

Giornate di aggiornamento sull'uso degli strumenti
in Psicologia clinica dello sviluppo
Bologna 18 marzo 2017

Stato di avanzamento dei lavori sulla undicesima revisione di ICD.

Dott.ssa Lucilla Frattura

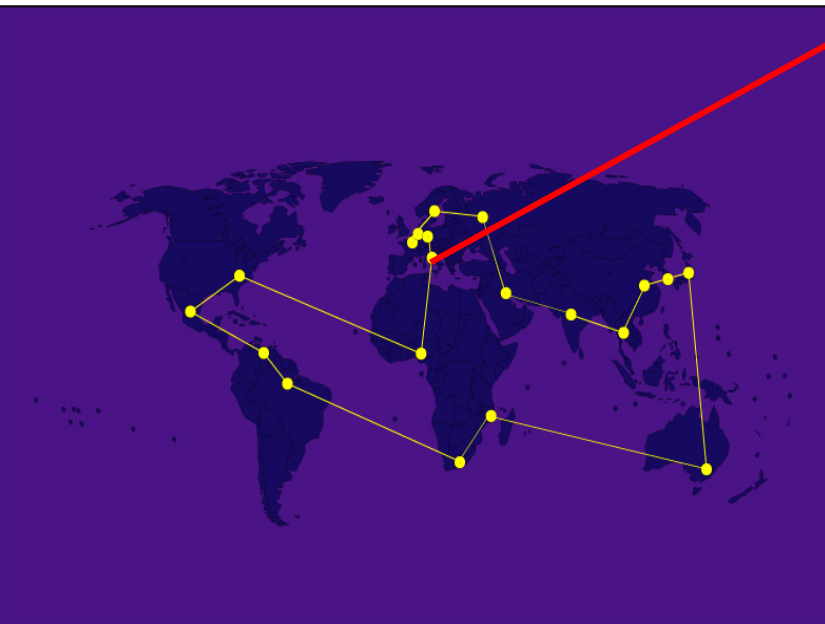
Responsabile Centro collaboratore italiano dell'OMS per la Famiglia delle
classificazioni internazionali

Regione Autonoma Friuli Venezia Giulia

Sintesi

1. La famiglia delle classificazioni internazionali
2. La revisione di ICD
3. Da ICD-10 a ICD-11
4. Principali novità di ICD-11
5. Approfondimento sul capitolo dei Mental, Behavioural and Neurodevelopmental Disorders
6. ICF in ICD-11
7. A che punto siamo in Italia

WHO-FIC Network

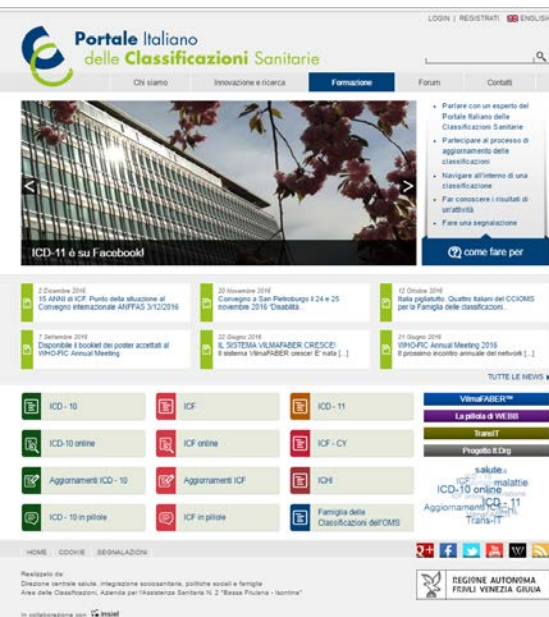


- **1 dei 20 CC** del WHO-FIC network
- **Assiste l'OMS** nello sviluppo, mantenimento e revisione della Famiglia delle Classificazioni Internazionali
- **Supporta il lavoro regionale e internazionale** sulla famiglia delle Classificazioni OMS
- **Fa rete con gli utilizzatori** attuali e potenziali della Famiglia delle Classificazioni internazionali e **agisce come centro di riferimento**
- **Promuove e usa la Famiglia delle Classificazioni** internazionali OMS
- **Migliora il livello e la qualità** dell'implementazione delle Classificazioni OMS

<http://www.who.int/classifications/en/>

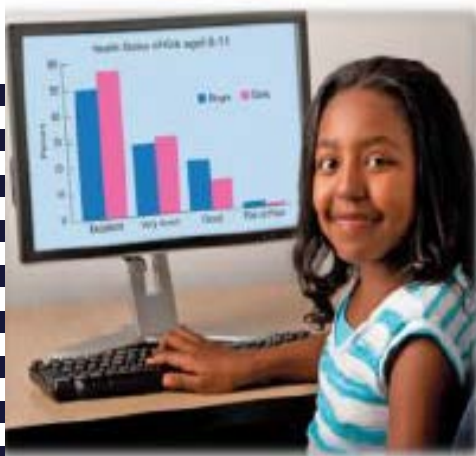
Alcune attività del CC italiano

- Il centro collaboratore italiano ha costruito la **versione elettronica di ICD10 e ICF in italiano** e la pubblica su portale italiano delle classificazioni sanitarie
- **Pubblica gli aggiornamenti annuali di ICD-10 e di ICF** su portale italiano delle classificazioni sanitarie
- Sta lavorando alla **traduzione italiana dell'intero ICD-10 versione 2016**
- **Coordina il processo internazionale di aggiornamento di ICF**
- **Svolge attività di segretariato del processo internazionale di aggiornamento di ICF e di ICD-10**
- Sta lavorando alla **costruzione di una modifica italiana di ICD-10** per i nuovi DRG italiani
- **E' impegnato nello sviluppo di ICD-11**
- Ha tradotto in italiano il manuale dello strumento WHO-DAS 2.0
- Svolge **attività formativa** sull'uso delle classificazioni OMS
- Ha messo a punto e testato un **sistema di valutazione che codifica in automatico in ICF** e calcola una famiglia di indicatori di funzionamento



