

205 - Neurocognitive disorders

Neurocognitive disorders

599 Neurocognitive disorders Neurocognitive disorders Delirium Neurocognitive disorders are characterized by primary clinical deficits in neurocognitive functioning that are acquired rather than developmental. Neurocognitive functioning specifically refers to neurologically based cognitive skills and abilities believed to be directly related to brain functioning, including but not limited to attention/concentration, memory, language, visual spatial/perceptual skills, processing speed and executive functioning (e.g. problem solving, judgement). Neurocognitive disorders represent a decline from a previously attained level of functioning. This grouping does not include disorders characterized by deficits in neurocognitive functioning that are present from birth or that typically arise during the developmental period, which are classified in the grouping of neurodevelopmental disorders. Although cognitive deficits are present in many mental disorders (e.g. schizophrenia, bipolar disorders), only disorders whose core features are neurocognitive are included in the neurocognitive disorders grouping. 6D70.0 Delirium due to disease classified elsewhere 6D70.1 Delirium due to psychoactive substances, including medications Note: The following subcategories are cross-listed from disorders due to substance use: 6C40.5 Alcohol-induced delirium 6C41.5 Cannabis-induced delirium 6C42.5 Synthetic cannabinoid-induced delirium 6C43.5 Opioid-induced delirium 6C44.5 Sedative, hypnotic or anxiolytic-induced delirium 6C45.5 Cocaine-induced delirium 6C46.5 Stimulant-induced delirium, including amfetamines, methamphetamine and methcathinone 6C47.5 Synthetic cathinone-induced delirium 6C49.4 Hallucinogen-induced delirium 6C4B.5 Volatile inhalant-induced delirium 6C4C.5 MDMA or related drug-induced delirium, including MDA 6C4D.4 Dissociative drug-induced delirium, including ketamine and PCP 6C4E.5 Delirium induced by other specified psychoactive substance, including medications 6C4F.5 Delirium induced by multiple specified psychoactive substances, including medications Neurocognitive disorders 6D70 Neurocognitive disorders include the following:

Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural or Neurodevelopmental Disorders 6C4G.5 Delirium induced by unknown or unspecified psychoactive substances 6D70.2 Delirium due to multiple etiological factors 6D70.Y Delirium, other specified cause 6D70.Z Delirium, unknown or unspecified cause Mild neurocognitive disorder Amnesic disorder 6D72.0 Amnesic disorder due to diseases classified elsewhere 6D72.1 Amnesic disorder due to psychoactive substances, including medications 6D72.10 Amnesic disorder due to use of alcohol 6D72.11 Amnesic disorder due to use of sedatives, hypnotics or anxiolytics 6D72.12

Amnestic disorder due to other specified psychoactive substance, including medications 6D72.13
Amnestic disorder due to use of volatile inhalants 6D72.Y Amnestic disorder, other specified cause
6D72.Z Amnestic disorder, unknown or unspecified cause Dementia due to Alzheimer disease
6D80.0 Dementia due to Alzheimer disease with early onset 6D80.1 Dementia due to Alzheimer
disease with late onset 6D80.2 Alzheimer disease dementia, mixed type, with cerebrovascular
disease 6D80.3 Alzheimer disease dementia, mixed type, with other nonvascular etiologies 6D80.Z
Dementia due to Alzheimer disease, onset unknown or unspecified Dementia due to
cerebrovascular disease Dementia due to Lewy body disease Frontotemporal dementia
Neurocognitive disorders 6D71 6D72 6D80 6D81 6D82 6D63 Dementia due to psychoactive
substances, including medications 6D84.0 Dementia due to use of alcohol 6D84.1 Dementia due to
use of sedatives, hypnotics or anxiolytics 6D84.2 Dementia due to use of volatile inhalants 6D84.Y
Dementia due to use of other specified psychoactive substance 6D84

601 Neurocognitive disorders Dementia due to diseases classified elsewhere 6D85.0 Dementia due
to Parkinson disease 6D85.1 Dementia due to Huntington disease 6D85.2 Dementia due to
exposure to heavy metals and other toxins 6D85.3 Dementia due to HIV 6D85.4 Dementia due to
multiple sclerosis 6D85.5 Dementia due to prion disease 6D85.6 Dementia due to normal-pressure
hydrocephalus 6D85.7 Dementia due to injury to the head 6D85.8 Dementia due to pellagra
6D85.9 Dementia due to Down syndrome 6D85.Y Dementia due to other specified disease
classified elsewhere Dementia, other specified cause Dementia, unknown or unspecified cause
Other specified neurocognitive disorder Neurocognitive disorder, unspecified. Additional categories
for specific symptoms are provided in the grouping MB21 Symptoms, signs or clinical findings
involving cognition in Chapter 21 on symptoms, signs or clinical findings, not elsewhere classified.
These may be used to provide additional detail regarding a particular presentation or to describe
more transient symptoms (e.g. symptoms that are closely tied to an underlying medical condition
that are not a specific focus of intervention). In cases where the underlying pathology and etiology
for neurocognitive disorders can be determined, the diagnosis corresponding to the identified
etiology should also be assigned. General cultural considerations for neurocognitive disorders •
Performance during clinical assessment may vary according to cultural and/or linguistic factors.
When assessing impairment in neurocognitive functioning and activities of daily living, cultural and
linguistic factors should be considered and accounted for when possible, as in the following
examples. • Test performance may be affected by cultural biases (e.g. references in test items to
terminology or objects not common to a culture) and limitations of translation and adaptation. • In
evaluating functioning in important everyday skills, the expectations of the individual's culture and
social environment should be considered. • Similarly, when determining the presence of perceived
or observed cognitive change, it is important to consider cultural variations that may exist
regarding expectations or tolerance for cognitive change. For example, some degree of memory
loss or cognitive impairment might be seen as normal in some family or social systems, and may
not be fully recognized when existing support systems are available to compensate. 6D85 6D8Y
6D8Z 6E0Y 6E0Z Neurocognitive disorders

Revision #1

Created 2026-01-04 19:44:28 UTC by Omar Ayman

Updated 2026-01-04 19:44:28 UTC by Omar Ayman