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ICD-11 vs. ICD-10 – a review of updates and novelties introduced in the latest version of the WHO International Classification of Diseases

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Summary

In June 2018, WHO published the 11th edition of the International Classification of Diseases (ICD). The new edition introduced numerous changes. One of the most important was to rebuild the coding system and adapt ICD to digital use. A reconstruction of the coding system enabled more comprehensive alphanumeric coding of complex clinical situations by the introduction of cluster coding. The chapter on mental disorders has also changed. ICD-11 has been updated to take into account the results of international expert cooperation and new information on mental disorders. Many of the secondary clinical categories have been moved higher in the hierarchy that created new subchapters. Many categories have been moved to other subchapters. Taking into account the modern epidemiology and knowledge about the etiology of mental disorders, some categories have been removed from ICD. Moreover, several nonexistent categories have been added. The article summarizes and discusses the most important changes in ICD with the introduction of ICD-11, both in the coding system and in individual subchapters covering mental health issues.

Key words: ICD-11, classification, diagnostic guidelines

Introduction

On June 18, 2018, the World Health Organization (WHO) announced on its website and through social media the eleventh version of the International Statistical Classification of Diseases and Related Health Problems (ICD-11) [1].

The International Statistical Classification of Diseases and Related Health Problems (ICD) is widely used all over the world. In psychiatry and psychology, it is not only about the ordering dimension of ICD, but also about the diagnostic dimension. ICD

is a set of criteria for diagnosing in mental health. This paper is based on the official version of ICD-11 available in English.

General structure of ICD-11

ICD-11 has been created to order a multiplicity of diseases and disorders. Each chapter contains not only a ranked list of diseases, but also a list of health disorders, syndromes, signs and symptoms, various clinically relevant findings, injuries, external causes of diseases and deaths, health determinants and causes of medical assistance. The choice of specific medical categories in ICD (including ICD-11) was dictated not only by nosological reasons. ICD-11 takes into account the current knowledge about diseases and ailments known to mankind, but also the perspective of public health and epidemiology specialists, statisticians, researchers, and healthcare providers [2].

In ICD-11 all individual codes are grouped in 26 main chapters and two additional chapters (V and X). The main chapters comprise of diseases of individual systems and organs. The final chapters describe specific periods and events in human life (which are characterized by health differences, e.g., pregnancy), external causes of diseases and deaths, injuries, poisoning, signs and symptoms, special situations (e.g., international alarm codes), and traditional medicine (sic!).

Coding rules in ICD-11

ICD-11 uses a coding system that allows coding the characteristic features of the patient's clinical condition in many details.

Basic terms[1]

An extensive coding system is based on several basic terms:

Term	Definition	Example	Notes
Stem code	Basic code for the given disease	6A70.0 Single episode depressive disorder, mild	–
Extension code	A code describing the additional information	7A00&XS5W Chronic insomnia & mild, XS5W is an extension code	Can never be used alone – always with the stem code

[1] All terms and definitions characteristic for ICD-11 are taken from the *ICD Reference Guide* – a guide attached to the ICD-11 web browser. It can be found on the ICD-11 browser's website https://icd.who.int/browse11/l-m/en) in the 'info' tab in the upper horizontal menu.

Precoordination	Assigning a disease, a code containing all the necessary information at once	6C43.70 Opioid-induced mood disorder and not 6A8Z/6C43 Mood disorders, unspecified/ Disorders due to use of opioids, unspecified	Such codes exist only for certain diseases
Postcoordination	Assignment of all desired codes to a single clinical situation	6A20.00/6A25.0 Schizophrenia, first episode, currently symptomatic/Positive symptoms in primary psychotic disorders => "schizophrenia with positive psychotic symptoms"	–
Cluster coding	Convention of combining individual codes by means of graphic symbols	–	'/' separates multiple stem codes and the '&' separates stem codes from extension codes

The codes in ICD-11 are alphanumeric and cover the range from 1A00.00 to ZZ9Z.ZZ. The codes starting with the letter 'X' indicate the extension codes (see: *Coding rules in ICD-11*).The coding system in ICD-11 allows to highlight the chronology of clinical events, including complications and adverse events.

