UKM
Universitätsklinikum
Münster

ICD-11: PRINZIPIELLE NEUHEITEN UND AFFEKTIVE STÖRUNGEN

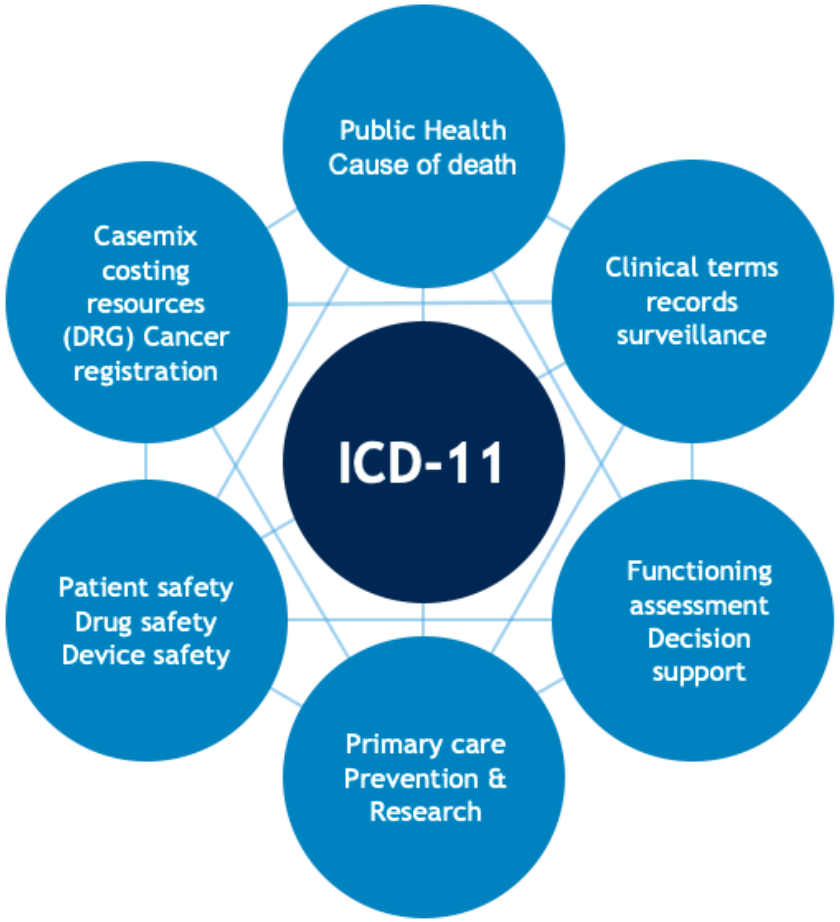
Neue Entwicklungen, Vergleiche, Bewertungen

Univ.-Prof. Dr.med. Bernhard T. Baune, MPH, MBA, FRANZCP
Klinikdirektor, Klinik für Psychische Gesundheit
Universitätsklinikum Münster

Interessenkonflikte

Ich stehe mit einer oder mehreren der folgenden Organisationen und/oder Unternehmen in Beziehung, was als möglicher Interessenkonflikt im Zusammenhang mit dieser Präsentation angesehen werden kann:	
Consulting roles	National Health and Medical Research Council, Australia
Honoraria	AstraZeneca, Bristol-Myers Squibb, Lundbeck, Pfizer, Servier, Wyeth, LivaNova, Janssen, Novartis, Otsuka
Research or grants from private industries or non-profit funds	AstraZeneca, Sanofi Synthelabo
Advisory boards	Lundbeck, Janssen-Cilag, LivaNova, Angelini
Research grants	National Health and Medical Research Council, Australia, DFG, BMBF, EU, BMG
Research foundations	James & Diana Ramsay Foundation, Fay Fuller Foundation

PURPOSE



A classification and terminology ICD-11:

+ allows the systematic recording, analysis, interpretation and comparison of mortality and morbidity data collected in different countries or regions and at different times;

+ ensures semantic interoperability and reusability of recorded data for the different use cases beyond mere health statistics, including decision support, resource allocation, reimbursement, guidelines and more.

https://www.who.int/standards/classifications/classification-of-diseases

UKM
Universitätsklinikum
Münster

Short history of the development of ICD-11 (1)

- In 2007, the WHO Department of Mental Health and Substance Abuse assigned the International Advisory Group for the Revision of the *ICD-10* Mental and Behavioural Disorders.
- This advisory group, together with the WHO, established working groups in which experts from all continents reviewed the available evidence and proposed changes to specific parts of the *ICD-10* Mental and Behavioural Disorders chapter.
- These proposals were discussed in a collaborative process with various stakeholders (eg, mental health professionals and users of mental health services), resulting in a beta-draft of the *ICD-11* MBND chapter.

International Advisory Group for the Revision of ICD-10 Mental and Behavioural Disorders. A conceptual framework for the revision of the ICD-10 classification of mental and behavioural disorders. *World Psychiatry*. 2011;10:86-92.
Luciano M. The ICD-11 beta draft is available online. World Psychiatry. 2015:14(3):375-376.

UKM
Universitätsklinikum
Münster

Short history of the development of ICD-11 (2)

- From 2015, the WHO made the *ICD-11* MBND beta draft publicly available on the internet for review and comments.
- Additionally, feedback from mental health practitioners was obtained via formative field studies.
- In May 2019, the 72nd World Health Assembly voted to adopt *ICD-11*, which will be implemented by the WHO member states from January 1, 2022.

Reed GM, Correia JM, Esparza P, Saxena S, Maj M. The WPA-WHO global survey of psychiatrists' attitudes towards mental disorders classification. *World Psychiatry*. 2011;10(2):118-131.

