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

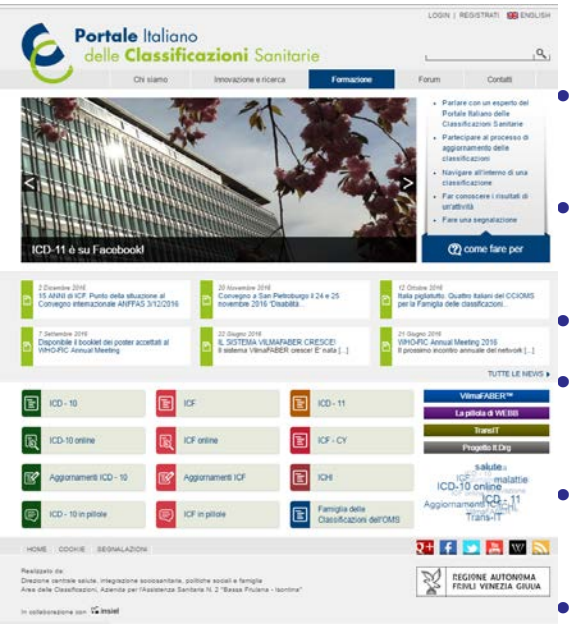
WHO-FIC Network

CC italiano

- **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)

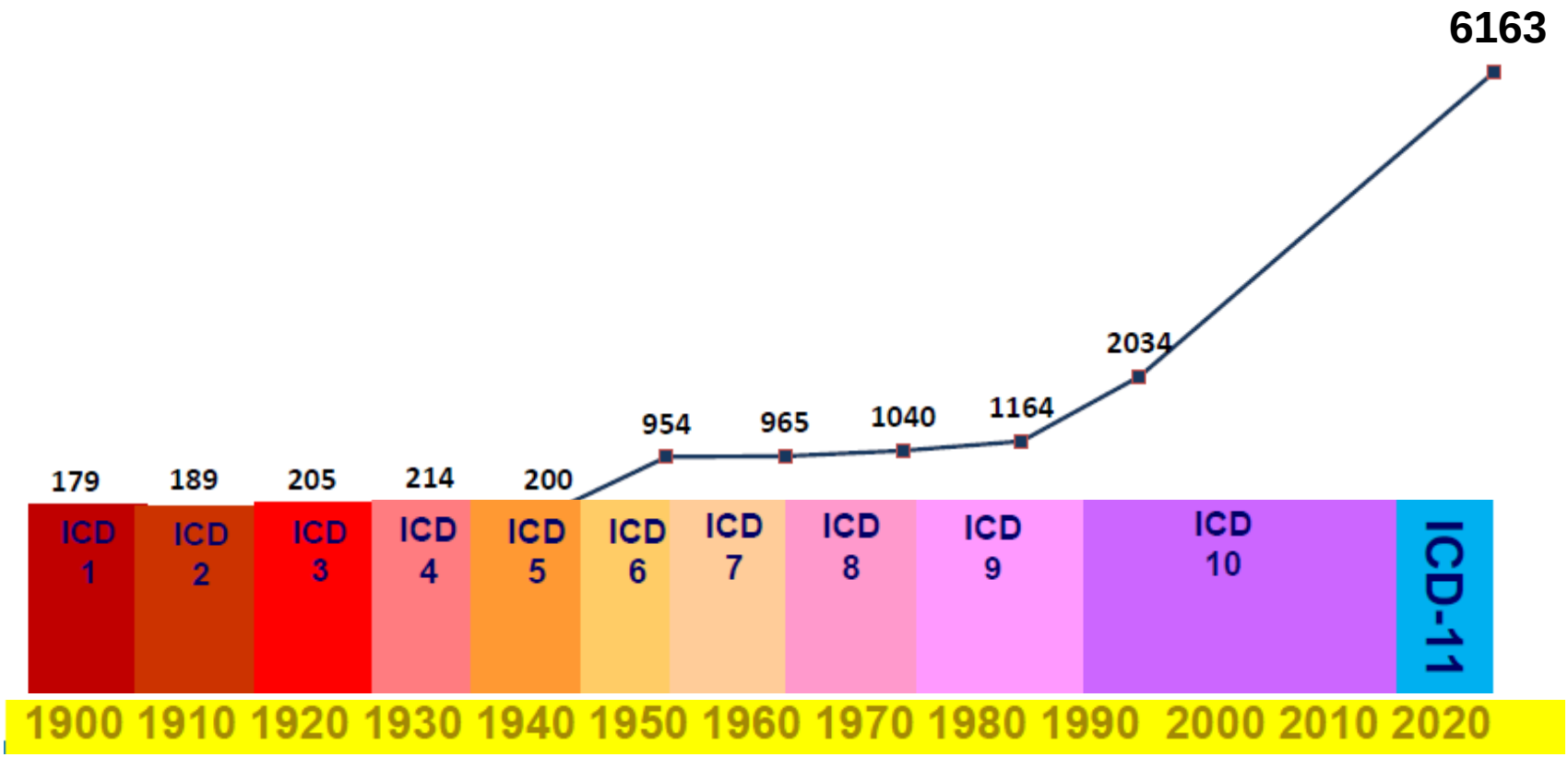
Medicina Tradizionale (ICTM) (in fase di sviluppo)

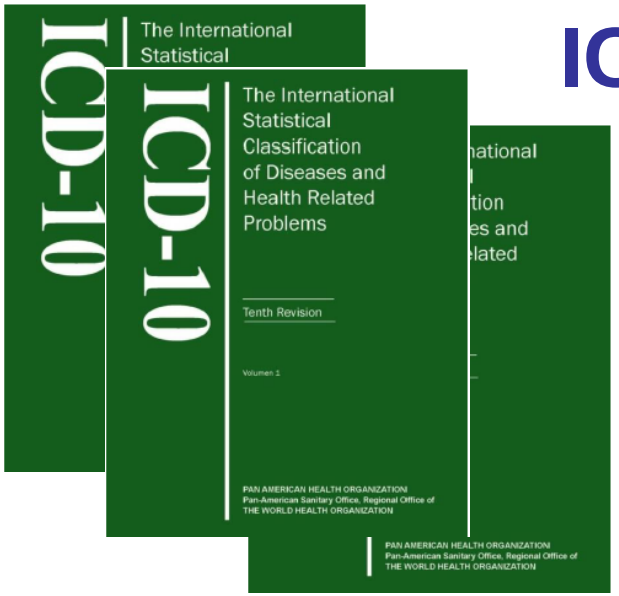
Strumenti statistici

Strumenti clinici

Strumenti amministrativi

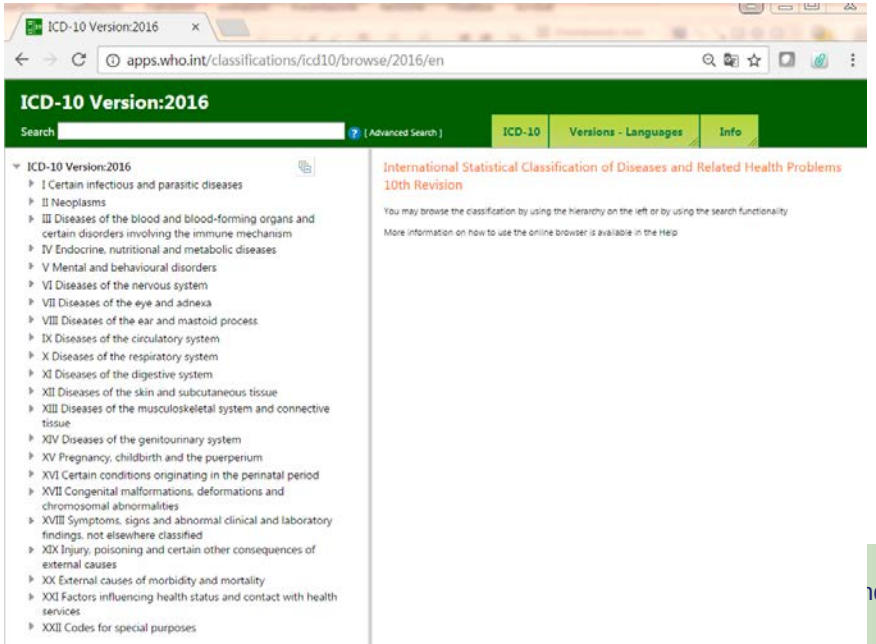
Storia della revisione di ICD





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 morbilità (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

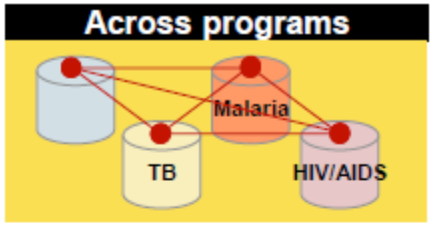
Copie elettroniche --→ copie stampate

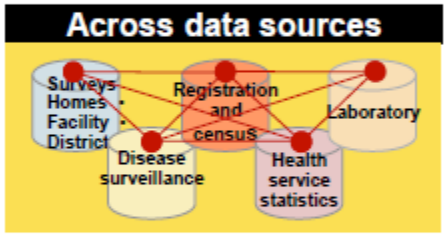
Lavoro in molteplici lingue

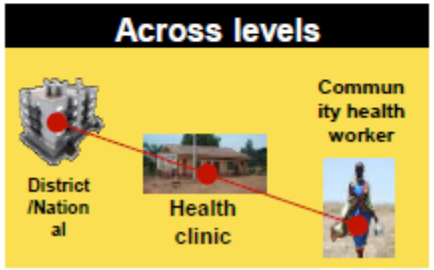
ICD-11: le novità

ELENCO SISTEMATICO **Diverso per particolari scopi: mortalità, morbilità, altri** **Le entità presenti nella «Foundation» diventano categorie mutualmente esclusive ed esaustive nella versione finalizzata alle statistiche di mortalità e morbilità (MMS)**	**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**
AMPLIATE LE POSSIBILITÀ DI CODIFICA **Codici di riferimento/base (stem codes)** **Codici «estensione»** **Genitori multipli** **Regole «sanzionatorie»**	**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 IDEENTIFICATIVO (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

