

# 238 - 6E60 Secondary neurodevelopmental syndrome

## 6E60 Secondary neurodevelopmental syndrome

Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural or Neurodevelopmental Disorders Secondary obsessive-compulsive or related syndrome Secondary dissociative syndrome Secondary impulse control syndrome Secondary neurocognitive syndrome Secondary personality change Secondary catatonia syndrome Other specified secondary mental or behavioural syndrome Secondary mental or behavioural syndrome, unspecified. Secondary neurodevelopmental syndrome Secondary neurodevelopmental syndromes involve significant neurodevelopmental features that do not fulfil the diagnostic requirements of any of the specific neurodevelopmental disorders that are judged to be a direct pathophysiological consequence of a medical condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination or laboratory findings. The appropriate diagnostic subcategory (see below) should be used depending on whether the difficulties are related to speech or language functions or to other areas. Secondary speech or language syndrome Essential (required) features

- The presence of significant difficulties in the acquisition and execution of specific speech or language functions (e.g. errors of pronunciation, articulation or phonology), that arise during the developmental period and persist substantially beyond the expected age, is required for diagnosis.
- The symptoms are judged to be the direct pathophysiological consequence of a medical condition with onset during the prenatal or developmental period, based on evidence from history, physical examination or laboratory findings. This judgement depends on establishing the following.
- The medical condition is known to be capable of producing the symptoms.
- The course of developmental difficulties (e.g. onset, remission, response of the neurodevelopmental symptoms to treatment of the etiological medical condition) is consistent with causation by the medical

condition. 6E60 6E60.0 6E64 6E65 6E66 6E67 6E68 6E69 6E6Y 6E6Z Secondary mental or behavioural syndromes associated with disorders and diseases classified elsewhere

653 Secondary mental or behavioural syndromes associated with disorders and diseases classified elsewhere • The symptoms are not better accounted for by a primary neurodevelopmental disorder (e.g. a developmental speech and language disorder, a disorder of intellectual development). • The symptoms are a specific focus of clinical attention. Boundaries with other disorders and conditions (differential diagnosis) Boundary with developmental speech and language disorders In developmental speech and language disorders (e.g. developmental speech sound disorder, developmental speech fluency disorder, developmental language disorder), the individual's ability to understand or produce speech and language or to use language in context for the purposes of communication is markedly below what would be expected given the individual's age and level of intellectual functioning. However, if the symptoms meet the diagnostic requirements of developmental speech and language disorders and are judged to be the direct pathophysiological consequence of a medical condition with onset during the prenatal or developmental period, a diagnosis of secondary speech or language syndrome should be assigned instead. Boundary with disorders of intellectual development Individuals with a disorder of intellectual development may exhibit impaired speech production. If speech production difficulties require separate clinical attention in the context of a disorder of intellectual development that is judged to be due to a medical condition, an additional diagnosis of a secondary speech or language syndrome may be assigned. Boundary with selective mutism Selective mutism is characterized by consistent selectivity in speaking, such that a child demonstrates adequate speech production in specific situations (typically at home), but predictably fails to speak in others (typically at school). Selective mutism can occur in the presence of secondary speech or language syndrome, and both diagnoses may be assigned if warranted. Potentially explanatory medical conditions (examples) Brain disorders and general medical conditions that have been shown to be capable of producing speech or language syndromes include: • diseases of the nervous system (e.g. brain injury, cerebral palsy, encephalopathy, epilepsy or seizures, myasthenia gravis, stroke); • certain infectious or parasitic diseases (e.g. encephalitis, meningitis); • developmental anomalies (e.g. Joubert syndrome, cleft palate, deafness); • injury, poisoning or certain other consequences of external causes (e.g. brain injury, concussion, traumatic haemorrhage). Secondary mental or behavioural syndromes associated with disorders and diseases classified elsewhere

Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural or Neurodevelopmental Disorders Other specified secondary neurodevelopmental syndrome Essential (required) features Note: presentations that meet the diagnostic requirements of disorders of intellectual development, autism spectrum disorder or stereotyped movement disorder and are judged to be the direct pathophysiological consequence of a medical condition are not diagnosed as secondary neurodevelopmental syndrome because, by convention, these conditions are diagnosed regardless of whether or not they are caused by a medical condition classified elsewhere. • The presence of significant difficulties arising during the developmental period in the acquisition and execution of specific intellectual, motor coordination or social functions that do not fulfil the diagnostic requirements of disorders of intellectual development, autism spectrum disorder or stereotyped movement disorder, and that persist substantially beyond the expected age, is required for diagnosis. • The symptoms are judged to be the direct pathophysiological consequence of a medical condition with onset during the developmental period, based on

evidence from history, physical examination or laboratory findings. This judgement depends on establishing the following.