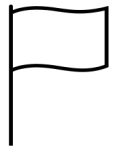
UKM
Universitätsklinikum
Münster

Table of content

UKM
Universitätsklinikum
Münster

Table of content

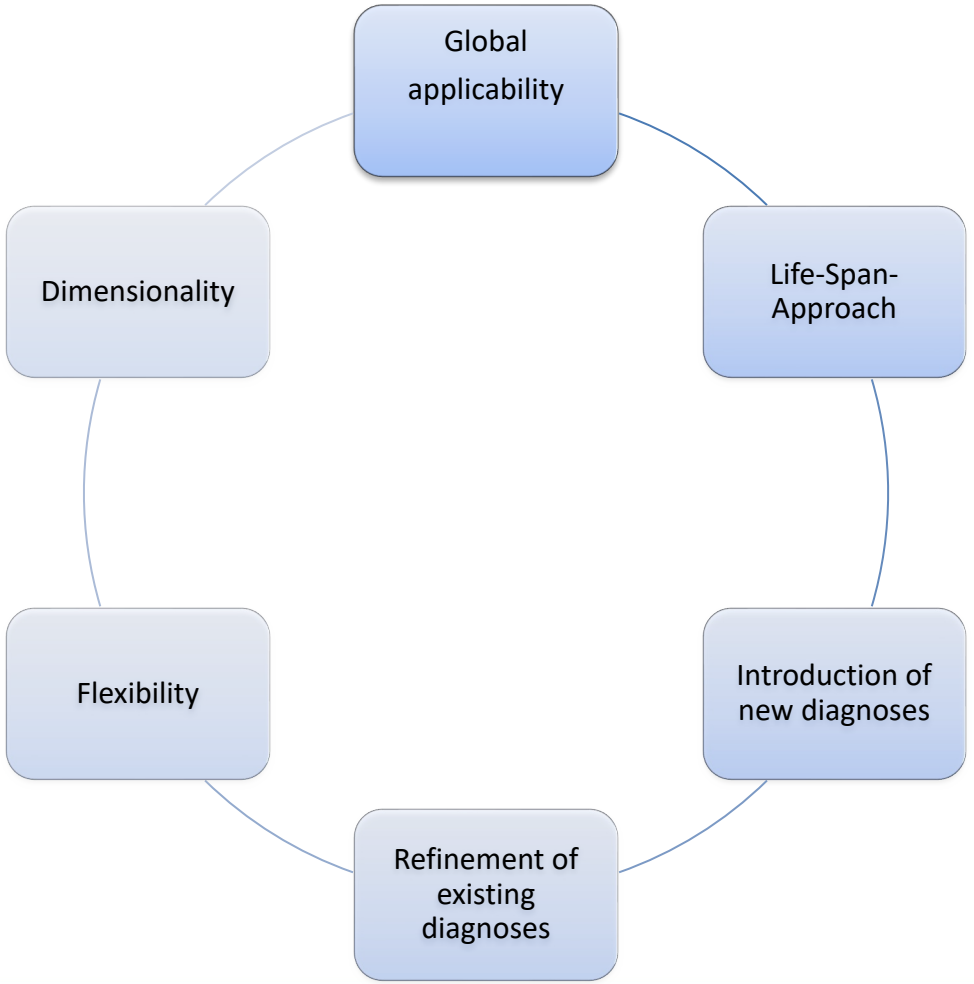
1. Overview

- Development of the **Mental, Behavioral or Neurodevelopmental Disorders (MBND)** chapter of the Mental Disorders Classification
- The three main objectives of this process were:
- global applicability
-  scientific validity and
- clinical utility

1. Overview - Overall updates in ICD-11

1. Provides consistent and systematically characterized information
2. Adopts a **life-span approach** and **culture-based guidelines** for each disorder
3. Inclusion of **dimensional** approaches (especially for personality disorders and primary psychotic disorders) which
   - are consistent with **current evidence**
   - are more **compatible with recovery-based approaches**
   - seek to **eliminate artificial comorbidities** and represent **change over time more effectively**

The principal changes from ICD-10 to ICD-11



UKM
Universitätsklinikum
Münster

Table of content

2. Changes from ICD-10 to ICD-11: Chapter structure

- Principles for ordering disorder groupings in ICD-11 with **shared etiology, pathophysiology, and phenomenology**.
- The aim of the WHO and American Psychiatric Association to **harmonize the structure of ICD-11 and DSM-5** influenced the chapter structure of ICD-11
- A central difference between ICD-11 and ICD-10 regarding chapter structure is the **omission of a separate disorder grouping for mental and behavioral disorders with onset during childhood and adolescence**.
  - The disorders previously pooled in this grouping were moved to other disorder groupings in the *ICD-11* MBND chapter, highlighting developmental continuity across the lifespan.

Comparison of the chapter and diagnostic structure

ICD-10	ICD-11
Decimal Coding System **F00–F99** Mental and behavioural disorders	flexible alphanumeric coding structure **6A00–6E8Z** Mental, behavioural or neurodevelopmental disorders
Structure largely based on **Kraepelin's textbook** of psychiatry (organic disorders → psychoses → neurotic disorders and personality disorders)	Grouping ordered by **developmental perspective** (hence neurological disorders come first and neurocognitive disorders last in the classification). Grouping based on presumed **common etiological** and **pathophysiological** factors (e.g., disorders specifically associated with stress) and common **phenomenology** (e.g., dissociative disorders)
11 Disorder groupings	Chapter ICD-11 MBND contains **21** disorder groupings
Dichotomy between organic and non-organic sexual dysfunctions	New integrated chapter for **disorders related to sexual health** (allows for uniform classification of sexual dysfunction/pain disorders from changes in male and female anatomy)

UKM
Universitätsklinikum
Münster

Disorder groupings in the ICD-11 vs.in the ICD-10 Mental and Behavioral Disorders chapter

ICD-10 F00-F99 Mental and Behavioural Disorders chapter	*ICD-11* 06 Mental, Behavioural or Neurodevelopmental Disorders chapter (and relevant disorder groupings from other *ICD-11* chapters)
F00-F09 Organic, including symptomatic, mental disorders	6D70-6E0Z Neurocognitive disorders (8A20-8A2Z Disorders with neurocognitive impairment as a major feature)
F10-F19 Mental and Behavioural disorders due to psychoactive substance use	6C40-6C5Z Disorders due to substance use or addictive behaviors
F20-F29 Schizophrenia, schizotypal and delusional disorders	6A20-6A2Z Schizophrenia or other primary psychotic disorders 6A40-6A4Z Catatonia
F30-F39 Mood (affective) disorders	6A60-6A8Z Mood disorders
F40-F48 Neurotic, stress-related and somatoform disorders	6B00-6B0Z Anxiety or fear-related disorders 6B20-6B2Z Obsessive-compulsive or related disorders 6B40-6B4Z Disorders specifically associated with stress 6B60-6B6Z Dissociative disorders 6C20-6C2Z Disorders of bodily distress or bodily experience
F50-F59 Behavioural syndromes associated with physiological disturbances and physical factors	6B80-6B8Z Feeding or eating disorders 6E20-6E2Z Mental or Behavioural disorders associated with pregnancy, childbirth, or the puerperium 6E40-6E40Z Psychological or Behavioural factors affecting disorders or diseases classified elsewhere

Changes from ICD-10 to ICD-11 and future directions in psychiatric classification. (2020). *Dialogues in Clinical Neuroscience*, *22*(1), 7–15. DOI:10.31887/dcns.2020.22.1/wgaebel

Disorder groupings in the ICD-11 vs.in the ICD-10 Mental and Behavioral Disorders chapter

F60-F69 Disorders of adult personality and behaviour	6C70-6C7Z Impulse control disorders 6D10-6D11.5 Personality disorders and related traits 6D30-6D3Z Paraphilic disorders 6D50-6D5Z Factitious disorders (7A00-7A0Z Insomnia disorders) (7A20-7A2Z Hypersomnolence disorders) (7A60-7A6Z Circadian rhythm sleep-wake disorders) (HA60-HA6Z Gender incongruence)
F70-F79 Mental retardation	6A00-6A00.Z Disorders of intellectual development
F80-F89 Disorders of psychological development	6A00-6A06.Z Neurodevelopmental disorders
F90-F98 Behavioural and emotional disorders with onset usually occurring in child-hood and adolescence	6C00-6C0Z Elimination disorders 6C90-6C9Z Disruptive behavioural or dissocial disorders
F99 Unspecified mental disorder	6E60-6E6Z Secondary mental or Behavioural syndromes associated with disorders or diseases classified elsewhere

Changes from ICD-10 to ICD-11 and future directions in psychiatric classification. (2020). *Dialogues in Clinical Neuroscience*, *22*(1), 7–15. DOI:10.31887/dcns.2020.22.1/wgaebel

UKM
Universitätsklinikum
Münster

Table of content

3. NEW DIAGNOSTIC CATEGORIES IN ICD-11

DIAGNOSIS	DESCRIPTION
Catatonia	A syndrome of primarily psychomotor disturbances (no longer regarded as a subtype of Schizophrenia) characterized by the occurrence of several different symptoms including stupor; catalepsy; waxy flexibility; mutism; negativism; posturing; mannerisms; stereotypies; psychomotor agitation; grimacing; echolalia; and echopraxia
Bipolar Type II Disorder	Defined by the occurrence of at least one hypomanic episode and at least one depressive episode
Body Dysmorphic Disorder	Characterized by persistent preoccupation with at least one defect or flaw in one's appearance, unnoticeable or only slightly noticeable to others
Olfactory Reference Disorder	Characterized by persistent preoccupation with the belief that one is emitting a perceived foul or offensive body odor or breath, unnoticeable or only slightly noticeable to others
Hoarding Disorder	Characterized by accumulation of possessions due to excessive acquisition of possession or difficulties discarding them, regardless of their actual value
Excoriation Disorder	Characterized by recurrent picking of one's skin leading to skin lesions, accompanied by unsuccessful attempts to decrease or stop the behavior.
Complex PTSD	Develops following exposure to a threatening or horrific event (or series of events) and is characterized by severe and persistent disturbances in affect regulation, a negative self-concept and difficulties in sustaining relationships in addition to the three core features of PTSD (ie, re-experiencing the traumatic event in the present