La famiglia delle Classificazioni internazionali

OMS: tipi e scopi



**Classificazione
internazionale delle
malattie (ICD)**

**Classificazione
internazionale del
Funzionamento, della
disabilità e della salute
(ICF)**

**Interventi sanitari (ICHI)
(in fase di sviluppo)**

**Medicina Tradizionale
(ICTM)
(in fase di sviluppo)**



**Strumenti
statistici**

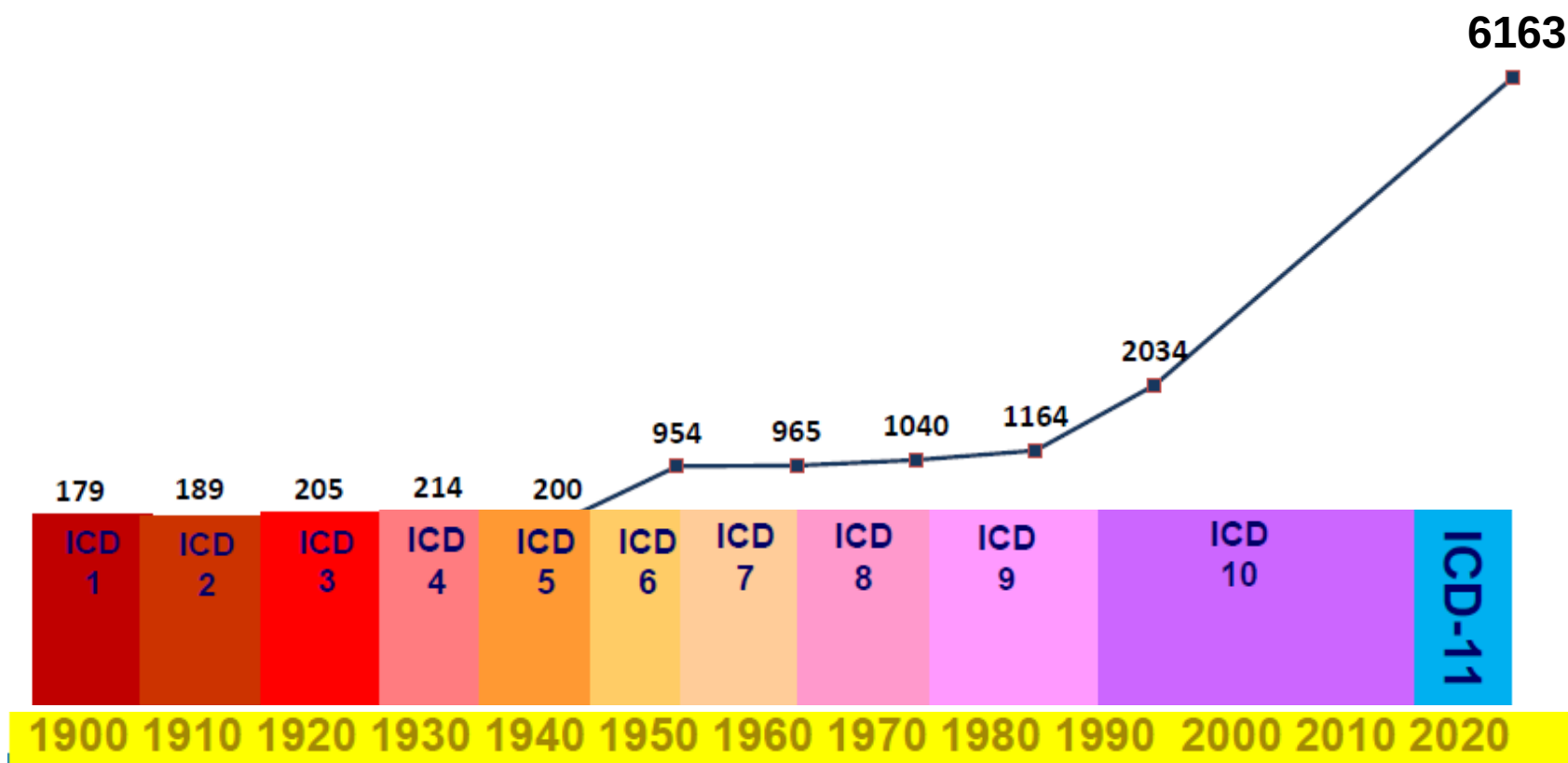


**Strumenti
clinici**



**Strumenti
amministrativi**

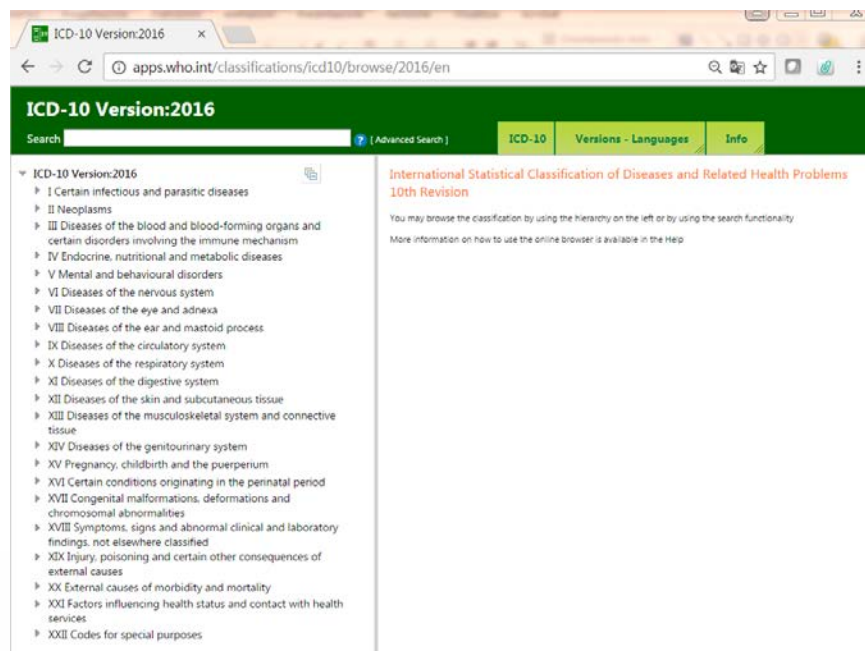
Storia della revisione di ICD





ICD-10 nel 2016 (3 VOLUMI)

- Tradotto in **43** lingue
- Usato in oltre **100** paesi, considerando le oltre 2 dozzine di modificazioni nazionali
- **Base per**
 - Le statistiche di mortalità cause-specifiche
 - Il reporting sulla morbidità (per esempio in ospedale, nei sistemi di case-mix per il rimborso o l'allocazione delle risorse)



Ma con più di 25 anni ...

ICD-11: urgenza della revisione

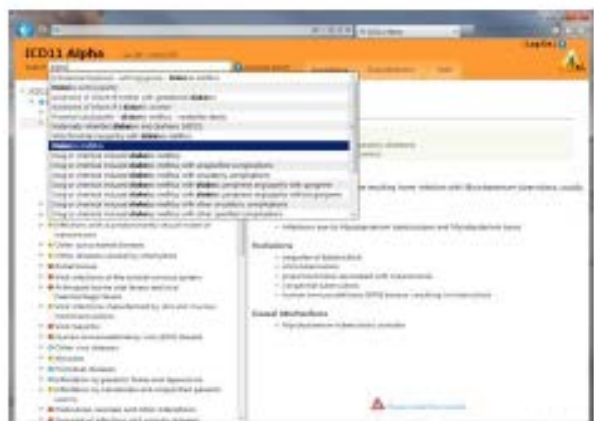
- Incorporare gli avanzamenti della ricerca medica e della pratica clinica
- Usare al meglio la rivoluzione digitale
- Risolvere problemi statistici di ICD-10
- Affrontare meglio aspetti come la qualità e la sicurezza; la medicina tradizionale
- Affrontare i principali e persistenti problemi nell'uso di ICD finalizzato alle statistiche di mortalità
- Migliorare le statistiche di morbilità
- Interagire con le modifiche nazionali in maniera più efficace
- Integrare meglio altre classificazioni e terminologie

Il processo di revisione di ICD si è svolto con tecnologie attuali



Basato su una **piattaforma internet** permanente

- sempre online
- aperto a chiunque in un modo strutturato
- con focus esperti



Curato **digitalmente**

Collaborazione di tipo wiki
Discussione e peer review

Copie elettroniche --> copie stampate

Lavoro in **molteplici lingue**

ICD-11: le novità

ELENCO SISTEMATICO

Diverso per particolari scopi:
mortalità, morbidità, altri

Le entità presenti nella «Foundation»
diventano categorie mutualmente
esclusive ed esaustive nella versione
finalizzata alle statistiche di mortalità e
morbilità (MMS)

AMPLIATE LE POSSIBILITÀ DI CODIFICA

Codici di riferimento/base (stem
codes)

Codici «estensione»

Genitori multipli

Regole «sanzionatorie»

NUOVI CONTENUTI - 27 CAPITOLI

Compaiono nuovi capitoli:

- Disturbi del sistema immunitario
- Disturbi del sangue e degli organi emopoietici
- Condizioni legate alla salute sessuale
- Disturbi del ritmo sonno-veglia
- Medicina tradizionale

NUOVI STRUMENTI

Strumenti per la codifica

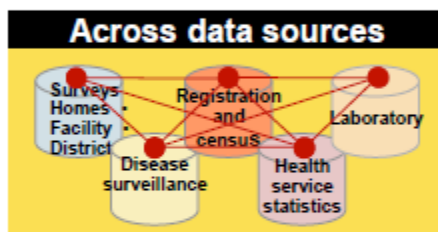
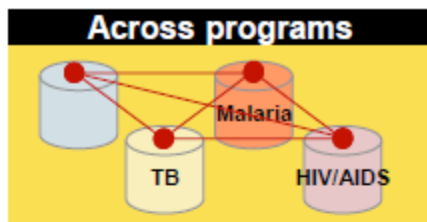
Strumenti per la navigazione

Strumenti per la traduzione

Strumenti per la corrispondenza
semantica

Strumenti per gestire le proposte e la
revisione

INTEROPERABILITÀ SEMANTICA per sistemi connessi e interoperabili



Immagazzinamento automatico delle informazioni attraverso una rappresentazione formalizzata e assegnazione di un unico IDENTIFICATIVO (ID) ad ogni categoria ICD

CA11.3 Acute myocardial infarction, without specification of ST elevation

<http://id.who.int/icd/entity/2016376826>

Processo di revisione di ICD

Tappe 2016-2018

2016



- **ICD-11 Briefing al WHO Executive Board**, sessione 139 – Maggio 2016
- Lancio della **versione ICD-11 2016 per i commenti degli Stati membri** alla ICD Revision Conference, Ottobre 2016, Tokyo, Giappone

2017

- **Esame dei commenti degli Stati membri**
- **Field test** in setting diversi
- Prosecuzione del **lavoro tecnico e degli strumenti**

2018

- Rilascio della **versione finale per la sua implementazione (ICD-11 2018)**
- Sviluppo dei **piani di transizione da parte degli Stati membri**

Classificazione internazionale delle malattie per le statistiche di mortalità e morbidità



World Health Organization – Health Data Standards and Informatics

January 2017

ICD-11 Update



Classificazione internazionale delle malattie per le statistiche di mortalità e morbidità: versione online

← → ↻ apps.who.int/classifications/icd11/browse/l-m/en

ICD-11 Beta Draft (Mortality and Morbidity Statistics)

Search [? Advanced Search] Foundation Linearizations Contributions Info

▼ ICD-11 Beta Draft - Mortality and Morbidity Statistics

- ▶ 01 Certain infectious or parasitic diseases
- ▶ 02 Neoplasms
- ▶ 03 Diseases of the blood or blood-forming organs
- ▶ 04 Diseases of the immune system
- ▶ 05 Endocrine, nutritional or metabolic diseases
- ▶ 06 Mental, behavioural or neurodevelopmental disorders
- ▶ 07 Sleep-wake disorders
- ▶ 08 Diseases of the nervous system
- ▶ 09 Diseases of the visual system
- ▶ 10 Diseases of the ear or mastoid process
- ▶ 11 Diseases of the circulatory system
- ▶ 12 Diseases of the respiratory system
- ▶ 13 Diseases of the digestive system
- ▶ 14 Diseases of the skin
- ▶ 15 Diseases of the musculoskeletal system or connective tissue
- ▶ 16 Diseases of the genitourinary system
- ▶ 17 Conditions related to sexual health
- ▶ 18 Pregnancy, childbirth or the puerperium
- ▶ 19 Certain conditions originating in the perinatal or neonatal period
- ▶ 20 Developmental anomalies
- ▶ 21 Symptoms, signs or clinical findings, not elsewhere classified
- ▶ 22 Injury, poisoning or certain other consequences of external causes
- ▶ 23 External causes of morbidity or mortality
- ▶ 24 Factors influencing health status or contact with health services
- ▶ 25 Codes for special purposes
- ▶ X Extension Codes
- ▶ 27 Traditional Medicine conditions - Module I

NEWS: We have new [training videos](#) on the ICD-11 Browser.