Classification of mental disorders in ICD-11 – general aspects

Currently, mental health issues are listed in Chapter 6: "Mental, behavioral or neurodevelopmental disorders". In ICD-10 it was chapter V. The process of compiling this important chapter was largely parallel to the development and release of the fifth version of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), which is the dominant classification system in the USA. Therefore, a group of experts who worked on the development of Chapter 6 of ICD-11 tried to work with the American Psychiatric Society to create a classification of mental disorders compatible with DSM-5 [3].

The chapter on mental disorders contains 23 subchapters. Compared to the same part of ICD-10, new groups of disorders appeared in ICD-11. Furthermore, some of the basic categories, which were previously lower in the hierarchy, have become subchapters (e.g., catatonia – 6A40).

The decimal coding system used in ICD-10 does not allow to include more than eleven (from zero to 10) groups of disorders in one chapter. This system prevents the creation of groups and subgroups of a more clinically relevant nature [4]. To illustrate

this, it is enough to juxtapose the group "Mood disorders" and the adjacent group "Neurotic, stress-related and somatoform disorders" in ICD-10. The first group seems to be coherent and homogeneous, reflecting the current state of knowledge about mood disorders. The second group is a set of disorders that vary in clinical presentation and probably differ significantly in etiology.

Changes in the different categories of mental disorders

Neurodevelopmental disorders 6A00–6A0Z

(In ICD-10 there is no identical subgroup)

The first subchapter is a set of diagnostic categories grouping disorders, the equivalents of which can be found in ICD-10 in chapters F70 ("Mental retardation") to F98 ("Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence"). In ICD-11, the hierarchy of categories and the definition of the majority of disorders have been modernized. In the section "Neurodevelopmental disorders" there are seven groups of disorders: "disorders of intellectual development" (6A00), "developmental speech or language disorders" (6A01), "autism spectrum disorders" (6A02), "developmental learning disorders" (6A03), "developmental motor coordination disorder" (6A04), "attention deficit hyperactivity disorder" (6A05) and "stereotyped movement disorder" (6A06).

Among the changes, a unified approach to "pervasive developmental disorders" (F84 in ICD-10) is noteworthy. In ICD-11 they are gathered in one homogeneous group of disorders called "autism spectrum disorder". Thus, it is impossible to diagnose Asperger syndrome or Rett syndrome *ad literam*.

Schizophrenia or other primary psychotic disorders 6A20–6A2Z

(ICD-10 – Schizophrenia, schizotypal and delusional disorders F20–F29)

The group "Schizophrenia, schizotypal and delusional disorders" from ICD-10 was renamed. At first glance, the structure of this subchapter did not undergo very significant changes. They appeared deeper in the hierarchy. The subchapter in ICD-11 contains eight subgroups. The following diagnostic categories are included: "schizophrenia" (6A20), "schizoaffective disorder" (6A21), "schizotypal disorder" (6A22), "acute and transient psychotic disorder" (6A23) and "delusional disorder" (6A24), which replaced "persistent delusional disorders" originating from ICD-10. "Induced delusional disorder" was removed from ICD-11.

The biggest changes that occurred in ICD-11 concern schizophrenia and the coding method itself. The subdivision of schizophrenia into subtypes (paranoid/hebephrenic/catatonic, etc.) has been completely abandoned and replaced by only one diagnostic category – "schizophrenia". WHO made this decision based on the lack of significant evidence that the subdivision affects therapeutic management or prognosis [5–7]. On the other hand, the detailed coding method has changed: the course of the disease (first episode/multiple episodes/solid course) and the severity of current symptoms (currently symptomatic/partial remission/full remission) should be determined by predefined diagnostic categories. Using additional codes we can specify the type of predominant symptoms (positive/negative/depressive/manic/psychomotor/cognitive) as well as the severity of each of them (mild/moderate/severe).

Exactly the same type of change concerns schizoaffective disorder – the division into subtypes (manic/depressive/mixed) has been abandoned. Now one can determine the type of dominant symptoms (manic/depressive). Other disorders from this subchapter can be coded in the same way (with the exception of schizotypal disorders, which by definition do not have an episodic course).