DIAGNOSIS	DESCRIPTION
Prolonged Grief Disorder	Abnormally persistent, pervasive and disabling response to bereavement
Binge Eating Disorder	Characterized by frequent and recurrent episodes of binge eating
Avoidant/Restrictive Food Intake Disorder	Characterized by abnormal eating or feeding behaviors resulting in the intake of an insufficient quantity or variety of food to meet adequate energy or nutritional requirements
Body Integrity Dysphoria	Characterized by an intense and persistent desire to become physically disabled in a significant way with onset in childhood or early adolescence
Gaming Disorder	A pattern of persistent or recurrent gaming behaviour (“video gaming”)
Compulsive Sexual Behaviour Disorder	A persistent pattern of failure to control intense, repetitive sexual impulses or urges leading to repetitive sexual behaviour
Intermittent Explosive Disorder	Characterized by repeated brief episodes of verbal or physical aggression or destruction of property representing a failure to control aggressive impulses
Premenstrual Dysphoric Disorder	Characterized by a pattern of mood symptoms (eg, depressed mood), somatic symptoms (eg, overeating), or cognitive symptoms (eg, forgetfulness) that begin several days before the onset of menses, start to improve within a few days after the onset of menses, and then become minimal or absent within 1 week following the onset of menses

UKM
Universitätsklinikum
Münster

Table of content

4. Impact of ICD10/11

- It is unclear how the introduction of *ICD-11* will influence the **prevalence rate** of mental disorders as a whole.

- To prevent pathologization of normal behavior, the *ICD-11* Clinical Descriptions and Diagnostic Guidelines (CDDG), which describe the main clinical features for each disorder, focus on defining the **boundary between disorders and variation of normal human functioning**.

UKM
Universitätsklinikum
Münster

Table of content

UKM
Universitätsklinikum
Münster

5. Dimensional approaches in a categorical system

- Current classification systems of mental disorders are based on a polythetic categorical approach.
- A list of **characteristic symptoms** is provided for each diagnosis. The presence of a, usually predefined, **number of symptoms** from this list is sufficient to assign the respective categorical diagnosis.
- Categorical diagnoses are required to **justify treatment** in most countries, to communicate efficiently about mental disorders, and to **collect epidemiological data**.
- A categorical diagnosis may **aid in the decision** whether to treat or not to treat a patient.

- ***Limitations: large within-category heterogeneity, comorbidity, and difficulties in representing subthreshold symptomatology*****.**

5. Dimensional approaches in a categorical system

- In a dimensional approach, the severity of a symptom or the degree of **disturbance of a specific psychological function is rated on a quantitative dimension**. There is a growing understanding that *psychopathology is continuously graded in severity*.

- Dimensional approaches **represent the severity** of **specific symptoms** and psychological dysfunctions, including *subthreshold symptomatology*.

A disadvantage of dimensional classification (eg, in the form of diagnostic profiles), however, is its **increased complexity** and, therefore, **reduced clinical utility** compared with categorical classification.

5. Dimensional approaches in a categorical system

- For some diagnoses, **dimensional extensions** in terms of *severity*, *course* and *specific symptoms* are added
- These dimensional expansions of categorical diagnoses **mirror clinical practice**, in which dimensional information (eg, severity of illness) is regularly taken into consideration for **selecting treatments**.

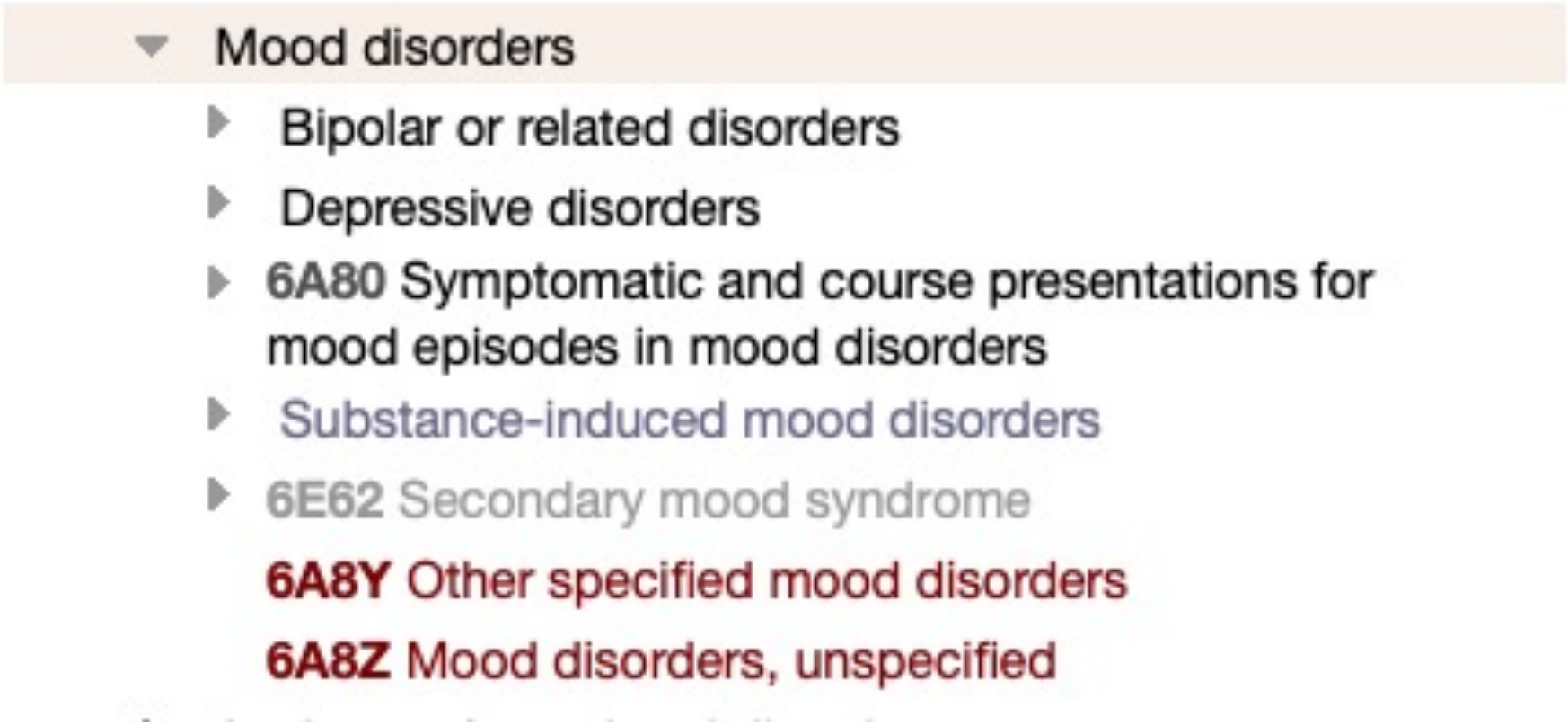
Large shift towards dimensionality especially in:

- **Personality disorders**
- **Depressive episodes**
- **Schizophrenia**

UKM
Universitätsklinikum
Münster

Table of content

6. STRUCTURE OF MOOD DISORDERS IN ICD-11



https://icd.who.int

Comparison of diagnostic groups – Mood Disorders - Overview

ICD-10 F30-F39 Mood [affective] disorders	ICD-11 6A60 – 6A8Z Mood disorders
F30 Manic episode	**6A6 Bipolar or related disorders**
F31 Bipolar affective disorder	**6A7 Depressive disorders**
F32 Depressive episode	**6A80** Symptomatic and course presentations for mood episodes in mood disorders
F33 Recurrent depressive disorder	Substance-induced mood disorders
F34 Persistent mood [affective] disorders	**6E62** Secondary mood syndrome
F38 Other mood [affective] disorders	**6A8Y** Other specified mood disorders
F39 Unspecified mood [affective] disorder	**6A8Z** Mood disorders, unspecified

https://icd.who.int

6. STRUCTURE OF MOOD DISORDERS IN ICD-11

Coded Elsewhere

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

Diagnostic Requirements

Mood Disorders refers to a superordinate grouping of Depressive Disorders and Bipolar 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
- Hypomanic Episode

Mood Episodes are **not independently diagnosable entities**, and therefore *do not have their own diagnostic codes*. Mood Episodes are the components of Bipolar or Related Disorders and Depressive Disorders.

