03 - Other specified and unspecified categories

Other specified and unspecified categories

Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural or Neurodevelopmental Disorders • The second case (“symptoms do not occur exclusively during episodes of”) similarly prevents diagnosing the disorder in question if its symptoms only occur during episodes of another disorder. For example, the CDDR for dissociative amnesia indicate that it should not be diagnosed if the dissociative memory loss occurs only during episodes of trance disorder; the amnestic symptoms are features of trance disorder rather than a separate condition. • The third case (“individual has never met the diagnostic requirements for”) prevents a diagnosis from being made if there is currently, or a history of, another disorder. For example, the CDDR for schizotypal disorder indicate that, in order to assign the diagnosis, the individual’s past symptoms should never have met the diagnostic requirements for schizophrenia, schizoaffective disorder or delusional disorder. Similarly, recurrent depressive disorder is not diagnosed if the individual has ever experienced a manic, mixed or hypomanic episode. • “The symptoms are better accounted for by another mental disorder”: many essential features sections include the requirement that the symptomatic presentation is not better accounted for by another mental disorder. This is typically the case when the symptomatic requirements of one disorder are also a possible manifestation of another disorder. An example is the occurrence of significant anxiety symptoms that develop in anticipation of attending school. If the anxiety is entirely accounted for by fear of speaking in class and/or social interaction with peers, a diagnosis of social anxiety disorder would be most appropriate. On the other hand, if the anxiety is entirely accounted for by fear of being separated from attachment figures while at school, a diagnosis of separation anxiety disorder would be appropriate. However, if the anxiety is related to both fear of negative evaluation by peers and separation from attachment figures, and all other diagnostic requirements for both disorders are met, then both diagnoses may be assigned. These distinctions typically require clinical judgement, in this example, about the relevant “focus of apprehension” or stimuli or situations that trigger the anxiety. • Symptomatic presentations accounted for by another disorder can sometimes be assigned an additional diagnosis if the second diagnosis is a separate focus of clinical attention. Such recommendations may be noted in the section on boundaries with other disorders and conditions section. For example, stereotyped movements may be part of presentation of autism spectrum disorder: “repetitive and stereotyped motor movements, such as wholebody

movements…" are listed as examples of "persistent restricted, repetitive and inflexible patterns of behaviour, interests or activities" in the essential features of autism spectrum disorder. In the boundary with stereotyped movement disorder in the CDDR for autism spectrum disorder, however, it is noted that "although such stereotyped movements are typical in autism spectrum disorder, if they are severe enough to require additional clinical attention – for example, because of self-injury – a co-occurring diagnosis of stereotyped movement disorder may be warranted". • Finally, the boundaries with other disorders and conditions section may contain other recommendations regarding whether or not to diagnose more than one disorder. For example, in the CDDR for generalized anxiety disorder, the boundary with depressive disorders states that "generalized anxiety disorder may co-occur with depressive disorders, but should only be diagnosed if the diagnostic requirements for generalized anxiety disorder were met prior to the onset of or following complete remission of a depressive episode". Other specified and unspecified categories By default, all groupings in ICD-11 contain what are called "residual categories", which include "other specified" categories with ICD-11 codes ending in "Y" (e.g. 6C7Y Other specified impulse control disorders) and "unspecified" categories with ICD-11 codes ending in "Z" (e.g. 6A8Z Mood disorder, unspecified). Occasionally, residual categories are "suppressed", or not listed, in the ICD-11 MMS because the other categories contained in the grouping are considered

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