Classification of mental disorders

György Szekeres MD, PhD

23rd September 2019

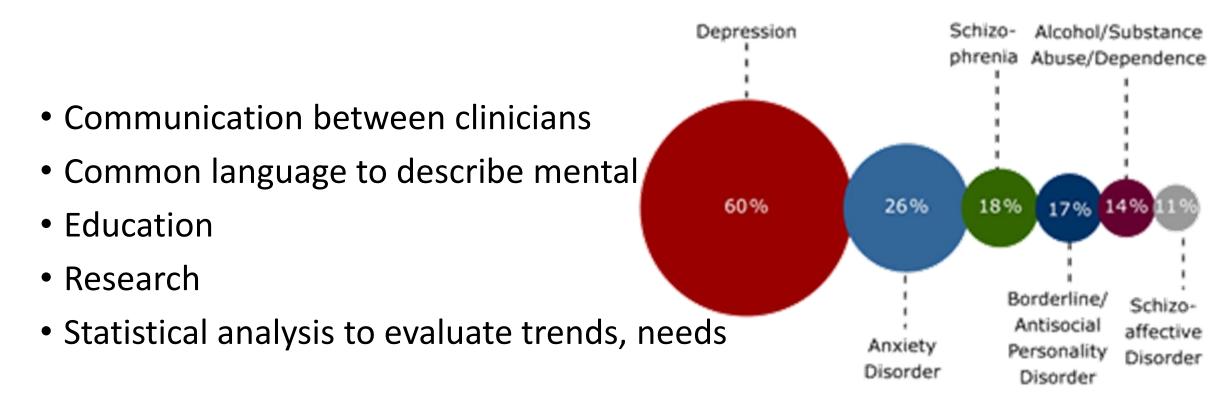


Topics

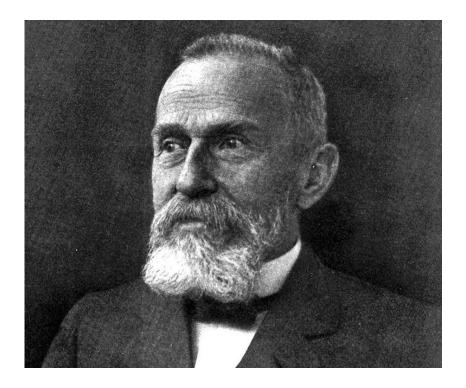
- The fundamentals of classification systems
- DSM versions
- ICD revisions
- Cases

Why classification system

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



Beginning



Emil Kraepelin 1856-1926

- spoke out against the barbarous treatment
- expert analysis of individual cases
- decisive step from a symptomatic to a clinical view of insanity
- biological and genetic origin
- Kraepelinian dichotomy
- concept of dementia praecox: "sub-acute development of a peculiar simple condition of mental weakness occurring at a youthful age" 1893

Beginning



Eugen Bleuler 1857-1939

- introduced the term "schizophrenia" 1908
- the "dementia" is a secondary symptom not directly caused by the underlying biological process
- splitting between the emotional and the intellectual functions of the personality
- 4A's: disturbance of
 - Affect
 - Association
 - Ambivalence
 - Autism

Karl Leonhard's (1904-1988) Nosology

- Aim is to conform to traditional medical model
 - Same etiology
 - Same cross-sectional image
 - Same course
 - Same outcome
 - Same histological alteration
- Small disease units
- A periodic table of major mental disorders
- Meticuolus phenomenology with ascription to localization
- Aspects of treatment kept in the shade



Karl Leonhard's (1904-1988) classification system of psychosis

- Affective psychoses
 - Bipolar (manic-depressive psychoses)
 - Pure melancholia, pure mania
 - Pure depressions, pure euphorias
- Cycloid psychosis
 - Anxiety-happiness psychosis
 - Excited-inhibited confusion psychosis
 - Hyperkinetic-akinetic motility psychosis
- Schizophrenias
 - Unsystematic schizophrenias
 - Systematic schizophrenias (catatonic, hebephrenic and paranoid forms)

The purpose of classification

- Help to simplify our thinking and reduce the complexity of clinical phenomena
- Facilitate communication between clinicians (concisely summarizes information for all other clinicians)
- Help to predict the outcome of the disorder
- Decide on an appropriate treatment
- Assist in the search for pathophysiology and etiology
- Support health authorities, govermental organizations plan budget

What makes a classification system good enough?

