APA Official Actions

Position Statement on Neuroscience-based Nomenclature (NbN) Project

Approved by the Board of Trustees, December 2025
Approved by the Assembly, November 2025

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

Issue:

APA has been a strong and inspiring leader in defining, classifying and updating psychiatric diagnoses over the past 70 years. However, such efforts have not been made regarding the classification and nomenclature of psychotropic drugs. The present nomenclature of psychotropic drugs is 60 years old and has not kept up with changes in diagnosis and developments in neuroscience.

In order to rectify the situation, Neuroscience-based Nomenclature (NbN) has been developed. NbN is based on pharmacological mechanisms of drugs in the brain and, is updated when new information becomes available. The classification of these drugs is based on known and accepted properties.

Positive features of the NbN project include:

- The potential for improved patient acceptance of medication recommendations, i.e. a resolution to the "Why am I getting an antidepressant if I'm not depressed?" problem.
- A harmonization of psychiatry with other specialties, e.g. the reference to specific mechanisms of action (MOA) rather than the generic category of "anti-psychotic medications".
- Avoidance of non-scientific terminology such as "major and minor tranquilizers" or "second generation antipsychotics".
- Providing an important teaching tool that presents the depth and richness of the neuroscience fabric of psychotropics.
- Expanding the psychiatric toolbox; NbN points out that by using pharmacological domains and mode of action, 60 different types of pharmacological tools are uncovered. (i.e., drugs that are different from each other by pharmacological domain and /or mode of action). This not only provides more nuances in prescribing, but also opens the door to precise medicine and helps clinicians to make an informed choice (e.g. in a case of augmentations) by selecting medication with different pharmacology and/or MOA.

APA Position:

1. **Neuroscience-based Nomenclature (NbN) should be used in psychiatric nomenclature to avoid confusion in communications within the field, with patients, and with the public.**

2. **There is a need for more pilot trials, similar to diagnostic-manual field studies, aimed at determining whether NbN improves patient-physician communication, patient satisfaction, medication adherence, or metrics related to quality of care.**

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