MAIN CHANGES FOR MOOD DISORDERS IN ICD 11

1. Overall **reorganization** of the mood disorders grouping such that mood episodes (i.e., depressive, manic, mixed, and hypomanic episodes) appear first as non-diagnosable entities that form the basic building blocks for episodic mood disorders.
2. **Dysthymic and cyclothymic disorders appear at the same level** as depressive and bipolar disorders, respectively rather than in a subgrouping of persistent mood disorders.
3. **Revisions to the diagnostic guidelines for depressive episode** such that the presence of either depressed mood or markedly diminished interest or pleasure in activities must be present most of the day, nearly every day for at least two weeks. Unlike ICD-10, **increased fatiguability is not counted** towards fulfillment of the mood component of the guidelines.

Kogan CS et al. A global field study of the international classification of diseases (ICD-11) mood disorders clinical descriptions and diagnostic guidelines. J Affect Disord. 2021 Dec 1;295:1138-1150

MAIN CHANGES FOR MOOD DISORDERS IN ICD 11

4. Additional symptoms (which may include fatigue) must be present so that at least **five are present**, in **contrast to four in ICD-10. Hopelessness** was **added as a qualifying symptom** because of strong evidence for its predictive value in diagnoses of depressive disorders and its link to suicidality (Leite et al., 2019).

5. Revisions to the severity definitions of depressive episode such that severity is determined by weighing number, severity and functional impact of symptoms, but not specific symptom types.

6. A **new requirement for manic episode** that **both extreme mood** (i.e., euphoria, expansiveness, or irritability) and **increased activity or energy** be present concurrently for at least one week, unless shortened by a treatment intervention (Cheniaux et al., 2014; Strakowski, 2011).

Kogan CS et al. A global field study of the international classification of diseases (ICD-11) mood disorders clinical descriptions and diagnostic guidelines. J Affect Disord. 2021 Dec 1;295:1138-1150

MAIN CHANGES FOR MOOD DISORDERS IN ICD 11

7. Separation of ICD-10 bipolar affective disorders into two conditions in ICD-11—bipolar type I disorder and bipolar type II disorder—defined according to the type and pattern of mood episodes observed.

8. Reclassification and renaming of ICD-10 mixed anxiety and depressive disorder as a mood disorder labelled ICD-11 mixed depressive and anxiety disorder because of its functional similarity to depression and importance in primary care settings (Das-Munshi et al., 2008; Goldberg, 2014; Goldberg et al., 2017).

9. Introduction of guidance on **differentiating mood disorders from various subthreshold presentations** of mood symptoms such as culturally normative grief reactions and post-partum low mood.

Kogan CS et al. A global field study of the international classification of diseases (ICD-11) mood disorders clinical descriptions and diagnostic guidelines. J Affect Disord. 2021 Dec 1;295:1138-1150

CATEGORIES OF MOOD DISORDERS IN IDC 11

Bipolar or Related Disorders include the following:

- 6A60 Bipolar Type I Disorder
- 6A61 Bipolar Type II Disorder
- 6A62 Cyclothymic Disorder
- 6A6Y Other Specified Bipolar or Related Disorders

Premenstrual Dysphoric Disorder is classified in the grouping of Premenstrual Disturbances in the ICD-11 chapter on Diseases of the Genitourinary System

Depressive Disorders include the following:

- 6A70 Single Episode Depressive Disorder
- 6A71 Recurrent Depressive Disorder
- 6A72 Dysthymic Disorder
- 6A7Y Other Specified Depressive Disorders

– 6A73 Mixed Depressive and Anxiety Disorder is also included in the section on Depressive Disorders, although it also shares features with Anxiety or Fear-Related Disorders.

https://icd.who.int

UKM
Universitätsklinikum
Münster

Shift towards dimensionality for Depressive Episodes in ICD-11

- Depressive episodes in depressive or bipolar disorders may be described in detail by using qualifiers indicating the presence of specific symptoms:
  - the melancholic features qualifier
  - the anxiety symptoms qualifier
  - the panic attacks qualifiers
  - the seasonal pattern qualifier

Shift towards dimensionality for Depressive Episodes in ICD-11

- ✓Detailed description by checking the **presence of specific symptoms**:
  - ✓melancholic features, anxiety symptoms, panic attacks, and the seasonal pattern
- ✓**Description of severity** (mild, moderate or severe) and **remission status** (in partial or complete remission)

- In moderate and severe depressive episodes, the presence of psychotic symptoms may also be indicated
- **Persistent mood disorders (F34),** which consists of Cyclothymia (F34.0) and Dysthymia (F34.1), have been **deleted**

STRUCTURE OF MOOD DISORDERS IN ICD-11

- Mood disorders
  - Bipolar or related disorders
  - 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

- Depressive disorders
  - 6A70 Single episode depressive disorder
  - 6A71 Recurrent depressive disorder
  - 6A72 Dysthymic disorder
  - 6A73 Mixed depressive and anxiety disorder
  - GA34.41 Premenstrual dysphoric disorder
  - **6A7Y** Other specified depressive disorders
  - **6A7Z** Depressive disorders, unspecified

https://icd.who.int

SINGLE EPISODE DEPRESSIVE DISORDER

- 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

Has manifestation *(use additional code, if desired)*

- **6A80.0** Prominent anxiety symptoms in mood episodes
- **6A80.1** Panic attacks in mood episodes
- **6A80.2** Current depressive episode persistent
- **6A80.3** Current depressive episode with melancholia
- **6E20** Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, without psychotic symptoms

