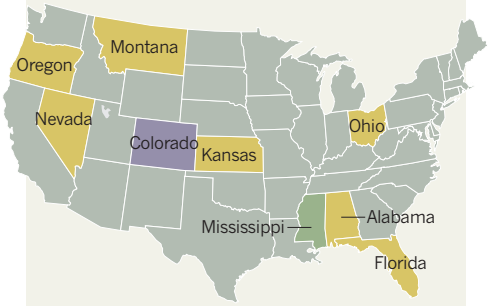
But opponents say that the wording of the amendment means that it could interfere with established medical practices. "If personhood begins at fertilization, then we have to talk about IVF and birth control," says Jonathan Will, director of the Bioethics and Health Law Center at Mississippi College in Jackson. Some forms of contraception, such as the intrauterine device and emergency hormonal contraceptive pills, prevent fertilized embryos from implanting in the uterine wall and so could be considered illegal under the amendment, experts say.

Fertility doctors add that the measure could hamper IVF and endanger the would-be mother and her offspring.

To give patients the best chance of pregnancy, doctors typically fertilize 8–10 eggs and implant only the one or two embryos that seem most vigorous. The rest are stored or discarded. If a doctor is forced to implant all fertilized eggs to avoid prosecution, then the patient is more likely to have multiple pregnancies, which can be risky for her and the fetuses. Yet limiting the number of embryos created for IVF to only the number of children desired reduces the chance of success and increases the likelihood that women will have to undergo the difficult and expensive procedure more than once.

STATES OF PLAY

'Personhood' initiatives or their equivalents, which aim to grant human status at the moment of fertilization, are becoming an increasingly familiar feature of state-wide elections in the United States.



Defeated in state ballots in 2008 and 2010
Will appear on state ballot in 2011
May appear on state ballot in 2012

Proponents of Initiative 26 point out that other countries have already legally limited the number of fertilizations in IVF. In Italy, for example, a law introduced in 2004 limits doctors to fertilizing only three eggs and requires all resulting embryos to be implanted. Yet studies suggest that the law has reduced the success rate of IVF and increased the number of triplet pregnancies (P. E. Levi Setti *et al. Fertil. Steril.* **90,** 1081–1086; 2008).

As the campaign for Initiative 26 heads into its final days, voters have been bombarded with commentaries, blogs, YouTube videos and public rallies on both sides of the debate. Flint acknowledges that, at this point, the defeat of the Mississippi initiative would be a turnaround, but an increasingly vocal opposition movement has thrown predictions of an easy victory for the initiative into question. "Starting from a dead stop at two months out, we have put together a major campaign," says Flint. "The momentum has swung strongly towards the opposition to this amendment." ■

PSYCHIATRY

Mental-health guide accused of overreach

Dispute grows over revisions to diagnostic handbook.

BY HEIDI LEDFORD

Psychologist David Elkins had modest ambitions for his petition. He and his colleagues were worried that proposed changes to an influential handbook of mental disorders could classify normal behaviours as psychological conditions, potentially leading to inappropriate treatments. So they laid out their concerns in an open letter, co-sponsored by five divisions of the American Psychological Association in Washington DC. "I thought, 'Well, maybe we'll get a couple or maybe 30 signatures'," says Elkins, an emeritus professor at Pepperdine University in Malibu, California.

But the letter, posted online on 22 October (go.nature.com/uhmvqq), touched a nerve. Within 10 days more than 2,800 people had signed it, many identifying themselves as mental-health professionals.

The petition targets proposed revisions to the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*), a tome used by psychiatrists, psychologists, counsellors and others worldwide to diagnose mental maladies and set research agendas. The American Psychiatric Association, based in Arlington, Virginia, plans to publish a new edition of the manual, *DSM-5*, in 2013. The association has declined to comment on Elkins's petition.

Psychiatrist Allen Frances, who was the chief architect of *DSM-IV* and is an outspoken critic of its successor, has dubbed the open letter a "buyer's revolt". "I think the petition is the last best hope to influence the *DSM-5* from the outside," says Frances, an emeritus professor at Duke University School of Medicine in Durham, North Carolina.

"There should be a black box warning about how child bipolar disorder is being overdiagnosed."

Elkins's petition is not the first to raise concerns that the *DSM-5* proposals could overreach. In June, the British Psychological Society, based in Leicester, issued a critique that highlighted, for example, the proposed addition of 'attenuated psychosis syndrome'. The society argued that this could be used "to stigmatize eccentric people".

Elkins and his colleagues have complained about other proposals, such as the elimination of a 'bereavement exclusion' in the diagnosis of major depression. The previous edition of the manual recommended that the condition not be diagnosed in people grieving the death of a loved one within the previous two months. The revisions shorten this to two weeks, a change that troubles psychiatrist Ramin Mojtabai of the Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland. Categorizing these patients as having depression could boost the use of medications when psychotherapy may be the better treatment, he says.

Efforts to tighten loose definitions of attention deficit and hyperactivity disorder (ADHD) and bipolar disorder in children have also proved controversial. In response to worries that inexact criteria may have contributed to a surge in diagnoses of these conditions since the 1990s, the *DSM-5* task force has proposed a syndrome called 'disruptive mood dysregulation disorder', which would provide an alternative to labelling a child as bipolar or having ADHD. But Frances says that is not enough. "There should be a black box warning about how child bipolar disorder is being overdiagnosed," he says. "Instead, they've created a new disorder."

Field trials of the proposed *DSM-5* criteria have been completed and investigators plan to publish the results. Helena Kraemer, a statistician and emeritus professor at Stanford University School of Medicine in Palo Alto, California, who is on the *DSM-5* committee, says that results from trials of some criteria will indicate whether they generate more frequent diagnoses.

But Mojtabai cautions that trial results may not reflect what will happen when *DSM-5* is published. "Any trial is artificial," he says. "The clinicians in these trials have intensive training, but people who will use this manual in clinical practice will not receive that level of instruction." ■