Catatonia 6A40–6A4Z

(In ICD-10 there is no identical subgroup)

This is a new subchapter in the group of mental disorders. In ICD-10, motor disorders known as catatonia are classified either solely in the context of organic disorders ("Organic Catatonic Disorder"– F06.1), or in the context of schizophrenia, as the dominant symptom of one of the types of this disorder ("Catatonic schizophrenia" – F20.2). In ICD-11, catatonia can be classified as associated with any other mental disorder. Catatonia can also be described as a phenomenon caused by a psychoactive substance. A certain novelty is a very broad view of the etiology of catatonia. WHO created a category of "secondary catatonic syndrome" (6E69), which is not part of the "Catatonia" chapter. It allows to think of various somatic disorders (e.g., cardiovascular diseases, cancer, parasitic diseases, skin diseases) as the cause of motor disorders of the catatonic type.

Mood disorders 6A60–6A8Z

(ICD-10 – Mood [affective] disorders F30–F39)

The name of the subchapter has been changed – the name alternative to mood disorders, i.e., "affective disorders" has been omitted. Similarly, the name of the bipolar disorder has been shortened – in ICD-11 it is "bipolar disorder".

This part contains five subcategories. The two main subcategories are "bipolar or related disorders" and "depressive disorders". Three smaller categories comprise of specifiers for particular clinical categories and other specific and unspecified mood disorders. The category of a single manic/hypomanic episode (F30 in ICD-10) was removed. Thus, a manic/hypomanic episode can only be diagnosed in the course of bipolar disorder. Thus, the occurrence of such an episode is equivalent to the presence of bipolar disorder. This fundamentally changes the criteria for diagnosing bipolar disorder itself – according to ICD-11, it is sufficient to confirm the occurrence of one manic/mixed episode. Thus, the criteria for bipolar disorder in ICD-11 and DSM-5 are consistent. Concepts concerning bipolar disorder type II (so far missing in ICD) have also been shared with DSM-5. This has been introduced into ICD-11 as a separate subcategory.

In the third subchapter on mood disorders, there are specifiers that emphasize the importance of phenomena such as rapid cycling, melancholy or seasonality of mood fluctuations. One of the significant changes that were introduced to this subchapter was to place "mixed depressive and anxiety disorder" (6A73) in the subgroup of depressive disorders. This category is associated with a group of "Neurotic disorders…" in ICD-10 (ICD-10 – F40–F48).

There are some uncertainties about the diagnosis of a manic episode (and thus bipolar disorder) in response to antidepressant treatment. The guidelines on the use of ICD-11 published by the Global Clinical Practice Network contain information that manic symptoms that occur during antidepressant treatment and exceed the magnitude of the expected effect of such treatment should be classified as a manic episode [8]. This would also be consistent with DSM-5. At the same time, ICD-11 does not contain such information.

Anxiety or fear-related disorders 6B00–6B0Z

(ICD-10 – Neurotic, stress-related and somatoform disorders F40–F48)

This subchapter is one of several that emerged after the division of a large and heterogeneous group of nosological categories, collectively described as "Neurotic,

stress-related and somatoform disorders". This chapter contains seven specific subgroups of disorders: "*generalized anxiety disorder"* (6B00), "*panic disorder"* (6B01), "*agoraphobia"* (6B02), "*specific phobia"* (6B03), "*social anxiety disorder"* (6B04), "*separation anxiety disorder"* (6B05), "*Selective mutism"* (6B06).

An important modification is a separation of agoraphobia and panic disorder. The inclusion of two diagnostic categories so far associated only with the psychiatry of children and adolescents, namely "separation anxiety disorder" and "selective mutism", results in the possibility of diagnosing these disorders also in adults.

Obsessive-compulsive or related disorders 6B20–6B2Z

(In ICD-10 identical with single category: Obsessive-compulsive disorder F42)

This is a new subchapter in ICD, including not only "obsessive-compulsive disorder" (6B20), which so far has been a part of the former subchapter "Neurotic disorders..." (F40–F48) in ICD-10, but also several others. Some of them have not been present in ICD so far (independently): "body dysmorphic disorder" (6B21), "olfactory reference disorder" (6B22), "hypochondriasis" (6B23), "hoarding disorder" (6B24), "body-focused repetitive behavior disorders" (6B25).

