividade laboral, formativa ou outras no âmbito do Regime Aberto (medida de execução da pena para o inimputável, semelhante à liberdade condicional. Os pressupostos do Regime Aberto estão detalhados no artigo 14º do Código de Execução de Penas e Medidas Privativas de Liberdade) e a suspensão de atividades de grupo.[3]