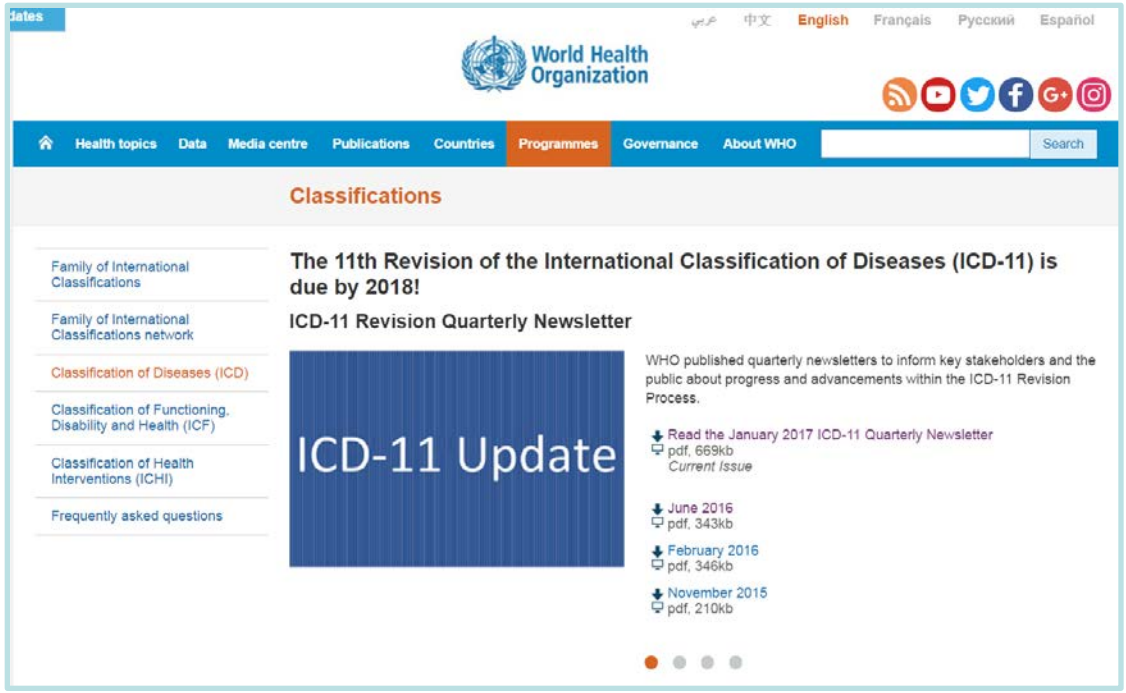
2017

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

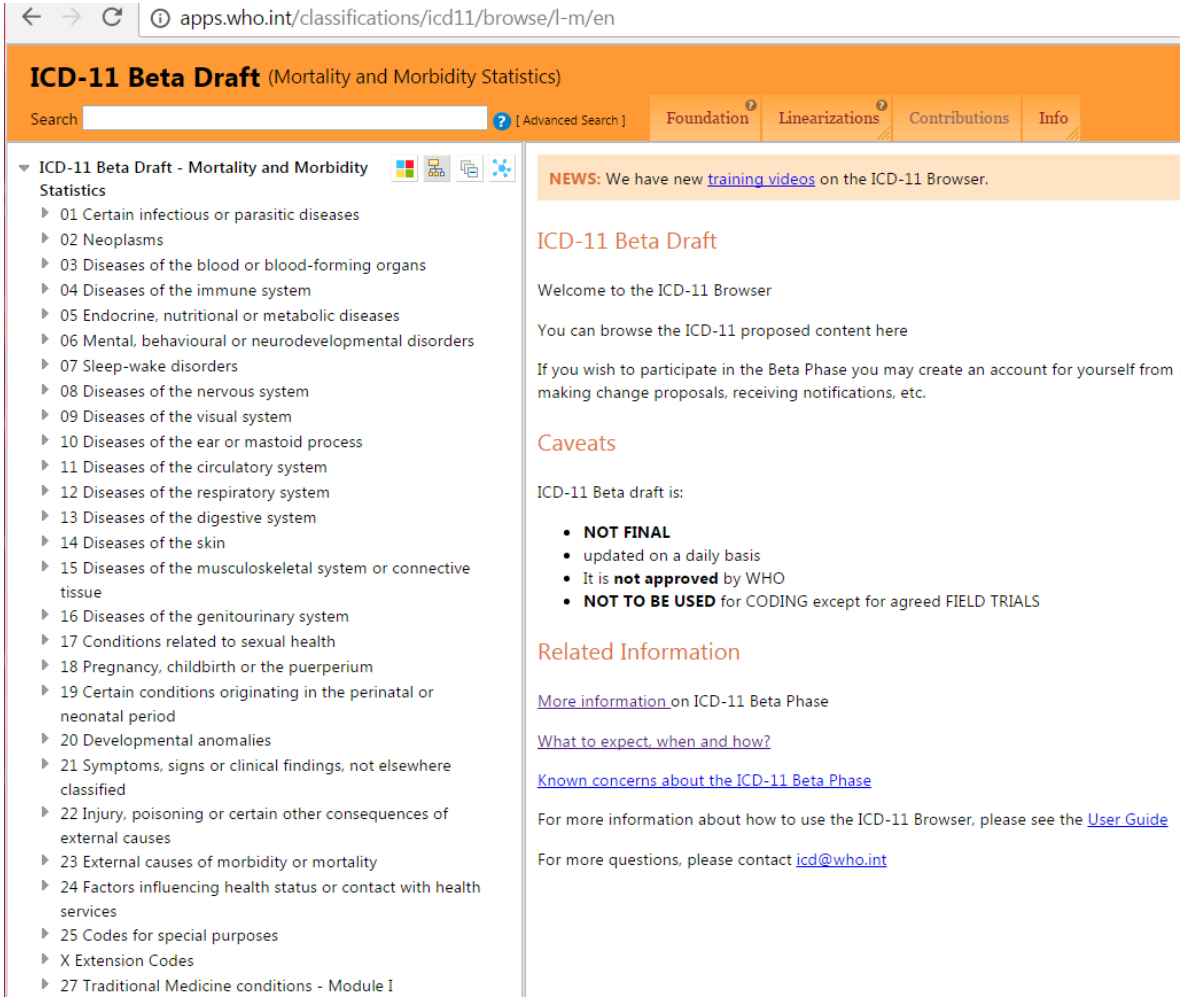
2018

- 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 morbilità



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



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 stanzardizzare le informazioni addizionali 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 capitalo 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

