

Pszichiátriai zavarok osztályozása és differenciáldiagnosztikája

Szekeres György PhD

2018. október 17.

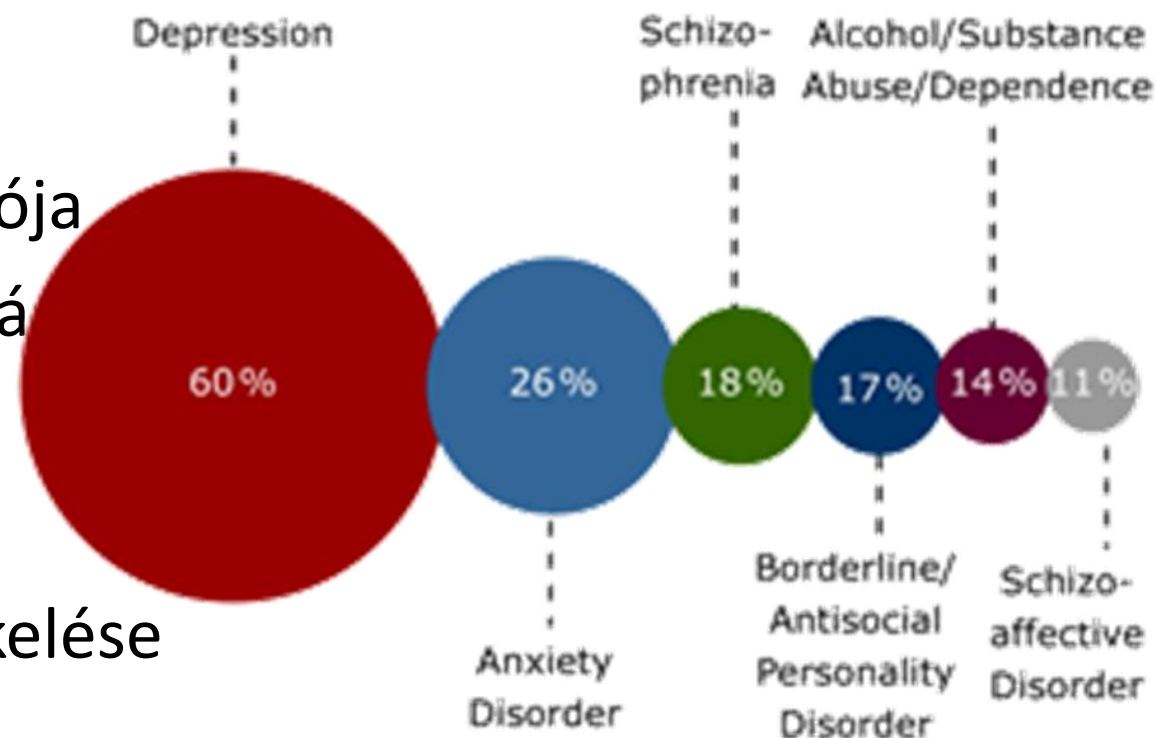
Miről fogunk hallani?

- **Klasszifikációs rendszerek ismérvei**
- **DSM rendszerek**
- **BNO verziók**

Miért kellene osztályozni

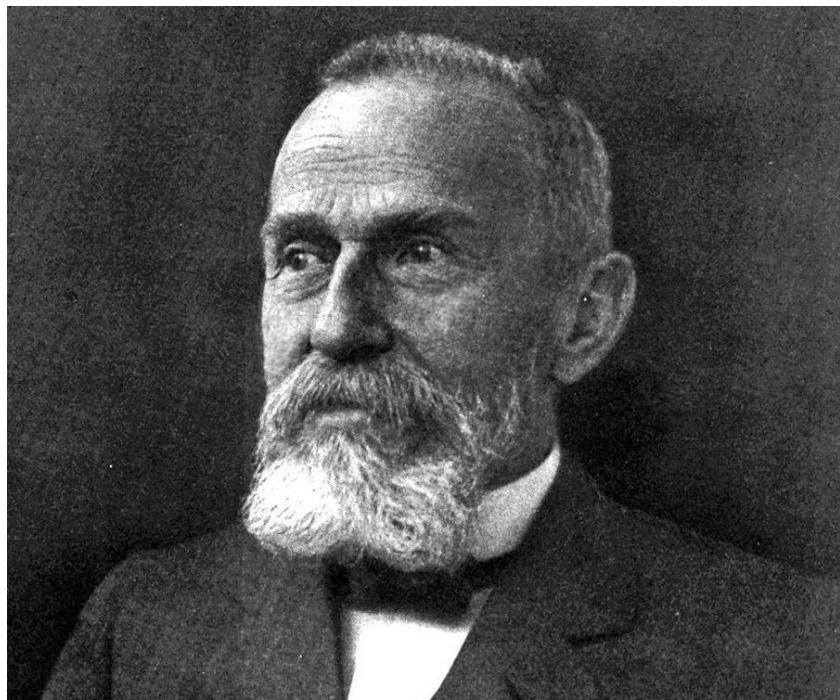
AV 1. Percentage of Patients With Bipolar Disorder Who Received Misdiagnoses Categorized by Disorder

- klinikusok egymás közti kommunikációja
- közös nyelv a pszichiátriai zavarok leírására
- oktatás
- kutatás
- az adatok statisztikai rendezése, értékelése



Data from Hirschfeld et al¹

A kezdetek



Emil Kraepelin 1856-1926



Eugen Bleuler 1857-1939

Karl Leonhard (1904-1988) rendszere

- Affektív pszichózisok
 - Bipoláris (mániás-depressziós pszichózisok)
 - Tiszta melankólia, tiszta mánia
 - Tiszta depressziók, tiszta eufóriák
- Cikloid pszichózisok
 - Szorongás-boldogság pszichózis
 - Gátolt-izgatott zavartság pszichózis
 - Akinetikus-hiperkinetikus motilitáspszichózis
- Szkizofréniák
 - Szisztematikus
 - Nem-szisztematikus

Karl Leonhard (1904-1988) rendszere

- Orvosi modellre törekvés
 - azonos formában visszatérő specifikus kórszármazás, patogenezis, tüneti kép, kórlefordítás, végállapot és agyopatológiai lelet
- Korát jelentősen megelőző periódusos rendszer
- Kis betegségsegységek
- Aprólékos fenomenológia
- Terápiás vonatkozások háttérben maradtak

Milyen a jó klasszifikációs rendszer?