"Body dysmorphic disorder" or "dysmorphophobia" (nondelusional) were classified in ICD-10 as hypochondriacal disorder (ICD-10 – F45.2) belonging to the group of somatoform disorders (in opposition to delusional dysmorphophobia, which was classified as other persistent delusional disorder [ICD-10 – F22.8). In ICD-11 this disorder was found in one group with OCD. This highlighted the lack of primary psychotic etiology of the disorder and the genesis other than in the case of eating disorders. "Olfactory reference disorder" was previously not included in ICD-10 as a separate category and it was associated with persistent delusional disorders. In ICD-11 it was included in the group of disorders associated with OCD. Once again ICD-11 is closer to DSM-5. In DSM-5 there is no diagnostic category directly corresponding to "olfactory reference disorder", but it is similar to *taijin kyōfushō or* anxiety disorder associated with human interactions, characteristic for Japanese people. It is precisely its subtype: *jikoshu-kyofu* (anxiety of unpleasant smell). These disorders are described in DSM-5 in the section on disorders related to OCD. "Hoarding disorder" has not yet been described in ICD. In DSM-5 it was classified into one group with OCD. Trichotillomania and excoriation disorder, previously included in the group of habit and impulse disorders (ICD-10 – F63.3), were included in the group of "body-focused repetitive behavior disorders". The latter was described in ICD-10, but in the chapter on skin diseases (L98.1).

Disorders specifically associated with stress 6B40–6B4Z

(In ICD-10 the same single categories from chapter F40–F48)

This subsection is in a large part a next separated section of the chapter "Neurotic disorders..." (F40–F48) from ICD-10. It includes 6 autonomous categories: "post-traumatic stress disorder" (6B40), "complex post-traumatic stress disorder" (6B41), "prolonged grief disorder" (6B42), "adjustment disorder" (6B43), "reactive attachment disorder" (6B44), "disinhibited social engagement disorder" (6B45). In ICD-11 the category of "acute stress reaction" (QE84) has been removed from this subchapter and included in the subgroup "Problems associated with harmful or traumatic events", in the group "Factors influencing health status", in chapter 24: "Factors influencing health status or contact with health services".

In addition to "post-traumatic stress disorder" (PTSD) this subchapter contains a "complex post-traumatic stress disorder" that does not exist in ICD-10 and DSM-5. In the criteria, apart from axial PTSD symptoms, it includes severe and persistent symptoms related to the regulation of the affect, as well as increased depressive symptoms (but only related to the traumatic event) and serious problems in maintaining close relationships. Moreover, the issue of prolonged grief gained more attention in ICD-11. In ICD-10 the grief reaction belonged to the category of adaptive disorders. In ICD-11 it becomes a separate diagnostic category. Thus, the gap between the depressive episode and grief indicated in DSM-5, was filled.

The discussed subsection also contains two diagnostic categories: "reactive attachment disorder" (6B44) and "disinhibited social engagement disorder" (6B45). In ICD-10 they were classified in subsection "Behavioral and emotional disorders with onset usually occurring in childhood and adolescence" (F90–F98).

Dissociative disorders 6B60–6B6Z

(In ICD-10 the same single subgroup: Dissociative [conversion] disorders F44)

This subchapter was previously a part of the chapter "Neurotic disorders..." (F40–F48) in ICD-10. However, it was significantly rebuilt. "Dissociative fugue" and "dissociative stupor" were removed from the set. Furthermore, "dissociative motor disorders", "dissociative convulsions" and "dissociative anesthesia and sensory loss" were included in a broad, new group of disorders associated with "dissociative neurological symptom disorder*"* (6B60), which is a vast set of neurological symptoms of psychogenic origin. In addition, "dissociative identity disorder" (6B64), "partial

dissociative identity disorder" (6B65) and "depersonalization-derealization disorder" (6B66) have been added to dissociative disorders.

