Anxiety & Fear-Related Disorders and Obsessive-Compulsive and Related Disorders in ICD-11

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with thanks

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Overview

- Some conceptual points
- Some empirical work
- Anxiety and Fear-Related Disorders
- Obsessive-Compulsive and Related Disorders

Some Conceptual Points What is a Mental Disorder?

Classical View: Disorders are like elements of the Periodic Table, with necessary and sufficient criteria

Critical View: Disorders are social constructions, which vary from place to place, and from time to time

Integrative View: Disorders are practical kinds entailing both facts and values, but our science can improve iteratively

Some Conceptual Points What is a Grouping of Disorders?

Classical View: Groupings of Disorders are like the columns or rows of the Periodic Table, reflecting necessary and sufficient criteria

Critical View: Groupings of disorders are social constructions, which vary from place to place, and from time to time

Integrative View: Grouping of Disorders are practical kinds entailing both facts and values, but our science can improve iteratively

Some Empirical Psychiatry: Anxiety and Fear-Related Disorders

Early behavioural work on animal and human fear conditioning and extinction

Much current work on neurobiology of animal and human fear conditioning and extinction

Clinical utility of assessing and treating fear-related disorders in a similar way

Some Empirical Psychiatry: Obsessive-Compulsive and Related Disorders

Tradition of behavioural work on animal and human stereotypies including grooming

Much current work on neurobiology of animal and human stereotypies and habits

Clinical utility of assessing and treating obsessive-compulsive and related disorders

Some Nosological Science: Internet Field Trials

Aimed to compare the diagnostic accuracy and clinical utility ratings of global clinicians implementing ICD-11 diagnostic guidelines relative to those applying ICD-10 guidelines

Members of the World Health Organization's Global Clinical Practice Network completed studies in Chinese, English, French, Japanese, Russian or Spanish

Global mental health professionals randomly assigned to apply either the ICD-11 or ICD-10 guidelines to diagnose standardized case vignettes, and to rate the clinical utility of their assigned guidelines

Some Empirical Nosology: Anxiety and Fear-Related Disorders

ICD-11's diagnostic accuracy and clinical utility were equivalent or superior to that of ICD-10.

Global clinicians were significantly more accurate in diagnosing GAD, Specific Phobia and Separation Anxiety Disorder when using ICD-11.

Clinicians found the ICD-11 guidelines easy to use, clear, and a good fit to patients they see in their clinical practice.

Clinicians had difficulty with distinguishing the boundary between disorder and normality for subthreshold cases of anxiety.

Some Empirical Nosology: Obsessive-Compulsive and Related Disorders

Use of the ICD-11 guidelines resulted in more accurate diagnosis of case vignettes compared to the ICD-10 guidelines, particularly in differentiating OCRD presentations from one another.

Clinicians nevertheless had some difficulty in differentiating complex and challenging presentations of OCD from disorders in other groupings.

Clinicians also had difficulty applying a three-level insight qualifier, although the 'poor to absent' level assisted with differentiating OCRD from psychotic disorders.

Some Empirical Nosology: Field Trials

A concurrent joint-rater design was used, focusing specifically on whether two clinicians, relying on the same clinical information, agreed on the diagnosis

1,806 patients were assessed by 339 clinicians in the local language. Intraclass kappa coefficients for diagnoses weighted by site and study prevalence ranged from 0.45 (dysthymic disorder) to 0.88 (SAD)

Clinician ratings of the clinical utility were positive (i.e., easy to use, corresponded to patients' presentations, clear and understandable, appropriate level of detail, same or less time than usual practice, useful guidance for distinguishing disorders)

Key Changes in ICD-11

Anxiety & Fear-Related Disorders

Overarching changes

- In ICD-11 all disorders with anxiety or fear as the primary clinical feature are brought together in a new grouping named **Anxiety and Fear-Related Disorders.**
- In ICD-10 most disorders now classified as Anxiety and Fear-Related Disorders were classified in Neurotic, stress-related, and somatoform disorders grouping.
- ICD-11 does not separate childhood from adult disorders, rather recognizing that the same disorders occur across the life span, with developmentally distinct presentations.

Core features

- **Anxiety and Fear-Related Disorders** ashare non-specific physiological arousal with sympathetic autonomic activation and behavioural changes, to varying degrees.
- A core concept for **Anxiety and Fear-Related Disorders** is the focus of apprehension, which distinguishes Anxiety and Fear-Related Disorders from one another.
- The focus of apprehension may be highly specific, relate to a wider range of situations, or may be characterized by general apprehensiveness.