- Helyi „szabályok” vs. szakértői konszenzus
- Nem anekdotikus klinikai tapasztalatok egymásnak gyakran ellentmondó tényeinek „kompromisszumba” dolgozása
- Tényleges ADATOK vs. vélemények
- Tisztázott fogalmak és módszerek
- Tesztelhetőség

Milyen a jó klasszifikációs rendszer?

- Nemzetközi konszenzus
- Explicit kritériumok
- Diagnosztikus egységek validálása, megbízhatósága
- Fejleszthető
- Kutatási eredményekre, klinikai tapasztalatokra alapul

PreDSM idők

- 1830 census: idiocy/insanity
- By the 1880 census, seven categories of mental health were distinguished: mania, melancholia, monomania, paresis, dementia, dipsomania, and epilepsy
- APA 1917 új guide az elmekórházak részére: Statistical Manual for the Use of Institutions for the Insane – 22 kórisme!

DSM-I

DIAGNOSTIC AND STATISTICAL
MANUAL OF MENTAL DISORDERS

DSM-II

DIAGNOSTIC AND STATISTICAL
MANUAL OF MENTAL DISORDERS

DSM-III

DIAGNOSTIC AND STATISTICAL
MANUAL OF MENTAL DISORDERS

DSM-IV

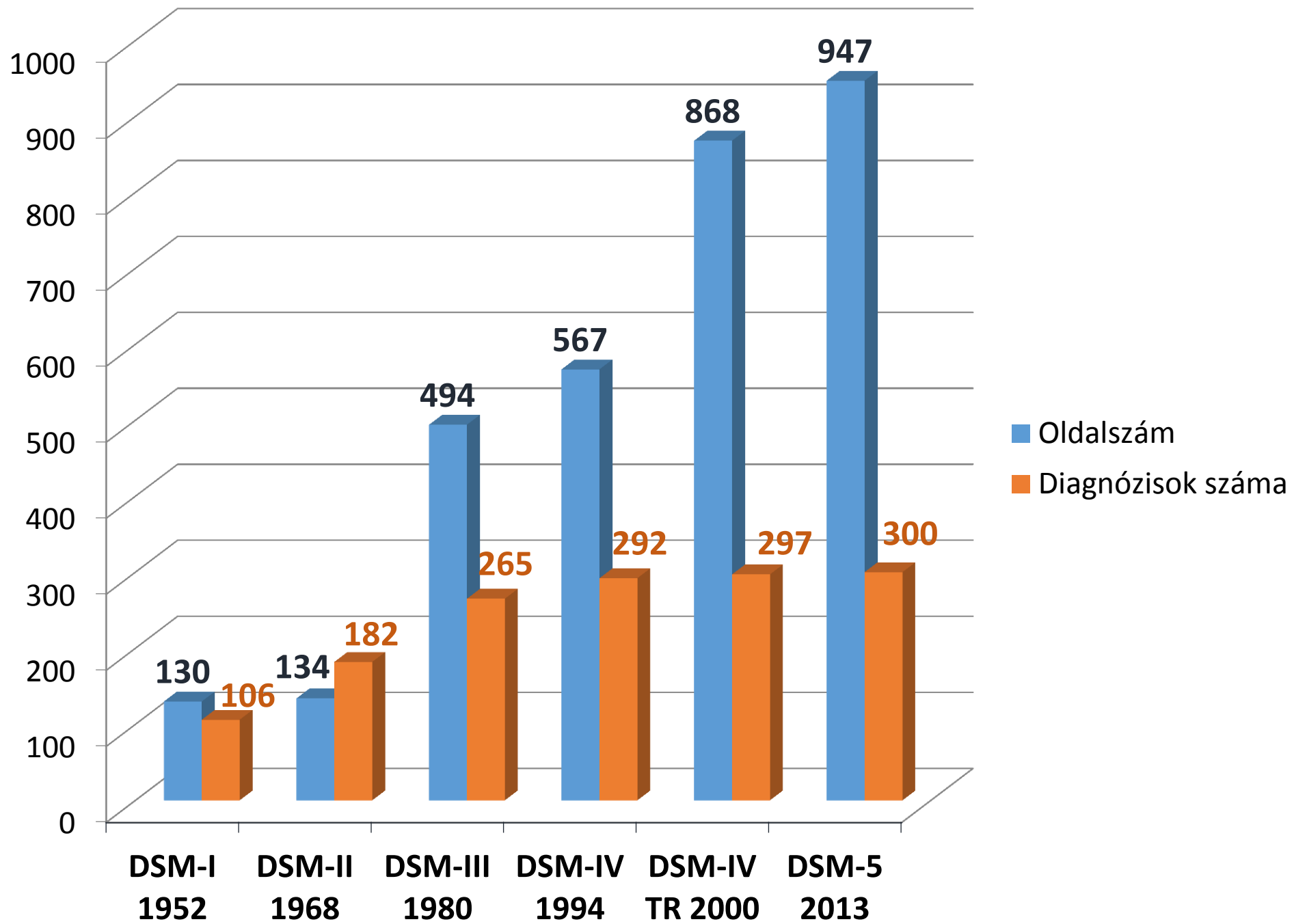
DIAGNOSTIC AND STATISTICAL
MANUAL OF MENTAL DISORDERS

DSM-5

DIAGNOSTIC AND STATISTICAL
MANUAL OF MENTAL DISORDERS

5

**Diagnostic and Statistical
Manual of Mental Disorders**



DIAGNOSTIC
AND
STATISTICAL
MANUAL OF

MENTAL
DISORDERS



SECOND EDITION (DSM-II)
AMERICAN PSYCHIATRIC ASSOCIATION

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DSM-III (1980)

- Kormányzat, biztosítók, farmakológiai kutatások
- Explicit diagnosztikus kategóriák – deskriptív jelleg
- Etiológiai állásfoglalás mellőzése
- Multiaxiális rendszer
- Strukturált diagnosztikus interjú
- Neurózis elvetése
- Homoszexualitás -

DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS

FOURTH EDITION

DSM-IV™

AMERICAN PSYCHIATRIC ASSOCIATION

DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS

FOURTH EDITION

TEXT REVISION

DSM-IV-TR™

AMERICAN PSYCHIATRIC ASSOCIATION

DSM-IV (1994)

- kategóriák mintegy 95%-a ismét módosult
- Új alcsoportok és specifikációk
- Csaknem mindenütt kritérium lett: szignifikáns szenvedést, vagy funkciókárosodást okoz!
- Multiaxiális leírás
 - I. fő betegség
 - II. személyiségzavarok, a mentális retardáció és az intellektuális működés határesete
 - III. komorbid általános egészségi állapot
 - IV. pszichoszociális és környezeti problémák
 - V. általános funkcionális szint

DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS

FIFTH EDITION

DSM-5

AMERICAN PSYCHIATRIC ASSOCIATION

Section II

Diagnostic Criteria and Codes

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Bipolar and Related Disorders

Bipolar and related disorders are separated from the depressive disorders in DSM-5 and placed between the chapters on schizophrenia spectrum and other psychotic disorders and depressive disorders in recognition of their place as a bridge between the two diagnostic classes in terms of symptomatology, family history, and genetics. The diagnoses included in this chapter are bipolar I disorder, bipolar II disorder, cyclothymic disorder, substance/medication-induced bipolar and related disorder, bipolar and related disorder due to another medical condition, other specified bipolar and related disorder, and unspecified bipolar and related disorder.

The bipolar I disorder criteria represent the modern understanding of the classic manic-depressive disorder or affective psychosis described in the nineteenth century, differing from that classic description only to the extent that neither psychosis nor the lifetime experience of a major depressive episode is a requirement. However, the vast majority of individuals whose symptoms meet the criteria for a fully syndromal manic episode also experience major depressive episodes during the course of their lives.

Bipolar II disorder, requiring the lifetime experience of at least one episode of major depression and at least one hypomanic episode, is no longer thought to be a "milder" condition than bipolar I disorder, largely because of the amount of time individuals with this condition spend in depression and because the instability of mood experienced by individuals with bipolar II disorder is typically accompanied by serious impairment in work and social functioning.

The diagnosis of cyclothymic disorder is given to adults who experience at least 2 years (for children, a full year) of both hypomanic and depressive periods without ever fulfilling the criteria for an episode of mania, hypomania, or major depression.

A large number of substances of abuse, some prescribed medications, and several medical conditions can be associated with manic-like phenomena. This fact is recognized in the diagnoses of substance/medication-induced bipolar and related disorder and bipolar and related disorder due to another medical condition.

DSM-IV	DSM-5
Hangulatzavarok között tárgyalja	Önálló csoportként (szkizofréniák és depressziós zavarok között elhelyezve): elismerve önálló entitását
Mánia: emelkedett, expanzív vagy irritábilis hangulat legalább 1 hétig	Mánia: emelkedett, expanzív vagy irritábilis hangulat és fokozott aktivitás és energia
C. nem felel meg kevert epizódnak	Kiesett ez a feltétel
Olyan mániás állapot, ami biológiai antidepresszív kezelést (antidepresszáns, ECT, fényterápia) követően alakul ki, nem bipoláris zavar	Az ilyen állapot, ha a beavatkozás fiziológiai hatásának elmúltával is észlelhető (antidepresszáns gyógyszer elhagyása, majd kiürülése után is), bipoláris zavarnak minősül
Bipoláris I zavar kevert epizód feltétele: a beteg egyidejűleg teljesítse mind a mánia, mind a major depressziós epizód valamennyi kritériumát	„Kevert tünetekkel” megkülönböztető jelzés alkalmazandó az ellentétes pólusú jelek valamennyi, változatos arányú keveredése esetén (I és II típusúban is)

A BNO-król

- WHO kezelésében 1948 óta
- Bertillon Classification of Causes of Death International Statistical Institute (Chicago) kongresszusán 1893-ban
- Népegészségügyi és háborús szükséglet
- ICD elnevezés a 6. verziótól (1949) kezdve; először önálló szekcióban a mentális zavarok
- 8. verzióban kapnak rövid leírást a pszichiátriai kódok
- 9-ben jelentős bővülés, de túlságosan átfogók, inkább laza leírások, mint kritériumok

BNO-10

- 1994-től alkalmazzák a tagállamok (Magyarország is)
- Mentális zavarok látványosan bővültek: „F” kódok
- Továbbra is laza kritériumok
- Nincs multiaxiális leírás
- Inkább statisztikai/finanszírozási, mint kutatási célok

01	BNO-10-01 – Fertőző és parazitás betegségek	A00–B99
02	BNO-10-02 – Daganatok	C00–D48
03	BNO-10-03 – A vér és a vérképző szervek betegségei és az immunrendszert érintő bizonyos rendellenességek	D50–D89
04	BNO-10-04 – Endokrin, táplálkozási és anyagcsere betegségek	E00–E99
05	BNO-10-05 – Mentális és viselkedészavarok	F00–F99
06	BNO-10-06 – Az idegrendszer betegségei	G00–G99
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08	BNO-10-08 – A fül és a csecsnyúlvány megbetegedései	H60–H95
09	BNO-10-09 – A keringési rendszer betegségei	I00–I99
10	BNO-10-10 – A légzőrendszer betegségei	J00–J99
11	BNO-10-11 – Az emésztőrendszer betegségei	K00–K93
12	BNO-10-12 – A bőr és bőralatti szövet betegségei	L00–L99
13	BNO-10-13 – A csont-izomrendszer és kötőszövet betegségei	M00–M99
14	BNO-10-14 – Az urogenitális rendszer megbetegedései	N00–N99
15	BNO-10-15 – Terhesség, szülés és a gyermekágy	O00–O99
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18	BNO-10-18 – Máshova nem osztályozott panaszok, tünetek és kóros klinikai és laboratóriumi leletek	R00–R99
19	BNO-10-19 – Sérülés, mérgezés és külső okok bizonyos egyéb következményei	S00–T98
20	BNO-10-20 – A morbiditás és mortalitás külső okai	V01–Y98
21	BNO-10-21 – Az egészségi állapotot és egészségügyi szolgálatokkal való kapcsolatot befolyásoló tényezők	Z00–Z99
(22)	BNO-10-22 – Speciális kódok	U00–U99