- The medical condition is known to be capable of producing the symptoms.
- The course of developmental difficulties (e.g. onset, remission, response of the neurodevelopmental symptoms to treatment of the etiological medical condition) is consistent with causation by the medical condition.
- The symptoms are not better accounted for by a neurodevelopmental disorder (e.g. a disorder of intellectual development, autism spectrum disorder, developmental motor coordination disorder) or the effects of a medication or substance.
- The symptoms are a specific focus of clinical attention.

Boundaries with other disorders and conditions (differential diagnosis)

Boundary with dementia with onset during the developmental period

Difficulties in the acquisition or execution of specific intellectual or social functions with onset during the developmental period (i.e. prior to the age of 18 years) that represent a decline from a previous level of functioning could be diagnosed as dementia if all diagnostic requirements for dementia are met and the impairments are known to be caused by an etiology that is specifically associated with dementia. Otherwise, if the impairments are known to be due to a medical condition and diagnostic requirements for another neurodevelopmental disorder (e.g. a disorder of intellectual development) are not met, a diagnosis of other specified secondary neurodevelopmental disorder should be considered.

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Boundary with disorders of intellectual development or autism spectrum disorder

If the symptoms meet the diagnostic requirements of disorders of intellectual development or autism spectrum disorder and are judged to be the direct pathophysiological consequence of a medical condition with onset during the prenatal or developmental period (e.g. fragile X syndrome), both disorder of intellectual development or autism spectrum disorder and the underlying medical condition should be diagnosed, and a diagnosis of other specified secondary neurodevelopmental syndrome should not be assigned. However, if the diagnostic requirements of a disorder of intellectual development or autism spectrum disorder are not fully met (e.g. limitations in intellectual functioning are present without limitations in adaptive functioning), and the symptoms are attributed to a medical condition with onset during the prenatal or developmental period, a diagnosis of other specified secondary neurodevelopmental syndrome may be assigned.

Boundary with developmental motor coordination disorder

In developmental motor coordination disorder, individuals exhibit significant delays in the acquisition of gross and fine motor skills during the developmental period, and impairment in the execution of coordinated motor skills that manifest in clumsiness, slowness or inaccuracy of motor performance. If the difficulties with motor coordination are solely attributable to a disease of nervous system (e.g. cerebral palsy, muscular dystrophy), a disease of the musculoskeletal system or connective tissue, a sensory impairment (especially severe visual impairment) or joint hypermobility, a diagnosis of other specified secondary neurodevelopmental syndrome should be assigned rather than developmental motor coordination disorder.

Boundary with stereotyped movement disorder

Stereotyped movement disorder is a neurodevelopmental disorder that is characterized by the presence of persistent voluntary, repetitive, stereotyped movements (e.g. body rocking, head banging) that result in significant interference with the ability to engage in normal daily activities or result in severe bodily injury. Stereotyped movement disorder is diagnosed even if it is judged to be caused by a medical condition classified elsewhere, and a diagnosis of other specified secondary neurodevelopmental syndrome is not assigned.

Boundary with other neurodevelopmental disorders

The diagnosis of secondary neurodevelopmental disorder should be assigned instead of other neurodevelopmental

disorders when the symptoms are judged to be due to an underlying medical condition. (This does not apply to disorders of intellectual development, autism spectrum disorder or stereotyped movement disorder.) Boundary with developmental difficulties caused by substances or medications, including withdrawal effects When establishing a diagnosis of other specified secondary neurodevelopmental syndrome, it is important to rule out the possibility that a medication or substance is causing difficulties in the acquisition or execution of specific intellectual, motor or social functions instead of – or in addition to – an underlying medical condition. This involves first considering whether any of the medications being used to treat the medical condition are known to cause developmental difficulties at the dose and duration at which it has been administered. Second, a temporal relationship between the medication use and the onset of the developmental difficulties should be established (i.e. the developmental difficulties began after administration of the medication). Secondary mental or behavioural syndromes associated with disorders and diseases classified elsewhere

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Revision #1

Created 2026-01-04 19:44:41 UTC by Omar Ayman

Updated 2026-01-04 19:44:41 UTC by Omar Ayman