https://icd.who.int

ICD-10 – F32 Depressive Episode	ICD-11 – 6A70 Single Depressive Episode
Depressive episode In typical mild, moderate, or severe depressive episodes, the patient suffers from lowering of mood, reduction of energy, and decrease in activity. Capacity for enjoyment, interest, and concentration is reduced, and marked tiredness after even minimum effort is common. Sleep is usually disturbed and appetite diminished. Self-esteem and self-confidence are almost always reduced and, even in the mild form, some ideas of guilt or worthlessness are often present. The lowered mood varies little from day to day, is unresponsive to circumstances and may be accompanied by so-called "somatic" symptoms, such as loss of interest and pleasurable feelings, waking in the morning several hours before the usual time, depression worst in the morning, marked psychomotor retardation, agitation, loss of appetite, weight loss, and loss of libido. Depending upon the number and severity of the symptoms, a depressive episode may be specified as mild, moderate or severe. **Incl.:** single episodes of: depressive reaction, psychogenic depression, reactive depression **Excl**.: adjustment disorder (F43.2) recurrent depressive disorder (F33.-) when associated with conduct disorders in F91.- (F92.0) **F32.0 Mild depressive episode** Two or three of the above symptoms are usually present. The patient is usually distressed by these but will probably be able to continue with most activities. **F32.1 Moderate depressive episode** Four or more of the above symptoms are usually present and the patient is likely to have great difficulty in continuing with ordinary activities. **F32.2 Severe depressive episode without psychotic symptoms** An episode of depression in which several of the above symptoms are marked and distressing, typically loss of self-esteem and ideas of worthlessness or guilt. Suicidal thoughts and acts are common and a number of "somatic" symptoms are usually present. **F32.3 Severe depressive episode with psychotic symptoms** An episode of depression as described in F32.2, but with the presence of hallucinations, delusions, psychomotor retardation, or stupor so severe that ordinary social activities are impossible; there may be danger to life from suicide, dehydration, or starvation. The hallucinations and delusions may or may not be mood-congruent. Single episodes of: major depression with psychotic symptoms psychogenic depressive psychosis psychotic depression reactive depressive psychosis	**Description** Single episode depressive disorder is characterised by the presence or history of one depressive episode when there is no history of prior depressive episodes. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period 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) **Diagnostic Requirements** **Essential (Required) Features:** Presence or history of a single Depressive Episode (see Essential Features). There is no history of Manic, Mixed, or Hypomanic Episodes, which would indicate the presence of a Bipolar Disorder. **Severity, Psychotic Symptoms, and Remission Specifiers** The Depressive Episode in Single Episode Depressive Disorder should be classified according to the severity of the episode or the degree of remission. Moderate and Severe episodes should also be classified according to the presence or absence of psychotic symptoms. (See descriptions of episode severity and psychotic symptoms in Depressive Episodes above.) Available categories are as follows: 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

RECURRENT DEPRESSIVE DISORDER

- 6A71 Recurrent depressive disorder
  - 6A71.0 Recurrent depressive disorder, current episode mild
  - 6A71.1 Recurrent depressive disorder, current episode moderate, without psychotic symptoms
  - 6A71.2 Recurrent depressive disorder, current episode moderate, with psychotic symptoms
  - 6A71.3 Recurrent depressive disorder, current episode severe, without psychotic symptoms
  - 6A71.4 Recurrent depressive disorder, current episode severe, with psychotic symptoms
  - 6A71.5 Recurrent depressive disorder, current episode, unspecified severity
  - 6A71.6 Recurrent depressive disorder, currently in partial remission
  - 6A71.7 Recurrent depressive disorder, currently in full remission
  - **6A71.Y** Other specified recurrent depressive disorder
  - **6A71.Z** Recurrent depressive disorder, unspecified

Has manifestation *(use additional code, if desired)*

- **6A80.0** Prominent anxiety symptoms in mood episodes
- **6A80.1** Panic attacks in mood episodes
- **6A80.2** Current depressive episode persistent
- **6A80.3** Current depressive episode with melancholia
- **6E20** Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, without psychotic symptoms

https://icd.who.int

UKM Universitätsklinikum Münster

Comparison of diagnostic criteria – Recurrent Depressive Episode

ICD-10 – F33 Recurrent Depressive Episode	ICD-11 – 6A70 Recurrent Depressive Disorder
Recurrent depressive disorder A disorder characterized by + **repeated episodes of depression as described for depressive episode (F32)**, + **without any history** of independent episodes of **mood elevation and increased energy (mania**). + If such an manic episode does occur, the diagnosis should be changed to bipolar affective disorder (F31.-) F33.0 Recurrent depressive disorder, current episode mild F33.1Recurrent depressive disorder, current episode moderate F33.2Recurrent depressive disorder, current episode severe without psychotic symptoms F33.3Recurrent depressive disorder, current episode severe with psychotic symptoms F33.4 Recurrent depressive disorder, currently in remission F33.8 Other recurrent depressive disorders F33.9 Recurrent depressive disorder, unspecified	**Recurrent depressive disorder** **Essential (Required) Features:** + A history of **at least two Depressive Episodes,** which may include a current episode, **+ separated by several months without significant mood disturbance**. **+ No history of Manic, Mixed, or Hypomanic Episodes (=bipolar disorder)** **Severity, Psychotic Symptoms, and Remission Specifiers** + current Depressive Episode: **classification of the severity** or the **degree of remission.** + **Moderate and Severe current episodes**: classification of presence or absence of **psychotic symptoms** **Available categories** are as follows: 6A71.0 Recurrent Depressive Disorder, Current Episode Mild 6A71.1 Recurrent Depressive Disorder, Current Episode Moderate, without psychotic symptoms 6A71.2 Recurrent Depressive Disorder, Current Episode Moderate, with psychotic symptoms 6A71.3 Recurrent Depressive Disorder, Current Episode Severe, without psychotic symptoms 6A71.4 Recurrent Depressive Disorder, Current Episode Severe, with psychotic symptoms 6A71.5 Recurrent Depressive Disorder, Current Episode, Unspecified Severity 6A71.6 Recurrent Depressive Disorder, currently in partial remission 6A71.7 Recurrent Depressive Disorder, currently in full remission

UKM Universitätsklinikum Münster

DEPRESSIVE EPISODE DESCRIPTIONS ICD-11

Additional Clinical Features:

- In some individuals, the affective component of a Depressive Episode may be primarily experienced and expressed **as irritability**, or as **an absence of emotional experience** (e.g., '**emptiness**'). These variants in the expression of the affective component can be considered as meeting the depressed mood requirement for a Depressive Episode if they represent a significant change from the individual's typical functioning.
- In some individuals, particularly those experiencing a Severe Depressive Episode, there may be **reluctance to describe certain experiences** (e.g., psychotic symptoms) or **inability to do so in detail** (e.g., due to psychomotor agitation or retardation). In such cases, **observations made by the clinician or reported by a collateral informant** are important in determining diagnostic status and severity of the episode.
- Depressive Episodes may be associated with **increased consumption of alcohol or other substances**, exacerbation of pre-existing psychological symptoms (e.g., phobic or obsessional symptoms), or somatic preoccupations.

DEPRESSIVE EPISODE DESCRIPTIONS ICD-11

Boundary with Normality (Threshold)

- Some **depression of mood is a normal reaction to severe adverse life events and problems** (e.g., divorce, job loss), and is common in the community. A **Depressive Episode is differentiated from this common experience by the severity, range, and duration of symptoms**. If the diagnostic requirements for a Depressive Episode are met, a Depressive Episode should still be considered present, even if there are identifiable life events that appear to have triggered the episode.

- A Depressive Episode should not be considered to be present, if the **individual is exhibiting normal grief symptoms**, including some level of depressive symptoms, and the individual has experienced the death of a loved one within the past 6 months, or longer, if a more extended period of bereavement is consistent with the normative response for **grieving within the individual's religious and cultural context**.

DEPRESSIVE EPISODE DESCRIPTIONS ICD-11

Boundary with Normality (Threshold)

- Individuals with no history of Depressive Episodes may experience **depressive symptoms during bereavement**, but this **does not appear to indicate an increased risk of subsequently developing a Mood Disorder**. However, **a Depressive Episode can be superimposed on normal grief**.

- The **presence of a Depressive Episode during a period of bereavement** is suggested by persistence of constant depressive symptoms for a month or more following the loss (i.e., there are no periods of positive mood or enjoyment of activities), severe depressive symptoms such as extreme beliefs of low self-worth and guilt not related to the lost loved one, presence of psychotic symptoms, suicidal ideation, or psychomotor retardation.

- A **prior history** of Depressive Disorder or Bipolar Disorder is important to consider in making this distinction.

