

Royal College of Psychiatrists WHO ICD-11 Consultation Summary, 2009

Background and method. A summary statement reflecting the views of College Members was requested. ¹Leads of Faculties, Divisions and Groups conferred and College members were then consulted by email with questions on their experience of ICD-10 and views on how its successor should be developed. The findings were summarised and discussed.

Overarching principles.

There was little support for wholesale change in broad categories (i.e. F0, F1, F2 etc.) but widespread support for reorganisation and fewer rather than more specific categories in ICD-11 compared with its predecessor. Where ICD-10 categories are retained, there should be a branching tree structure with the highest *level* or entry point (i.e. any disorder, any common mental disorder, psychosis) being a legitimate classification allowing for provisional, evolving or uncertain situations. These broad categories may then have deeper level, sub-categories, probably fewer than in ICD-10, but all with access to dimensional or other specifiers for clinically relevant psychopathology beyond that which defines the main category (e.g. affective dimensions in F20, or anxiety symptoms in F30) and, where known, underlying causal process or pathology (e.g. fronto-temporal dementia). Depending on availability of time for observation and expertise, significance and impact, categories should preferably have robust dimensional descriptors, such as personality, course of illness, life cycle, social markers, and general intellectual ability. In the furtherance of continuity of reliable description, redefining existing retained categories should be avoided.

Specific recommendations cross referenced to ICD-10 Chapter 5 F-codes.

F0. Replace the word ‘organic’ with ‘neuropsychiatric’. Phenomenological description, to be linked with causes if identifiable, including: dementia syndromes, acquired brain injury, epilepsy, brain disease/dysfunction, delirium.

F1. Neuropsychiatric subcategories to be moved to F0. ?

F2. Dimensional descriptions preferred to existing subtypes, e.g. affective, positive psychotic, cognitive, co-existing substance misuse as well as core symptoms.

F3. Dimensional approach to phenomenology descriptors (as for F2). Tree structure higher level entry: common mental disorder (e.g. mixed anxiety and depression). A single broad category of depressive spectrum disorder; specific categories backward compatible with ICD-10 (F32, F33 and F34); severity, duration dimensions.

F4. Somatic symptom presentations should be condensed, with dimensional descriptors.

F50. Eating disorders to be moved to F4, covering eating and feeding disorders.

F51. Use International Classification of Sleep Disorders. Delete term ‘non-organic’.

F53. Childbirth related specifier coded with descriptive presentation (i.e. from F2 – F4).

F54. Retain

F6. Age appropriate life course *personality* qualifier dimension, important for all phenomenological categories. Wide criticism of existing categories. Preference for five factor model that has wide acceptance in psychology.

F7. General intellectual development and ability dimension for all categories (as in the example of F53). Greater reliance on broad or provisional specifiers i.e. any F2 (F29), any F3 (F39). Retain an intellectual disability category within ICD-11.

F8. Include all specific developmental disorders (Autism, Ticks, ADHD, specific language impairment). Identification in adults to be feasible in absence of early developmental data.

F9. Consider major consolidation of adult and child disorders covering externalising and 'internalising' (i.e. from F2-F3) disorders, together with life course psychological and social development.

ICD-11 Diagnostic System

Mental disorder or not

Psychosis unspecified

Common Mental Disorders

Neuropsychiatric	Schizophrenias	Affective disorders	Neurotic, etc	Substance disorders	Other categories...
Dementia Delirium, etc Neuropsychiatric codes from F1	Dimensional subgroups, e.g. cognitive, affective. Specifiers: <ul style="list-style-type: none"> • personality • life cycle • childbirth-related • intellectual ability • coexisting drug misuse 	Specifiers: <ul style="list-style-type: none"> • personality • life cycle • childbirth-related • intellectual ability 	Incl. 'Feeding & Eating disorders' Group together somatic presentations Specifiers: <ul style="list-style-type: none"> • personality • life cycle • childbirth-related • intellectual ability 	Remove neuropsychiatric disorders	

[Royal College of Psychiatrists Summary Response to ICD11 consultation, 2009]

ⁱ Brugha, T (Chair), Afghan S, Berney T, Bickerton D, Christmas D, Davison P, Deb S, Faruqui R, Haigh R, Jones I, Jones P, Kent J, Kingdon D, Kosky N, Lloyd K, Nicholls D, O'Neill T, Qurashi I, Ramzan A, Series H.