ICD-11 Beta Draft

Welcome to the ICD-11 Browser

You can browse the ICD-11 proposed content here

If you wish to participate in the Beta Phase you may create an account for yourself from making change proposals, receiving notifications, etc.

Caveats

ICD-11 Beta draft is:

- **NOT FINAL**
- updated on a daily basis
- It is **not approved** by WHO
- **NOT TO BE USED** for CODING except for agreed FIELD TRIALS

Related Information

[More information](#) on ICD-11 Beta Phase

[What to expect, when and how?](#)

[Known concerns about the ICD-11 Beta Phase](#)

For more information about how to use the ICD-11 Browser, please see the [User Guide](#)

For more questions, please contact icd@who.int

Struttura dei codici ICD-11: 4 caratteri

Stem codes

- Sono i codici che possono essere usati da soli.
- Sono organizzati in un elenco sistematico
- Possono essere entità o gruppi di alta rilevanza o entità clinica descritte con un'unica entità.
- Sono mutuamente esclusivi.
- Sono organizzati in 24 capitoli relativi a eziologia, principali sistemi d'organo, stato perinatale, cause esterne, fattori influenzanti lo stato di salute.

Extension codes

- Servono a standardizzare le informazioni aggiuntive da aggiungere agli stem codes.
- Non devono essere usati da soli, ma sempre insieme ad uno stem code.
- Possono essere usati più extension codes in relazione ad uno stem code.
- Esempi di extension codes sono: lateralità, decorso, istopatologia, indicatori biologici, stato di coscienza, motivo di ammissione, familiarità, storia di...

ICD-11: Foundation Update. Situazione a fine gennaio 2017

Chapter		Total Received	Actioned	Pending
1	Infectious Diseases	268	233	35
2	Neoplasms	170	115	55
3	Diseases of blood and blood forming organs	292	287	5
4	Disorders of the immune system	213	182	31
5	Conditions related to sexual health	185	157	28
6	Endocrine, nutritional and metabolic diseases	854	827	27
7	Mental and behavioural disorders	2	2	0
8	Sleep-wake disorders	528	355	173
9	Diseases of the eye and adnexa	238	110	128
10	Diseases of the nervous system	46	39	7
11	Diseases of the ear and mastoid process	368	224	144
12	Diseases of the circulatory system	119	113	6
13	Diseases of the respiratory system	354	306	48
14	Diseases of the digestive system	633	593	40
15	Diseases of the skin	57	50	7
16	Diseases of the musculoskeletal system and connective tissue	376	370	6
17	Diseases of the genitourinary system	92	80	12
18	Pregnancy, childbirth and the puerperium	204	199	5
19	Certain conditions originating in the perinatal and neonatal period	265	206	59
20	Developmental anomalies	1173	913	260
21	Symptoms, signs, clinical forms and abnormal clinical and laboratory findings, not elsewhere classified	323	278	45
22	Injury, poisoning and certain other consequences of external causes	107	81	26
23	External causes of morbidity and mortality	83	70	13
24	Factors influencing health status and contact with health services	163	113	50
25	Codes for special purposes	2	2	0
26	Extension codes	0	0	0
N/A - Proposals attached to deleted entities		71	32	39
Total received up to 23 January 2017		7186	5937	1249

11000 modifiche a livello dei concetti «genitore»

6163 titoli sono stati rivisti

4255 cambiamenti sono stati fatti sulla «shoreline» (granularità)

2200 cambiamenti nei raggruppamenti

Il capitale della medicina tradizionale ha ricevuto 435 proposte

Implementing line coding pilot testing of ICD-11- MMS

Morbidity line coding pilot testing

15 paesi stanno portando avanti test in inglese e 7 paesi in spagnolo.

I test sono iniziati in Agosto 2016 per codificare 308 termini diagnostici in ICD-11 e in ICD-10. Il test avviene sulla piattaforma OMS, utilizzando le versioni 2016 di ICD-10 e di ICD-11.

Mortality line coding pilot testing

I test sono iniziati alla fine di Gennaio 2017. 14 paesi sono coinvolti. E' stata predisposta una lista di termini più comunemente usati nei certificati di morte. E' stato identificato un primo gruppo di 100 cause di morte. Ogni termine viene codificato in ICD-11 e in ICD-10 usando uno specifico form sulla piattaforma OMS e utilizzando le versioni 2016 di ICD-10 e di ICD-11.

Cosa ne è dei disturbi mentali e comportamentali? Un nuovo capitolo

ICD

- Prodotto da una agenzia delle Nazioni Unite
- Proprietà intellettuale di WHO
- Per i paesi and per i fornitori di servizi
- Sviluppo globale, multidisciplinare, multilingue
- Approvato dall'Assemblea Mondiale della Salute
- **Il capitolo dei disturbi mentali, (comportamentali e del neurosviluppo) è solo uno dei capitoli della classificazione**

DSM

- Prodotto dall'American Psychiatric Association
- Proprietà intellettuale di APA
- Per psichiatri e psicologi
- Dominato da una prospettiva US e anglofona
- Approvato da un Comitato APA e dall'assemblea dei soci APA
- **Classifica solo i disturbi mentali**

Non più capitolo V, si aggiunge il neurosviluppo

ICD-10 Version:2016

Search

▼ ICD-10 Version:2016

- ▶ I Certain infectious and parasitic diseases
- ▶ II Neoplasms
- ▶ III Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
- ▶ IV Endocrine, nutritional and metabolic diseases
- ▼ V Mental and behavioural disorders
 - ▶ F00-F09 Organic, including symptomatic, mental disorders
 - ▶ F10-F19 Mental and behavioural disorders due to psychoactive substance use
 - ▶ F20-F29 Schizophrenia, schizotypal and delusional disorders
 - ▶ F30-F39 Mood [affective] disorders
 - ▶ F40-F48 Neurotic, stress-related and somatoform disorders
 - ▶ F50-F59 Behavioural syndromes associated with physiological disturbances and physical factors
 - ▶ F60-F69 Disorders of adult personality and behaviour
 - ▶ F70-F79 Mental retardation
 - ▶ F80-F89 Disorders of psychological development
 - ▶ F90-F98 Behavioural and emotional disorders with onset usually occurring in childhood and adolescence
 - ▶ F99-F99 Unspecified mental disorder

**Demenze non
più in questo
capitolo**

**Nuova
gerarchia:
per primi i
disturbi del
neurosviluppo**

**Gender
incongruence:
concetto con
genitori
multipli, ma
principalmente
«sexual
health»**

ICD-11 Beta Draft (Foundation)

Search

▼ ICD-11 Beta Draft

- ▶ Certain infectious or parasitic diseases
- ▶ Neoplasms
- ▶ Diseases of the blood or blood-forming organs
- ▶ Diseases of the immune system
- ▶ Endocrine, nutritional or metabolic diseases
- ▼ Mental, behavioural or neurodevelopmental disorders
 - ▶ Neurodevelopmental disorders
 - ▶ Schizophrenia or other primary psychotic disorders
 - ▶ Mood disorders
 - ▶ Anxiety and fear-related disorders
 - ▶ Obsessive-compulsive or related disorders
 - ▶ Disorders specifically associated with stress
 - ▶ Dissociative disorders
 - ▶ Bodily distress disorder
 - ▶ Feeding or eating disorders
 - ▶ Elimination disorders
 - ▶ Disorders due to substance use or addictive behaviours
 - ▶ Impulse control disorders
 - ▶ Disruptive behaviour or dissocial disorders
 - ▶ Personality disorders and related traits
 - ▶ Paraphilic disorders
 - ▶ Factitious disorders
 - ▶ Neurocognitive disorders
 - ▶ Mental or behavioural disorders associated with pregnancy, childbirth and the puerperium, not elsewhere classified
 - ▶ Psychological or behavioural factors affecting disorders or diseases classified elsewhere
 - ▶ Secondary mental or behavioural syndromes associated with disorders or diseases classified elsewhere
 - ▶ Sleep-wake disorders
 - ▶ Sexual dysfunctions
 - ▶ Gender incongruence

Elementi caratterizzanti, alla base della riclassificazione per migliorare l'utilità clinica

Specific phobia

- Marked and excessive fear or anxiety that consistently occurs when exposed to one or more specific objects or situations (e.g., proximity to certain kinds of animals, heights, closed spaces, sight of blood or injury) and that is out of proportion to the actual danger posed by the specific object or situation.
- The phobic object or situation is actively avoided or else endured with intense fear or anxiety.
- A pattern of fear, anxiety, or avoidance related to specific objects or situations is not transient, that is, it persists for an extended period of time (e.g., at least several months).
- The symptoms are not better accounted for by another Mental and Behavioral Disorder (e.g., Social Anxiety Disorder).
- The symptoms are sufficiently severe to result in significant distress about experiencing persistent anxiety symptoms or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Foundation Id : <http://id.who.int/icd/entity/239513569>

6B13 Specific phobia

Parent

Anxiety and fear-related disorders

Show all ancestors up to top 

ICD-10 : F40.2 

Definition

Specific phobia is characterized by a marked and excessive fear or anxiety that consistently occurs when exposed to one or more specific objects or situations (e.g., proximity to certain animals, flying, heights, closed spaces, sight of blood or injury) and that is out of proportion to actual danger. The phobic objects or situations are avoided or else endured with intense fear or anxiety. Symptoms persist for at least several months and are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Inclusions