DEPRESSIVE EPISODE DESCRIPTIONS ICD-11

Developmental Presentations:

- Depressive Episode is relatively **rare in childhood** and occurs with similar frequency among boys and girls. **After puberty, rates increase** significantly and **girls are approximately twice as likely** as boys to experience a Depressive Episode.
- **All of the characteristic features of Depressive Episode can be observed in children and adolescents**.
- As in adults, symptoms of Depressive Episode should represent a **change from prior functioning**.
- Assessment of Depressive Episode in younger children in particular is likely to rely on the report of **other informants** (e.g., parents) regarding signs and symptoms and the extent to which these represent a change from prior functioning.
- The concurrent presence of at least **five characteristic symptoms occurring most of the day, nearly every day during a period lasting at least 2 weeks**. **At least one symptom from the Affective cluster must be present**.
- Assessment of the presence or absence of symptoms should be made relative to typical functioning of the individual.

DEPRESSIVE EPISODE DESCRIPTIONS ICD-11

Developmental Presentations:

- ***Affective cluster:***
  - Depressed mood as reported by the individual (e.g., feeling down, sad) or as observed (e.g., tearful, defeated appearance).
  - In children and adolescents depressed mood can manifest as irritability.
  - Markedly diminished interest or pleasure in activities, especially those normally found to be enjoyable to the individual. The latter may include a reduction in sexual desire.

DEPRESSIVE EPISODE DESCRIPTIONS ICD-11

Developmental Presentations:

- ***Cognitive-behavioural cluster:***
  - Reduced ability to concentrate and sustain attention to tasks or marked indecisiveness.
  - Beliefs of low self-worth or excessive and inappropriate guilt that may be manifestly delusional. This item should not be considered present if guilt or self-reproach is exclusively about being depressed.
  - Hopelessness about the future.
  - Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation (with or without a specific plan), or evidence of attempted suicide.

UKM Universitätsklinikum Münster

DEPRESSIVE EPISODE DESCRIPTIONS ICD-11

Developmental Presentations:

- ***Neurovegetative cluster:***
  - Significantly disrupted **sleep** (delayed sleep onset, increased frequency of waking during the night, or early morning awakening) or excessive sleep.
  - Significant change in **appetite** (diminished or increased) or significant **weight change** (gain or loss).
  - **Psychomotor agitation or retardation** (observable by others, not merely subjective feelings of restlessness or being slowed down).
  - **Reduced energy, fatigue, or marked tiredness** following the expenditure of only a minimum of effort.

DEPRESSIVE EPISODE DESCRIPTIONS ICD-11

Developmental Presentations:

- ***Suicidality cluster:***
  - Similar to adults, children and adolescents experiencing a Depressive Episode are at increased risk for suicidality.
  - In younger children, suicidality may manifest in passive statements (e.g., 'I don't want to be here anymore') or as themes of death during play, whereas adolescents may make more direct statements regarding their desire to die.
  - Self-injurious behaviours that are not explicitly suicidal in terms of lethality or expressed intent may also occur in Depressive Episode in young children and adolescents. Examples include head banging or scratching in young children and cutting or burning in adolescents. If unaddressed, these types of behaviours tend to increase in frequency and intensity over time among children and adolescents with Depressive Disorders.

UKM Universitätsklinikum Münster

DEPRESSIVE EPISODE DESCRIPTIONS ICD-11

Boundaries with Other Disorders and Conditions (Differential Diagnosis):

- ***Boundary with Mixed Episode:*** Depressive symptoms in a Mixed Episode may be qualitatively similar to those of Depressive Episode, but in Mixed Episode several prominent depressive symptoms occur simultaneously or alternate rapidly with several prominent manic symptoms such as irritability, racing or crowded thoughts, increased talkativeness, or increased activity.

- ***Boundary with Attention Deficit Hyperactivity Disorder:*** Problems with attention and concentration in Attention Deficit Hyperactivity Disorder are persistent over time (i.e., are not episodic) and are **not temporally tied to changes in mood or energy**. However, Mood Disorders and Attention Deficit Hyperactivity Disorder can **co-occur**, and both diagnoses may be assigned, if the full diagnostic requirements for each are met.

UKM Universitätsklinikum Münster

DEPRESSIVE EPISODE DESCRIPTIONS ICD-11

Boundaries with Other Disorders and Conditions (Differential Diagnosis):

- ***Boundary with Prolonged Grief Disorder:*** Prolonged Grief Disorder is a **persistent and pervasive grief response** following the death of a partner, parent, child, or other person close to the bereaved that persists for an abnormally long period of time following the loss (e.g., at least 6 months) and is characterized by **longing for the deceased or persistent preoccupation with the deceased accompanied by intense emotional pain** (e.g., sadness, guilt, anger, denial, blame, difficulty accepting the death, feeling one has lost a part of one's self, an inability to experience positive mood, emotional numbness, difficulty in engaging with social or other activities).
- Some common symptoms of Prolonged Grief Disorder are similar to those observed in a Depressive Episode (e.g., sadness, loss of interest in activities, social withdrawal, feelings of guilt, suicidal ideation). However, **Prolonged Grief Disorder is differentiated from Depressive Episode because symptoms are circumscribed and specifically focused on the loss of the loved one**, whereas depressive thoughts and emotional reactions typically encompass multiple areas of life. Further, other common symptoms of Prolonged Grief Disorder (e.g., difficulty accepting the loss, difficulty trusting others, feeling bitter or angry about the loss, feeling as though a part of the individual has died) are not characteristic of a Depressive Episode. The timing of the onset of the symptoms in relation to the loss and whether there is a prior history of a Depressive Disorder or a Bipolar Disorder are important to consider in making this distinction.

UKM Universitätsklinikum Münster

DEPRESSIVE EPISODE DESCRIPTIONS ICD-11

Boundaries with Other Disorders and Conditions (Differential Diagnosis)

- ***Boundary with Dementia:*** Older adults experiencing a Depressive Episode may present with memory difficulties and other cognitive symptoms, which can be severe, and it is important to distinguish these symptoms from Dementia. Dementia is an acquired chronic condition characterized by significant cognitive impairment or decline from a previous level of cognitive functioning in two or more cognitive domains (e.g., memory, attention, executive function, language, social cognition, psychomotor speed, visuoperceptual or visuospatial abilities) that is sufficiently severe to interfere with performance or independence in activities of daily living. If memory difficulties and other cognitive symptoms in older adults occur exclusively in the context of Depressive Episode, a diagnosis of Dementia is generally not appropriate. However, a Depressive Episode can be superimposed on Dementia (e.g., when memory difficulties and other cognitive symptoms substantially predate the onset of the Depressive Episode). The timing and rate of onset of the memory difficulties and other cognitive symptoms in relation to other depressive symptoms are important to consider in making this distinction.

UKM Universitätsklinikum Münster

DEPRESSIVE EPISODE DESCRIPTIONS ICD-11

Severity and psychotic symptoms specifiers

- **Mild Depressive Episode:**
  - None of the symptoms of a Depressive Episode should be present to an intense degree.
  - The individual is usually distressed by the symptoms and has some difficulty in continuing to function in one of more domains (personal, family, social, educational, occupational, or other important domains).
  - There are no delusions or hallucinations during the episode.
- **Moderate Depressive Episode without Psychotic Symptoms:**
  - Several symptoms of a Depressive Episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall.
  - The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).
  - There are no delusions or hallucinations during the episode.

DEPRESSIVE EPISODE DESCRIPTIONS ICD-11

Severity and psychotic symptoms specifiers:

Moderate Depressive Episode with Psychotic Symptoms:

- Several symptoms of a Depressive Episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall.
- The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).
- There are delusions or hallucinations during the episode.