BNO-10

Organikus és szimptomatikus mentális zavarok (F00-F09)

Pszichoaktív szer használata által okozott mentális és viselkedészavarok (F10-F19)

Szkizofrénia, szkizotípiás és paranoid (deluzív) rendellenességek (F20-F29)

Hangulatzavarok (affektív rendellenességek) (F30-F39)

Neurotikus, stresszhez társuló és szomatoform rendellenességek (F40-F48)

Viselkedészavar szindrómák, fiziológiai zavarokkal és fizikai tényezőkkel társulva (F50-F59)

A felnőtt személyiség és viselkedés zavarai (F60-F69)

Mentális retardáció (F70-F79)

A pszichés (lelki) fejlődés zavarai (F80-F89)

A viselkedés és érzelmi-hangulati élet rendszerint gyermekkorban vagy serdülőkorban jelentkező zavarai (F90-F98)

ICD-10 Version:2010

Search [Advanced Search]

ICD-10 Versions - Languages Info

- ▼ F20-F29 Schizophrenia, schizotypal and delusional disorders
 - ▼ F20 Schizophrenia
 - F20.0 Paranoid schizophrenia
 - F20.1 Hebephrenic schizophrenia
 - F20.2 Catatonic schizophrenia
 - F20.3 Undifferentiated schizophrenia
 - F20.4 Post-schizophrenic depression
 - F20.5 Residual schizophrenia
 - F20.6 Simple schizophrenia
 - F20.8 Other schizophrenia
 - F20.9 Schizophrenia, unspecified
 - F21 Schizotypal disorder
 - ▶ F22 Persistent delusional disorders
 - ▶ F23 Acute and transient psychotic disorders
 - F24 Induced delusional disorder
 - ▼ F25 Schizoaffective disorders
 - F25.0 Schizoaffective disorder, manic type
 - F25.1 Schizoaffective disorder, depressive type
 - F25.2 Schizoaffective disorder, mixed type
 - F25.8 Other schizoaffective disorders
 - F25.9 Schizoaffective disorder, unspecified
 - F28 Other nonorganic psychotic disorders
 - F29 Unspecified nonorganic psychosis
 - ▶ F30-F39 Mood [affective] disorders

and a larger group of acute and transient psychotic disorders. Schizoaffective disorders have been retained here in spite of their controversial nature.

F20 Schizophrenia

The schizophrenic disorders are characterized in general by fundamental and characteristic distortions of thinking and perception, and affects that are inappropriate or blunted. Clear consciousness and intellectual capacity are usually maintained although certain cognitive deficits may evolve in the course of time. The most important psychopathological phenomena include thought echo; thought insertion or withdrawal; thought broadcasting; delusional perception and delusions of control; influence or passivity; hallucinatory voices commenting or discussing the patient in the third person; thought disorders and negative symptoms.

The course of schizophrenic disorders can be either continuous, or episodic with progressive or stable deficit, or there can be one or more episodes with complete or incomplete remission. The diagnosis of schizophrenia should not be made in the presence of extensive depressive or manic symptoms unless it is clear that schizophrenic symptoms antedate the affective disturbance. Nor should schizophrenia be diagnosed in the presence of overt brain disease or during states of drug intoxication or withdrawal. Similar disorders developing in the presence of epilepsy or other brain disease should be classified under F06.2, and those induced by psychoactive substances under F10-F19 with common fourth character .5.

- Excl.:** schizophrenia:
- acute (undifferentiated) (F23.2)
 - cyclic (F25.2)
- schizophrenic reaction (F23.2)
schizotypal disorder (F21)

F20.0 Paranoid schizophrenia

Paranoid schizophrenia is dominated by relatively stable, often paranoid delusions, usually accompanied by hallucinations, particularly of the auditory variety, and perceptual disturbances. Disturbances of affect, volition and speech, and catatonic symptoms, are either absent or relatively inconspicuous.

Paraphrenic schizophrenia

- Excl.:** involuntal paranoid state (F22.8)
paranoia (F22.0)

▶ F20-F29 Schizophrenia, schizotypal and delusional disorders

▼ F30-F39 Mood [affective] disorders

▶ F30 Manic episode

▼ F31 Bipolar affective disorder

F31.0 Bipolar affective disorder, current episode hypomanic

F31.1 Bipolar affective disorder, current episode manic without psychotic symptoms

F31.2 Bipolar affective disorder, current episode manic with psychotic symptoms

F31.3 Bipolar affective disorder, current episode mild or moderate depression

F31.4 Bipolar affective disorder, current episode severe depression without psychotic symptoms

F31.5 Bipolar affective disorder, current episode severe depression with psychotic symptoms

F31.6 Bipolar affective disorder, current episode mixed

F31.7 Bipolar affective disorder, currently in remission

F31.8 Other bipolar affective disorders

F31.9 Bipolar affective disorder, unspecified

▶ F32 Depressive episode

▶ F33 Recurrent depressive disorder

▶ F34 Persistent mood [affective] disorders

▶ F38 Other mood [affective] disorders

F39 Unspecified mood [affective] disorder

F30.9 Manic episode, unspecified
Mania NOS

F31 Bipolar affective disorder

A disorder characterized by two or more episodes in which the patient's mood and activity levels are significantly disturbed, this disturbance consisting on some occasions of an elevation of mood and increased energy and activity (hypomania or mania) and on others of a lowering of mood and decreased energy and activity (depression). Repeated episodes of hypomania or mania only are classified as bipolar.

Incl.: manic depression
manic-depressive:

- illness
- psychosis
- reaction

Excl.: bipolar disorder, single manic episode ([F30.-](#))
cyclothymia ([F34.0](#))

F31.0 Bipolar affective disorder, current episode hypomanic

The patient is currently hypomanic, and has had at least one other affective episode (hypomanic, manic, depressive, or mixed) in the past.