Conclusion

* These 2 groupings cover a large swathe of MDBs
* Supported by psychiatric and nosological research
* They are only an iterative advance only
* Their clinical utility may improve Dx and Rx

Generalized Anxiety Disorder (GAD)

- ICD-11 GAD has a more elaborated set of essential features as compared to ICD-10.
- General apprehensiveness expanded to include excessive worry about negative events in several different aspects of life.
- The ICD-11 guidelines require that the worry be excessive and out of proportion to the circumstances.
- General apprehensiveness is retained as an alternative to worry for cross-cultural applicability.

Generalized Anxiety Disorder (GAD)

- ICD-11 includes symptoms accompanying general apprehension or worry such as muscle tension and autonomic overactivity.
- GAD can co-occur with Depressive Disorders, which is prohibited in ICD-10. Temporal relationship of symptoms needs consideration.

Panic Disorder

- In ICD-11, Panic Disorder is characterized by recurrent unexpected panic attacks not restricted to particular stimuli or situations.
- The focus of apprehension in Panic Disorder is the concern about recurrence of **unexpected** panic attacks or their significance.
- **Panic attacks** can occur in the context of other mental disorders and can be indicated using the ‘with panic attacks’ qualifier.
- The presence of panic attacks does not always warrant a diagnosis of Panic Disorder!

Panic Disorder

- If both expected and unexpected panic attacks occur in the context of another mental disorder, both Panic Disorder and the other diagnosis can be assigned.

Agoraphobia

- In ICD-11, Agoraphobia is reconceptualized as marked and excessive fear or anxiety that occurs in, or in anticipation of, multiple situations where escape difficult or help unavailable.
- The focus of apprehension is fear of specific negative outcomes occurring in the situations that would be incapacitating or embarrassing.
- Results in avoidance, or situations may be entered under specific conditions or endured with intense fear or anxiety.

Agoraphobia

- ICD-10 had a narrower concept of fear of open spaces and related situations, where an escape to a safe place may be difficult. It also required evidence of avoidance.
- In ICD-10, Agoraphobia could be diagnosed as 'with panic disorder' or 'without panic disorder', and a co-occurring diagnosis of both Agoraphobia and Panic Disorder was not permitted.
- In ICD-11, Agoraphobia and Panic Disorder may be diagnosed separately or concurrently.
- In ICD-11, the 'with panic attacks' qualifier should be used if panic attacks are restricted to agoraphobic situations.

Specific Phobia

- The diagnosis of Specific Phobia should only be applied when the fear results in significant distress or impairment.
- Active avoidance not necessary; enduring exposure with intense anxiety is sufficient.
- The focus of apprehension in Specific Phobia is directly connected to encountering or anticipating the feared stimulus (e.g., bitten by a dog).
- In children, distinguish age-appropriate fears such as being afraid of the dark or being separated from a caregiver.
- Consider social and cultural context.

Social Anxiety Disorder

- In ICD-11, Social Anxiety Disorder replaces the ICD-10 diagnosis of Social phobias.
- In ICD-11, Social Anxiety Disorder is characterized by marked and excessive fear or anxiety that occurs in social situations, doing something while feeling observed, or performing in front of others.
- In ICD-11, the focus of apprehension is the concern about behavior that will be negatively evaluated or showing symptoms of anxiety that will be humiliating, embarrassing, lead to rejection, or be offensive.
- In children, Social Anxiety Disorder should be differentiated from normal age-appropriate fears and shyness.

Separation Anxiety Disorder

- In ICD-11, Separation Anxiety Disorder can be diagnosed in adults as well as in children.
- The focus of apprehension is separation from attachment figures with whom the individual has a deep emotional bond.
- Specific manifestations of fear or anxiety related to separation vary according to the individual's developmental level.

Selective Mutism

- Consistent failure to speak in certain situations (e.g., school) despite speaking in other situations (e.g., home).
- The duration of the disturbance is not transient (e.g., at least several months).
- The disturbance is not due to a lack of knowledge of, or comfort with, the spoken language demanded in the social situation.
- Selective mutism should not be diagnosed when symptoms better accounted for by another mental disorder.
- Sufficiently severe to interfere with educational achievement or social communication or significant impairment in other important areas of functioning.

Changes in Co-Occurrence Rules

- Several hierarchical exclusion rules present in ICD-10 have been eliminated because they lacked empirical support.
- In ICD-11, Anxiety and Fear-Related Disorders can co-occur with a Depressive Disorder regardless of order of onset.
- In ICD-11, GAD can co-occur with other MBDs and guidance is provided on when both diagnoses may be warranted.
- Panic Disorder can co-occur with other Anxiety and Fear-Related Disorders including Agoraphobia.