DEPRESSIVE EPISODE DESCRIPTIONS ICD-11

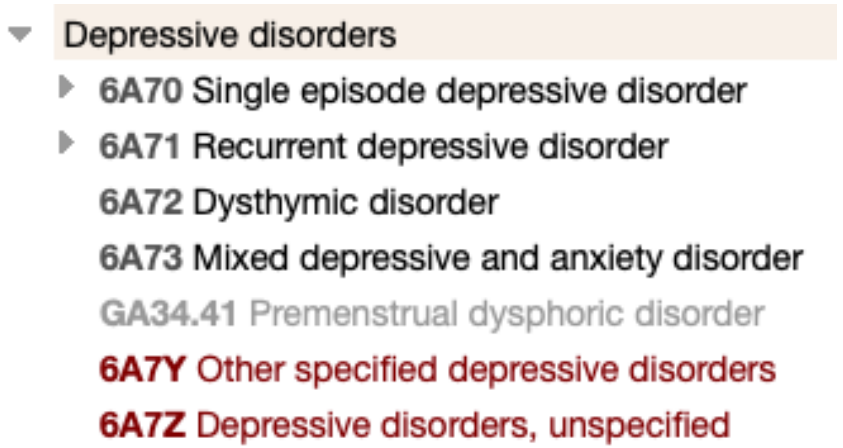
Severity and psychotic symptoms specifiers

Severe Depressive Episode without Psychotic Symptoms:

- Many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree.
- The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).
- There are no delusions or hallucinations during the episode.

- **Severe Depressive Episode with Psychotic Symptoms:**
  - Many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree.
  - The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).
  - There are delusions or hallucinations during the episode.

6A72 Dysthymic disorder



- Dysthymic disorder is characterised by a **persistent depressive mood (i.e., lasting 2 years or more), for most of the day, for more days than not**. In children and adolescents depressed mood can manifest as **pervasive irritability**.
- The depressed mood is **accompanied by additional symptoms** such as markedly diminished interest or pleasure in activities, reduced concentration and attention or indecisiveness, low self-worth or excessive or inappropriate guilt, hopelessness about the future, disturbed sleep or increased sleep, diminished or increased appetite, or low energy or fatigue.
- During the first 2 years of the disorder, there has been **no 2-week period** during which the number and duration of symptoms were sufficient to meet the diagnostic requirements for a Depressive Episode.
- There is **no history** of Manic, Mixed, or Hypomanic Episodes.

https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2ficd%2fentity%2f810797047?view=G1

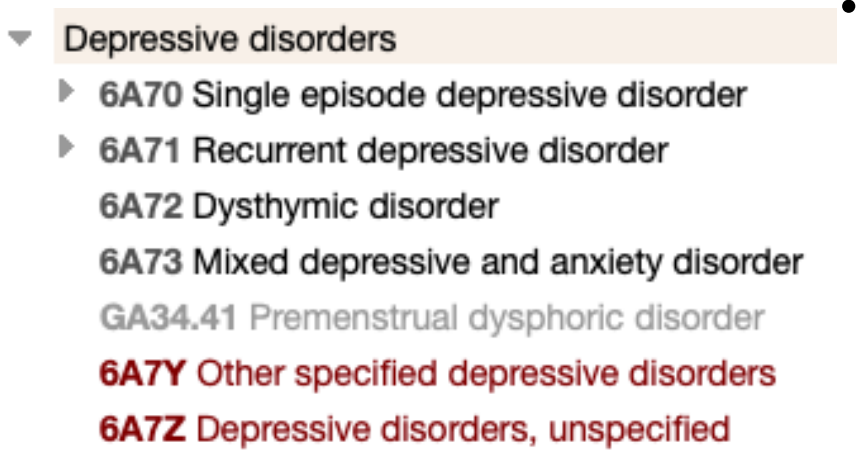
6A73 Mixed depressive and anxiety disorder

- Depressive disorders
  - 6A70 Single episode depressive disorder
  - 6A71 Recurrent depressive disorder
  - 6A72 Dysthymic disorder
  - 6A73 Mixed depressive and anxiety disorder
  - GA34.41 Premenstrual dysphoric disorder
  - 6A7Y Other specified depressive disorders
  - 6A7Z Depressive disorders, unspecified

- Mixed depressive and anxiety disorder is **characterised by symptoms of both anxiety and depression** more days than not for a period of two weeks or more.
- Depressive symptoms include depressed **mood or markedly diminished interest or pleasure in activities**. There are **multiple anxiety symptoms**, which may include feeling nervous, anxious, or on edge, not being able to control worrying thoughts, fear that something awful will happen, having trouble relaxing, muscle tension, or sympathetic autonomic symptoms.
- **Neither set of symptoms, considered separately, is sufficiently severe, numerous, or persistent to justify a diagnosis of another depressive disorder or an anxiety or fear-related disorder**.
- The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning. There is no history of manic or mixed episodes, which would indicate the presence of a bipolar disorder.

https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2ficd%2fentity%2f810797047?view=G1

GA34.41 Premenstrual dysphoric disorder



- During a **majority of menstrual cycles within the past year**, a pattern of **mood symptoms** (depressed mood, irritability), **somatic symptoms** (lethargy, joint pain, overeating), or **cognitive symptoms** (concentration difficulties, forgetfulness) that **begin several days before the onset of menses, start to improve within a few days after the onset of menses, and then become minimal or absent within approximately 1 week following the onset of menses**.
- The temporal relationship of the symptoms and luteal and menstrual phases of the cycle should ideally be confirmed by a prospective symptom diary over at least two symptomatic menstrual cycles.
- The symptoms are severe enough to **cause significant distress or significant impairment** in personal, family, social, educational, occupational or other important areas of functioning and do not represent the exacerbation of a mental disorder.

6A80 Symptomatic and course presentations for mood episodes in mood disorders

- These categories may be applied to describe the presentation and characteristics of mood episodes in the context of single episode depressive disorder, recurrent depressive disorder, bipolar type I disorder, or bipolar type II disorder.
- These categories indicate the presence of specific, important features of the clinical presentation or of the course, onset, and pattern of mood episodes. These categories are not mutually exclusive, and as many may be added as apply.

Diagnostic Requirements

Additional specifiers may be applied to describe a current mood episode in the context of Mood Disorders. These specifiers indicate other important features of the clinical presentation or of the course, onset, and pattern of Mood Episodes. These specifiers are not mutually exclusive, and as many may be added as apply. (Note that the specifier Rapid Cycling is specific to Bipolar Type I and Bipolar Type II Disorders.)

Available specifiers are as follows:

•with prominent anxiety symptoms (6A80.0)

•with panic attacks (6A80.1)

•current Depressive Episode persistent (6A80.2)

•current Depressive Episode with melancholia (6A80.3)

•with seasonal pattern (6A80.4)

•with rapid cycling (6A80.5)

6E62 Secondary mood syndrome

Diagnostic Requirements

- **Essential (Required) Features:**
- The presence of prominent depressive, manic, or mixed mood symptoms.
- The symptoms are judged to be the **direct pathophysiological consequence of a medical condition**, based on evidence from the history, physical examination, or laboratory findings. This judgment depends on establishing that:
  - The medical condition is known to be capable of producing the symptoms;
  - The course of the mood symptoms (e.g., onset, remission, response of the mood symptoms to treatment of the etiological medical condition) is consistent with causation by the medical condition; and
  - The symptoms are **not better accounted for by Delirium, Dementia, another mental disorder** (e.g., Depressive Disorder, Bipolar I Disorder, Bipolar II Disorder, Cyclothymic Disorder, or Catatonia) or the effects of a medication or substance, including withdrawal effects.
- The symptoms are sufficiently severe to be a specific focus of clinical attention.