F31.1 Bipolar affective disorder, current episode manic without psychotic symptoms

The patient is currently manic, without psychotic symptoms (as in [F30.1](#)), and has had at least one other affective episode (hypomanic, manic, depressive, or mixed) in the past.

F31.2 Bipolar affective disorder, current episode manic with psychotic symptoms

The patient is currently manic, with psychotic symptoms (as in [F30.2](#)), and has had at least one other affective episode (hypomanic, manic, depressive, or mixed) in the past.

F31.3 Bipolar affective disorder, current episode mild or moderate depression

The patient is currently depressed, as in a depressive episode of either mild or moderate severity ([F32.0](#) or [F32.1](#)), and has had at least one authenticated hypomanic, manic, or mixed affective episode in the past.

ICD-10 Version:2010

Search [Advanced Search]

ICD-10 Versions - Languages Info

- ▶ F50-F59 Behavioural syndromes associated with physiological disturbances and physical factors
- ▼ F60-F69 Disorders of adult personality and behaviour
 - ▶ F60 Specific personality disorders
 - F61 Mixed and other personality disorders
 - ▶ F62 Enduring personality changes, not attributable to brain damage and disease
 - ▶ F63 Habit and impulse disorders
 - ▶ F64 Gender identity disorders
 - ▶ F65 Disorders of sexual preference
 - ▶ F66 Psychological and behavioural disorders associated with sexual development and orientation
 - ▶ F68 Other disorders of adult personality and behaviour
 - F69 Unspecified disorder of adult personality and behaviour
 - ▶ F70-F79 Mental retardation
 - ▶ F80-F89 Disorders of psychological development
 - ▶ F90-F98 Behavioural and emotional disorders with onset usually occurring in childhood and adolescence
 - ▶ F99-F99 Unspecified mental disorder
- ▶ VI Diseases of the nervous system
- ▶ VII Diseases of the eye and adnexa
- ▶ VIII Diseases of the ear and mastoid process
- ▶ IX Diseases of the circulatory system
- ▶ X Diseases of the respiratory system

These are severe disturbances in the personality and behavioural tendencies of the individual; not directly resulting from disease, damage, or other insult to the brain, or from another psychiatric disorder; usually involving several areas of the personality; nearly always associated with considerable personal distress and social disruption; and usually manifest since childhood or adolescence and continuing throughout adulthood.

F60.0 Paranoid personality disorder

Personality disorder characterized by excessive sensitivity to setbacks, unforgiveness of insults; suspiciousness and a tendency to distort experience by misconstruing the neutral or friendly actions of others as hostile or contemptuous; recurrent suspicions, without justification, regarding the sexual fidelity of the spouse or sexual partner; and a combative and tenacious sense of personal rights. There may be excessive self-importance, and there is often excessive self-reference.

- Personality (disorder):
- expansive paranoid
 - fanatic
 - querulant
 - paranoid
 - sensitive paranoid

- Excl.:** paranoia ([F22.0](#))
paranoia querulans ([F22.8](#))
paranoid:
- psychosis ([F22.0](#))
 - schizophrenia ([F20.0](#))
 - state ([F22.0](#))

F60.1 Schizoid personality disorder

Personality disorder characterized by withdrawal from affectional, social and other contacts with preference for fantasy, solitary activities, and introspection. There is a limited capacity to express feelings and to experience pleasure.

- Excl.:** Asperger syndrome ([F84.5](#))
delusional disorder ([F22.0](#))
schizoid disorder of childhood ([F64.5](#))
schizophrenia ([F20.-](#))
schizotypal disorder ([F21](#))

BNO-11

Mit hoz a jövő?

World Health Organization

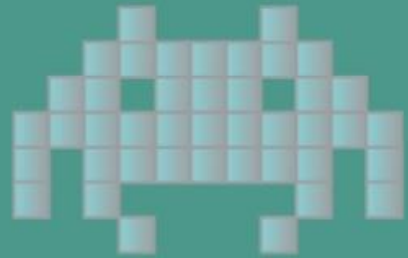
ICD 11

- 55000 codes in ICD-11** v 14400 in ICD-10
- 31 countries** were involved in ICD-11 field testing
- 1673 participants** taking part in 112383 code assignments

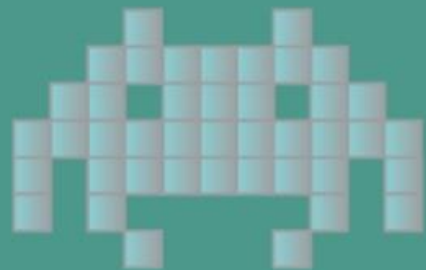
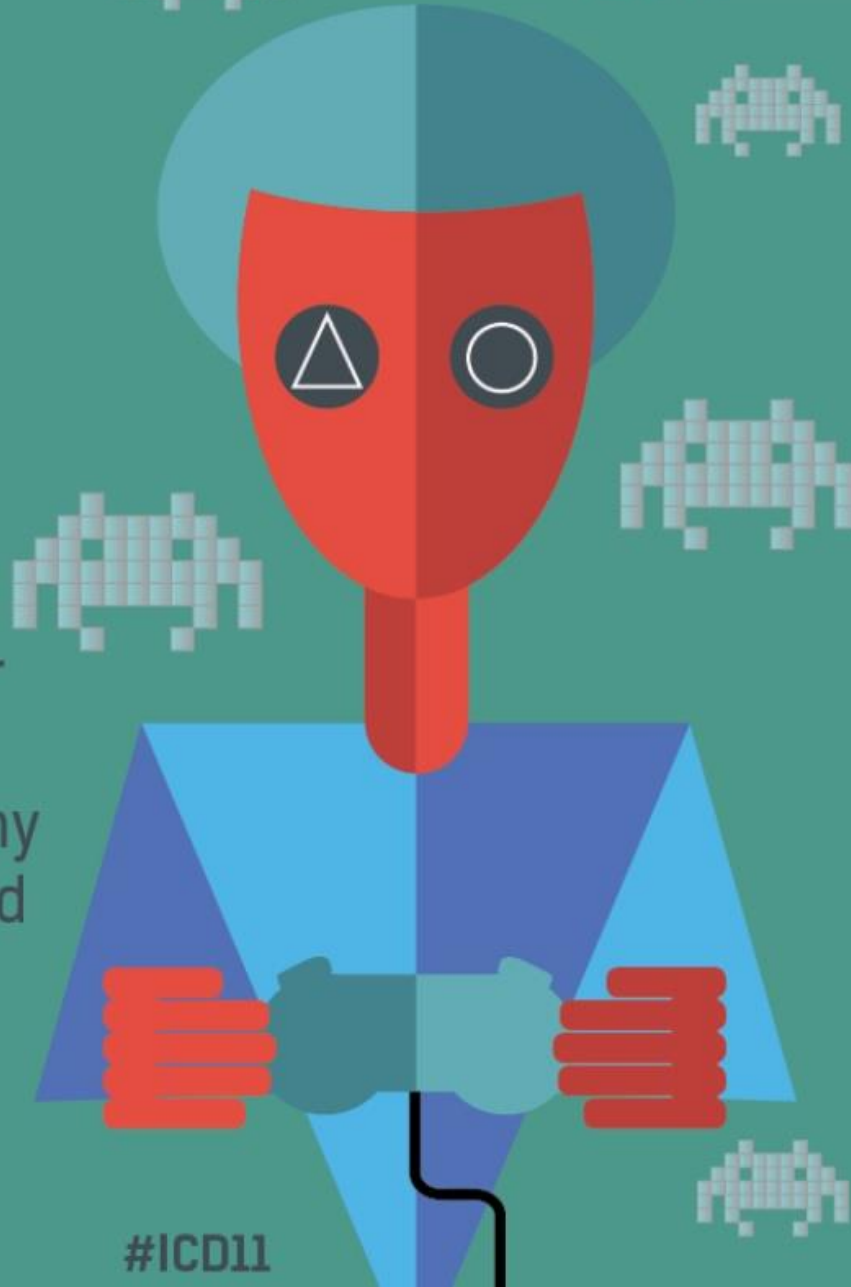
#ICD11