- Simple phobia
- Acrophobia
- Claustrophobia

Exclusions

- Body dysmorphic disorder (6B21)
- Hypochondriasis (6B23)

Processo collaborativo

Fai clic per tornare indietro, tieni premuto per vedere la cronologia

ICD-11 Beta Draft (Mortality and Morbidity Statistics)

Signed in as: lucilla.frattura@regione.fvg.it | Manage Account | Log off
Last Update: Mar 13

Search [] [Advanced Search]

Foundation Linearizations Contributions Info

Statistics

- 01 Certain infectious or parasitic diseases
- 02 Neoplasms
- 03 Diseases of the blood or blood-forming organs
- 04 Diseases of the immune system
- 05 Endocrine, nutritional or metabolic diseases
- 06 Mental, behavioural or neurodevelopmental disorders
 - Neurodevelopmental disorders
 - Disorders of intellectual development
 - 6A00 Disorder of intellectual development, mild
 - 6A01 Disorder of intellectual development, moderate
 - 6A02 Disorder of intellectual development, severe
 - 6A03 Disorder of intellectual development, profound
 - 6A04 Disorder of intellectual development, provisional**
 - 6A0Z Disorders of intellectual development, unspecified
 - Developmental speech or language disorders
 - 6A20 Autism spectrum disorder
 - Developmental learning disorder
 - 6A40 Developmental motor coordination disorder
 - 6A41 Chronic developmental tic disorders
 - 6A42 Attention deficit hyperactivity disorder
 - 6A43 Stereotyped movement disorder

Foundation Id : <http://id.who.int/icd/entity/1074941350> [Change History](#)

6A04 Disorder of intellectual development, provisional

Comments on title

[Send your comment](#)

All ancestors up to top

- 06 Mental, behavioural or neurodevelopmental disorders
 - Neurodevelopmental disorders
 - Disorders of intellectual development
 - 6A04 Disorder of intellectual development, provisional

[Hide ancestors](#)

Definition

[Send your comment](#)

Disorder of intellectual development, provisional is assigned when there is evidence of a disorder of intellectual development but the individual is an infant or child under the age of four or it is not possible to conduct a valid assessment of intellectual functioning and adaptive behaviour because of sensory or physical impairments (e.g., blindness, pre-lingual deafness), locomotor disability, severe problem behaviours or co-occurring mental and behavioural disorders.

All Index Terms

- Disorder of intellectual development, provisional
- Global developmental delay, provisional

[Hide index terms](#)

Proposals



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ICD-11 GUIDELINES

Draft Guidelines for Review and Comment

Four important caveats should be kept in mind when reviewing these draft guidelines:

1. These draft guidelines include the Essential (Required) Features, Boundaries with Other Disorders and Normality, and Additional Features sections. Additional sections (e.g., Culture-Related Features) will be posted when completed.
2. These draft guidelines are NOT final. Additional changes will be based on findings from the currently ongoing field studies as well as in response to feedback and comments submitted.
3. These guidelines have not been approved by WHO.
4. The code numbers that are listed alongside the disorder titles are preliminary and subject to change. They are not to be used for coding or reporting purposes for any reason.

Diagnostic guidelines for different groupings of ICD-11 Mental and Behavioural Disorders will be made available in the coming months. Guidelines with active links are currently available for review and comment.

Schizophrenia and
Other Primary
Psychotic Disorders

Mood Disorders

Anxiety and Fear-
Related Disorders

Disorders Specifically
Associated with Stress

Feeding and Eating
Disorders

Full List of Disorders >

WHO's Global Clinical Practice Network for mental health

[http://thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366\(15\)00183-2.pdf](http://thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366(15)00183-2.pdf)

The core constitutional responsibilities of the WHO include the promotion of global cooperation, acting as a directing authority for international initiatives that contribute to the advancement of health. The Global Clinical Practice Network (GCPN), created by WHO's Department of Mental Health and Substance Abuse, holds promise for promoting collaborative initiatives that enhance training, research, and clinical capacity for mental health worldwide. Eventually, these initiatives can change the way that mental health care is practised globally...

I disturbi del «neuro»sviluppo

ICD-11 Beta Draft - Mortality and Morbidity Statistics

- ▶ 01 Certain infectious or parasitic diseases
- ▶ 02 Neoplasms
- ▶ 03 Diseases of the blood or blood-forming organs
- ▶ 04 Diseases of the immune system
- ▶ 05 Endocrine, nutritional or metabolic diseases
- ▼ 06 Mental, behavioural or neurodevelopmental disorders
 - ▼ Neurodevelopmental disorders
 - ▶ Disorders of intellectual development
 - ▶ Developmental speech or language disorders
 - ▶ 6A20 Autism spectrum disorder
 - ▶ Developmental learning disorder
 - 6A40 Developmental motor coordination disorder
 - ▶ 6A41 Chronic developmental tic disorders
 - ▶ 6A42 Attention deficit hyperactivity disorder
 - ▶ 6A43 Stereotyped movement disorder
 - 6A4Y Other specified neurodevelopmental disorders
 - 6A4Z Neurodevelopmental disorders, unspecified

Foundation Id : <http://id.who.int/icd/entity/1516623224> [Change History](#)

Neurodevelopmental disorders

Parent

06 Mental, behavioural or neurodevelopmental disorders

Definition

[Send your comment](#)

Neurodevelopmental disorders are behavioural and cognitive disorders that arise during the developmental period that involve significant difficulties in the acquisition and execution of specific intellectual, motor, or social functions. Although behavioural and cognitive deficits are present in many mental and behavioural disorders that can arise during the developmental period (e.g., Schizophrenia, Bipolar disorder), only disorders whose core features are neurodevelopmental are included in this grouping. The presumptive etiology for neurodevelopmental disorders is complex, and in many individual cases is unknown.

All Index Terms

There are no index terms associated with this entity

... Neurodevelopmental disorder is the term that has been commonly adopted for a range of disorders which appear during development especially early childhood... I am concluding my comment by noting that although etiology is uncertain, substantial evidence and logic dictates and explains the reasons why these disorders should essentially be known as neurodevelopmental as opposed to simply developmental disorders. The diagnostic category should remain as it is.

Disturbo dello spettro autistico è un disturbo del neurosviluppo (non più disturbo pervasivo dello sviluppo in ICD-10)

ICD-11 Beta Draft (Mortality and Morbidity Statistics)

Search [Advanced Search] Foundation Linearizations Contributions Info

ICD-11 Beta Draft - Mortality and Morbidity Statistics

- 01 Certain infectious or parasitic diseases
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- 04 Diseases of the immune system
- 05 Endocrine, nutritional or metabolic diseases
- 06 Mental, behavioural or neurodevelopmental disorders
 - Neurodevelopmental disorders
 - Disorders of intellectual development
 - Developmental speech or language disorders
 - 6A20 Autism spectrum disorder
 - 6A20.1 Autism spectrum disorder without disorder of intellectual development and with mild or no impairment of functional language
 - 6A20.2 Autism spectrum disorder with disorder of intellectual development and with mild or no impairment of functional language
 - 6A20.3 Autism spectrum disorder without disorder of intellectual development and with impaired functional language
 - 6A20.4 Autism spectrum disorder with disorder of intellectual development and with impaired functional language
 - 6A20.5 Autism spectrum disorder without disorder of intellectual development and with absence of functional language
 - 6A20.Y Other specified autism spectrum disorder
 - 6A20.Z Autism spectrum disorder, unspecified

6A20 Autism spectrum disorder

Parent: Neurodevelopmental disorders

Definition

Is the work from Elizabeth Newson likely to be entered as a sub category in the autism spectrum disorders category?

She recognised a condition she named pathological demand avoidance. At the moment recognition by professionals is patchy and the children do not always qualify for a traditional diagnosis of aspergers or at the higher functioning end of autism.

It is already recognised by the national autistic society, cerebra, contact a family and many other places.

Patrice Duffy 2013-May-22 - 18:43 UTC

1) I cannot see Asperger's syndrome listed. As the DSM-5 has encompassed Asperger's within the umbrella of autism spectrum disorder/condition, is the ICD-11 following suit? The search facility does not bring up Asperger's either.

2) Also, will sensory problems be included in the diagnostic criteria?

3) Will the female presentation of ASD/C be recognised within the diagnostic criteria? Clinicians are just waking up to the fact that females present a little differently and all the existing diagnostic criteria are based on research on males only.

A K 2013-Oct-06 - 17:37 UTC

I agree that Asperger's should be mentioned under "Inclusions" at least. And there needs to be a clear path for those diagnosed with Asperger's to be grandfathered into the new diagnosis of autism spectrum disorder, as there is in DSM-5.

Also, the term "sensory sensitivities" does not cover those on the autism spectrum who are hypo- rather than hypersensitive.

While it is important to recognize that females may present differently, it is equally important to recognize that many adults get diagnosed with ASD.

There is **only one diagnostic category** under the new DSM-5, **Autism Spectrum Disorder**. This diagnosis will take the place of the 4 previously separate disorders - autistic disorder, Asperger's disorder, childhood disintegrative disorder and pervasive developmental disorder – not otherwise specified (PDD-NOS).