- Local rules vs. wide expert consensus
- Explicit criteria
- Valid data vs. subjective opinions
- Clear concepts and methods
- Reliability
- Eligibility to upgrade

The most important current classification systems

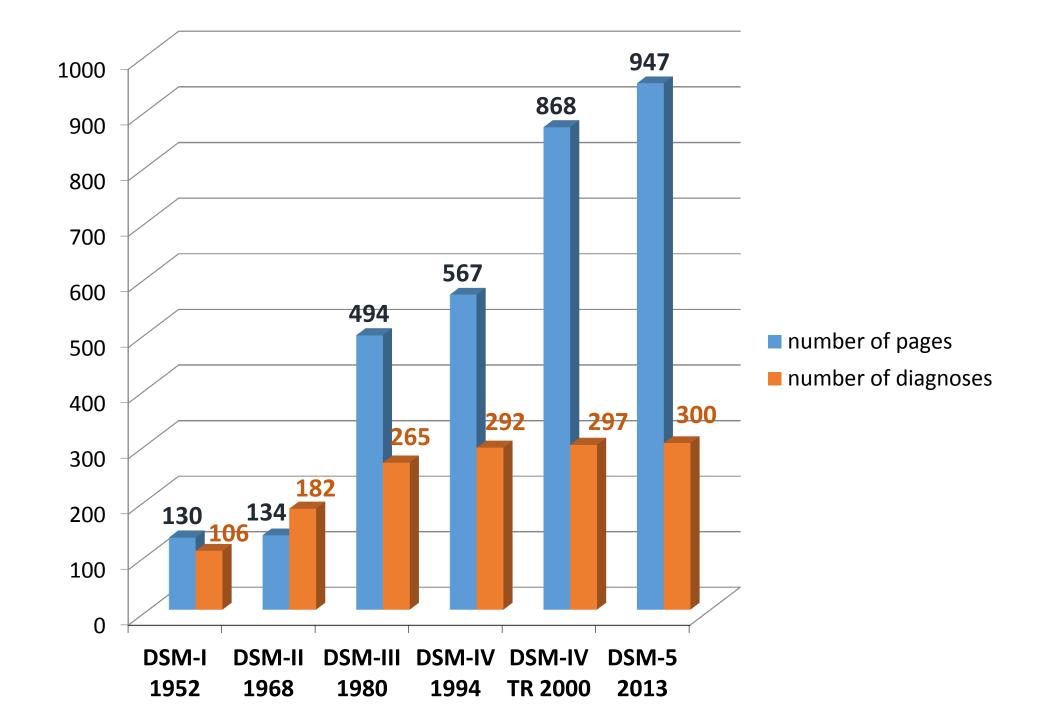
- **DSM-5** (Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association fifth edition, 2013)
- ICD-10 (International Statistical Classification of Diseases and Related Health Problems, Tenth Edition, 1992)

Pre-DSM times

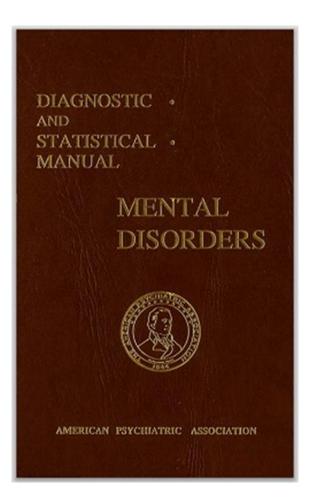
- 1830 census: idiocy/insanity
- By the 1880 census, seven categories of mental health were distinguished: mania, melancholia, monomania, paresis, dementia, dipsomania, and epilepsy
- APA 1917 new guideline for mental health hospitals: Statistical Manual for the Use of Institutions for the Insane 22 diagnoses!

Diagnostic and Statistical Manual of Mental Disorders





DSM-I

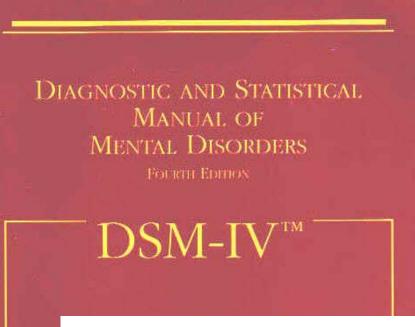


- War-related needs (1952)
- To standardize the diverse and confused usage of different documents
- 106 conditions in 130 pages
- Very short descriptions
- Focusing on organic vs. psychotic disorders
- Reliability was low

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Sexual deviation: sexual orientation disturba (homosexuality), fetishism, pedophilia, trans		A. Psychoses Associated with Organic Brain Syndromes	24
(sic), exhibitionism, voyeurism, sadism, mas	ochism	B. Non-psychotic Organic Brain Syndromes	31
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SECOND EDITION (DSM-II) AMERICAN PSYCHIATRIC ASSOCIATION		XI. Non-diagnostic Terms for Administrative Use	52

DSM-III (1980)

- Government, insurers, pharmacological research
- Explicit diagnostic categories descriptive approach
- Ignore the etiological aspects
- Multiaxial system introduced (early version)
- Structured diagnostic interview
- Instead of neurosis the concept of anxiety disorders
- Homosexuality removed from paraphilias



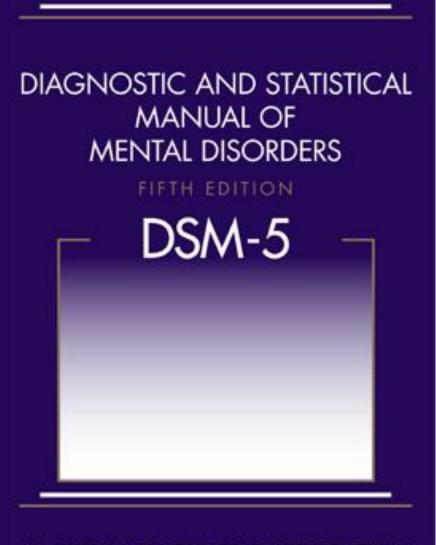
DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS FOURTH EDITION TEXT REVISION

