

Overview of ICD-11 Revision of Mental Disorders

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Continuing Medical Education Commercial Disclosure Requirement

- I, Michael First, have the following commercial relationship(s) to disclose:
 - ◆ Lundbeck, faculty of Lundbeck International Neuroscience Foundation
 - ◆ Roche, consultant
 - ◆ American Psychiatric Association, book royalties
 - ◆ Wiley-Blackwell, book royalties

ICD-11 Revision Principles

- Highest goal is to help WHO member countries reduce disease burden of mental disorders
- Focus on clinical utility: facilitate identification and treatment by global front-line health workers
- Must be undertaken in collaboration with stakeholders: countries, health professionals, service users/consumers and families

Features of ICD-11 Revision

- ICD-11 being implemented in a hierarchical data base that reflects the hierarchical structure of the classification
- All disorders (not just mental disorders) will have both definitions and content about diagnosis, differential diagnosis, etc.
- Information to be entered in database through Content Forms developed by working groups, one for each “node” in the classification

Fundamental ICD/DSM Differences

ICD

- Produced by global health agency of UN
- Free and open resource for public health benefit
- For countries; and front-line service providers
- Global, multidisciplinary, multilingual development
- Approved by World Health Assembly

DSM

- Produced by American Psychiatric Association
- Intellectual property of APA
- Primarily for psychiatrists and psychologists
- Dominated by US, Anglophone perspective
- Approved by APA Board of Trustees and APA Assembly

ICD-11 Timeline

- **2007** Appointment of Advisory Group
- **2010-2011** Formative field studies
- **Fall 2012** First draft of proposals to be posted on WHO web site
 - ◆ <http://apps.who.int/classifications/icd11/browse/f/en>
- **2012-2013** Field trials
- **2014** final changes
- **2015** Approval by World Health Assembly

Diagnostic Code Expansion - I

- Each “character” represents a level in the hierarchy; e.g., first ICD-10 character is chapter; alphabetic nature allows for 26 basic divisions or chapters
- Numeric decimal nature of other characters limits each level to 10 divisions
- Division of mental disorders into 10 blocks created suboptimal groupings (e.g.. F4 Neurotic, Stress-related, and somatoform disorders)

Diagnostic Code Expansion - II

- ICD-11 will no longer restrict character places to 10; instead will be alphabetic or else two digit per character
- Consequently, 24 block divisions expected (e.g. Former F5 disorders, Behavioral syndromes associated with physiological disturbances and physical factors, will each get their own block, e.g., eating disorders, sleep disorders, sexual dysfunctions, etc.)

ICD-10 Chapter 5 Structure - I

- F0 Organic, including symptomatic (includes dementia, delirium, disorders due to medical conditions)
- F1 Mental Disorders Due to Psychoactive Substance Use (includes Dependence, Harmful Use, Substance-induced disorders)
- F2 Schizophrenia, schizotypal, and delusional disorders (includes acute psychotic disorders, schizoaffective, etc.)
- F3 Mood Disorders (includes bipolar and depressive disorders)
- F4 Neurotic, stress-related, and somatoform disorders (includes phobias, panic, GAD, OCD, PTSD, adjustment, dissociative, conversion, somatoform, neurasthenia, depersonalization)

ICD-10 Chapter 5 Structure - II

- F5 Behavioral syndromes associated with physiological disturbances and physical factors (includes eating, sleep, sexual dysfunction, mental disorders associated with puerperium)
- F6 Disorders of adult personality and behavior (includes impulse control, GID, paraphilias, sexual orientation, factitious)
- F7 Mental Retardation
- F8 Disorders of psychological development (includes speech and language, learning disorders, motor, autism)
- F9 Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (includes ADHD, conduct, separation anxiety, reactive attachment, tics, enuresis, encopresis, pica, feeding disorder, stereotyped movement, stuttering)

ICD-11 Chapter V Structure - I

- 05 A Neurodevelopmental disorders
- 05 B Schizophrenia Spectrum and Primary Psychotic Disorders
- 05 C Bipolar and Related Disorders
- 05 D Depressive Disorders
- 05 E Anxiety and Fear-Related Disorders
- 05 F Disorders Specifically Associated With Stress
- 05 G Dissociative Disorders
- 05 H Bodily Distress Disorders and Psychological and Behavioral Factors Associated with Diseases Classified Elsewhere