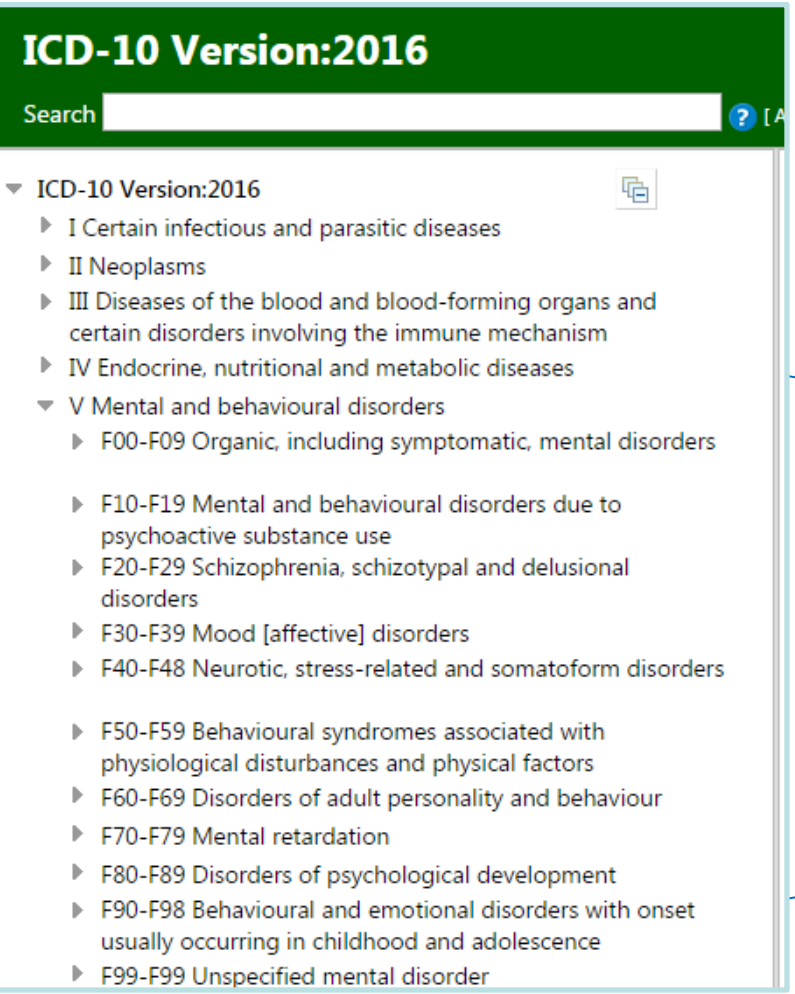
ICD

- 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**

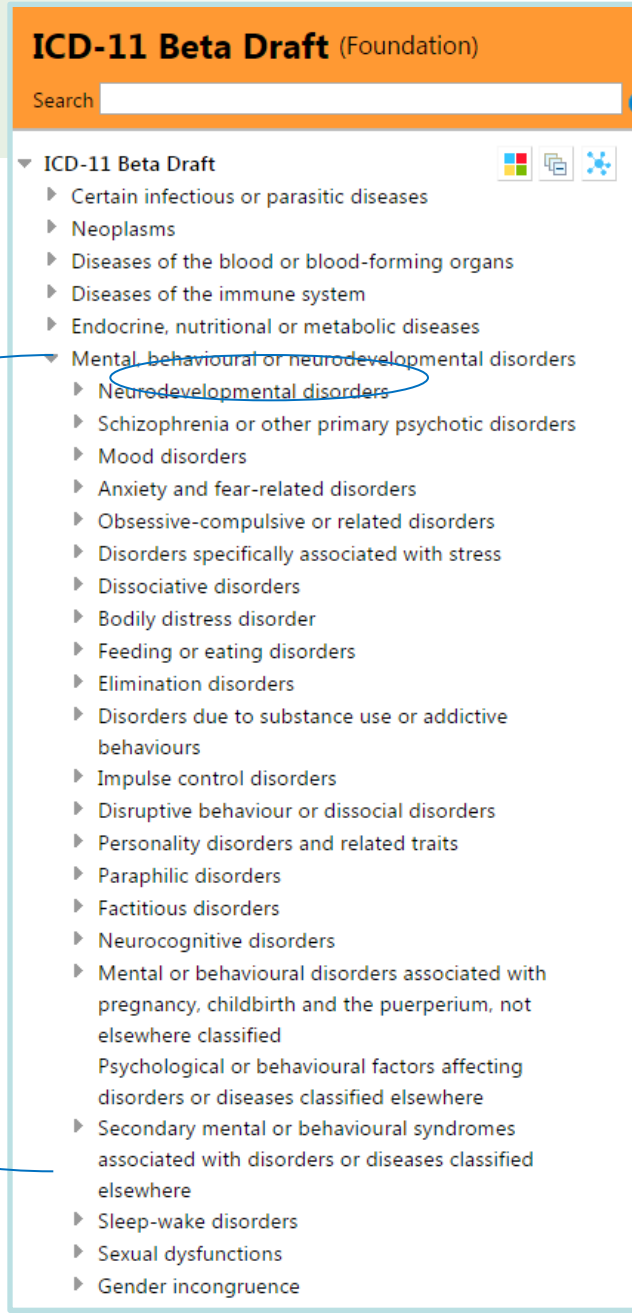
Non più capitolo V, si aggiunge il neurosviluppo



Demenze non più in questo capitolo

Nuova gerarchia: per primi i disturbi del neurosviluppo

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



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.

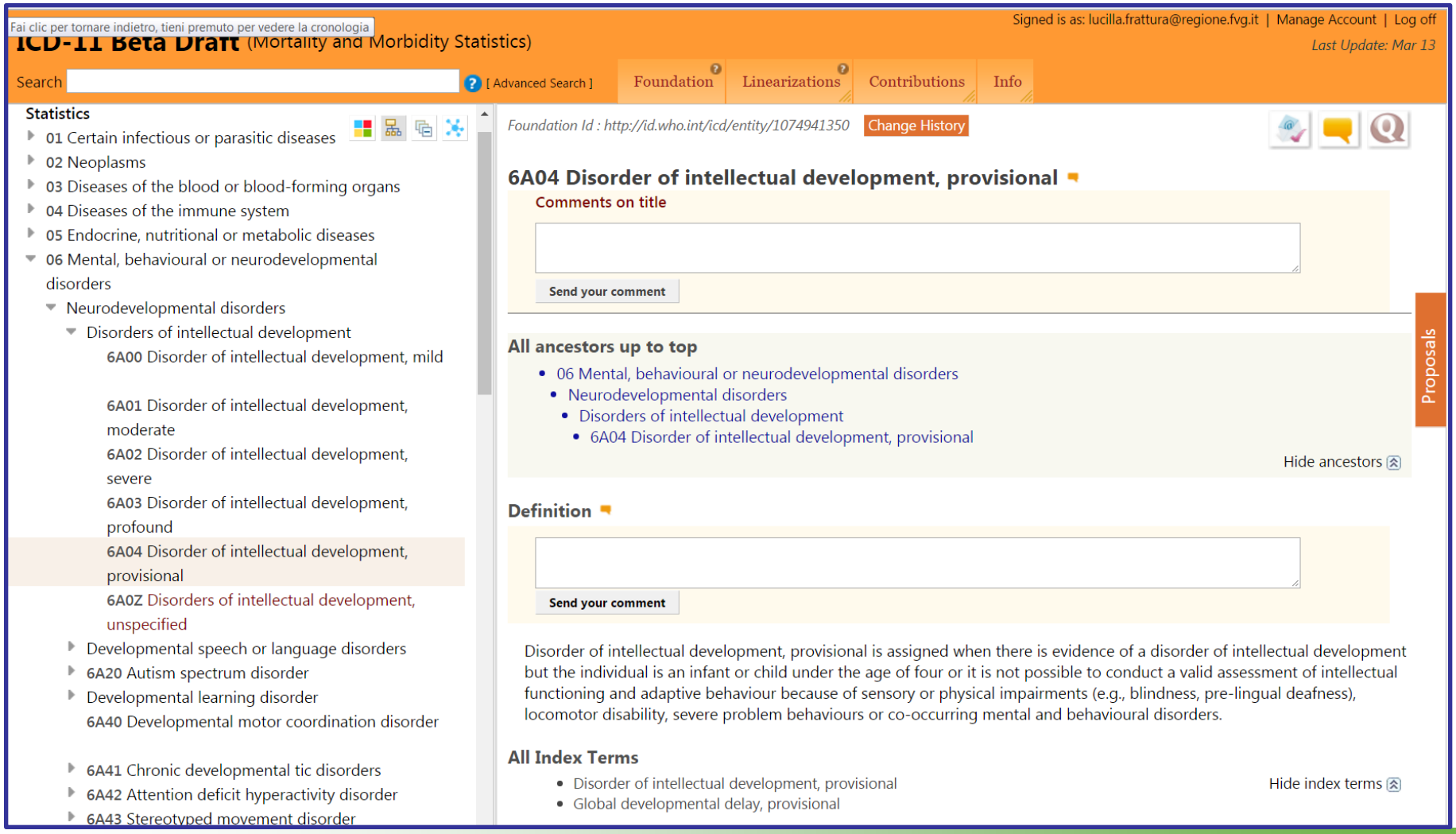
Inclusions

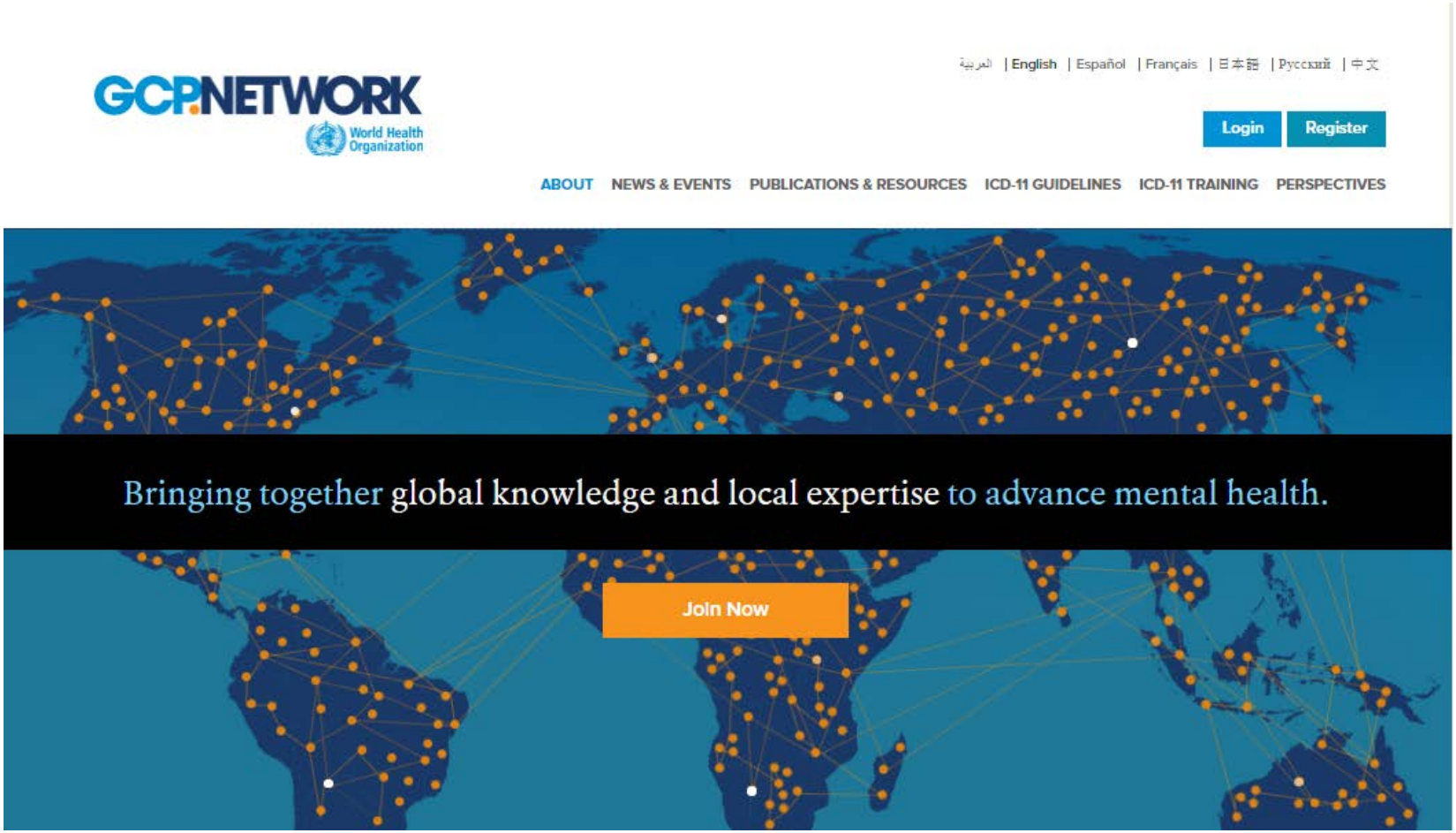
- Simple phobia
- Acrophobia
- Claustrophobia