Feeding or eating disorders 6B80–6B8Z

(In ICD-10 the same subgroup: Eating disorders F50)

In the subchapter, there are 6 groups of specific disorders. The most extensive category is "anorexia nervosa" (6B80). ICD-11 allows to describe with a single code both the severity of symptoms and the nature of the dominant symptoms. The second important category of feeding and eating disorders is "bulimia nervosa" (6B81). ICD-11 includes several new categories. All of them have already appeared in DSM-5: "binge eating disorder" (6B82), "avoidant-restrictive food intake disorder" (6B83), "pica" (6B84), "rumination-regurgitation disorder" (6B85).

Elimination disorders 6C00–6C0Z

(In ICD-10 corresponding to single categories)

The categories described in this newly created subchapter were classified in ICD-10 in the chapter "Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence", and in ICD-11 they form a separate subgroup, independent from the disorders clearly associated with the childhood. Hence, the change of position in the hierarchy of elimination disorders transfers attention from the time criterion (first episode in childhood or adolescence) to the severity criterion and to the influence of the disorder on the functioning and nature of the disorder itself.

Disorders of bodily distress or bodily experience 6C20–6C2Z

(ICD-10: no corresponding chapter)

This new set in ICD-11 consists of two diagnostic categories: "bodily distress disorder" (6C20) and "body integrity dysphoria" (6C21). Comparing both categories with categories already existing in older classifications, the definition of the first category is similar to the clinical description of somatoform disorders (F45) in ICD-10. The second category is completely new and does not appear in ICD-10, nor in DSM-5. The name itself is significant. It is not classified as a 'disorder' but rather as 'suffering/dysphoria'. This phenomenon manifests itself in a strong need to become a physically significantly disabled person (e.g. the desire of limb amputation or blindness).

Disorders due to substance use or addictive behaviors 6C40–6C5Z

(In ICD-10 the corresponding subgroup: Mental and behavioral disorders due to psychoactive substance use F10–F19)

There are two groups of disorders: "disorders due to substance use" and "disorders due to addictive behaviors". The first contains an extensive set of categories associated with the use of the substance, as in ICD-10. The use of each of these substances is associated with the phenomena or situations described in ICD-11, such as: single episode of harmful use of the substance, harmful pattern of substance use, dependence, intoxication, withdrawal, delirium caused by the substance, psychotic disorders caused by the substance, other disorders caused by the substance (mood disorders or anxiety disorders). An important innovation in the classification is the inclusion of disorders associated with the use of new psychoactive substances: synthetic cannabinoids, methamphetamine, methcathinone, synthetic cathinones, 3,4-methylenedioxymethamphetamine (MDMA) and derivatives, including 3,4-methylenedioxyamphetamine (MDA), ketamine, phencyclidine, and substances without psychoactive properties.

Among the so-called behavioral habits, "gambling disorder" (6C50) and "gaming disorder" (6C51) were mentioned. The second category was widely discussed in the mass media and was a subject of criticism from some experts [9].

Impulse control disorders, 6C70-6C7Z

(In ICD-10 the same single subgroup: Habit and impulse disorders F63)

This group in ICD-11 includes not only entities traditionally associated with impulse control, i.e., "pyromania" (6C70) and "kleptomania" (6C71), but also "compulsive sexual behavior disorder" (6C72) (in ICD-10 named "excessive sexual drive" F52.7) and "intermittent explosive disorder" (6C73), previously absent in ICD.

Disruptive behavior or dissocial disorders 6C90–6C9Z

(ICD-10: no identical chapter)

This subchapter contains the "oppositional defiant disorder" (6C90) and "conduct-dissocial disorder" (6C91) known from ICD-10. A certain novelty is the separation of these two categories as a distinct subchapter and thus making the diagnosis independent from the age criterion.

Personality disorders and related traits 6D10–6D11

(In ICD-10 the same subgroup: Disorders of adult personality and behavior F60–F69)

The classification of personality disorders presented in ICD-11 differs significantly from these provided in ICD-10 and DSM-5. The authors of ICD-11 decided to use a multidimensional model for personality disorders, and not the model based on specific and unambiguously (at least theoretically) defined nosological categories [10].

This subsection has two parts: "personality disorder" (6D10) and "prominent personality traits or patterns" (6D11). In order to fully describe the nature of a personality disorder, both parts should be used. It is not possible to use only the second part, unless the code from the first part is applied beforehand.