Non c'è ancora ➡



Pathological Demand Avoidance
Part of the Autism Spectrum

«Asperger» è negli inclusi del Disturbo dello spettro autistico senza disturbi dello sviluppo intellettuale

ICD-11 Beta Draft (Mortality and Morbidity Statistics)

Search [Advanced Search] Foundation Linearizations Contributions Info

ICD-11 Beta Draft - Mortality and Morbidity Statistics

- 01 Certain infectious or parasitic diseases
- 02 Neoplasms
- 03 Diseases of the blood or blood-forming organs
- 04 Diseases of the immune system
- 05 Endocrine, nutritional or metabolic diseases
- 06 Mental, behavioural or neurodevelopmental disorders
 - Neurodevelopmental disorders
 - Disorders of intellectual development
 - Developmental speech or language disorders
 - 6A20 Autism spectrum disorder
 - 6A20.1 Autism spectrum disorder without disorder of intellectual development and with mild or no impairment of functional language**
 - 6A20.2 Autism spectrum disorder with disorder of intellectual development and with mild or no impairment of functional language
 - 6A20.3 Autism spectrum disorder without disorder of intellectual development and with impaired functional language
 - 6A20.4 Autism spectrum disorder with disorder of intellectual development and with impaired functional language
 - 6A20.5 Autism spectrum disorder without disorder of intellectual development and with

Foundation Id : <http://id.who.int/icd/entity/120443468> [Change History](#)

6A20.1 Autism spectrum disorder without disorder of intellectual development and with mild or no impairment of functional language

Parent

6A20 Autism spectrum disorder

Show all ancestors up to top

Fully Specified Name

Autism spectrum disorder without disorder of intellectual development and without impairment of functional language

Definition

All definitional requirements for autism spectrum disorder are met, intellectual functioning and adaptive behaviour are found to be at least within the average range (approximately greater than the 2.3rd percentile), and there is only mild or no impairment in the individual's capacity to use functional language (spoken or signed) for instrumental purposes, such as to express personal needs and desires.

All Index Terms

- Autism spectrum disorder without disorder of intellectual development and with mild or no impairment of functional language
- Asperger syndrome
- Asperger
- Asperger disorder
- Autism spectrum disorder without disorder of intellectual development and without impairment of functional language

Hide index terms

F84.1 Atypical autism

A type of pervasive developmental disorder that differs from childhood autism either in age of onset or in failing to fulfil all three sets of diagnostic criteria. This subcategory should be used when there is abnormal and impaired development that is present only after age three years, and a lack of sufficient demonstrable abnormalities in one or two of the three areas of psychopathology required for the diagnosis of autism (namely, reciprocal social interactions, communication, and restricted, stereotyped, repetitive behaviour) in spite of characteristic abnormalities in the other area(s). Atypical autism arises most often in profoundly retarded individuals and in individuals with a severe specific developmental disorder of receptive language.

Atypical childhood psychosis

Mental retardation with autistic features

Use additional code (F70-F79), if desired, to identify mental retardation.

La sindrome di Rett è tra le «condizioni con disturbi dello sviluppo intellettuale come tratto clinico rilevante» (capitolo Anomalie dello sviluppo) mentre in ICD-10 è classificata tra i disturbi pervasivi dello sviluppo

apps.who.int/classifications/icd11/browse/l-m/en#/http%3a%2f%2fid.who.int%2fent%2fent%2f201200685

Signed in as: lucilla.frattura@regione.fvg.it | Manage Account | Log off
Last Update: Mar 15

ICD-11 Beta Draft (Mortality and Morbidity Statistics)

Search rett [Advanced Search] Foundation Linearizations Contributions Info

Foundation Id : http://id.who.int/icd/entity/201200685 Change History

LD44 Rett syndrome

Parent
Conditions with disorders of intellectual development as a relevant clinical feature
Show all ancestors up to top

Definition
A condition, so far found only in girls, in which apparently normal early development is followed by partial or complete loss of speech and of skills in locomotion and use of hands, together with deceleration in head growth, usually with an onset between seven and 24 months of age. Loss of purposive hand movements, hand-wringing stereotypies, and hyperventilation are characteristic. Social and play development are arrested but social interest tends to be maintained. Trunk ataxia and apraxia start to develop by age four years and choreoathetoid movements frequently follow. Severe mental retardation almost invariably results.

All Index Terms
• Rett syndrome
Hide index terms

ICD-10 : F84.2

apps.who.int/classifications/icd10/browse/2016/en#/F84.2

ICD-10 Version:2016

Search [Advanced Search] ICD-10 Versions - Languages Info

F82 Specific developmental disorders of scholastic skills
F82 Specific developmental disorder of motor function
F83 Mixed specific developmental disorders
F84 Pervasive developmental disorders
F84.0 Childhood autism
F84.1 Atypical autism
F84.2 Rett syndrome

F84.2 Rett syndrome
Mental retardation with autistic features
Use additional code (F70-F79), if desired, to identify mental retardation.
A condition, so far found only in girls, in which apparently normal early development is followed by partial or complete loss of speech and of skills in locomotion and use of hands, together with deceleration in head growth, usually with an onset between seven and 24 months of age. Loss of purposive hand movements, hand-wringing stereotypies, and hyperventilation are characteristic. Social and play development are arrested but social interest tends to be maintained. Trunk ataxia and apraxia start to develop by age four years and choreoathetoid movements frequently follow. Severe mental retardation almost invariably results.

F84.3 Other childhood disintegrative disorder

Disturbi specificatamente associati allo stress

ICD-11 Beta Draft (Mortality and Morbidity Statistics)

Search [Advanced Search]

Foundation Linearizations Contributions Info

Foundation Id : <http://id.who.int/icd/entity/991786158>

Disorders specifically associated with stress

Parent
06 Mental, behavioural or neurodevelopmental disorders

Definition
Disorders specifically associated with stress are directly related to exposure to a stressful or traumatic event, or a series of such events or adverse experiences. For each of the disorders in this grouping, an identifiable stressor is a necessary, though not sufficient, causal factor. Although not all individuals exposed to an

ICD-10 : F43

ICD-10 Version:2016

- I Certain infectious and parasitic diseases
- II Neoplasms
- III Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
- IV Endocrine, nutritional and metabolic diseases
- V Mental and behavioural disorders
 - F00-F09 Organic, including symptomatic, mental disorders
 - F10-F19 Mental and behavioural disorders due to psychoactive substance use
 - F20-F29 Schizophrenia, schizotypal and delusional disorders
 - F30-F39 Mood [affective] disorders
 - F40-F48 Neurotic, stress-related and somatoform disorders
 - F40 Phobic anxiety disorders
 - F41 Other anxiety disorders
 - F42 Obsessive-compulsive disorder
 - F43 Reaction to severe stress, and adjustment disorders
 - F44 Dissociative [conversion] disorders
 - F45 Somatoform disorders
 - F48 Other neurotic disorders

F43 Reaction to severe stress, and adjustment disorders

This category differs from others in that it includes disorders identifiable on the basis of not only symptoms and course but also the existence of one or other of two causative influences: an exceptionally stressful life event producing an acute stress reaction, or a significant life change leading to continued unpleasant circumstances that result in an adjustment disorder. Although less severe psychosocial stress ("life events") may precipitate the onset or contribute to the presentation of a very wide range of disorders classified elsewhere in this chapter, its etiological importance is not always clear and in each case will be found to depend on individual, often idiosyncratic, vulnerability, i.e. the life events are neither necessary nor sufficient to explain the occurrence and form of the disorder. In contrast, the disorders brought together here are thought to arise always as a direct consequence of acute severe stress or continued trauma. The stressful events or the continuing unpleasant circumstances are the primary and overriding causal factor and the disorder would not have occurred without their impact. The disorders in this section can thus be regarded as maladaptive responses to severe or continued stress, in that they interfere with successful coping mechanisms and therefore lead to problems of social functioning.

F43.0 Acute stress reaction

A transient disorder that develops in an individual without any other apparent mental disorder in response to exceptional physical and mental stress and that usually subsides within hours or days. Individual vulnerability and coping capacity play a role in the occurrence and severity of acute stress reactions. The symptoms show a typically mixed and changing picture and include an initial state of "daze" with some constriction of the field of consciousness and narrowing of attention, inability to comprehend stimuli, and disorientation. This state may be followed either by further withdrawal from the surrounding situation (to the extent of a dissociative stupor - F44.2), or by agitation and over-activity (flight reaction or fugue). Autonomic signs of panic anxiety (tachycardia, sweating, flushing) are commonly present. The symptoms usually appear within minutes of the impact of the stressful stimulus or event, and disappear within two to three days (often within hours). Partial or complete amnesia (F44.0) for the episode may be present. If the symptoms persist, a change in diagnosis should be considered.