Exclusions

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

Processo collaborativo




GCP.NETWORK
World Health Organization
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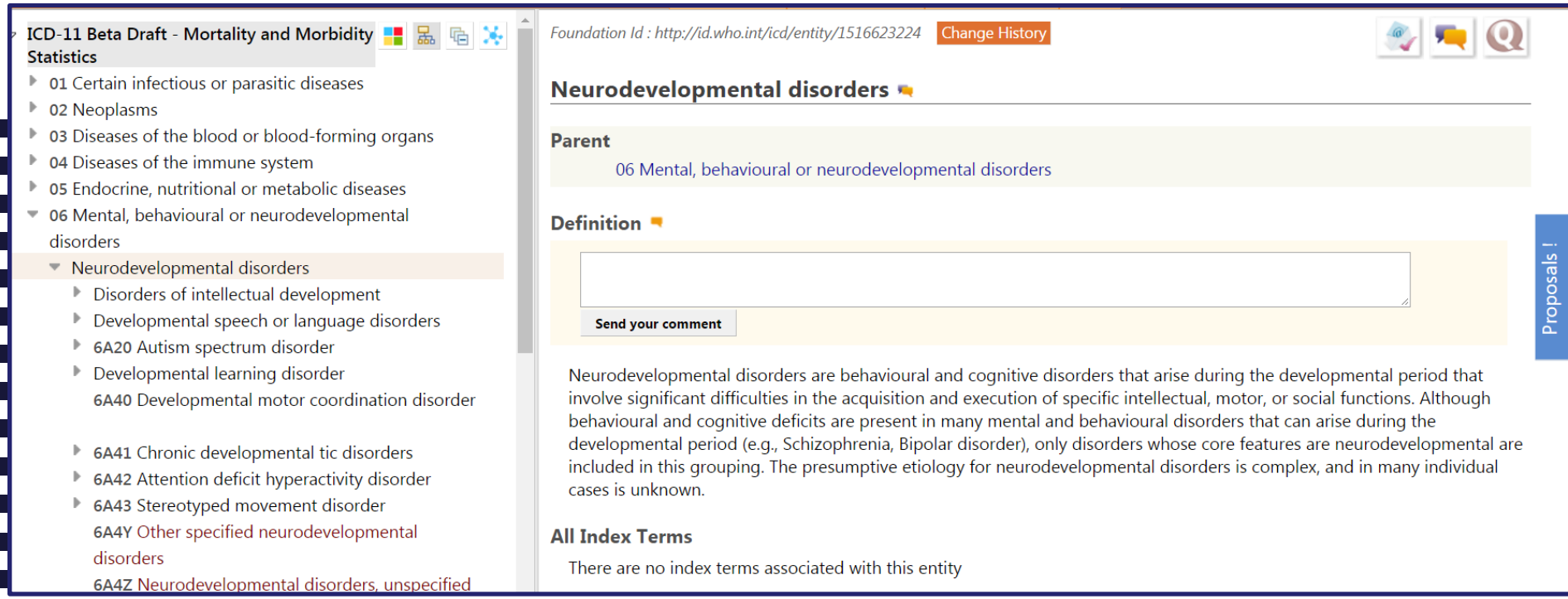
ICD-11 TRAINING
PERSPECTIVES
Bringing together global knowledge and local expertise to advance mental health.
Join Now

WHO's Global Clinical Practice Network for mental health

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

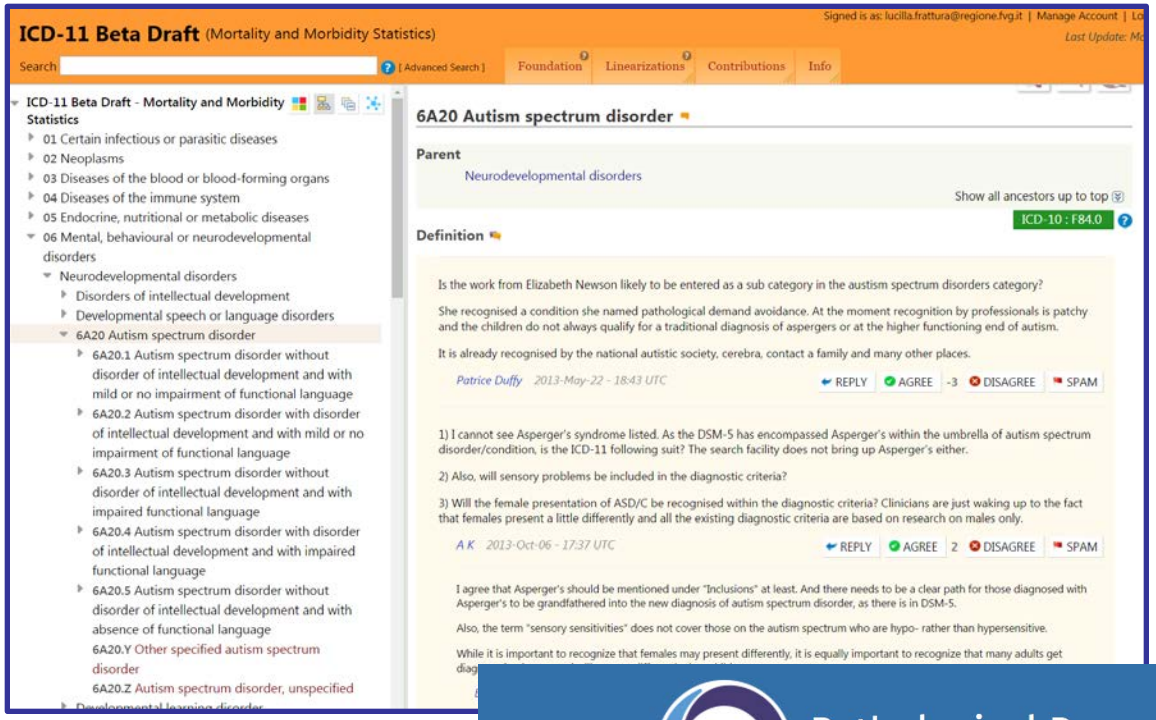
The core constitutional responsibilities of the WHO include the promotion of global cooperation, acting as a directing authority for international initiatives that contribute to the advancement of health. The Global Clinical Practice Network (GCPN), created by WHO's Department of Mental Health and Substance 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



… 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)



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 ➡

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

ICD-11 Beta Draft (Mortality and Morbidity Statistics)

Last Update: Mar 15

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

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

ICD-10 : F84.1

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

Hide 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

Proposals

F84.1 Atypical autism

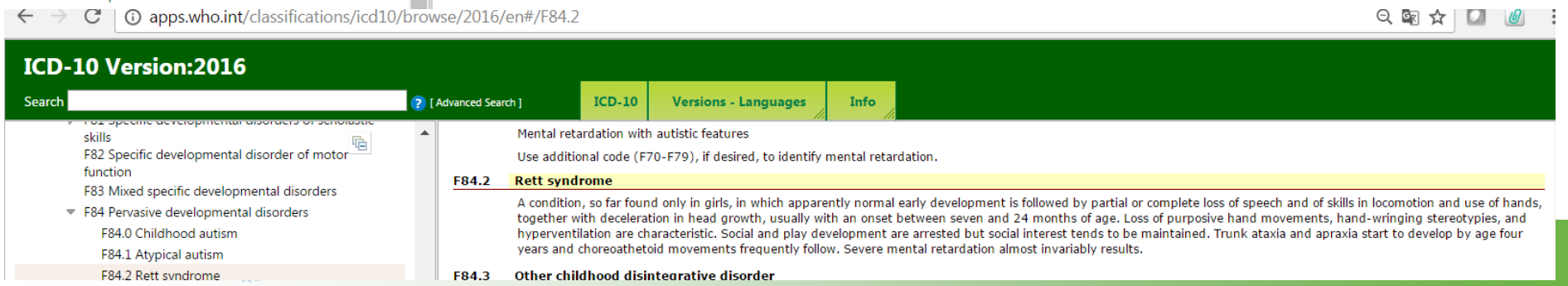
A type of pervasive developmental disorder that differs from childhood autism either in age of onset or in failing to fulfil all three sets of diagnostic criteria. This subcategory should be used when there is abnormal and impaired development that is present only after age three years, and a lack of 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