Burnout

- Acute stress reaction (F43.0) has been **moved out of the mental disorder chapter**

→ no longer considered a mental disorder rather as a work-related diagnosis

→ placed in the chapter "Factors influencing health status or contact with health services"

Comparison of diagnostic criteria - Burnout

ICD-10 **Chapter XXI** **Factors influencing health status and leading to health care utilization (Z00-Z99)**	ICD-11 **Chapter 24** **Factors influencing health status or contact with health services**
Z73 - Problems related to difficulties in coping with life **Inclusions:** **Z73.0 Burn-out** State of vital exhaustion → Z73.0 is a billable ICD code used to specify a diagnosis of burn-out. A 'billable code' is detailed enough to be used to specify a medical diagnosis **Exclusions:** Problems related to need for care (Z74.-) Problems related to socioeconomic or psychosocial circumstances (Z55-Z65)	**QD85 Burnout** - **Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed** It is characterised by three dimensions: 1) feelings of energy depletion or exhaustion 2) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job 3) a sense of ineffectiveness and lack of accomplishment → Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life **Exclusions:** Adjustment disorder (6B43) Disorders specifically associated with stress (6B40-6B4Z) Anxiety or fear-related disorders (6B00-6B0Z) Mood disorders (6A60-6A8Z)

UKM Universitätsklinikum Münster

Comparison of diagnostic criteria – stress-associated disorders

ICD-10 – Reaction to severe stress, and adjustment disorders	ICD-11 – Disorders specifically associated with stress
Description: This category differs from others in that it includes disorders identifiable on the basis of not only symptoms and **course but also the existence of one or other of two causative influences**: an exceptionally **stressful life event** producing an acute stress reaction, or a **significant life change** leading to continued unpleasant circumstances that result in an adjustment disorder. Although less severe psychosocial stress ("life events") may precipitate the onset or contribute to the presentation of a very wide range of disorders classified elsewhere in this chapter, its etiological importance is not always clear and in each case will be found to depend on individual, often idiosyncratic, vulnerability, i.e. the life events are neither necessary nor sufficient to explain the occurrence and form of the disorder. In contrast, the disorders brought together here are thought to arise always as a direct consequence of acute severe stress or continued trauma. **The stressful events or the continuing unpleasant circumstances are the primary and overriding causal factor and the disorder would not have occurred without their impact**. The disorders in this section can thus be regarded as maladaptive responses to severe or continued stress, in that **they interfere with successful coping mechanisms and therefore lead to problems of social functioning**. F43.0 Acute stress reaction F43.1 Post-traumatic stress disorder F43.2 Adjustment disorders F43.8 Other reactions to severe stress F43.9 Reaction to severe stress, unspecified	**Description** Directly related to **exposure to a stressful or traumatic event**, **or a series** of such events or adverse experiences. For each of the disorders in this grouping, **an identifiable stressor is a necessary**, **though not sufficient, causal factor**. Stressful events for some disorders in this grouping are within the **normal range of life experiences** (e.g., divorce, socio-economic problems, bereavement). Other disorders require the **experience of a stressor of an extremely threatening or horrific nature** (i.e., potentially traumatic events). With all disorders in this grouping, **it is the nature, pattern, and duration of the symptoms that arise in response to the stressful event**s—together with associated functional impairment—that distinguishes the disorders. **Exclusions** Burnout (QD85) Acute stress reaction (QE84) *Disorders Specifically Associated with Stress* include the following: 6B40 Post-Traumatic Stress Disorder 6B41 Complex Post-Traumatic Stress Disorder 6B42 Prolonged Grief Disorder 6B43 Adjustment Disorder 6B44 Reactive Attachment Disorder 6B45 Disinhibited Social Engagement Disorder 6B4Y Other Specified Disorders Specifically Associated with Stress

UKM Universitätsklinikum Münster

Comparison of diagnostic criteria – Adjustment disorder

ICD-10 – F43.2 Adjustment disorders	ICD-11 – 6B43 Adjustment disorder
Description: States of **subjective distress and emotional disturbance**, usually **interfering with social functioning and performance**, **arising in the period of adaptation to a significant life change or a stressful life event**. The stressor may have affected the **integrity of an individual's social network** (bereavement, separation experiences) or the **wider system of social supports and values** (migration, refugee status), or **represented a major developmental transition or crisis** (going to school, becoming a parent, failure to attain a cherished personal goal, retirement). Individual predisposition or vulnerability plays an important role in the risk of occurrence and the shaping of the manifestations of adjustment disorders, but it is nevertheless assumed that the **condition would not have arisen without the stressor**. The manifestations vary and include depressed mood, anxiety or worry (or mixture of these), a feeling of inability to cope, plan ahead, or continue in the present situation, as well as some degree of disability in 9the performance of daily routine. Conduct disorders may be an associated feature, particularly in adolescents. The **predominant feature may be a brief or prolonged depressive reaction**, or a **disturbance of other emotions** and conduct. Culture shock, Grief reaction, Hospitalism in children Excl. separation anxiety disorder of childhood (F93.0)	**Essential (Required) Features:** + **A maladaptive reaction to an identifiable psychosocial stressor or multiple stressors** (e.g., single stressful event, ongoing psychosocial difficulty or a combination of stressful life situations) that **usually emerges within a month of the stressor.** + The reaction to the stressor is characterized by preoccupation with the stressor or its consequences, including excessive worry, recurrent and distressing thoughts about the stressor, or constant rumination about its implications. + The symptoms are **not better accounted for by another mental disorder** (e.g., a Mood Disorder, another Disorder Specifically Associated with Stress). + Once the stressor have ended, **the symptoms resolve within 6 months**. + Failure to adapt to the stressor results in significant impairment in important areas of functioning. + If functioning is maintained, it is only through significant additional effort. **Exclusions** separation anxiety disorder of childhood (6B05) Recurrent depressive disorder (6A71) Single episode depressive disorder (6A70) Prolonged grief disorder (6B42) Uncomplicated bereavement (QE62) Burnout (QD85) Acute stress reaction (QE84)

Disorders associated with stress: Prolonged Grief Disorder

ICD-10 43.2 Adjustment disorders	ICD-11 6B42 Prolonged grief disorder Disorders specifically associated with stress
+ Grief reaction	**Essential (Required) Features:** + History of bereavement following the death of a partner, parent, child, etc. + A persistent and pervasive grief response characterized by longing for the deceased or persistent preoccupation with the deceased accompanied by intense emotional pain. + experiences such as sadness, guilt, anger, denial, blame, difficulty accepting the death, feeling one has lost a part of one's self, + an inability to experience positive mood, emotional numbness, and difficulty in engaging with social or other activities. + grief response has persisted for an atypically long period of time following the loss, markedly exceeding expected social, cultural or religious norms for the individual's culture and context. + significant impairment in important areas of functioning + **Grief responses lasting for less than 6 months, and for longer periods in some cultural contexts, should not be regarded as meeting this requirement.**

POSTPARTALE DEPRESSION

Zeitpunkt um die Geburt bis zu 12 Monaten

- Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium
  - 6E20 Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, without psychotic symptoms
  - 6E21 Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, with psychotic symptoms
  - **6E2Z** Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, unspecified

UKM
Universitätsklinikum
Münster

Table of content

UKM
Universitätsklinikum
Münster

Critical evaluation and future directions

- To ensure that future versions of the ICD meet the needs of different user groups, a stepwise procedure to diagnosis might be appropriate.
- **3 steps proposed:**
  - A. A patient's symptoms may be categorized into broad diagnostic categories.
  - B. More specific differential diagnosis might be made. For practitioners in specialized mental health facilities and ambulatory care, the ICD-11 CDDG provide the optimal level of detail.
  - C. A third diagnostic step might enrich categorical diagnoses with dimensional assessments, combining the advantages of both approaches.

UKM
Universitätsklinikum
Münster

THANK YOU FOR YOUR ATTENTION