RISULTATI DI STUDI SPECIFICI

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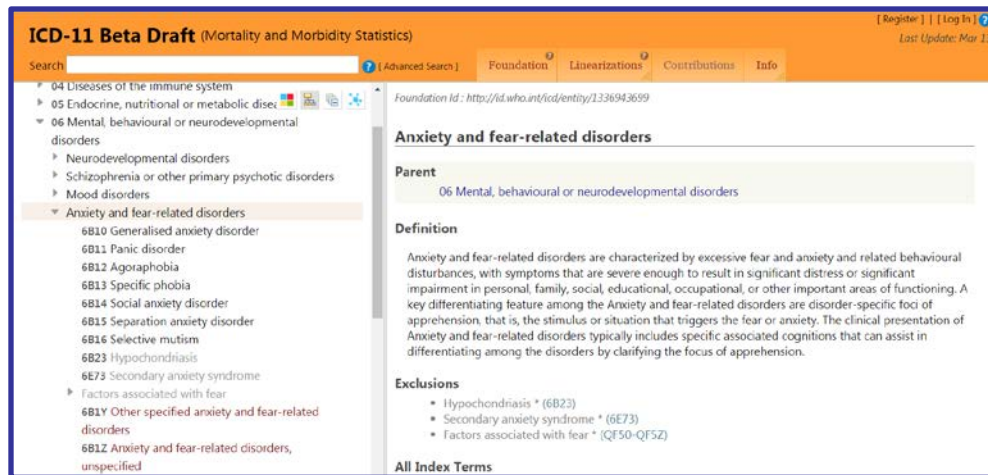
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Disturbi correlati all'ansia e alla paura



- Creazione di un nuovo gruppo di disturbi contrassegnati da ansia e paura.
- Eliminata la distinzione, presente in ICD-10, tra disturbi ansioso-fobici e altri disturbi d'ansia.
- Allineamento con DSM 5 (a differenza di disturbi specificamente associati allo stress e di disturbi di personalità)



Kogan et al. *DEPRESSION AND ANXIETY*
33:1141–1154 (2016)

TABLE 2. Key differences between ICD-10 and ICD-11 classifications of anxiety and fear-related disorders

ICD-11 category name	ICD-10 category name	Rationale for change
Agoraphobia ^a	Agoraphobia Qualifiers: Without panic disorder With panic disorder	The primacy of agoraphobia over panic disorder has been eliminated in ICD-11 on the basis of epidemiological and clinical studies suggesting that these disorders can exist separately. Co-occurrence of these disorders is also permitted in ICD-11, eliminating the need for ICD-10 “without panic disorder” and “with panic disorder” qualifiers.
Social anxiety disorder ^a	Social phobias	Conceptually similar to ICD-10. Name has been changed to reflect common usage in contemporary research literature and to avoid unnecessary differences with DSM-5.
Specific phobia ^a	Specific (isolated) phobias	Conceptually similar to ICD-10. Under ICD-11, contact with the feared stimulus that is endured with great anxiety is an acceptable alternative to active avoidance.
Panic disorder	Panic disorder (episodic paroxysmal anxiety)	Disorder can manifest independently or co-occur with agoraphobia. Definition of panic attacks conceptually similar to ICD-10.
Generalized anxiety disorder ^a	Generalized anxiety disorder	Disorder has been redefined based on available evidence. Worry about multiple areas of everyday life has been introduced as an alternative essential feature to generalized apprehension, possible physiological manifestations of generalized anxiety are described, and a symptom duration guideline is provided. The disorder can now co-occur with other mental and behavioral disorders.
Separation anxiety disorder ^a	Separation anxiety disorder of childhood, classified under behavioral and emotional disorders with onset occurring in childhood and adolescence	Included in the anxiety and fear-related disorders grouping based on ICD-11’s lifespan approach. The disorder can now be diagnosed in adulthood, when the focus of apprehension is typically separation from children or romantic partners.
Selective mutism	Elective mutism, classified under behavioural and emotional disorders with onset occurring in childhood and adolescence	Included in the anxiety and fear-related grouping based on ICD-11’s lifespan approach. Conceptually similar to ICD-10. Name changed to reflect common usage in the contemporary research literature and to avoid unnecessary differences with DSM-5.
Mixed depressive and anxiety disorder, <i>classified in Mood disorders grouping</i>	Mixed anxiety and depressive disorder	Reclassified to reflect greater symptomatic relationship with depressive disorders, especially in primary care settings. Also cross-referenced in the anxiety and fear-related disorders grouping.

^aICD-11 introduces a new qualifier, with panic attacks to provide an option to code the presence of panic attacks that occur in disorders other than panic disorder. These are episodes of severe anxiety that meet the symptomatic description of panic attacks, but that occur specifically in response to exposure to or anticipation of exposure to the feared stimulus or stimuli (i.e., reflect the focus of apprehension specific to the disorder).

Disturbi dell'alimentazione (non c'è «comportamento» nel titolo)

ICD-10 Version:2016

Search: anorexia [Advanced Search]

- ICD-10 Version:2016
 - I Certain infectious and parasitic diseases
 - II Neoplasms
 - III Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
 - IV Endocrine, nutritional and metabolic diseases
 - V Mental and behavioural disorders
 - F00-F09 Organic, including symptomatic, mental disorders
 - F10-F19 Mental and behavioural disorders due to psychoactive substance use
 - F20-F29 Schizophrenia, schizotypal and delusional disorders
 - F30-F39 Mood [affective] disorders
 - F40-F48 Neurotic, stress-related and somatoform disorders
 - F40 Phobic anxiety disorders
 - F41 Other anxiety disorders
 - F42 Obsessive-compulsive disorder
 - F43 Reaction to severe stress, and adjustment disorders
 - F44 Dissociative [conversion] disorders
 - F45 Somatoform disorders
 - F48 Other neurotic disorders
 - F50-F59 Behavioural syndromes associated with physiological disturbances and physical factors
 - F50 Eating disorders
 - F50.0 Anorexia nervosa
 - F50.1 Atypical anorexia nervosa
 - F50.2 Bulimia nervosa
 - F50.3 Atypical bulimia nervosa
 - F50.4 Overeating associated with other psychological disturbances
 - F50.5 Vomiting associated with other psychological disturbances
 - F50.8 Other eating disorders
 - F50.9 Eating disorder, unspecified
 - F51 Nonorganic sleep disorders
 - F52 Sexual dysfunction, not caused by organic factors

F50.0 Anorexia nervosa

A disorder characterized by deliberate weight loss, induced and sustained by self-imposed starvation and excessive exercise, and by a dread of fatness and flabbiness of body contour persisting usually undernutrition of varying severity with secondary endocrine excessive exercise, induced vomiting and purgation, and use of appetite suppressants.

Excl.: loss of appetite (R63.0)
loss of appetite
• psychogenic (F50.8)

F50.1 Atypical anorexia nervosa

Disorders that fulfil the criteria for anorexia nervosa, but in which the presence of known physical disorder is present.

F50.2 Bulimia nervosa

A syndrome characterized by recurrent episodes of vomiting or use of purgatives, which is likely to be recurrent, the interval ranging from a few days to several months.

Bulimia NOS
Hyperorexia nervosa

F50.3 Atypical bulimia nervosa

Disorders that fulfil the criteria for bulimia nervosa, but in which the presence of known physical disorder is present.

F50.4 Overeating associated with other psychological disturbances

Overeating due to stress or other psychological disturbances.

Psychogenic overeating
Excl.: obesity (E66.0)

F50.5 Vomiting associated with other psychological disturbances

Repeated vomiting that is not due to organic factors. This subcategory may be used for vomiting in pregnancy.

Psychogenic vomiting
Excl.: nausea (R11.0)
vomiting NOS

ICD-11 Beta Draft (Mortality and Morbidity Statistics)

Search: [Advanced Search]

- 6A41 Chronic developmental tic disorders
- 6A42 Attention deficit hyperactivity disorder, predominantly inattentive presentation
 - 6A42.1 Attention deficit hyperactivity disorder, predominantly inattentive presentation
 - 6A42.2 Attention deficit hyperactivity disorder, predominantly hyperactive-impulsive presentation
 - 6A42.3 Attention deficit hyperactivity disorder, combined presentation
 - 6A42.4 Attention deficit hyperactivity disorder, other specified presentation
 - 6A42.5 Attention deficit hyperactivity disorder, presentation unspecified
- 6A43 Stereotyped movement disorder
- 6A44 Other specified neurodevelopmental disorders
- 6A4Z Neurodevelopmental disorders, unspecified
 - Schizophrenia or other primary psychotic disorders
 - Mood disorders
 - Anxiety and fear-related disorders
 - Obsessive-compulsive or related disorders
 - Disorders specifically associated with stress
 - Dissociative disorders
 - Bodily distress disorder
 - Feeding or eating disorders
 - 6B60 Anorexia Nervosa
 - 6B61 Bulimia Nervosa
 - 6B62 Binge eating disorder
 - 6B63 Avoidant-restrictive food intake disorder
 - 6B64 Pica
 - 6B65 Rumination-regurgitation disorder
 - 8A70.5 Cyclic vomiting syndrome

Rudolf Uher, Michael Rutter Classification of feeding and eating disorders: review of evidence and proposals for ICD-11 World Psychiatry 2012;11:80-92

Feeding or eating disorders

Parent

06 Mental, behavioural or neurodevelopmental disorders

Definition

Feeding and Eating Disorders involve abnormal eating or feeding behaviours that are not explained by another health condition and are not developmentally appropriate or culturally sanctioned. Feeding disorders involve behavioural disturbances that are not related to body weight and shape concerns, such as eating of non-edible substances or voluntary regurgitation of foods. Eating disorders include abnormal eating behaviour and preoccupation with food as well as prominent body weight and shape concerns.

Exclusions

- Cyclic vomiting syndrome * (8A70.5)

All Index Terms

There are no index terms associated with this entity

Please read the Caveats

Table 2 Recommendations for the classification of feeding and eating disorders in ICD-11

1. Merge feeding and eating disorders into a single grouping with diagnostic categories available for all age groups.
2. Broaden the category of anorexia nervosa through dropping the requirement for amenorrhoea; extending the weight criterion to include any significant underweight; and extending the cognitive criterion to include developmentally and culturally relevant cognitions and behavioural equivalents of fear of fatness, preoccupations with body weight and shape or food and eating.
3. Introduce a severity qualifier “with a dangerously low body weight” to distinguish the most severe cases that carry the riskiest prognosis within the broad category of anorexia nervosa.
4. Broaden the category of bulimia nervosa to include subjective binge eating.
5. Include the category of binge eating disorder, defined by either subjective or objective binge eating in the absence of regular compensatory behaviour.
6. Include a category of combined eating disorder to classify subjects who concurrently or sequentially fulfil the criteria for both anorexia nervosa and bulimia nervosa.
7. Introduce a category of avoidant/restrictive food intake disorder (ARFID) to classify restricted food intake that is not accompanied by body weight and shape related psychopathology.
8. Introduce a uniform minimal duration criterion of four weeks.