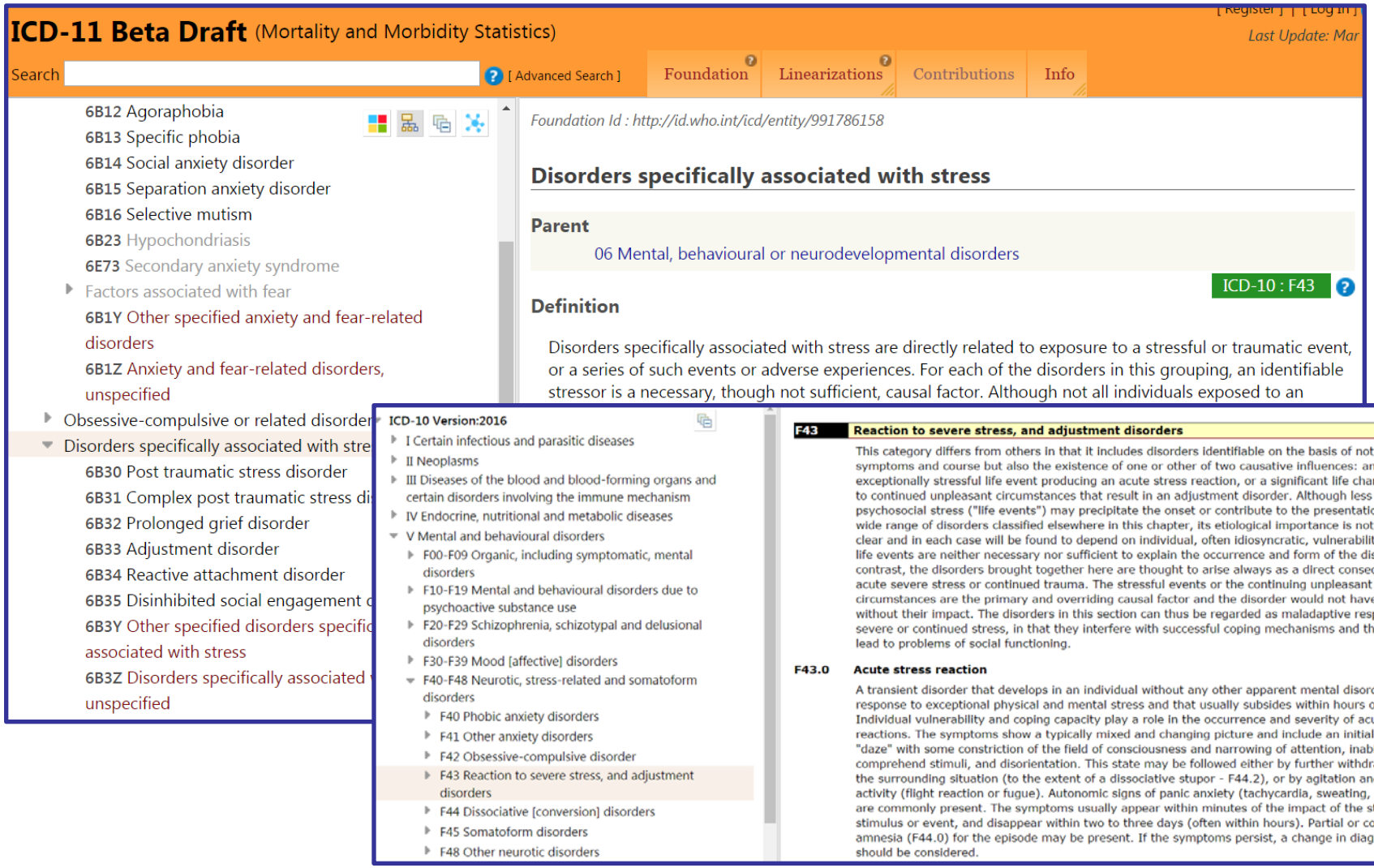
Mental retardation with autistic features

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

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



Disturbi specificatamente associati allo stress



RISULTATI DI STUDI SPECIFICI

Keeley, J. W., Reed, G. M., Roberts, M. C., Evans, S. C., Robles, R., Matsumoto, C., Brewin, C. R., Cloitre, M., Perkonigg, A., Rousseau, C. Gureje, O., Lovell, A. M., Sharan P., & Maercker, A. (2015). Disorders specifically associated with stress: A case-controlled field study for ICD-11 Mental and Behavioural Disorders. *International Journal of Clinical and Health Psychology*. (2016) 16, 109-127.

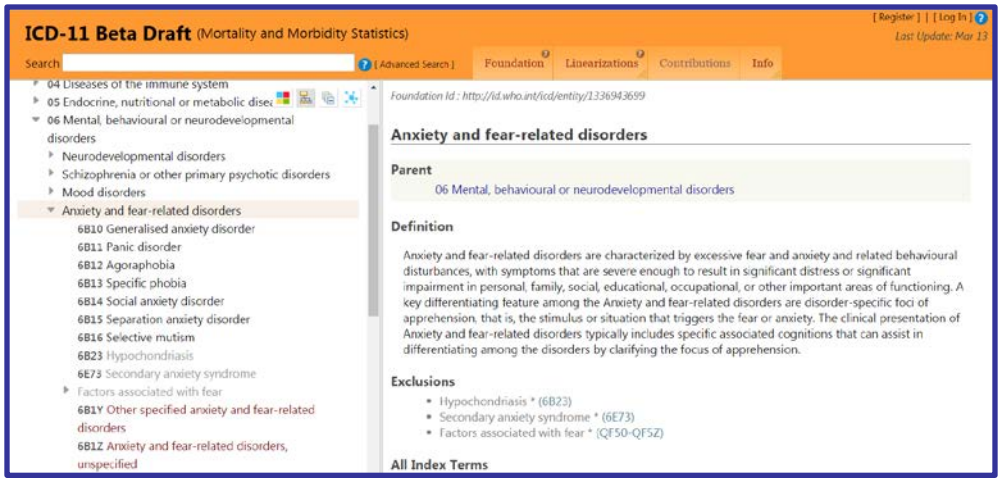
ALTRE LETTURE

Maercker, A., Brewin, C. R., Bryant, R.A., Cloitre, M., van Ommeren, M., Jones, L. M., Humayan, A., Kagee, A., Llosa, A. E., Rousseau, C., Somasundaram, D. J., Souza, R., Suzuki, Y., Weissbecker, I., Wessley, S. C., First, M. B., & Reed, G. M. (2013). Diagnosis and classification of disorders specifically associated with stress: Proposals for ICD-11. *World Psychiatry,* 12, 198-206. doi: 10.1002/wps.20057

Hansen, M., Hyland, P., Armour, C., Shevlin, M., & Elkit, A. (2015). Less is more? Assessing the validity of the ICD-11 model of PTSD across multiple trauma samples. *European Journal of Psychotraumatology*, 6, 28766. doi: 10.3402/ejpt.v6.28766

Bryant, R. A. (2012). Grief as a psychiatric disorder. *British Journal of Psychiatry*, 201, 9-10. doi: 10.1192/bjp.bp.111.102889

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)

DEPRESSION AND ANXIETY 33:1141–1154 (2016)

Review

THE CLASSIFICATION OF ANXIETY AND FEAR-RELATED DISORDERS IN THE ICD-11

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Anxiety disorders are highly prevalent worldwide and engender substantial economic costs and disability. The World Health Organization is currently developing the Eleventh Revision of the International Classification of Diseases and Related Health Problems (ICD-11), which represents the first opportunity to improve the validity, clinical utility, and global applicability of the classification in more than 25 years. This article describes changes in the organization and diagnostic guidelines for anxiety and fear-related disorders proposed by the ICD-11 Working Group on the Classification of Mood and Anxiety Disorders and the rationale and evidence base for the proposals. In ICD-11, anxiety and fear-related disorders that manifest across the lifespan are brought together under a new grouping, and are partly distinguished by their focus of apprehension. The focus of apprehension is the stimulus or situation that triggers the fear or anxiety and may be highly specific as in specific phobia or relate to a broader class of situations as in social anxiety disorder. The guidelines also clarify the relationship between panic disorder and agoraphobia and a qualifier is provided for panic attacks in the context of other disorders. A standardized format emphasizing essential features of anxiety disorders is intended to improve clinical utility. Guidelines will be further refined based on findings from two types of field studies: those using a case-controlled vignette methodology disseminated via the Internet to practitioners worldwide (http://gcp.network) and clinic-based field trials implemented globally at participating field study centers. Depression and Anxiety 33:1141–1154, 2016.

Key words: *World Health Organization; International Classification of Diseases (ICD) diagnosis; classification; anxiety disorders; Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*

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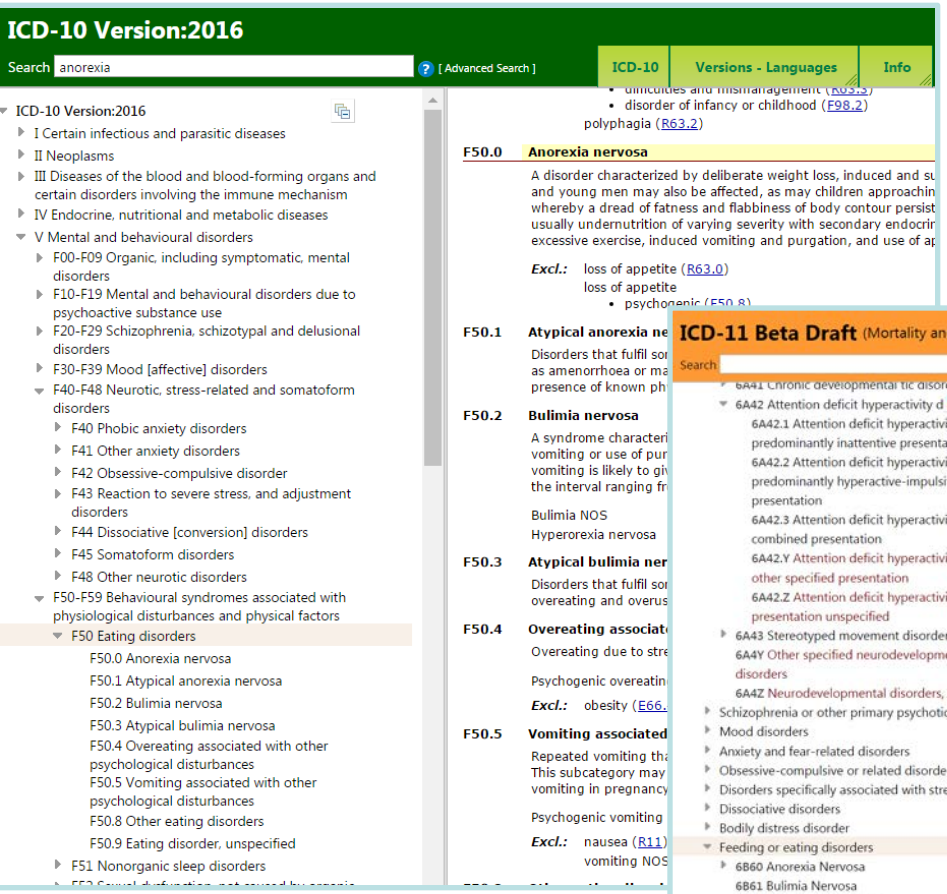
TABLE 2. Key differences between ICD-10 and ICD-11 classifications of anxiety and fear-related disorders

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, *classified in Mood disorders grouping*	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.

