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Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural or Neurodevelopmental Disorders Sex- and/or gender-related features • Nocturnal enuresis is more prevalent among males, whereas diurnal enuresis is more prevalent among females. Boundaries with other disorders and conditions (differential diagnosis) Boundary with the effects of substances including medications Enuresis may occur due to certain antipsychotic medications, diuretics or other substances or medications that stimulate incontinence. In these cases, incontinence should be considered a side-effect, and a diagnosis of enuresis is typically not warranted. If the enuresis was present before administration of medication, it may be appropriate to assign a diagnosis. Boundary with other medical conditions Enuresis should not be diagnosed if the symptoms are better accounted for by another medical condition that causes polyuria or urgency. A diagnosis of enuresis may be warranted if the urinary incontinence was present before the other medical condition developed, or persists after the individual has received treatment. Encopresis Essential (required) features • Repeated and persistent passage of faeces in inappropriate places (e.g. at least once per month over a period of several months) is required for diagnosis. • The individual has reached the developmental age when faecal continence is ordinarily expected (approximately equivalent to a chronological age of 4 years). • Faecal soiling is not better accounted for by the physiological effects of a substance (e.g. excessive use of laxatives) or another medical condition (e.g. aganglionic megacolon, spina bifida, anal stenosis, chronic diarrhoea, congenital or acquired abnormalities of the bowel or gastrointestinal infection). Note: The symptom category ME07 Faecal incontinence or one of its subcategories from Chapter 21 on symptoms, signs or clinical findings, not elsewhere classified, may be considered when the presentation does not meet the diagnostic requirements for encopresis. The diagnosis for any underlying medical condition believed to be causing the faecal incontinence should also be assigned. 6C01 Elimination disorders | Encopresis

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often involuntary but, in some cases, may appear to be voluntary. The diagnosis can be assigned in either case. Involuntary passage of faeces is most often associated with encopresis with constipation and overflow incontinence. • Encopresis that is intentional may be associated with oppositional defiant disorder or conduct-dissocial disorder. • Stool withholding, or retentive behaviours, may be the result of avoidance of bowel movements, especially in those individuals with a history of difficulty or pain in passing stools. Individuals with chronic constipation and stool retention may go on to develop acquired megacolon. • Specific phobias or social anxiety disorder (e.g. fear of using public bathrooms) may also contribute to retentive behaviours. • Encopresis is common among individuals with disorders of intellectual development. The diagnosis should only be assigned if all diagnostic requirements are met, and the individual's developmental age is equivalent to that at which faecal continence is normally expected (approximately equivalent to a chronological age of 4 years). 6C01.0 6C01.1 6C01.Z

Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural or Neurodevelopmental Disorders • Encopresis can occur among individuals with neurocognitive disorders (e.g. dementia). The additional diagnosis of encopresis can be assigned if all diagnostic requirements are met, and the condition requires separate clinical attention. • Individuals diagnosed with encopresis may experience embarrassment and reduced self-esteem. Older children diagnosed with encopresis may experience impairments in social functioning due to peer teasing and possible social isolation. Furthermore, individuals with encopresis may avoid social situations for fear of passing faeces in the presence of other people. • Individuals with encopresis and chronic constipation may also experience co-occurring symptoms of enuresis. Both diagnoses may be assigned if the full diagnostic requirements for each are met. Boundary with normality (threshold) • It is not uncommon for children to experience an occasional soiling accident during early childhood. Faecal incontinence must occur frequently and persistently to warrant a diagnosis. Course features • Encopresis can persist for years, with recurrent episodes of worsening symptoms. Developmental presentations • Faecal incontinence may have been present from birth (i.e. an atypical extension of normal infantile incontinence), or may have its onset following a period of acquired bowel control. • Encopresis has a high prevalence (between 1.5% and 7.5%) among school-aged children between the ages of 6 and 12 years. Sex- and/or gender-related features • Encopresis is more prevalent among males. • Females may be more likely to experience urinary tract infections co-occurring with encopresis due to contamination of the urethra with faecal bacteria. Elimination disorders | Encopresis

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