292 disorders in 567 pages
13 work groups
3-step process:

extensive literature review
analysis including data from research
field trials relating diagnoses to clinical practice

DSM-IV (1994)

- 95% of the categories were changed again (no further significant change in TR)
- New subgroups and specifications
- A new criterion set up: it causes significant distress or impairment of functions!
- Multiaxial description
 - I major disease
 - II. personality disorders, mental retardation and intellectual limitations
 - III. comorbid general health
 - IV. psychosocial and environmental problems
 - V. general functional level



AMERICAN PSYCHIATRIC ASSOCIATION

The specific DSM-5 criteria for schizophrenia

- The presence of 2 (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated), with at least 1 of them being (1), (2), or (3)
 - (1) delusions
 - (2) hallucinations
 - (3) disorganized speech
 - (4) grossly disorganized or catatonic behavior
 - (5) negative symptoms
- Impairment in one of the major areas of functioning for a significant period of time since the onset of the disturbance: work, interpersonal relations, or self-care
- Some signs of the disorder must last for a continuous period of at least 6 months
- Elimination of the classic subtypes

Section II

Diagnostic Criteria and Codes

Neurodevelopmental Disorders
Schizophrenia Spectrum and Other Psychotic Disorders87
Bipolar and Related Disorders
Depressive Disorders
Anxiety Disorders
Obsessive-Compulsive and Related Disorders
Trauma- and Stressor-Related Disorders
Dissociative Disorders
Somatic Symptom and Related Disorders
Feeding and Eating Disorders
Elimination Disorders
Sleep-Wake Disorders
Sexual Dysfunctions423
Gender Dysphoria451

Bipolar and Related Disorders

Bipolar and related disorders are <u>separated from the depressive disorders</u> 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, 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.

Bipolar affective disorder in DSM-IV & DSM-5

DSM-IV	DSM-5
Place in chapter of mood disorders	Placed in separate chapter (between schizophrenias & depressive disorders): recognizing as an independent entity
Mania: distinct period of abnormally and persistently elevated, expansive, or irritable mood for at least 1 week	Mania: distinct period of abnormally and persistently elevated, expansive, or irritable mood & increased goal-directed activity or energy
C. The symptoms do not meet criteria for a mixed episode	Dropped
E. Manic-like episodes that are clearly caused by somatic antidepressant treatment should not count toward a diagnosis of bipolar I disorder	A full manic episode that emerges during antidepressant treatment but persists at fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a manic episode and therefore a bipolar I diagnosis
The criteria are met both for a manic episode and for a major depressive episode (nearly every day during at least a 1-week period) ONLY IN BP I	"Mixed features" specifier applicable in case of presenting different polarity mood episode symptoms in variyang rates (both BP I & II)

Mixed episode (40% of cases!)

About ICD-s

- Developed by WHO since 1948
- Bertillon Classification of Causes of Death 1893 Congress of International Statistical Institute (Chicago)
- Driven by public health and war needs
- Named ICD from version 6 (1949); mental disorders in a separeted section for the first time
- Version 8 provides a brief description of psychiatric codes
- Version 9: significant expansion of codes and descriptions; too broad, rather loose descriptions than criteria

ICD-10

- Member States applied since 1994
- Mental disorders have expanded spectacularly: "F" codes
- There are still loose criteria
- No multiaxial description
- Rather statistical/financing than research goals

2019 ICD-10-CM Codes

- A00-B99
 Certain infectious and parasitic diseases
- C00-D49 🗒 Neoplasms
- D50-D89
 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
- Endocrine, nutritional and metabolic diseases
- F01-F99 Mental, Behavioral and Neurodevelopmental disorders
- G00-G99
 Diseases of the nervous system
- H00-H59
 Diseases of the eye and adnexa
- H60-H95 Diseases of the ear and mastoid process
- I00-I99
 Diseases of the circulatory system
- J00-J99 Diseases of the respiratory system
- K00-K95 I Diseases of the digestive system
- L00-L99
 Diseases of the skin and subcutaneous tissue
- M00-M99
 Diseases of the musculoskeletal system and connective tissue
- N00-N99
 Diseases of the genitourinary system
- 000-09A I Pregnancy, childbirth and the puerperium
- P00-P96 Certain conditions originating in the perinatal period
- Q00-Q99 Congenital malformations, deformations and chromosomal abnormalities
- R00-R99 🗒 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
- S00-T88 || Injury, poisoning and certain other consequences of external causes
- Z00-Z99 || Factors influencing health status and contact with health services

ICD-10 F0-F9

Organic, including symptomatic, mental disorders (F00-F09)

Mental and behavioural disorders due to psychoactive substance use (F10-F19)

Schizophrenia, schizotypal and delusional disorders (F20-F29)

Mood (affective) disorders (F30-F39)

Neurotic, stress-related and somatoform disorders (F40-F48)

