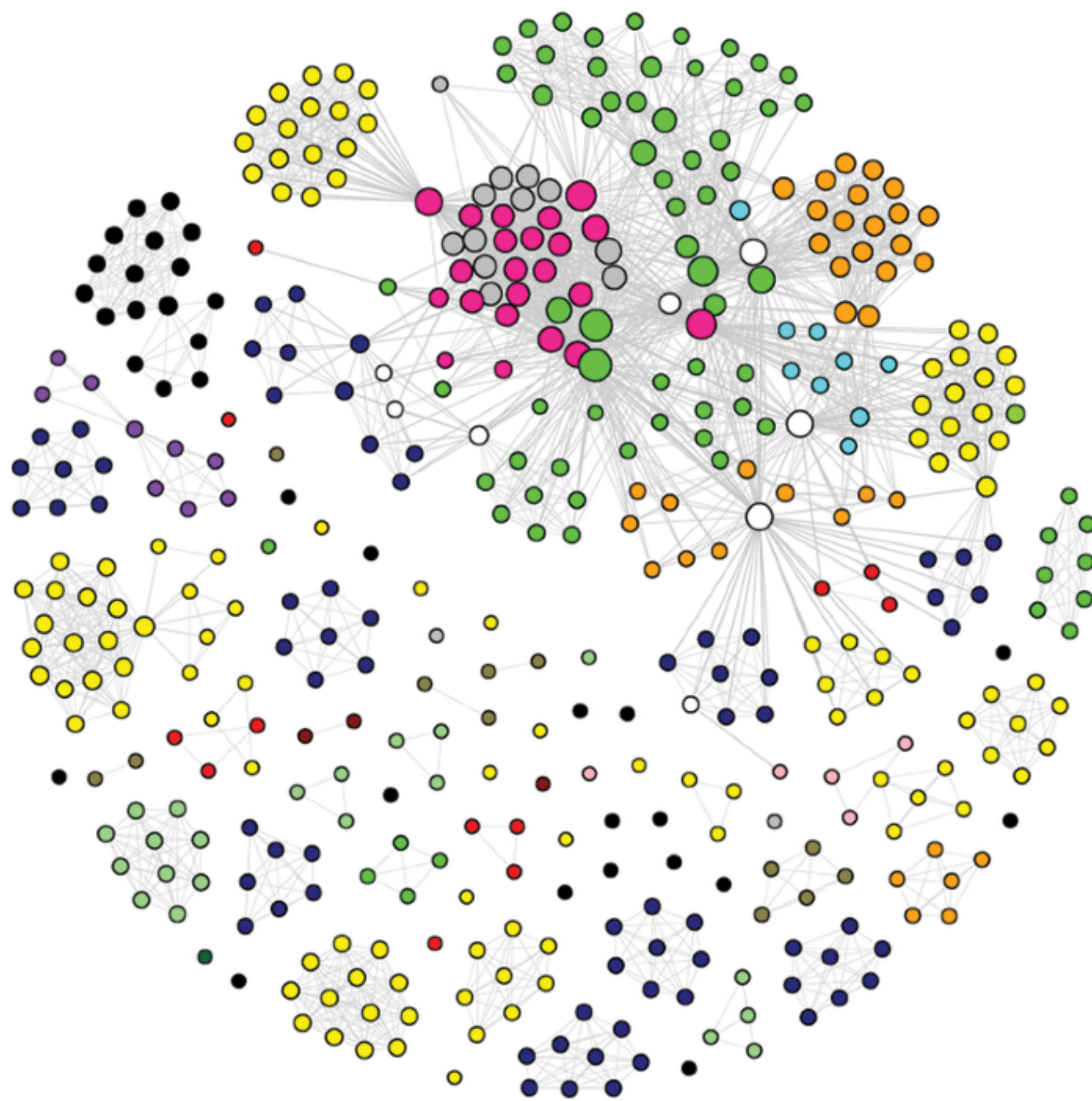


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- Disorders usually first diagnosed in infancy, childhood or adolescence
- Delirium, dementia, and amnesia and other cognitive disorders
- Mental disorders due to a general medical condition
- Substance-related disorders
- Schizophrenia and other psychotic disorders
- Mood disorders
- Anxiety disorders
- Somatoform disorders
- Factitious disorders
- Dissociative disorders
- Sexual and gender identity disorders
- Eating disorders
- Sleep disorders
- Impulse control disorders not elsewhere classified
- Adjustment disorders
- Personality disorders
- Symptom is featured equally in multiple chapters

