

101 - 6B6Z Dissociative disorder, unspecified

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395 Dissociative disorders Boundary with post-traumatic stress disorder and complex post-traumatic stress disorder Experiences of depersonalization and derealization are common in post-traumatic stress disorder, particularly during re-experiencing episodes such as flashbacks. If depersonalization or derealization is limited to episodes of re-experiencing in an individual with post-traumatic stress disorder or complex post-traumatic stress disorder, an additional diagnosis of depersonalization/derealization disorder should not be assigned. However, if clinically significant depersonalization and derealization occurs outside or is persistent following re-experiencing episodes, and the diagnostic requirements of both disorders are met, an additional diagnosis of depersonalization/derealization disorder may be assigned. Boundary with personality disorder Experiences of depersonalization or derealization may occur in personality disorder, especially when the person is under stress. If the symptoms are better accounted for by personality disorder, an additional diagnosis of depersonalization-derealization disorder should not be assigned. Other specified dissociative disorder Essential (required) features • The presentation is characterized by symptoms that share primary clinical features with other dissociative disorders (i.e. involuntary disruption or discontinuity in the normal integration of one or more of the following: identity, sensations, perceptions, affects, thoughts, memories, control over bodily movements or behaviour). • The symptoms do not fulfil the diagnostic requirements of any of the other disorders in the grouping of dissociative disorders. • The symptoms are not better accounted for by another mental disorder (e.g. post-traumatic stress disorder, complex post-traumatic stress disorder, schizophrenia, bipolar disorders). • The symptoms are involuntary and unwanted, and are not accepted as a part of a collective cultural or religious practice. • The symptoms are not due to the effects of a substance or medication on the central nervous system – including withdrawal effects – (e.g. blackouts or chaotic behaviour during substance intoxication), and are not due to a disease of the nervous system (e.g. complex partial seizures), a sleep-wake disorder (e.g. symptoms occur during hypnagogic or hypnopompic states), head trauma or another medical condition. • The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning. If functioning is maintained, it is only through significant additional effort. Dissociative disorder, unspecified 6B6Y 6B6Z Dissociative

disorders | Other specified or unspecified dissociated disorder

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

Revision #1

Created 2026-01-04 19:43:48 UTC by Omar Ayman

Updated 2026-01-04 19:43:48 UTC by Omar Ayman