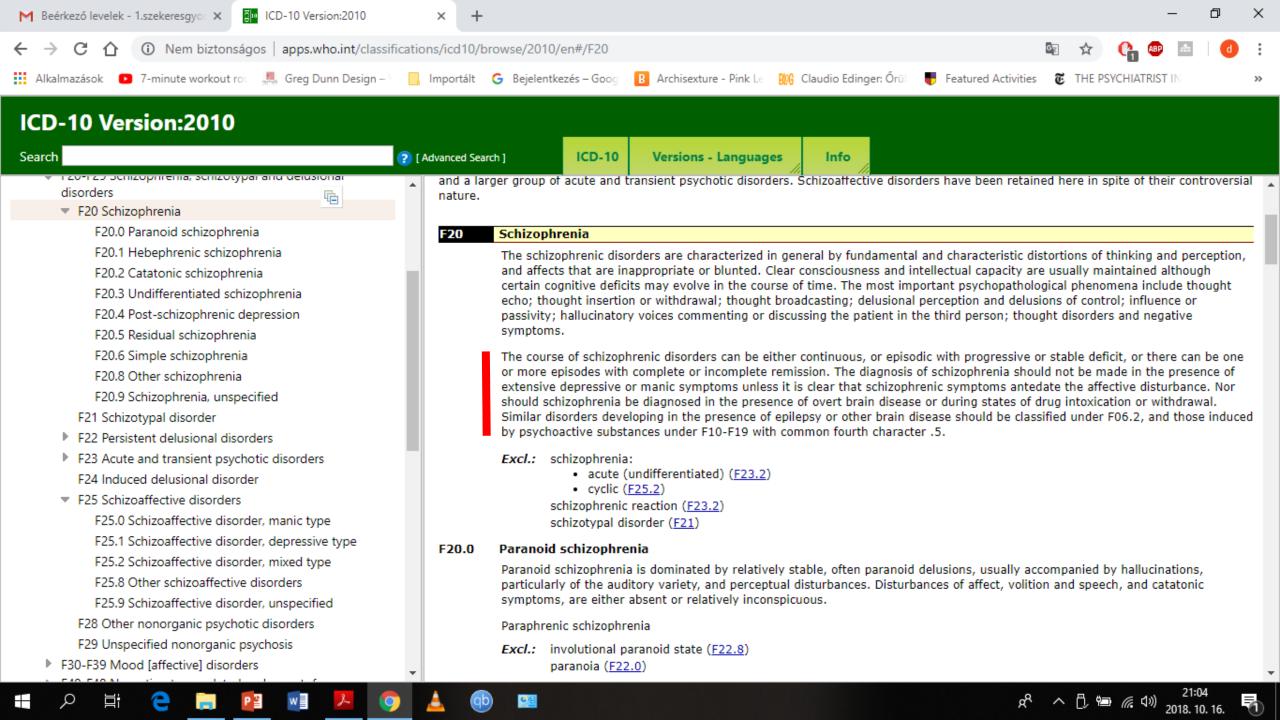
Behavioural syndromes associated with physiological disturbances and physical factors (F50-F59)

Disorders of adult personality and behaviour (F60-F69)

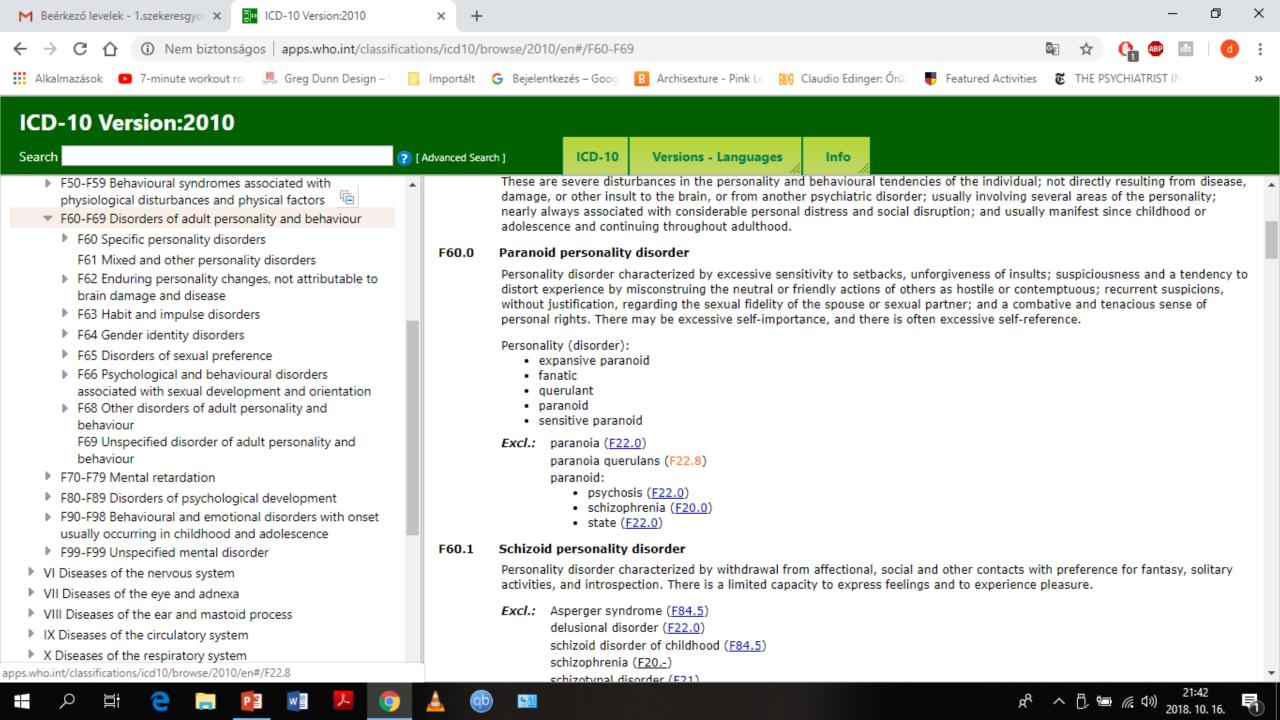
Mental retardation (F70-F79)

