

05 - Proposed changes to ICD 11

Proposed changes to ICD-11

© SPMM Course o ICD-10: CDDG (clinical descriptions and diagnostic guidelines) - for clinical, educational and service use. It is mainly used by psychiatric practitioners and gives clinical descriptions of each disorder together with the diagnostic criteria. o ICD-10: DCR (diagnostic criteria for research) contains more restrictive and clearly defined clinical features with explicit inclusion, exclusion, and time-course criteria, and is suitable for identification of homogeneous patient groups for research purposes. o ICD-10: Primary care version - focuses on those disorders prevalent in primary care settings and contains broad clinical descriptions, diagnostic flowcharts, and treatment recommendations. o ICD 10: Clinical Coding Manual - Short glossary containing the coding together with brief descriptions can be used as a quick reference by practitioners, as well as by administrative and secretarial staff. It is suitable for clerical workers and for coding purposes.

Structure of DSM-IV While ICD-10 is a wider general medical classification, DSM-IV describes only mental disorders. DSM-IV uses a closed, numeric coding system of the form xxx.xx. A single version of DSM-IV is used for both clinical and research purposes. DSM takes a descriptive approach, and the characteristic signs and symptoms of each disorder should be present before a diagnosis is made. It is neutral and atheoretical regarding the causes of mental disorders and does not subscribe to any models of causation of disorders such as cognitive theories, learning theories, etc. Its diagnoses are non-hierarchical, which implies that more than one diagnosis can be made. An important step included in the development of DSM-IV was the attempt to strengthen the reliability of classification. The inter-rater agreement for Axis 1 disorders is very high (0.73 and 1.00) and has repeatedly demonstrated greater diagnostic stability over time.

Newer Classification Systems Proposed changes to ICD-11 ICD-11 is under preparation and consultation now and is expected to be released by 2017. Some of the significant changes expected in ICD-11 are highlighted below. Note that these are subject to updates and revisions. x Presumed aetiological groupings rather than conventional symptom-based groupings employed for placing each disorder in a chapter x Neurodevelopmental disorders will be set in chapter 1 x Bipolar disorders will be split from depressive disorders and placed in a separate chapter x Dissociative disorders will be split from stress-induced disorders x OCD will be separated from anxiety disorders x Factitious disorders will be placed in a separate chapter x Conditions related to substance use will be split into various chapters x No restriction in number of character places when coding the disorders

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