

06 - Secondary parenting

Secondary parenting

33 Using the CDDR for ICD-11 mental, behavioural and neurodevelopmental disorders in clinical settings One code from the mental, behavioural and neurodevelopmental disorders chapter indicates the mental disorder diagnosis, and a second code indicates the etiological medical condition. Note that the CDDR often use the generic term “medical condition” to refer to health conditions that are not mental disorders (i.e. not classified in the chapter on mental, behavioural and neurodevelopmental disorders). This is only a shorthand; it is not intended to suggest that mental, behavioural and neurodevelopmental disorders are not health conditions. The convention of double coding as it applies to the grouping of secondary mental or behavioural syndromes associated with disorders and diseases classified elsewhere involves assigning the code for the presumed underlying disorder or disease in combination with the code for the phenomenologically relevant secondary mental disorder. The earlier example of presentation consisting of depressive symptoms similar to those of a depressive episode that are judged to be due to hypothyroidism would be indicated by combining the diagnostic code for secondary mood syndrome, with depressive symptoms (6E62.0) with the appropriate diagnostic code from the hypothyroidism grouping - for example, transient congenital hypothyroidism (5A00.03), yielding the combination code 6E62.0/5A00.03. This coding convention also applies to neurocognitive disorders such as dementia due to different types of underlying diseases; for example, frontotemporal dementia requires two codes: 6D83 for the syndrome of frontotemporal dementia plus 8A23 frontotemporal lobar degeneration from Chapter 8 on diseases of the nervous system, yielding a combined code of 6D83/8A23. Importantly, the order of the codes being combined is not meaningful in this situation; it is not necessary to list the primary disorder first. That is, 6D83/8A23 has the same meaning as 8A23/6D83. Secondary parenting The ICD-11 classification is divided into 25 chapters, generally based on organ system (e.g. diseases of the digestive system), anatomic location (e.g. diseases of the ear and mastoid process), common pathophysiological process (e.g. certain infectious or parasitic disorders; neoplasms) or medical specialty (e.g. separating diseases of the nervous system from mental, behavioural and neurodevelopmental disorders). Many diseases in ICD-11 could have been placed in more than one chapter (e.g. pancreatic cancer could have been plausibly placed in either the diseases of the digestive system or the neoplasms chapter). ICD-11 acknowledges this fact by sometimes locating the same disorder in two (or more) chapters, with one of the chapters considered to be the “primary parent” and other chapter(s) termed “secondary parent(s)”. For example, the grouping of primary tics and tic disorders is listed in both Chapter 8 on diseases of the nervous system (within the movement disorders grouping) and the mental, behavioural and neurodevelopmental disorders chapter (within the neurodevelopmental disorders grouping). They are primary-parented in Chapter 8 on diseases of the nervous system and

secondary-parented in the mental, behavioural and neurodevelopmental disorders chapter. The code number in both instances is the same and corresponds to the primary parent. For example, the code for Tourette syndrome is 8A05.00. The “8” in the first digit of the code indicates that it is primary-parented in Chapter 8 on diseases of the nervous system. The same code (8A05.00) is retained when Tourette syndrome appears as a part of the grouping of neurodevelopmental disorders in Chapter 6.

Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural or Neurodevelopmental Disorders

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