Disorders of psychological development (F80-F89)

Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98)



ICD-10 Version:2016		
Search	? [Advanced Search]	ICD-10 Versions - Languages Info
 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 manic with psychotic symptoms 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 severe depression with psychotic symptoms F31.6 Bipolar affective disorder, current episode severe depression with psychotic symptoms F31.6 Bipolar affective disorder, current episode severe depression with psychotic symptoms F31.7 Bipolar affective disorder, current episode mixed F31.8 Other bipolar affective disorder, unspecified F32 Depressive episode F33 Recurrent depressive disorder 	 F31 Bipolar A disorded disturbation others of classified Incl.: F31.0 Bipolar The patient of the past F31.1 Bipolar The patient of the patient of the past F31.2 Bipolar The patient of the patient o	IOS affective disorder der characterized by two or more episodes in which the patient's mood and activity levels are significantly disturbed, this ance consisting on some occasions of an elevation of mood and increased energy and activity (hypomania or mania) and on of a lowering of mood and decreased energy and activity (depression). Repeated episodes of hypomania or mania only are d as bipolar. manic depressive:
 F34 Persistent mood [affective] disorders F38 Other mood [affective] disorders 		affective disorder, current episode mild or moderate depression ient is currently depressed, as in a depressive episode of either mild or moderate severity (F32.0 or F32.1), and has had at
F39 Unspecified mood [affective] disorder	least one	e authenticated hypomanic, manic, or mixed affective episode in the past. १९९० १७ (देश) 21:55 १९९० १७ (देश) 2018. 10. 12.



ICD-11 What is in the future?



GENDER INCONGRUENCE

CODE HA4Z

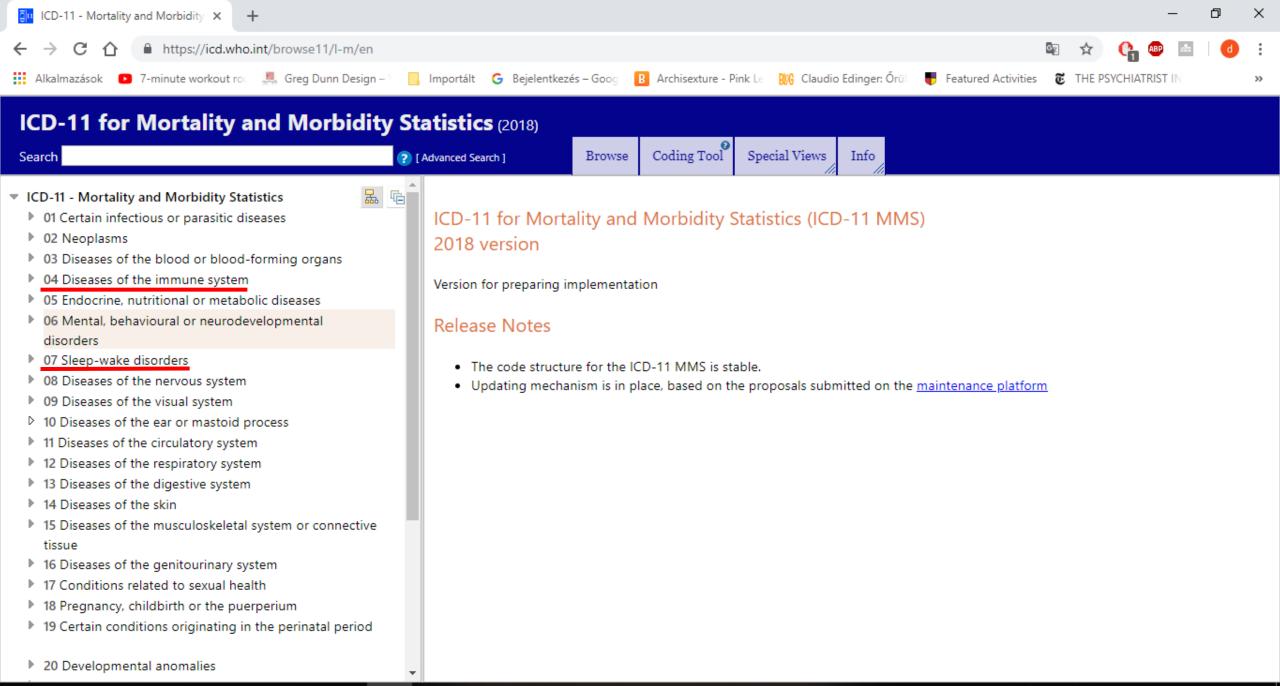
Gender incongruence (transgender) is no longer classified a mental disorder in ICD-11. This should reduce stigma and improve care