[a]ICD-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)



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

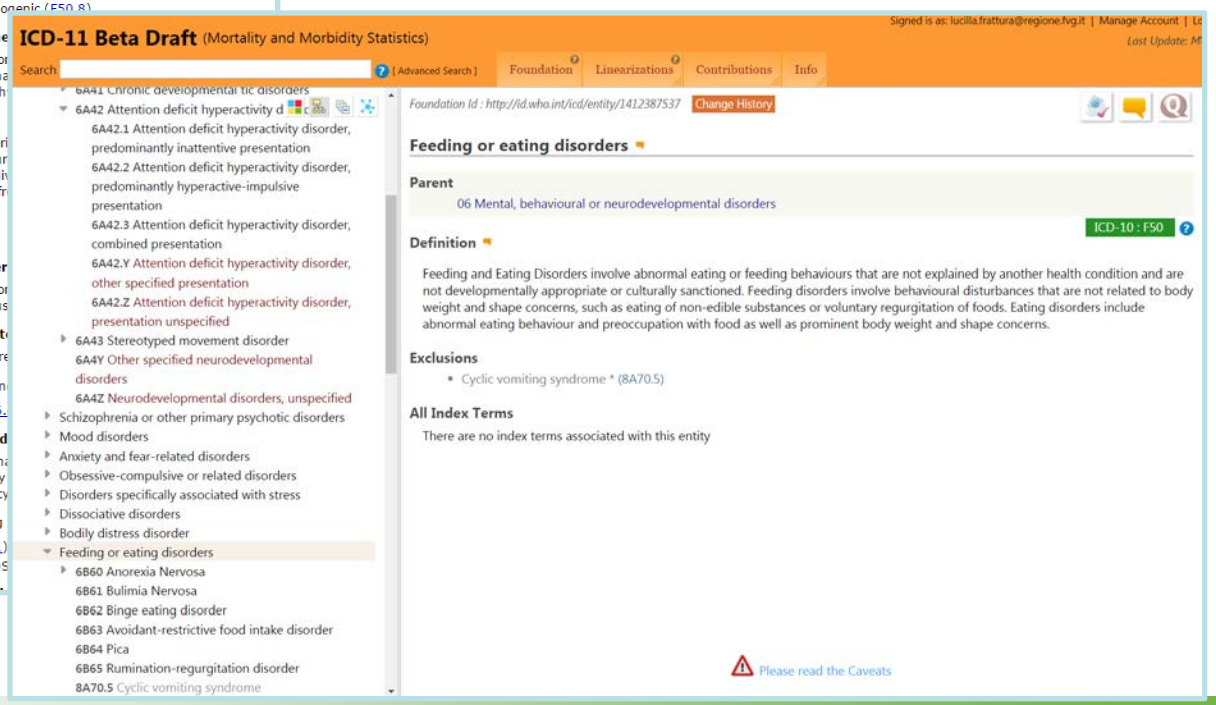


Table 2 Recommendations for the classification of feeding and eating disorders in ICD-11

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.

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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.

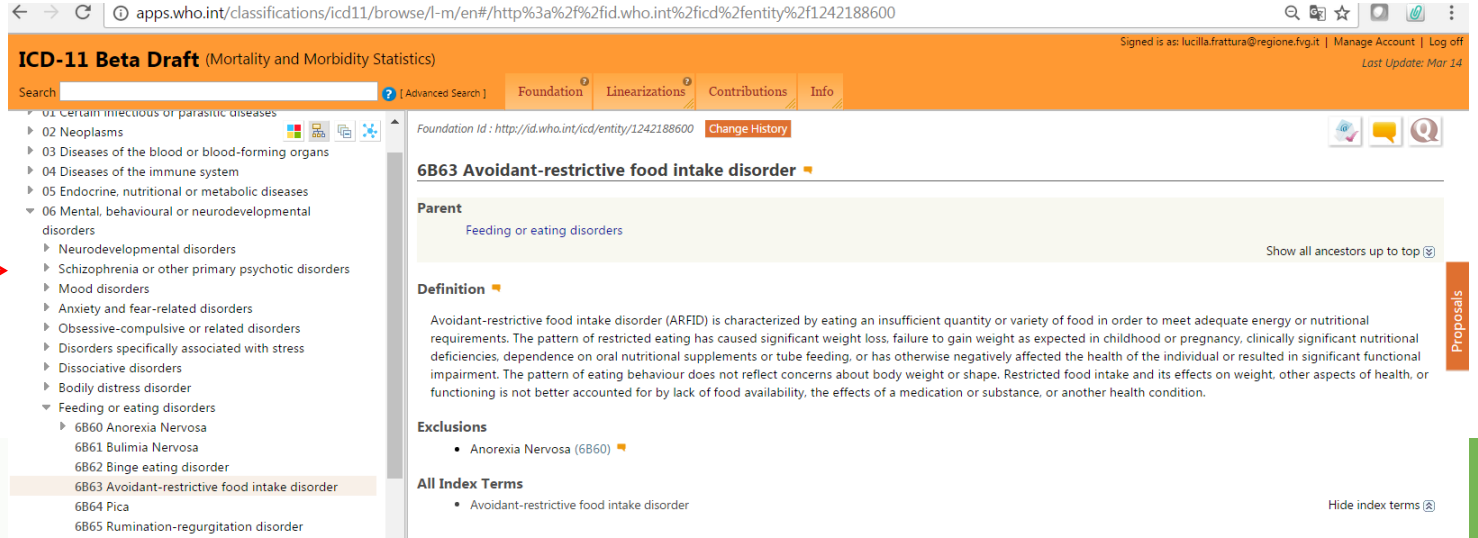
2.

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)

Una nuova "diagnosi" DSM 5 che entra nella classificazione ICD

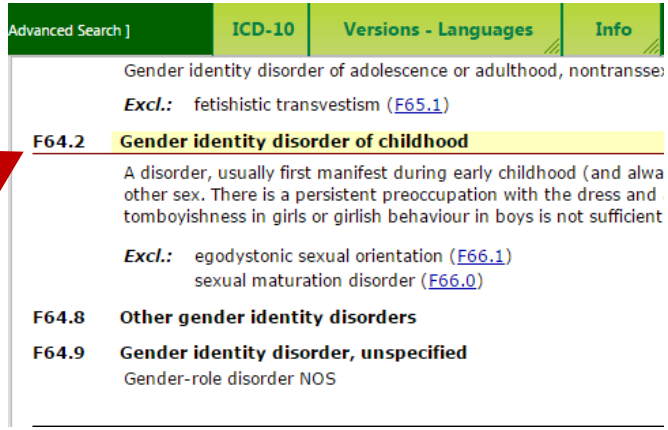
"The addition of Avoidant/Restrictive Food Intake Disorder in **ICD-11 expands and renames an ICD-10 category (Feeding Disorder of Infancy and Childhood)** to more completely describe a condition **characterized by eating an insufficient quantity or variety of food**. Data from the case-controlled field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

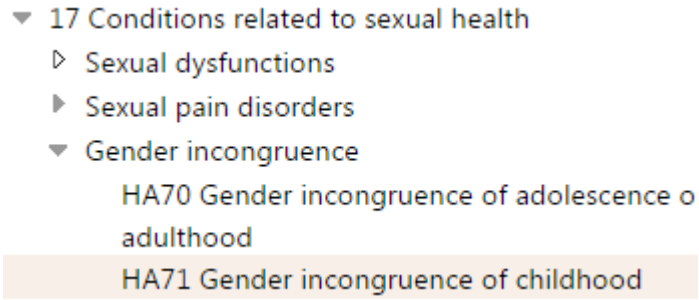


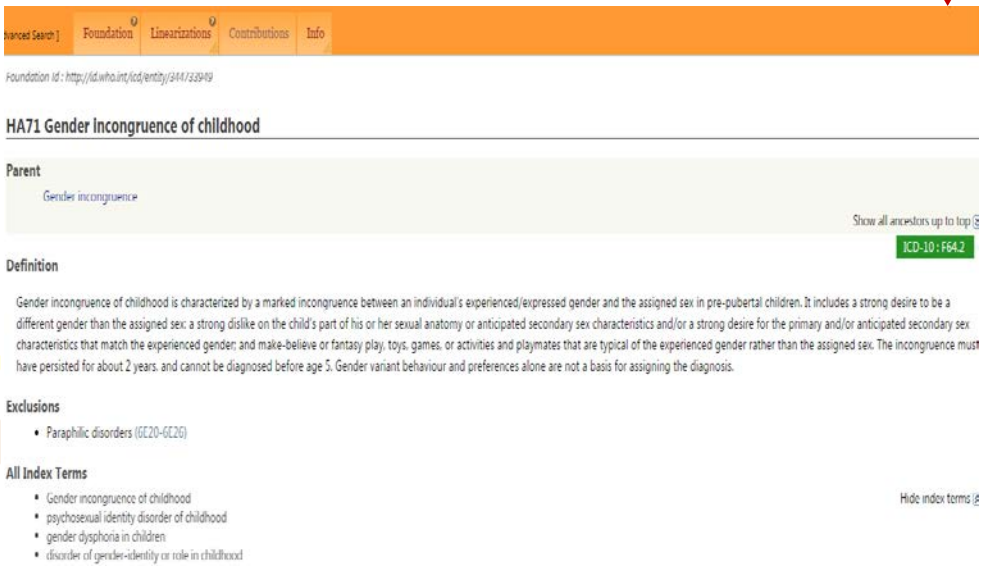
Da disturbo mentale a condizione relativa alla salute sessuale