ICD-11 Chapter V Structure - II

- 05 I Obsessive Compulsive and Related Disorders
- 05 J Feeding and Eating Disorders
- 05 K Elimination Disorders
- 05 L Sleep Disorders
- 05 M Sexual Dysfunctions and Compulsive Sexual Behavior Disorder
- 05 N Acute Substance Intoxication
- 05 O Harmful Use of Substances
- 05 P Substance Dependence
- 05 Q Substance Withdrawal Syndrome
- 05 R Substance-induced mental disorders
- 05 S Behavioral addictions

ICD-11 Chapter V Structure - III

- 05 T Disruptive behavior and dissocial disorders
- 05 U Disorders of Personality
- 05 V Paraphilic Disorders
- 05 W Factitious Disorders
- 05 X Neurocognitive Disorders
- 05 Y Mental and behavioral disorders attributable to disorders or diseases classified elsewhere

Regrouping of Diagnostic Classes in ICD-11/DSM-5 - I

- DSM-IV/ICD-10: Groupings based primarily on common presenting symptom, e.g., anxiety disorder
- DSM-5/ICD-11: Groupings based as much as possible on common underlying etiological factors
 - ◆ E.g., Obsessive-Compulsive and related disorders: presumed underlying common neurobiological factors

Regrouping of Diagnostic Classes in ICD-11/DSM-5 - II

- Supported creation of a diagnostic grouping based on etiologically associated with stressful life circumstances
- Given that other ICD-11 disorders may be associated with stressors (e.g., major depression), these are differentiated by being definitionally associated with stress.

Disorders Specifically Associated With Stress

ICD-11

- Traumatic Stress Disorders
 - ◆ PTSD
 - ◆ Complex PTSD
- Prolonged Grief Disorder
- Adjustment Disorder
- Attachment Disorders
 - ◆ Reactive attachment disorder
 - ◆ Disinhibited social engagement disorder
- *Acute stress reaction (not a mental disorder)*

ICD-10

- F43 Reactions to severe stress, and adjustment disorders
 - ◆ F43.0 Acute stress reaction
 - ◆ F43.1 PTSD
 - ◆ F43.2 Adjustment Disorders
- F94 Disorders of social functioning with onset specific to childhood
 - ◆ F94.1 Reactive attachment disorder
 - ◆ F94.2 Disinhibited attachment disorder of childhood

Diagnostic Guidelines vs. Criteria

- Diagnostic Guidelines are intended to provide clinicians with guidance on making the diagnosis and focus on the essential features of the disorder (i.e, those that are required for the diagnosis and that differentiate it from other disorders).
- Definitions **do not have diagnostic criteria**. Instead, there are **guidelines** summarized as bullet points, followed by paragraphs that expand on these points.

Diagnostic Guidelines vs. Criteria - II

- The bullet points resemble diagnostic criteria by briefly presenting the required elements of the diagnosis in descriptive terms
- They differ by virtue of avoiding algorithmic pseudoprecise requirements like symptom counts or precise durations, unless these have been specifically validated (e.g., to differentiate disorder from non-disorders)

Diagnostic Guidelines

- Bullet points/guidelines can be divided into three basic types depending on their function:
 - ◆ Those that describe an essential feature of the condition
 - ◆ Those that explicitly set the threshold with normality, e.g., by requiring a minimum level of impairment
 - ◆ Those that differentiate the condition from other disorders

Examples (from Prolonged Grief)

■ Descriptive essential features (from PG):

- ◆ Following the loss of a loved one, the development of persistent and severe separation distress characterized by yearning or longing for the deceased and associated emotional pain

■ Setting Threshold for Disorder (from PG):

- ◆ The symptoms persist for an extended period of time (e.g., greater than six months) and cause significant functional impairment
- ◆ The symptoms go beyond a normative grief response given the person's cultural context

Example (from Adjustment Disorder)

- Guideline Setting Boundary with other ICD-11 disorders
 - ◆ The symptoms do not meet the definitional requirements of any other mental disorder

Ways to Participate in ICD-11 Field Studies

- Sign up to participate in the Global Practice Network for internet-based field studies; **available now** in English, Spanish, French, Japanese, Arabic
- First internet-based study to focus on disorders specifically associated with stress; participation of ISTSS members highly important
- Provide individual comments on initial proposals to be posted on WHO website by December 2012; will be updated as proposals are modified, comment to be taken throughout revision process
- Participate in clinic-based evaluative field studies beginning early 2013
- For more information:

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