#ICD11







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BNO-11 6A-6E

Neurodevelopmental disorders (6A00-6A0Z)	Disorders of bodily distress or bodily experience	
Schizophrenia or other primary psychotic disorders	(szomatizációs zavarok) (6C20-6C2Z)	
(6A20-6A2Z)	Disorders due to substance use or addictive behaviours	
Catatonia (6A40-6A4Z)	(6C40-6C4Z)	
Mood disorders (6A60-6A8Z)	Impulse control disorders (6C70-6C73)	
	Disruptive behaviour or dissocial disorders (6C90-6C9Z)	
Anxiety or fear-related disorders (6B00-6B0Z)	,	
Obsessive-compulsive or related disorders (6B20-6B2Z)	Personality disorders and related traits (6D10-6D11)	
	Paraphilic disorders (6D30-6D3Z)	
Disorders specifically associated with stress (6B40-6B4Z)		
Dissociative disorders (6B60-6B6Z)	Factitious disorders (6D50-6D5Z)	
	Neurocognitive disorders (6D70-6D8Z)	
eeding or eating disorders (6B80-6B8Z)		
Elimination disorders (6C00-6C0Z)	Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium (6E20-6E2Z)	

ICD-10 F0-F9

Organic, including symptomatic, mental disorders (F00-F09)

Mental and behavioural disorders due to psychoactive substance use (F10-F19)

Schizophrenia, schizotypal and delusional disorders (F20-F29)

Mood (affective) disorders (F30-F39)

Neurotic, stress-related and somatoform disorders (F40-F48)

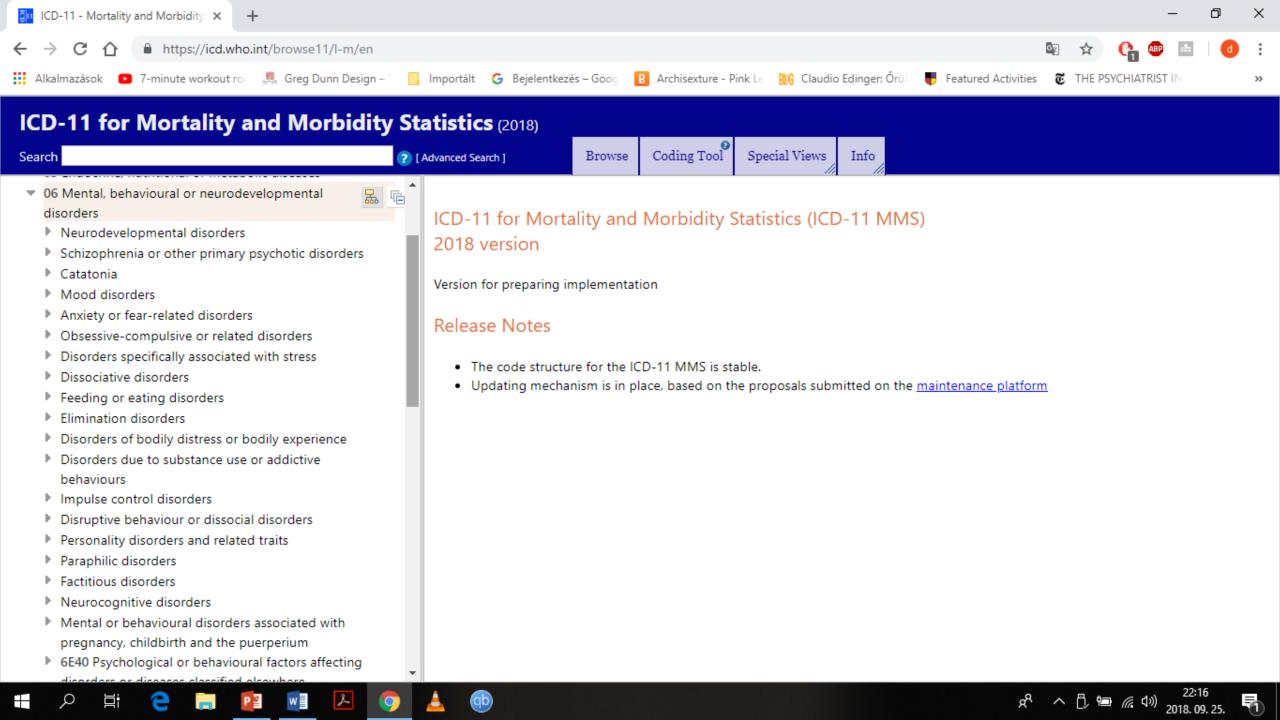
Behavioural syndromes associated with physiological disturbances and physical factors (F50-F59)