GAMING DISORDER

CODE 6C51



For the first time,
WHO is classifying
gaming disorder
as an addictive
behaviour disorder
– now we can
measure how many
people are affected



#ICD11

Bűnügy

Egy éven át tervezgette, hogyan fogja megölni az anyját a szerepjáték függő férfi

Az egyetemista 2015 októberében kezdte el megtervezni anyja meggyilkolását, az ötletet egy filmből merítette.



Hírpress
5042 kedvelés

HÍR PRESS

Tetszik az oldal Megosztás

Az ismerőseid közül te lehetsz az első, akinek ez tetszik.

FrissPress

Tűz volt egy vajai lakóházban

Karambolozott két autó a 31-es főúton

Rendben

ICD-11 for Mortality and Morbidity Statistics (2018)

Search [Advanced Search]

- Browse
- Coding Tool
- Special Views
- Info

- ICD-11 - Mortality and Morbidity Statistics
 - 01 Certain infectious or parasitic diseases
 - 02 Neoplasms
 - 03 Diseases of the blood or blood-forming organs
 - 04 Diseases of the immune system
 - 05 Endocrine, nutritional or metabolic diseases
 - 06 Mental, behavioural or neurodevelopmental disorders
 - 07 Sleep-wake disorders
 - 08 Diseases of the nervous system
 - 09 Diseases of the visual system
 - 10 Diseases of the ear or mastoid process
 - 11 Diseases of the circulatory system
 - 12 Diseases of the respiratory system
 - 13 Diseases of the digestive system
 - 14 Diseases of the skin
 - 15 Diseases of the musculoskeletal system or connective tissue
 - 16 Diseases of the genitourinary system
 - 17 Conditions related to sexual health
 - 18 Pregnancy, childbirth or the puerperium
 - 19 Certain conditions originating in the perinatal period
 - 20 Developmental anomalies

ICD-11 for Mortality and Morbidity Statistics (ICD-11 MMS) 2018 version

Version for preparing implementation

Release Notes

- The code structure for the ICD-11 MMS is stable.
- Updating mechanism is in place, based on the proposals submitted on the [maintenance platform](#)

1 példa a kódolás változására

- korai kezdetű Alzheimer demenciát F00.0 kóddal jelöltük, ez 2022. januártól 6D80 lesz
- „Posztkoordináció”: demencián belül pszichotikus tünetek észlelhetők, azt a 6D86.1 kóddal tudjuk leírni

BNO-10	BNO-11
Organikus és szimptomatikus mentális zavarok (F00-F09)	Idegfejlődési zavarok (6A00-6A0Z)
Pszichoaktív szer használata által okozott mentális és viselkedészavarok (F10-F19)	Szkizofrénia és más elsődleges pszichotikus zavarok (6A20-6A2Z)
Szkizofrénia, szkizotípiás és paranoid (deluzív) rendellenességek (F20-F29)	Katatónia (6A40-6A4Z)
Hangulatzavarok (affektív rendellenességek) (F30-F39)	Hangulatzavarok (6A60-6A8Z)
Neurotikus, stresszhez társuló és szomatoform rendellenességek (F40-F48)	Szorongásos vagy félelemhez társult zavarok (6B00-6B0Z)
Viselkedészavar szindrómák, fiziológiai zavarokkal és fizikai tényezőkkel társulva (F50-F59)	Obszesszív-kompulzív zavarok (6B20-6B2Z)
A felnőtt személyiség és viselkedés zavarai (F60-F69)	Specifikusan stresszhez társuló zavarok (6B40-6B4Z)
Mentális retardáció (F70-F79)	Disszociatív zavarok (6B60-6B6Z)
A pszichés (lelki) fejlődés zavarai (F80-F89)	Evési és táplálkozási zavarok (6B80-6B8Z)
A viselkedés és érzelmi-hangulati élet rendszerint gyermekkorban vagy serdülőkorban jelentkező zavarai (F90-F98)	Ürítési zavarok (6C00-6C0Z)
	Testi distressz zavarok (szomatizációs zavarok) (6C20-6C2Z)
	Szerhasználat és viselkedési addikciók (6C40-6C4Z)
	Impulzuskontoll zavarai (6C70-6C73)
	Diszruptív és disszociális zavarok (6C90-6C9Z)
	Személyiségzavarok (6D10-6D11)
	Parafiliák (6D30-6D3Z)
	Faktíciózus zavarok (6D50-6D5Z)
	Neurokognitív zavarok (6D70-6D8Z)
	Terhességgel, szüléssel és gyermekággal kapcsolatos mentális és viselkedészavarok (6E20-6E2Z)