PRINCIPALI RISULTATI E IMPLICAZIONI PRATICHE

1.

The revised ICD-11 guidelines led to improvements in the accuracy of Feeding and Eating Disorders diagnoses.

Across diagnoses, diagnostic agreement using ICD-11 was consistently higher than for ICD-10. These findings indicate that the proposed changes to the structure and guidelines for individual conditions in ICD-11 Feeding and Eating Disorders offered greater diagnostic consistency and clarity than the ICD-10 diagnostic guidelines.

2.

The Inclusion of Avoidant/Restrictive Food Intake Disorder (ARFID) and Binge Eating Disorder (BED) in ICD-11 is supported by the field study results.

AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER (ARFID)

“The addition of Avoidant/Restrictive Food Intake Disorder in **ICD-11** **expands and renames an ICD-10 category (Feeding Disorder of Infancy and Childhood)** to more completely describe a condition **characterized by eating an insufficient quantity or variety of food.**

Data from the case-controlled field trial found that Avoidant/Restrictive Food Intake Disorder provides significant clarification of diagnostic choices in comparison to options available under ICD-10. Further, despite concerns that it would be difficult for clinicians to separate cases of Avoidant/Restrictive Food Intake Disorder and Anorexia Nervosa, this differentiation was made successfully using the ICD-11 guidelines. GCPN members were also able to clearly separate cases of Avoidant/Restrictive Food Intake Disorder and normal picky eating.”



Una nuova
“diagnosi”
DSM 5 che
entra nella
classificazione
ICD

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ICD-11 Beta Draft (Mortality and Morbidity Statistics)

Search [] [Advanced Search] Foundation Linearizations Contributions Info

Foundation ID: http://id.who.int/icd/entity/1242188600 Change History

6B63 Avoidant-restrictive food intake disorder

Parent
Feeding or eating disorders

Definition

Avoidant-restrictive food intake disorder (ARFID) is characterized by eating an insufficient quantity or variety of food in order to meet adequate energy or nutritional requirements. The pattern of restricted eating has caused significant weight loss, failure to gain weight as expected in childhood or pregnancy, clinically significant nutritional deficiencies, dependence on oral nutritional supplements or tube feeding, or has otherwise negatively affected the health of the individual or resulted in significant functional impairment. The pattern of eating behaviour does not reflect concerns about body weight or shape. Restricted food intake and its effects on weight, other aspects of health, or functioning is not better accounted for by lack of food availability, the effects of a medication or substance, or another health condition.

Exclusions

- Anorexia Nervosa (6B60)

All Index Terms

- Avoidant-restrictive food intake disorder

Hide index terms

Proposals

Da disturbo mentale a condizione relativa alla salute sessuale

- F64 Gender identity disorders**
- F64.0 Transsexualism
 - F64.1 Dual-role transvestism
 - F64.2 Gender identity disorder of childhood
 - F64.8 Other gender identity disorders
 - F64.9 Gender identity disorder, unspecified

Advanced Search]	ICD-10	Versions - Languages	Info
Gender identity disorder of adolescence or adulthood, nontranssexualism			
<i>Excl.:</i> fetishistic transvestism (F65.1)			
F64.2 Gender identity disorder of childhood			
A disorder, usually first manifest during early childhood (and always in other sex. There is a persistent preoccupation with the dress and tomboyishness in girls or girlish behaviour in boys is not sufficient			
<i>Excl.:</i> egodystonic sexual orientation (F66.1) sexual maturation disorder (F66.0)			
F64.8 Other gender identity disorders			
F64.9 Gender identity disorder, unspecified			
Gender-role disorder NOS			

▼ 17 Conditions related to sexual health

- ▷ Sexual dysfunctions
- ▷ Sexual pain disorders
- ▼ Gender incongruence

HA70 Gender incongruence of adolescence or adulthood

HA71 Gender incongruence of childhood

Advanced Search]	Foundation	Linearizations	Contributions	Info
Foundation ID : http://id.who.int/icd/entity/344/33949				
HA71 Gender Incongruence of childhood				
Parent				
Gender incongruence				
Show all ancestors up to top				
ICD-10: F64.2				
Definition				
Gender incongruence of childhood is characterized by a marked incongruence between an individual's experienced/expressed gender and the assigned sex in pre-pubertal children. It includes a strong desire to be a different gender than the assigned sex; a strong dislike on the child's part of his or her sexual anatomy or anticipated secondary sex characteristics and/or a strong desire for the primary and/or anticipated secondary sex characteristics that match the experienced gender; and make-believe or fantasy play, toys, games, or activities and playmates that are typical of the experienced gender rather than the assigned sex. The incongruence must have persisted for about 2 years and cannot be diagnosed before age 5. Gender variant behaviour and preferences alone are not a basis for assigning the diagnosis.				
Exclusions				
Paraphilic disorders (ICD-10: F66.0)				
All Index Terms				
- Gender incongruence of childhood - psychosexual identity disorder of childhood - gender dysphoria in children - disorder of gender-identity or role in childhood				
Hide index terms				

Foundation Id : <http://id.who.int/icd/entity/405565289>

Schizophrenia or other primary psychotic disorders

Parent

06 Mental, behavioural or neurodevelopmental disorders

ICD-10 : F20-F29 ?

Definition

Schizophrenia and other primary psychotic disorders are characterized by significant impairments in reality testing and alterations in behavior manifest in positive symptoms such as persistent delusions, persistent hallucinations, disorganized thinking (typically manifest as disorganized speech), grossly disorganized behavior, and experiences of passivity and control, negative symptoms such as blunted or flat affect and avolition, and psychomotor disturbances. The symptoms occur with sufficient frequency and intensity to deviate from expected cultural or subcultural norms. These symptoms do not arise as a feature of another mental and behavioural disorder (e.g., a mood disorder, delirium, or a disorder due to substance use).

Exclusions

- Secondary psychotic syndrome * (6E71)

All Index Terms

There are no index terms associated with this entity

Post-coordination ?

Add detail to **Schizophrenia or other primary psychotic disorders**

Associated with (use additional code, if desired)

If desired, you could provide additional specific detail.

- 6A60 Positive symptoms in primary psychotic disorders
- 6A61 Negative symptoms in primary psychotic disorders
- 6A62 Depressive symptoms in primary psychotic disorders
- 6A63 Manic symptoms in primary psychotic disorders
- 6A64 Psychomotor symptoms in psychotic disorders
- 6A65 Cognitive symptoms in primary psychotic disorders

< Back to Groupings

Schizophrenia And Other Primary Psychotic Disorders

Schizophrenia and Other Primary Psychotic Disorders

7A50 Schizophrenia

7A51 Schizoaffective Disorder

7A52 Schizotypal Disorder

7A53 Acute and Transient Psychotic Disorder

7A54 Delusional Disorder

7A5Y Other Primary Psychotic Disorder

Symptom Qualifier Scales

Schizophrenia and Other Primary Psychotic Disorders are characterized by significant impairments in reality testing and alterations in behaviour as manifested by symptoms such as delusions, hallucinations, formal thought disorder (typically manifested as disorganized speech), disorganized behaviour, psychomotor disturbances and negative symptoms such as blunted or flat affect that do not occur primarily as a result of substance use or another medical condition not classified under Mental and Behavioural Disorders. In the context of Schizotypal disorder, symptoms may be substantially attenuated such that they may be characterized as eccentric or peculiar rather than overtly psychotic. While psychotic symptoms may also occur in disorders from other sections of the Mental and Behavioural Disorders classification, these symptoms comprise the defining features of the disorders in this section. While experiences like these occur on a continuum and can be found throughout the population, disorders in this group represent patterns of behaviour that occur with sufficient frequency and intensity to deviate from expected cultural or subcultural norms.

ICD-11 Beta Draft - Mortality and Morbidity Statistics

- ▶ 01 Certain infectious or parasitic diseases
- ▶ 02 Neoplasms
- ▶ 03 Diseases of the blood or blood-forming organs
- ▶ 04 Diseases of the immune system
- ▶ 05 Endocrine, nutritional or metabolic diseases
- ▼ 06 Mental, behavioural or neurodevelopmental disorders
 - ▶ Neurodevelopmental disorders
 - ▶ Schizophrenia or other primary psychotic disorders
 - ▼ Mood disorders
 - ▶ Bipolar or related disorders
 - ▶ Depressive disorders
 - ▶ 6E72 Secondary mood syndrome
 - 6B0Y Other specified mood disorders
 - 6B0Z Mood disorders, unspecified
 - ▶ Anxiety and fear-related disorders
 - ▶ Obsessive-compulsive or related disorders
 - ▶ Disorders specifically associated with stress

Foundation Id : <http://id.who.int/icd/entity/76398729>[Change History](#)

Mood disorders

Parent

06 Mental, behavioural or neurodevelopmental disorders

Definition

Mood Disorders refers to a superordinate grouping of Bipolar and Depressive Disorders. Mood disorders are defined according to particular types of mood episodes and their pattern over time. The primary types of mood episodes are Depressive episode, Manic episode, Mixed episode, and Hypomanic episode. Mood episodes are not independently diagnosable entities, and therefore do not have their own diagnostic codes. Rather, mood episodes make up the primary components of most of the Depressive and Bipolar Disorders.