Disorders of adult personality and behaviour (F60-F69)

Mental retardation (F70-F79)

Disorders of psychological development (F80-F89)

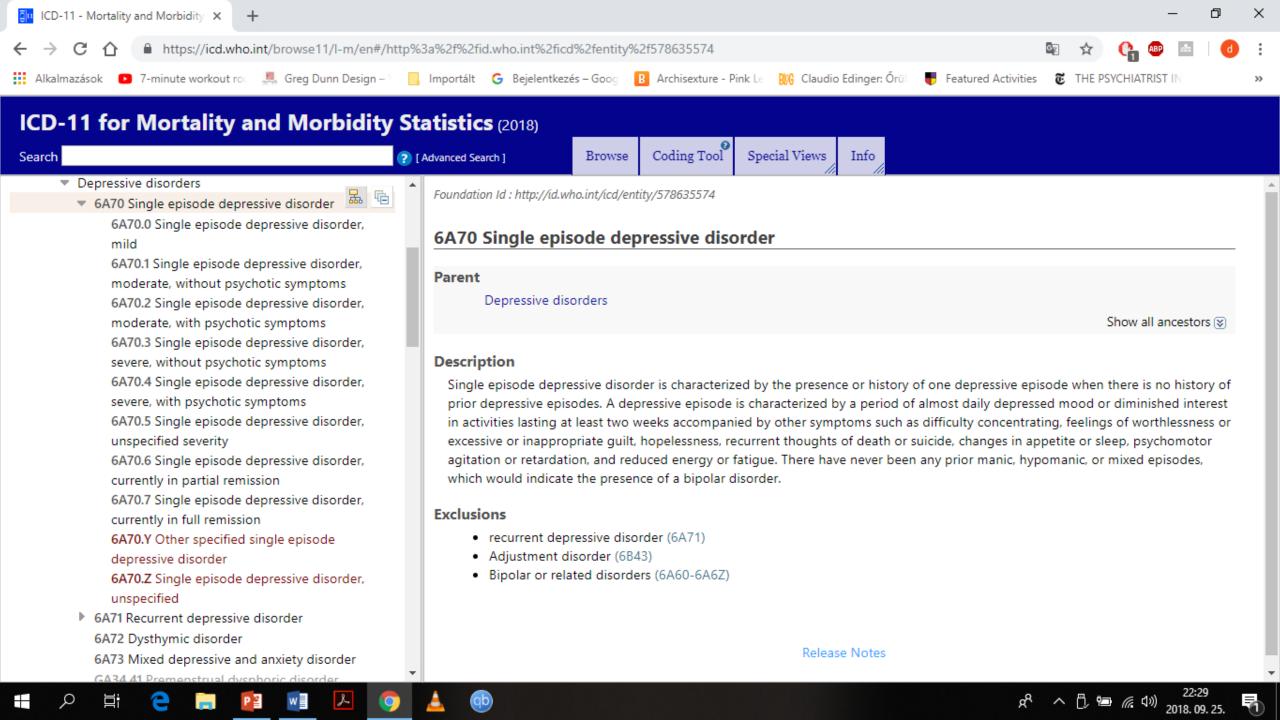
Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98)