ICD-11 for Mortality and Morbidity Statistics (2018)

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- 06 Mental, behavioural or neurodevelopmental disorders
 - Neurodevelopmental disorders
 - Schizophrenia or other primary psychotic disorders
 - Catatonia
 - Mood disorders
 - Anxiety or fear-related disorders
 - Obsessive-compulsive or related disorders
 - Disorders specifically associated with stress
 - Dissociative disorders
 - Feeding or eating disorders
 - Elimination disorders
 - Disorders of bodily distress or bodily experience
 - Disorders due to substance use or addictive behaviours
 - Impulse control disorders
 - Disruptive behaviour or dissocial disorders
 - Personality disorders and related traits
 - Paraphilic disorders
 - Factitious disorders
 - Neurocognitive disorders
 - Mental or behavioural disorders associated with pregnancy, childbirth and the puerperium
 - 6E40 Psychological or behavioural factors affecting disorders or diseases classified elsewhere

ICD-11 for Mortality and Morbidity Statistics (ICD-11 MMS) 2018 version

Version for preparing implementation

Release Notes

- The code structure for the ICD-11 MMS is stable.
- Updating mechanism is in place, based on the proposals submitted on the [maintenance platform](#)

ICD-11 for Mortality and Morbidity Statistics (2018)

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 - ▶ 6A20.2 Schizophrenia, continuous
 - 6A20.Y Other specified schizophrenia
 - 6A20.Z Schizophrenia, unspecified
 - ▼ 6A21 Schizoaffective disorder
 - ▶ 6A21.0 Schizoaffective disorder, first episode
 - ▶ 6A21.1 Schizoaffective disorder, multiple episodes
 - ▶ 6A21.2 Schizoaffective disorder, continuous
 - 6A21.Y Other specified schizoaffective disorder
 - 6A21.Z Schizoaffective disorder, unspecified
 - 6A22 Schizotypal disorder
 - ▶ 6A23 Acute and transient psychotic disorder
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 - 6A24.0 Delusional disorder, currently symptomatic
 - 6A24.1 Delusional disorder, in partial remission
 - 6A24.2 Delusional disorder, in full remission
 - 6A24.Z Delusional disorder, unspecified
 - ▶ 6A25 Symptomatic manifestations of primary psychotic disorders
 - ▶ Substance-induced psychotic disorders
 - ▶ 6E61 Secondary psychotic syndrome
 - 6A2Y Other specified schizophrenia or other primary psychotic disorders
 - 6A2Z Schizophrenia or other primary psychotic disorders, unspecified

Foundation Id : <http://id.who.int/icd/entity/405565289>

Schizophrenia or other primary psychotic disorders

Parent

06 Mental, behavioural or neurodevelopmental disorders

Description

Schizophrenia and other primary psychotic disorders are characterized by significant impairments in reality testing and alterations in behavior manifest in positive symptoms such as persistent delusions, persistent hallucinations, disorganized thinking (typically manifest as disorganized speech), grossly disorganized behavior, and experiences of passivity and control, negative symptoms such as blunted or flat affect and avolition, and psychomotor disturbances. The symptoms occur with sufficient frequency and intensity to deviate from expected cultural or subcultural norms. These symptoms do not arise as a feature of another mental and behavioural disorder (e.g., a mood disorder, delirium, or a disorder due to substance use). The categories in this grouping should not be used to classify the expression of ideas, beliefs, or behaviours that are culturally sanctioned.

Coded Elsewhere

- Substance-induced psychotic disorders ()
- Secondary psychotic syndrome (6E61)

[Release Notes](#)

ICD-11 for Mortality and Morbidity Statistics (2018)

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- ICD-11 - Mortality and Morbidity Statistics
 - 01 Certain infectious or parasitic diseases
 - 02 Neoplasms
 - 03 Diseases of the blood or blood-forming organs
 - 04 Diseases of the immune system
 - 05 Endocrine, nutritional or metabolic diseases
 - 06 Mental, behavioural or neurodevelopmental disorders
 - Neurodevelopmental disorders
 - Schizophrenia or other primary psychotic disorders
 - 6A20 Schizophrenia
 - 6A20.0 Schizophrenia, first episode
 - 6A20.00 Schizophrenia, first episode, currently symptomatic
 - 6A20.01 Schizophrenia, first episode, in partial remission
 - 6A20.02 Schizophrenia, first episode, in full remission
 - 6A20.0Z Schizophrenia, first episode, unspecified
 - 6A20.1 Schizophrenia, multiple episodes
 - 6A20.2 Schizophrenia, continuous
 - 6A20.Y Other specified schizophrenia
 - 6A20.Z Schizophrenia, unspecified

6A20.0 Schizophrenia, first episode

Show all ancestors

Description

All definitional requirements for Schizophrenia, first episode in terms of symptoms and duration are currently met, or have been met within the past one month.

Postcoordination

Add detail to **Schizophrenia, first episode, currently symptomatic**

Has manifestation (use additional code, if desired)

6A25	Symptomatic manifestations of primary psychotic disorders
6A25.0	Positive symptoms in primary psychotic disorders
6A25.1	Negative symptoms in primary psychotic disorders
6A25.2	Depressive symptoms in primary psychotic disorders
6A25.3	Manic symptoms in primary psychotic disorders
6A25.4	Psychomotor symptoms in primary psychotic disorders
6A25.5	Cognitive symptoms in primary psychotic disorders