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







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

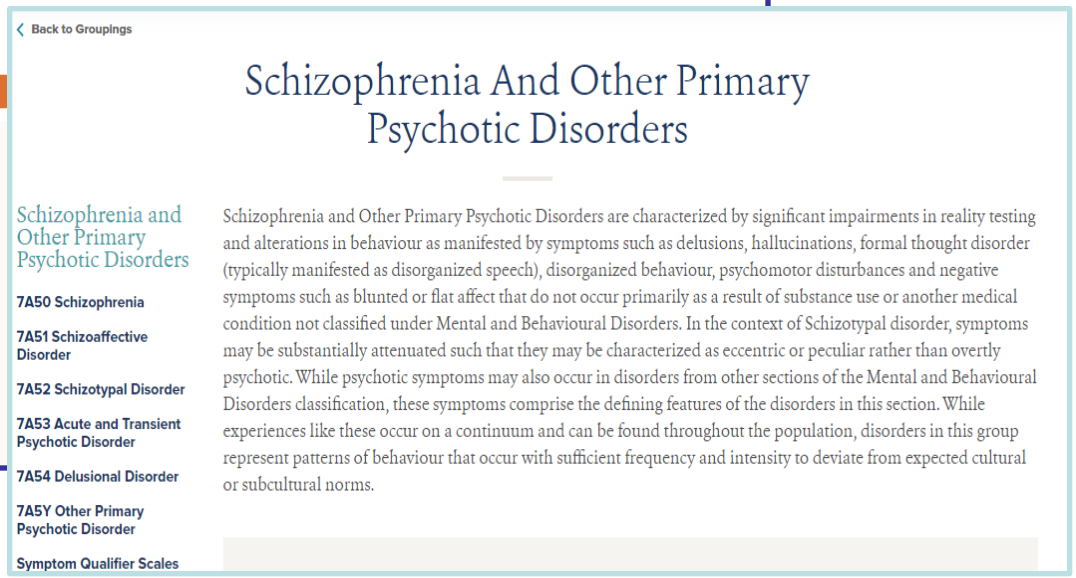
Post-coordination

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

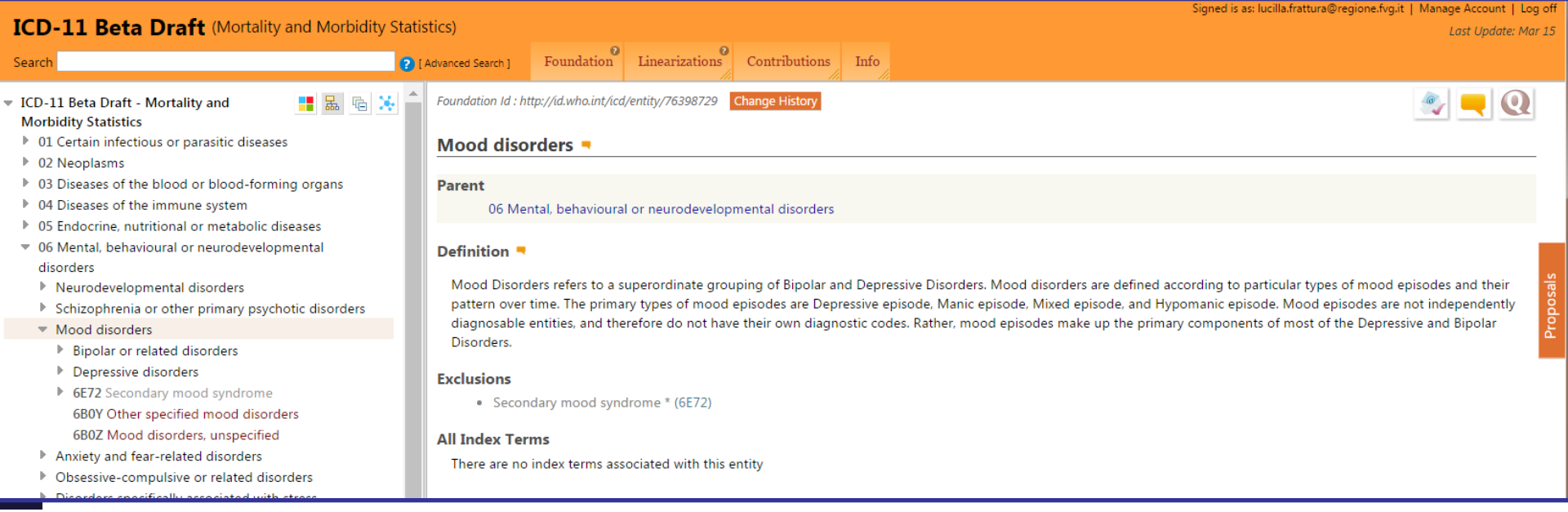
7A53 Acute and Transient Psychotic Disorder

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)
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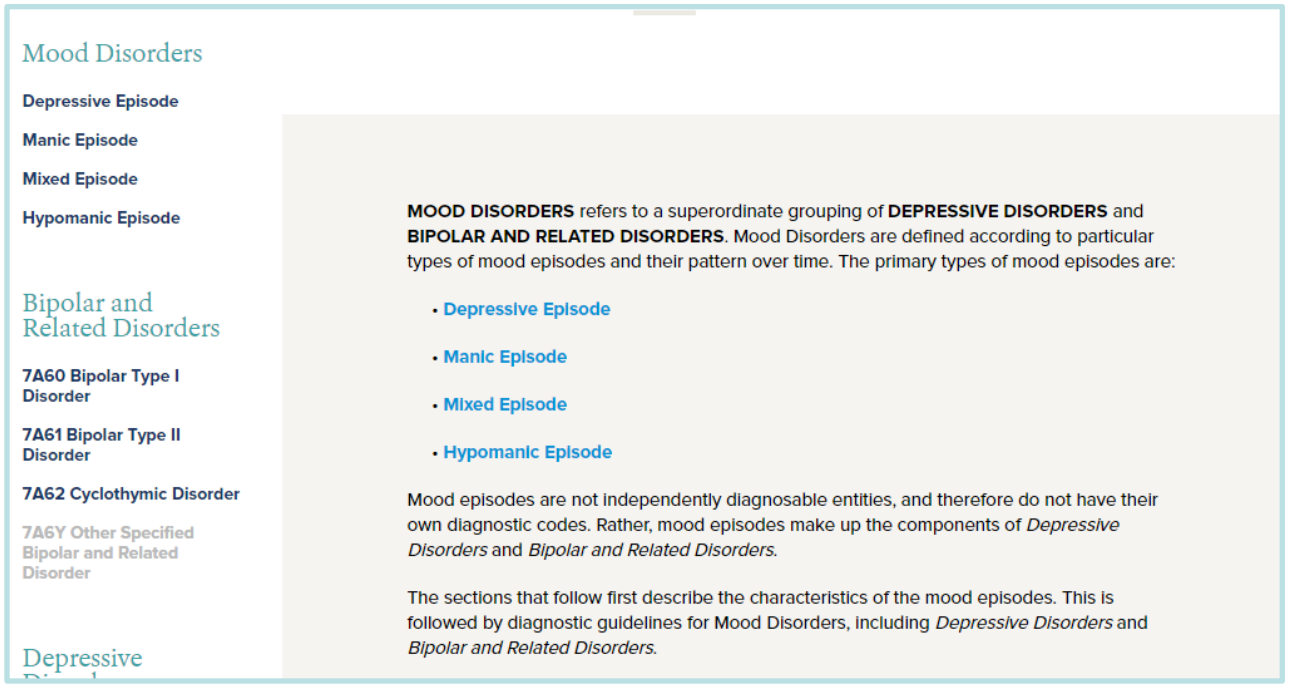
Last Update: Mar 15
Search
[Advanced Search]
Foundation
Linearizations
Contributions
Info
ICD-11 Beta Draft - Mortality and Morbidity Statistics
01 Certain infectious or parasitic diseases
02 Neoplasms
03 Diseases of the blood or blood-forming organs
04 Diseases of the immune system
05 Endocrine, nutritional or metabolic diseases
06 Mental, behavioural or neurodevelopmental disorders
Neurodevelopmental disorders
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
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
Proposals

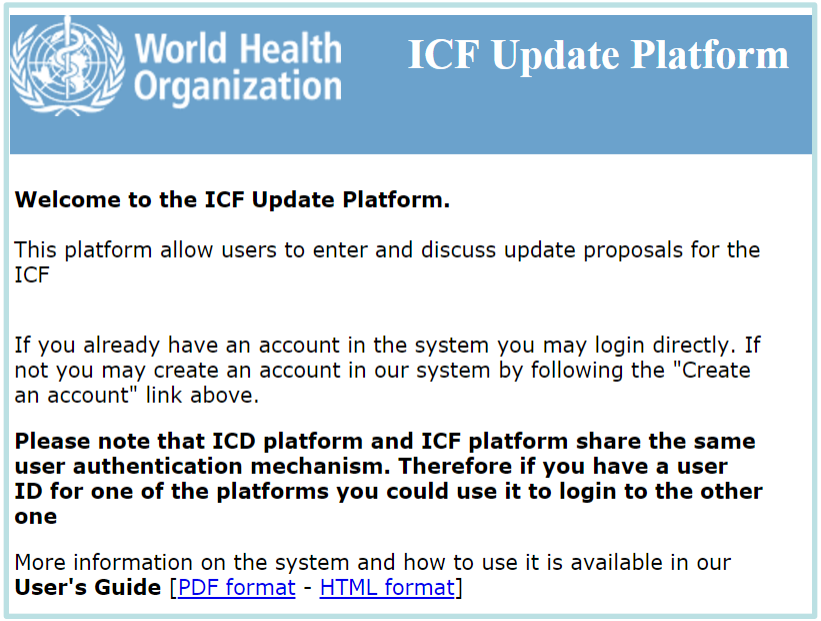

Mood Disorders
Depressive Episode
Manic Episode
Mixed Episode
Hypomanic Episode
Bipolar and Related Disorders
7A60 Bipolar Type I Disorder
7A61 Bipolar Type II Disorder
7A62 Cyclothymic Disorder
7A6Y Other Specified Bipolar and Related Disorder
Depressive
MOOD DISORDERS refers to a superordinate grouping 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