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 Schizophrenia or other primary psychotic disorders 		品 哈 1	Foundation Id : http://id.who.int/icd/entity/405565289
 6A20 Schizophrenia 	1		
6A20.0 Schizophrenia, first episode			Schizophrenia or other primary psychotic disorders
6A20.1 Schizophrenia, multiple episodes			
6A20.2 Schizophrenia, continuous			Parent
6A20.Y Other specified schizophrenia			06 Mental, behavioural or neurodevelopmental disorders
6A20.Z Schizophrenia, unspecified			oo mental, benavioural of neurodevelopmental disorders
 6A21 Schizoaffective disorder 			Description
6A21.0 Schizoaffective disorder, first episode			
6A21.1 Schizoaffective disorder, multiple episodes			Schizophrenia and other primary psychotic disorders are characterized by significant
6A21.2 Schizoaffective disorder, continuous			impairments in reality testing and alterations in behavior manifest in positive symptoms such as persistent delusions, persistent hallucinations, disorganized thinking (typically manifest as
6A21.Y Other specified schizoaffective disorder			disorganized speech), grossly disorganized behavior, and experiences of passivity and control,
6A21.Z Schizoaffective disorder, unspecified			negative symptoms such as blunted or flat affect and avolition, and psychomotor
6A22 Schizotypal disorder			disturbances. The symptoms occur with sufficient frequency and intensity to deviate from
6A23 Acute and transient psychotic disorder			expected cultural or subcultural norms. These symptoms do not arise as a feature of another
 6A24 Delusional disorder 			mental and behavioural disorder (e.g., a mood disorder, delirium, or a disorder due to
6A24.0 Delusional disorder, currently symptomatic			substance use). The categories in this grouping should not be used to classify the expression
6A24.1 Delusional disorder, in partial remission			of ideas, beliefs, or behaviours that are culturally sanctioned.
6A24.2 Delusional disorder, in full remission			
6A24.Z Delusional disorder, unspecified			Coded Elsewhere
6A25 Symptomatic manifestations of primary psychotic	c disorders		Substance-induced psychotic disorders ()
Substance-induced psychotic disorders			 Secondary psychotic syndrome (6E61)
6E61 Secondary psychotic syndrome			
6A2Y Other specified schizophrenia or other primary p	svchotic disorders		Release Notes
6A27 Schizophronia or other primary psychotic disords	-	-	
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 ICD-11 - Mortality and Morbidity Statistics 01 Certain infectious or parasitic diseases 02 Neoplasms 	6A20.0 Schizophrenia, first episode	Show all ancestors 😵
 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 	Description All definitional requirements for Schizophrenia, first episode in terms of symptoms and duration are within the past one month.	e currently met, or have been met
disorders Neurodevelopmental disorders	Postcoordination ?	
 Schizophrenia or other primary psychotic disorders 6A20 Schizophrenia 	Add detail to Schizophrenia, first episode, currently symptomatic Has manifestation (use additional code, if desired)	
 GA20.0 Schizophrenia, first episode GA20.00 Schizophrenia, first episode, currently symptomatic 	6A25 Symptomatic manifestations of primary psychotic disorders 6A25.0 Positive symptoms in primary psychotic disorders	
6A20.01 Schizophrenia, first episode, in partial remission 6A20.02 Schizophrenia, first episode, in full remission 6A20.0Z Schizophrenia, first episode, unspecified	6A25.1Negative symptoms in primary psychotic disorders6A25.2Depressive symptoms in primary psychotic disorders6A25.3Manic symptoms in primary psychotic disorders6A25.4Psychomotor symptoms in primary psychotic disorders6A25.5Cognitive symptoms in primary psychotic disorders	
 6A20.1 Schizophrenia, multiple episodes 6A20.2 Schizophrenia, continuous 6A20.Y Other specified schizophrenia 6A20.Z Schizophrenia, unspecified 	Release Notes	
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Schizophrenia or other primary psychotic disorders	Foundation Id : http://id.who.int/icd/entity/76398729	
▶ Catatonia		
 Mood disorders 	Mood disorders	
 Bipolar or related disorders 		
6A60 Bipolar type I disorder	Parent	
6A61 Bipolar type II disorder	06 Mental, behavioural or neurodevelopmental disorders	
6A62 Cyclothymic disorder		
6A6Y Other specified bipolar or related disorders	Description	
6A6Z Bipolar or related disorders, unspecified	Mood Disorders refers to a superordinate grouping of Bipolar and Depressive Disorders.	
Depressive disorders	Mood disorders are defined according to particular types of mood episodes and their pattern	
6A80 Symptomatic and course presentations for mood episodes in mood disorders	over time. The primary types of mood episodes are Depressive episode, Manic episode, Mixed	
Substance-induced mood disorders	episode, and Hypomanic episode. Mood episodes are not independently diagnosable entities,	
6E62 Secondary mood syndrome	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.	
6A8Y Other specified mood disorders	primary components of most of the Depressive and bipolar Disorders.	
6A8Z Mood disorders, unspecified	Coded Elsewhere	
Anxiety or fear-related disorders	Substance-induced mood disorders ()	
Obsessive-compulsive or related disorders	Secondary mood syndrome (6E62)	
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	Release Notes	
Impulse control disorders	•	
Discuptive behaviour or discosial disorders		
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other important areas of functioning.

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

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Release Notes



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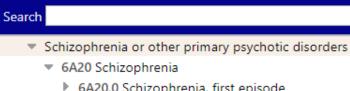
ICD-11 - Mortality and Morbidity X

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Tasting differentialdiagnosis

Featured Activities THE PSYCHIATRIST



ICD-1

- 6A20.0 Schizophrenia, first episode
- 6A20.1 Schizophrenia, multiple episodes
- 6A20.2 Schizophrenia, continuous 6A20.Y Other specified schizophrenia 6A20.Z Schizophrenia, unspecified
- GA21 Schizoaffective disorder
 - 6A21.0 Schizoaffective disorder, first episode
 - 6A21.1 Schizoaffective disorder, multiple episodes

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- 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
- 6A24 Delusional disorder

- 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

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Foundation Id : http://id.who.int/icd/entity/405565289				
Schizophrenia or other primary psychotic disorders				
Parent				
06 Mental, behavioural or neurodevelopmental disorders				

Info

Description

Coding Tool Special Views

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



Depression or something else?

- Hardworking and busy grandmother
- The kitchen is half burnt
- Guilt, anxiety
- SSRI treatment started marked side
- Admission to the ward
- Atypical symptoms, resistance to the
- Neurological department transfer
- Take back, then neurology again
- Paraneoplastic autoimmune encephalitis => lung carcinoma
- Chemotherapy, antidepressant -> partial remission



Schizophrenia or something else?

- Talented young woman
- Fast professional progress
- THC occasionally
- He becomes suspicious, anxious
- Admission to acute ward
- Pronounced psychotic symptoms develop
- It responds slowly to an antipsychotic
- Atypical elements in the clinical picture
- NMDA encephalitis (2007 first description)
- Ovarian cyst
- Complete (functional) remission