Release Notes

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- ▶ Schizophrenia or other primary psychotic disorders
- ▶ Catatonia
- ▼ Mood disorders
 - ▼ Bipolar or related disorders
 - ▶ 6A60 Bipolar type I disorder
 - ▶ 6A61 Bipolar type II disorder
 - 6A62 Cyclothymic disorder
 - 6A6Y Other specified bipolar or related disorders
 - 6A6Z Bipolar or related disorders, unspecified
 - ▶ Depressive disorders
 - ▶ 6A80 Symptomatic and course presentations for mood episodes in mood disorders
 - ▶ Substance-induced mood disorders
 - ▶ 6E62 Secondary mood syndrome
 - 6A8Y Other specified mood disorders
 - 6A8Z Mood disorders, unspecified
- ▶ Anxiety or fear-related disorders
- ▶ Obsessive-compulsive or related disorders
- ▶ Disorders specifically associated with stress
- ▶ Dissociative disorders
- ▶ Feeding or eating disorders
- ▶ Elimination disorders
- ▶ Disorders of bodily distress or bodily experience
- ▶ Disorders due to substance use or addictive behaviours
- ▶ Impulse control disorders
- ▶ Disruptive behaviour or disocial disorders

Foundation Id : <http://id.who.int/icd/entity/76398729>

Mood disorders

Parent

06 Mental, behavioural or neurodevelopmental disorders

Description

Mood Disorders refers to a superordinate grouping of Bipolar and Depressive Disorders. Mood disorders are defined according to particular types of mood episodes and their pattern over time. The primary types of mood episodes are Depressive episode, Manic episode, Mixed episode, and Hypomanic episode. Mood episodes are not independently diagnosable entities, and therefore do not have their own diagnostic codes. Rather, mood episodes make up the primary components of most of the Depressive and Bipolar Disorders.

Coded Elsewhere

- Substance-induced mood disorders ()
- Secondary mood syndrome (6E62)

[Release Notes](#)

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- ▼ Depressive disorders
 - ▼ 6A70 Single episode depressive disorder
 - 6A70.0 Single episode depressive disorder, mild
 - 6A70.1 Single episode depressive disorder, moderate, without psychotic symptoms
 - 6A70.2 Single episode depressive disorder, moderate, with psychotic symptoms
 - 6A70.3 Single episode depressive disorder, severe, without psychotic symptoms
 - 6A70.4 Single episode depressive disorder, severe, with psychotic symptoms
 - 6A70.5 Single episode depressive disorder, unspecified severity
 - 6A70.6 Single episode depressive disorder, currently in partial remission
 - 6A70.7 Single episode depressive disorder, currently in full remission
 - 6A70.Y Other specified single episode depressive disorder
 - 6A70.Z Single episode depressive disorder, unspecified
 - ▶ 6A71 Recurrent depressive disorder
 - 6A72 Dysthymic disorder
 - 6A73 Mixed depressive and anxiety disorder
 - 6A34.41 Premenstrual dysphoric disorder

Foundation Id : <http://id.who.int/icd/entity/578635574>

6A70 Single episode depressive disorder

Parent

[Depressive disorders](#)

[Show all ancestors](#)

Description

Single episode depressive disorder is characterized by the presence or history of one depressive episode when there is no history of prior depressive episodes. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. There have never been any prior manic, hypomanic, or mixed episodes, which would indicate the presence of a bipolar disorder.

Exclusions

- recurrent depressive disorder (6A71)
- Adjustment disorder (6B43)
- Bipolar or related disorders (6A60-6A6Z)

[Release Notes](#)

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Foundation Id : <http://id.who.int/icd/entity/941859884>

6D10 Personality disorder

Parent

Personality disorders and related traits

Show all ancestors

Description

Personality disorder is characterized by problems in functioning of aspects of the self (e.g., identity, self-worth, accuracy of self-view, self-direction), and/or interpersonal dysfunction (e.g., ability to develop and maintain close and mutually satisfying relationships, ability to understand others' perspectives and to manage conflict in relationships) that have persisted over an extended period of time (e.g., 2 years or more). The disturbance is manifest in patterns of cognition, emotional experience, emotional expression, and behaviour that are maladaptive (e.g., inflexible or poorly regulated) and is manifest across a range of personal and social situations (i.e., is not limited to specific relationships or social roles). The patterns of behaviour characterizing the disturbance are not developmentally appropriate and cannot be explained primarily by social or cultural factors, including socio-political conflict. The disturbance is associated with substantial distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

[Release Notes](#)

- Personality disorders and related traits
 - 6D10 Personality disorder
 - 6D10.0 Mild personality disorder
 - 6D10.1 Moderate personality disorder
 - 6D10.2 Severe personality disorder
 - 6D10.Z Personality disorder, severity unspecified
 - 6D11 Prominent personality traits or patterns
 - 6D11.0 Negative affectivity in personality disorder or personality difficulty
 - 6D11.1 Detachment in personality disorder or personality difficulty
 - 6D11.2 Dissociality in personality disorder or personality difficulty
 - 6D11.3 Disinhibition in personality disorder or personality difficulty
 - 6D11.4 Anankastia in personality disorder or personality difficulty
 - 6D11.5 Borderline pattern
 - 6E68 Secondary personality change
- Paraphilic disorders
- Factitious disorders
- Neurocognitive disorders
- Mental or behavioural disorders associated with pregnancy, childbirth and the puerperium

Differenciáldiagnosztikai ízelítő

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Foundation Id : <http://id.who.int/icd/entity/405565289>

Schizophrenia or other primary psychotic disorders

Parent

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Coded Elsewhere

- Substance-induced psychotic disorders ()
- Secondary psychotic syndrome (6E61)

[Release Notes](#)

Depresszió vagy valami más?

- Szorgalmas nagymama
- Leég a konyha
- Bűntudat, szorongás
- SSRI beállítás – markáns mellékhatások
- Osztályos felvétel
- Atípusos tünetek, terápiareszisztencia
- Neurológiai osztályos áthelyezés
- Visszavétel, újra neurológia
- Paraneopláziás autoimmun encefalitisz – tüdőkarcinóma
- Kemoterápia, antidepresszáns → részleges remisszió

Szkizofrénia vagy valami más?

- Tehetséges, fiatal nő
- Gyors előremenetel
- THC alkalmanként
- Gyanakvóvá, szorongóvá válik
- Osztályos felvétel – markáns pszichotikus tünetek bontakoznak ki
- Antipszichotikumra lassan reagál
- Atípusos elemek a klinikai képben
- NMDA-enkefalitisz (2007 – első leírás)
- Ovariális ciszta
- Teljes (funkcionális is) remisszió