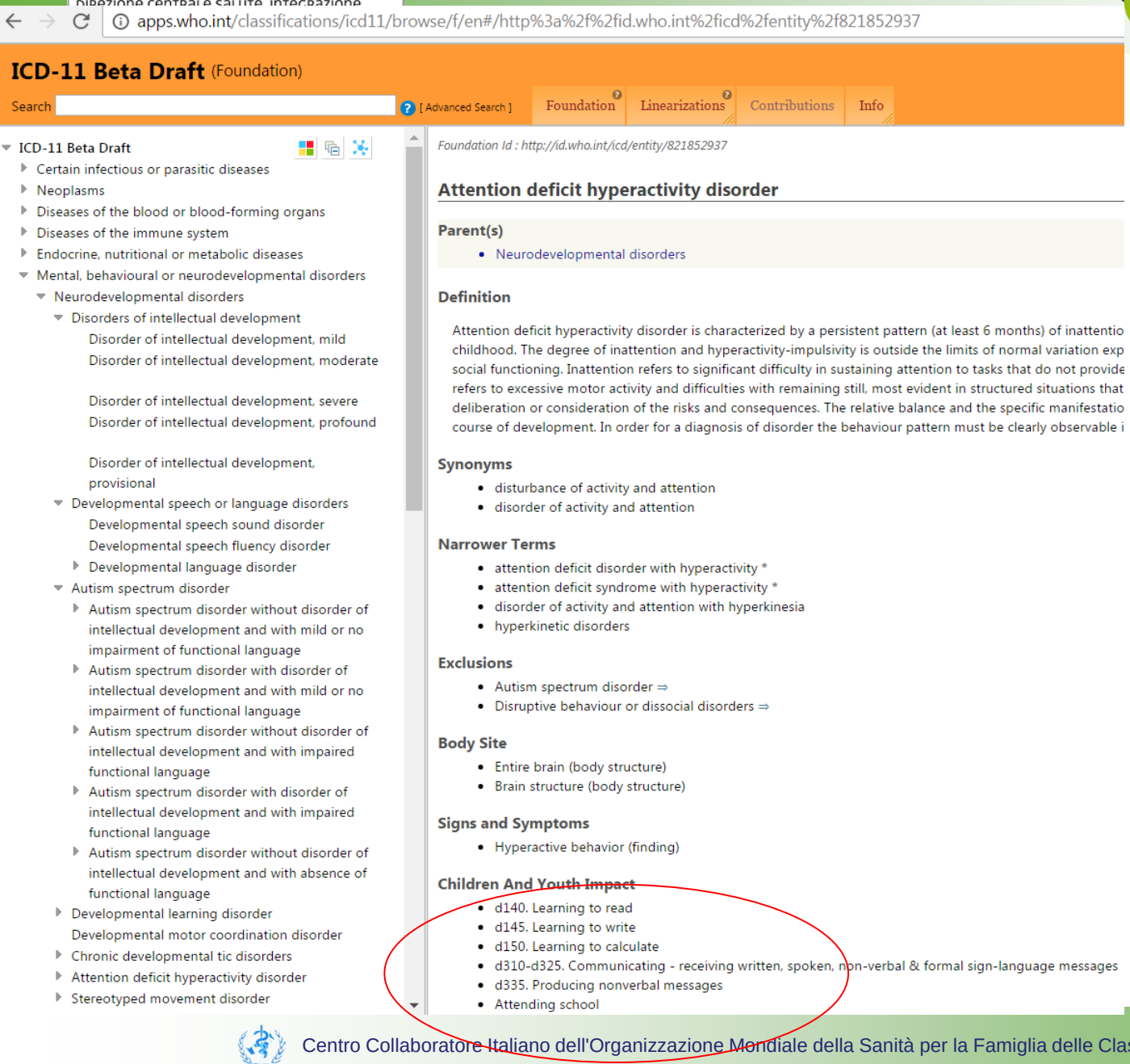
Classificazione internazionale del funzionamento della disabilità e della salute: che cos'è?

- 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



- 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



Si tratta di Extension codes

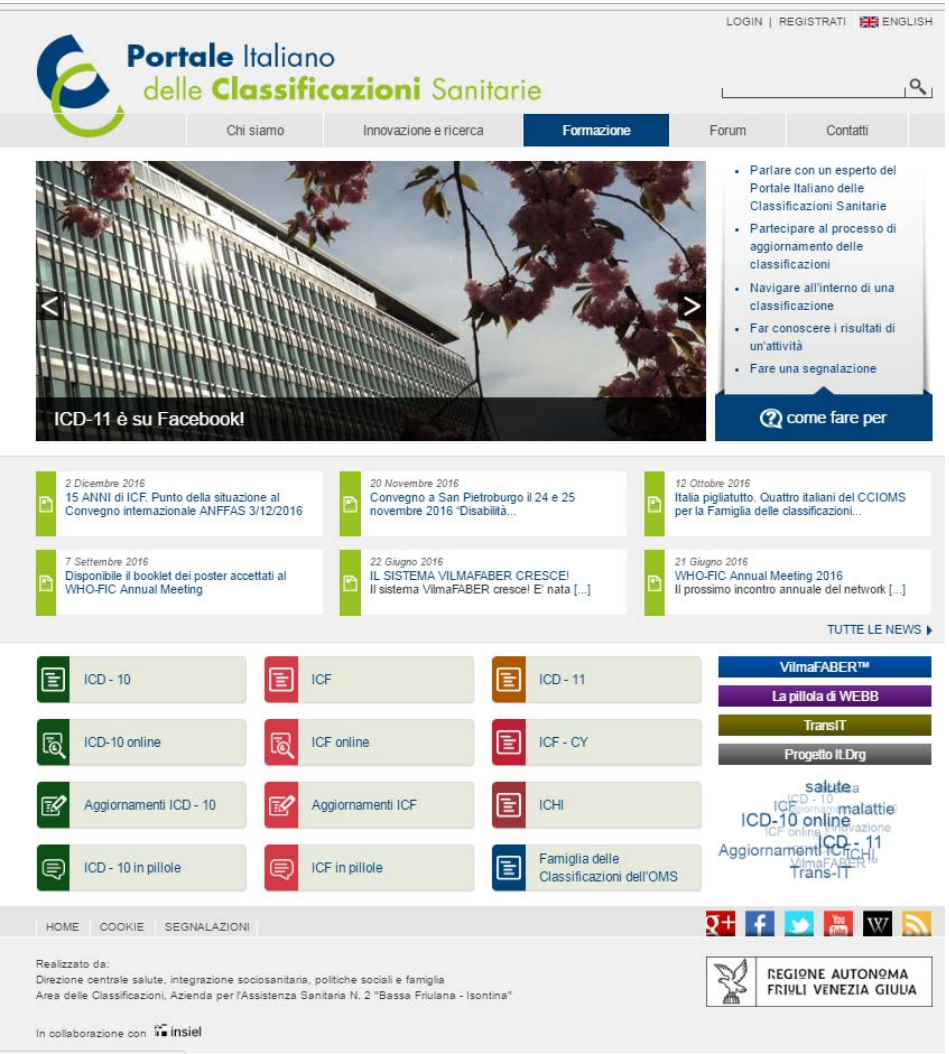
A che punto siamo in Italia…

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



Un invito…

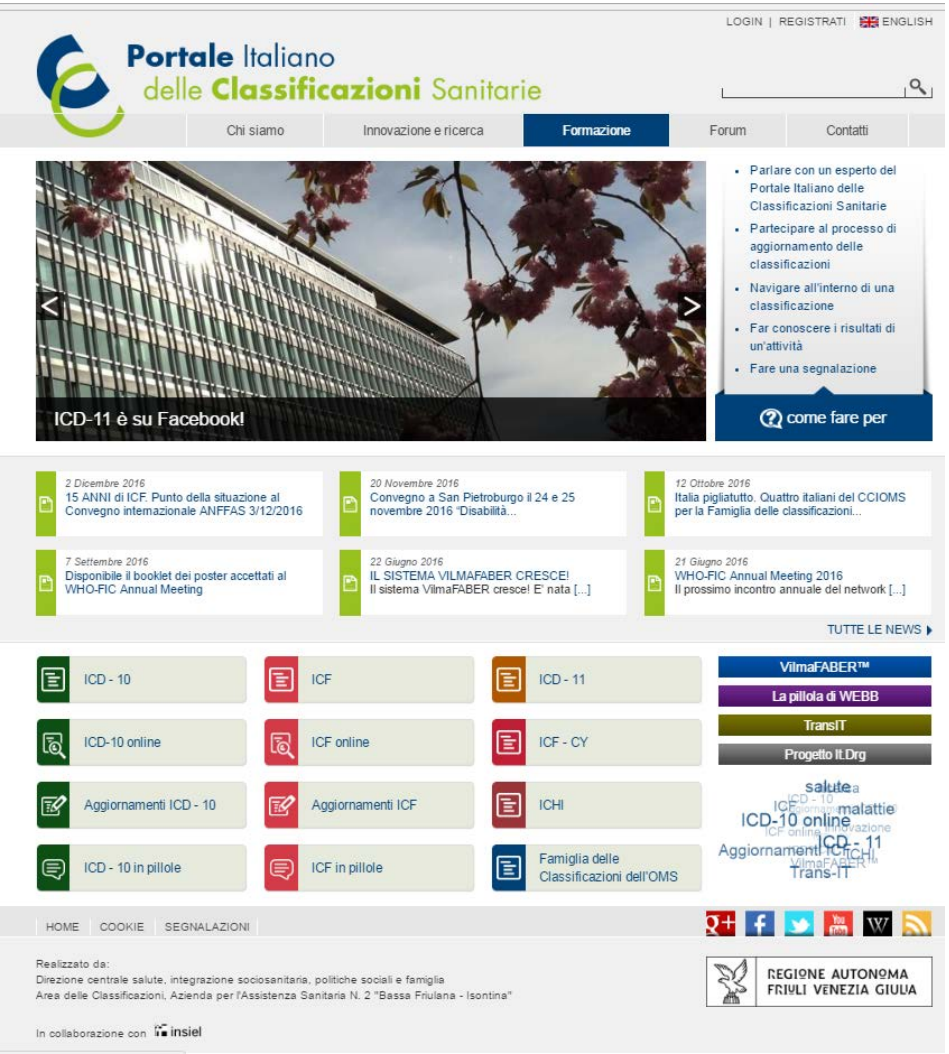
Iscriversi al portale italiano delle classificazioni sanitarie

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



Grazie per l'attenzione!

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