Symptom netwerken

Small-world of DSM-IV

Problemen methodisch modellpsychopathologie:

geen unieke verpakkingen, zoals griepvirus

-symptomen zijn vaak de diagnose en onzeker te maken







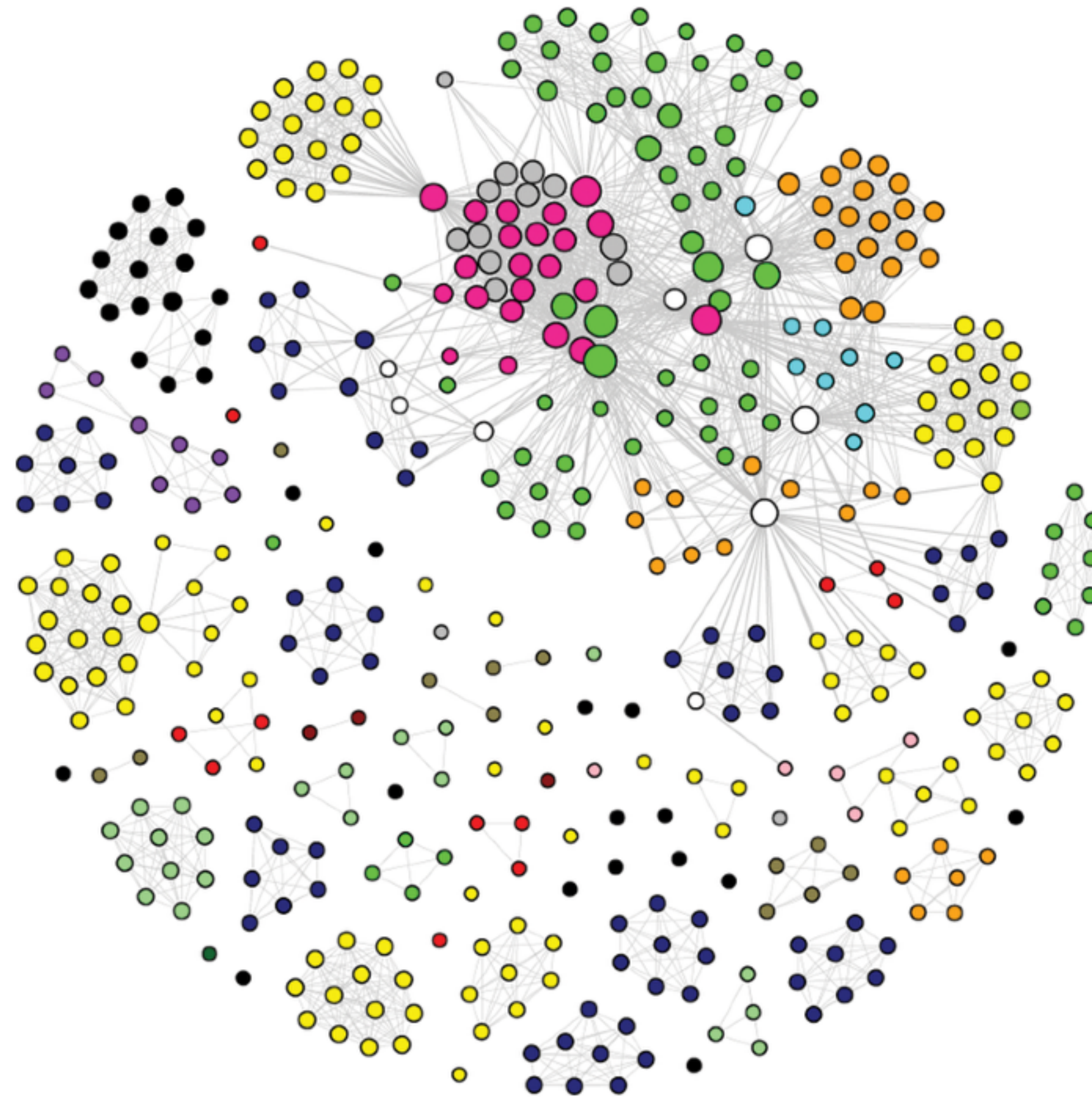


# Symptoom netwerken

## Small-world of DSM-IV

Problemen met het medisch model by psychopathologie:

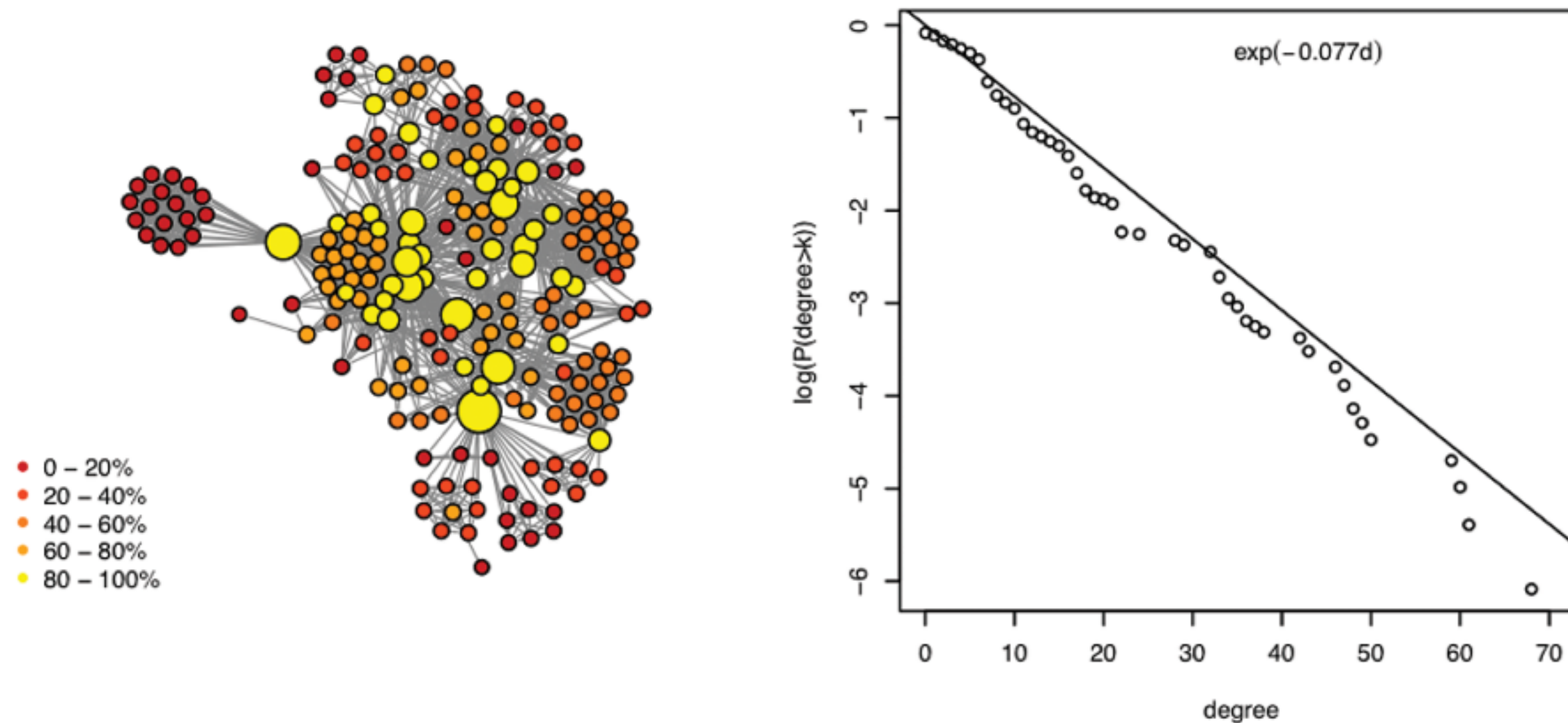
- geen unieke veroorzaker voor symptomen, zoals griepvirus
- symptomen zijn vaak de diagnose en oorzaak tegelijk



- Disorders usually first diagnosed in infancy, childhood or adolescence
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# Symptom netwerken



We show that

- a) half of the symptoms in the DSM-IV network are connected,
- b) the architecture of these connections conforms to a **small world structure**, featuring a **high degree of clustering** but a **short average path length**, and
- c) distances between disorders in this **structure predict empirical comorbidity rates**. Network simulations of Major Depressive Episode and Generalized Anxiety Disorder show that the model faithfully reproduces empirical population statistics for these disorders.