The codes in the first part ("personality disorder") refer only to the severity of the disorder (mild/moderate/severe). The second part contains specifiers for personality disorders, which describe the most fully characteristics of personality disorders in any patient. They include: "negative affectivity", "detachement", "dissociality", "disinhibition", "anankastia" and "borderline pattern". It is also possible to use of the aforementioned specifiers (apart from the "borderline pattern") with the category of "personality difficulty" (QE50.7), which in ICD-11 does not belong to mental disorders, but rather to relationship difficulties (chapter 24 – "Factors influencing health status or contact with health services").

Changes that occurred in the personality disorders classification system in ICD-11 and DSM-5 were widely discussed by experts [10].

Paraphilic disorders 6D30–6D3Z

(In ICD-10 partially the same subgroup: Disorders of sexual preference F65)

This is another new subsection, in which the following categories are included: "exhibitionistic disorder" (6D30), "voyeuristic disorder" (6D31), "pedophilic disorder" (6D32), "coercive sexual sadism disorder" (6D33), "frotteuristic disorder" (6D34), "other paraphilic disorder involving non-consenting individuals" (6D35), "paraphilic disorder involving solitary behavior or consenting individuals" (6D36).

In the relation to the (partially) equivalent subsection of ICD-10, the new subsection does not contain such categories as "fetishism", "fetishistic transvestism" and "sadomasochism". Masochism has been completely removed from the two-part category of sadomasochism. The disorder described as "sexual sadism" has in its name and definition a condition of coercion against another person.

Factitious disorders 6D50–6D5Z

(In ICD-10 identical single category: Intentional production or feigning of symptoms or disabilities, either physical or psychological [factitious disorder] F68.1)

In ICD-11, a group of factitious disorders has become a subchapter. It contains two diagnostic categories that seem to cover the whole issue in a general way: "factitious disorder imposed on self" (6D50) and "factitious disorder imposed on another" (6D51). ICD-10 takes into account only the first one (so-called Münchhausen syndrome). It did not exhaust all the possibilities related to the phenomenon of simulation.

Neurocognitive disorders 6D70–6E0Z

(ICD-10: Organic, including symptomatic, mental disorders F00–F09)

This subchapter addresses a narrower range of mental disorders than the corresponding subchapter in the ICD-10 (i.e., F00–F09). This includes "delirium" (6D70), with the possibility of indicating any cause of the disorder, "mild neurocognitive disorder" (6D71), "amnestic disorder" (6D72), and a broad group of "dementias" (6D80–6D8Z).

An important change in the classification of neurocognitive disorders is the possibility to include in the pre – and postcoordination the etiology (also hypothetical) with the clinical character of the disorder, its characteristics and some dominant symptoms.

Mental or behavioral disorders associated with pregnancy, childbirth and the puerperium 6E20–6E2Z

(ICD-10: no identical chapter)

This is a completely new subchapter in the classification of mental disorders. It includes mental disorders occurring in connection with pregnancy, childbirth and puerperium, which are divided into disorders without psychotic symptoms and disorders with psychotic symptoms. In the first case it concerns mainly mood disorders, and in the second case mood disorders and schizophrenia or other primary psychotic disorders.

Sleep disorders and sexual disorders in ICD-11

Subsections on sleep and wakefulness disorders (ICD-10 group "Nonorganic sleep disorders" F51) and sexual dysfunctions (ICD-10 "Sexual dysfunction, not caused by organic disorder or disease" F52) have been removed from the section on classification

of mental disorders. In ICD-11, these groups have become separate chapters (numbered 07 and 17 respectively).

Recapitulation

The classification of disorders in the mental health area has been significantly redesigned in ICD-11. Some subsections, which are very extensive collections of diagnostic categories (e.g., "Neurotic disorders...") have been divided into smaller parts. Numerous diagnostic categories have gained a higher status in the hierarchy and have given new names to completely new chapters. A number of diseases not present in ICD-10 (e.g., "bipolar disorder type II" or "complex post-traumatic stress disorder") have been introduced into ICD-11. The nomenclature of others (e.g., schizophrenia) has been simplified. The categories "sleep disorders" and "sexual disorders" have been removed from the chapter on mental disorders.

Currently, the eleventh edition of the ICD is only available in English on the Internet.

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