Exclusions

- Secondary mood syndrome * (6E72)

All Index Terms

There are no index terms associated with this entity

Mood Disorders

Depressive Episode

Manic Episode

Mixed Episode

Hypomanic Episode

Bipolar and Related Disorders

7A60 Bipolar Type I Disorder

7A61 Bipolar Type II Disorder

7A62 Cyclothymic Disorder

7A6Y Other Specified Bipolar and Related Disorder

Depressive

MOOD DISORDERS refers to a superordinate grouping of **DEPRESSIVE DISORDERS** and **BIPOLAR AND RELATED DISORDERS**. Mood Disorders are defined according to particular types of mood episodes and their pattern over time. The primary types of mood episodes are:

- [Depressive Episode](#)
- [Manic Episode](#)
- [Mixed Episode](#)
- [Hypomanic Episode](#)

Mood episodes are not independently diagnosable entities, and therefore do not have their own diagnostic codes. Rather, mood episodes make up the components of *Depressive Disorders* and *Bipolar and Related Disorders*.

The sections that follow first describe the characteristics of the mood episodes. This is followed by diagnostic guidelines for Mood Disorders, including *Depressive Disorders* and *Bipolar and Related Disorders*.



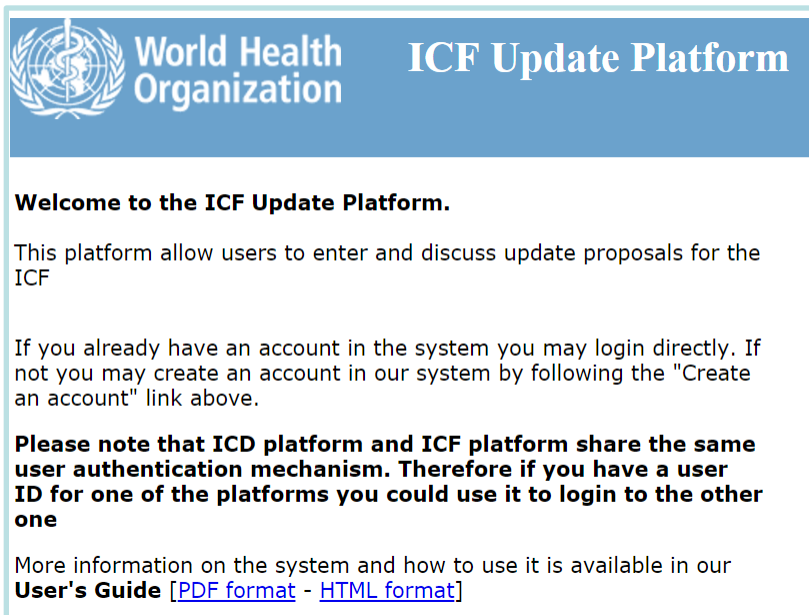
ICF IN ICD-11: profili di funzionamento

Classificazione internazionale del funzionamento della disabilità e della salute: che cos'è?



- Una classificazione dei domini della salute e correlati alla salute
- Il riferimento OMS per misurare la salute e la disabilità
 - Classificazione e metrica per organizzare e raccogliere dati
 - Modello concettuale per descrivere la salute e la disabilità
- Riconosce l'esperienza di disabilità come esperienza universale
- Sposta il focus dalle cause all'impatto
- Usabile in numerosi contesti

Lo stato di ICF



World Health Organization **ICF Update Platform**

Welcome to the ICF Update Platform.

This platform allow users to enter and discuss update proposals for the ICF

If you already have an account in the system you may login directly. If not you may create an account in our system by following the "Create an account" link above.

Please note that ICD platform and ICF platform share the same user authentication mechanism. Therefore if you have a user ID for one of the platforms you could use it to login to the other one

More information on the system and how to use it is available in our **User's Guide** [[PDF format](#) - [HTML format](#)]

- Viene aggiornata dal 2010, annualmente, con un processo aperto
- Aumentata visibilità
- Numerosi usi, per lo più di ricerca, senza un'indicazione standard
- Aggiornamenti tradotti in italiano pubblicati su www.reteclassificazioni.it
- Il CC italiano coordina il processo di aggiornamento

ICD-11 Beta Draft (Foundation)

Search [Advanced Search]

Foundation Linearizations Contributions Info

ICD-11 Beta Draft

- ▶ Certain infectious or parasitic diseases
- ▶ Neoplasms
- ▶ Diseases of the blood or blood-forming organs
- ▶ Diseases of the immune system
- ▶ Endocrine, nutritional or metabolic diseases
- ▼ Mental, behavioural or neurodevelopmental disorders
 - ▼ Neurodevelopmental disorders
 - ▼ Disorders of intellectual development
 - Disorder of intellectual development, mild
 - Disorder of intellectual development, moderate
 - Disorder of intellectual development, severe
 - Disorder of intellectual development, profound
 - Disorder of intellectual development, provisional
 - ▼ Developmental speech or language disorders
 - Developmental speech sound disorder
 - Developmental speech fluency disorder
 - Developmental language disorder
 - ▼ Autism spectrum disorder
 - ▶ Autism spectrum disorder without disorder of intellectual development and with mild or no impairment of functional language
 - ▶ Autism spectrum disorder with disorder of intellectual development and with mild or no impairment of functional language
 - ▶ Autism spectrum disorder without disorder of intellectual development and with impaired functional language
 - ▶ Autism spectrum disorder with disorder of intellectual development and with impaired functional language
 - ▶ Autism spectrum disorder without disorder of intellectual development and with absence of functional language
 - ▶ Developmental learning disorder
 - Developmental motor coordination disorder
 - ▶ Chronic developmental tic disorders
 - ▶ Attention deficit hyperactivity disorder
 - ▶ Stereotyped movement disorder

Foundation Id : <http://id.who.int/icd/entity/821852937>

Attention deficit hyperactivity disorder

Parent(s)

- Neurodevelopmental disorders

Definition

Attention deficit hyperactivity disorder is characterized by a persistent pattern (at least 6 months) of inattentive childhood. The degree of inattention and hyperactivity-impulsivity is outside the limits of normal variation expected for social functioning. Inattention refers to significant difficulty in sustaining attention to tasks that do not provide reinforcement. Excessive motor activity and difficulties with remaining still, most evident in structured situations that require self-regulation or consideration of the risks and consequences. The relative balance and the specific manifestations of the disorder vary with the course of development. In order for a diagnosis of disorder the behaviour pattern must be clearly observable in the individual.

Synonyms

- disturbance of activity and attention
- disorder of activity and attention

Narrower Terms

- attention deficit disorder with hyperactivity *
- attention deficit syndrome with hyperactivity *
- disorder of activity and attention with hyperkinesia
- hyperkinetic disorders

Exclusions

- Autism spectrum disorder ⇒
- Disruptive behaviour or dissocial disorders ⇒

Body Site

- Entire brain (body structure)
- Brain structure (body structure)

Signs and Symptoms

- Hyperactive behavior (finding)

Children And Youth Impact

- d140. Learning to read
- d145. Learning to write
- d150. Learning to calculate
- d310-d325. Communicating - receiving written, spoken, non-verbal & formal sign-language messages
- d335. Producing nonverbal messages
- Attending school

Si tratta di
Extension codes



A che punto siamo in Italia...

ICD

- ICD-9-CM è adottato per la codifica della SDO (ospedali)
- ICD-9-CM è la classificazione di riferimento nel Fascicolo Sanitario Elettronico
- Si usa ICD-10 per la codifica della mortalità (responsabile ISTAT)
- Progetto It.DRG (Ministero della Salute)
- Indicazioni NSIS salute mentale
- Indicazioni MIUR
- Piano biennale disabilità Ministero Lavoro

ICF

- Non è adottato dal Ministero della salute come standard di codifica nei sistemi informativi sanitari
- Indicazioni MIUR
- Legislazione regionale relativa ai percorsi di inclusione scolastica

Portale Italiano
delle **Classificazioni** Sanitarie

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ICD-11 è su Facebook!

- Parlare con un esperto del Portale Italiano delle Classificazioni Sanitarie
- Partecipare al processo di aggiornamento delle classificazioni
- Navigare all'interno di una classificazione
- Far conoscere i risultati di un'attività
- Fare una segnalazione

come fare per

2 Dicembre 2016
15 ANNI di ICF. Punto della situazione al
Convegno internazionale ANFFAS 3/12/2016

20 Novembre 2016
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La pillola di WEBB
TransIT
Progetto ILDrG

ICD-10 online | ICF online | ICF - CY | ICD-10 online
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VilmaFABER™
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Aggiornamenti ICD - 10 | Aggiornamenti ICF | ICHI | Famiglia delle
Classificazioni dell'OMS

ICD - 10 in pillole | ICF in pillole

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Realizzato da:
Direzione centrale salute, integrazione sociosanitaria, politiche sociali e famiglia
Area delle Classificazioni, Azienda per l'Assistenza Sanitaria N. 2 "Bassa Friulana - Isontina"

In collaborazione con insiel

REGIONE AUTONOMA
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Un invito...

Iscriversi al portale italiano
delle classificazioni sanitarie

Lavorare insieme sulle
Classificazioni utilizzando il CC
italiano come snodo

Contribuire all'aggiornamento delle
classificazioni

Usare il CC italiano per aggiornare le
competenze o formarsi all'uso delle
classificazioni

Partecipare alla attività di ricerca
riguardanti le classificazioni con il CC
italiano

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Grazie per l'attenzione!

lucilla.frattura@regione.fvg.it