ICD-11 Anxiety and Fear-Related Disorders	ICD-10 Phobic anxiety and Other anxiety disorders & Behavioural and emotional disorders with onset usually occurring in childhood and adolescence
Agoraphobia with panic attacks	Agoraphobia without Panic Disorder with Panic Disorder
Social Anxiety Disorder with panic attacks	Social Phobias
Specific Phobia with panic attacks	Specific (Isolated) Phobias
Panic Disorder	Panic Disorder [Episodic Paroxysmal Anxiety]
Generalized Anxiety Disorder with panic attacks	Generalized Anxiety Disorder
Mixed Depressive and Anxiety Disorder	Mixed Anxiety and Depressive Disorder
Separation Anxiety Disorder with panic attacks	Separation Anxiety Disorder of Childhood
Selective Mutism	Elective Mutism

Key points

- In ICD-11, all disorders with anxiety or fear as the primary clinical feature are in the grouping Anxiety and Fear-Related Disorders.
- Unlike in ICD-10, the ICD-11 guidelines do not separate childhood from adult disorders.
- Anxiety and Fear-Related Disorders are distinguished by their focus of apprehension - the stimulus or situation that triggers fear/anxiety.
- Panic attacks can occur in the context of Anxiety and Fear-Related Disorders without requiring a separate diagnosis of Panic Disorder.

Key Changes in ICD-11

Obsessive-Compulsive and Related Disorders

Overarching changes - I

- Disorders in the new grouping of Obsessive-Compulsive and Related Disorders (or OCRDs) are characterized by unwanted thoughts or preoccupations and related repetitive behaviours.
- The rationale for the grouping is further supported by evidence from neuroimaging, neurochemical, and genetic studies.
- Other commonalities include similar assessment methods and similar psychopharmacological and psychological treatments.
- Many of the OCRDs are also associated with anxiety and may share features with Anxiety and Fear-Related Disorders.

Overarching changes - II

The ICD-11 OCRD grouping includes:

- Obsessive-Compulsive Disorder and Hypochondriasis (Health Anxiety Disorder) - classified under Neurotic, stress-related, and somatoform disorders in ICD-10.
- Body Dysmorphic Disorder - considered a form of Hypochondriacal disorder in ICD-10.
- Trichotillomania (Hair-Pulling Disorder) - classified as a Habit and impulse disorder in ICD-10.
- Hoarding Disorder, Olfactory Reference Disorder and Excoriation (Skin-Picking) Disorder are new diagnostic categories.

Core features

- Core features of ICD-11 OCRDs consist of repetitive, unwanted thoughts or preoccupations and repetitive behaviours. These behaviours characteristic of OCRDs are time-consuming and not pleasurable. There are two separate types of OCRDs.
    - The first type of OCRDs includes disorders with a prominent cognitive component of unwanted thoughts or preoccupations, with accompanying repetitive behaviours, typically performed intentionally to reduce anxiety or distress.

This type includes: Obsessive Compulsive Disorder, Body Dysmorphic Disorder, Olfactory Reference Disorder, Hypochondriasis (Health Anxiety Disorder, Hoarding Disorder.

Core features

- Core features of ICD-11 OCRDs consist of repetitive, unwanted thoughts or preoccupations and repetitive behaviours. These behaviours characteristic of OCRDs are time-consuming and not pleasurable. There are two separate types of OCRDs.
    - The second type of OCRDs, known as the Body-Focused Repetitive Behaviour Disorders, includes disorders in which there are repetitive behaviours directed at the integument (e.g., hair pulling, skin picking), without a clear cognitive component.

This type includes: Trichotillomania (Hair-Pulling Disorder), Excoriation (Skin-Picking) Disorder, Tourette's disorder (which is multiply coded).

Key Changes in ICD-11

Specific Obsessive-Compulsive and Related Disorders

Obsessive-Compulsive Disorder (OCD) -I

- In ICD-11, as in ICD-10, OCD is characterized by persistent obsessions and/ or compulsions.
- Obsessions are repetitive and persistent thoughts, mental images, impulses or urges. They are experienced as intrusive and unwanted, and are commonly associated with anxiety.
- Disgust, shame, or a sense of 'incompleteness' can occur in addition to anxiety.

Obsessive-Compulsive Disorder (OCD) - I

- Compulsions are repetitive behaviours or rituals, including repetitive mental acts.
- Compulsions now include covert actions or mental rituals such as repeatedly counting to a certain number in one's mind.
- When both obsessions and compulsions are present (majority of cases), there is a relationship between the two.
- In order for OCD to be diagnosed, obsessions and compulsions must be time-consuming and interfere with daily life.

Obsessive-Compulsive Disorder (OCD) - II

- ICD-10 OCD subtypes of 'predominantly obsessional thoughts or ruminations', 'predominantly compulsive acts', and 'mixed obsessional thoughts and acts', are no longer included.
- In the ICD-11, Depressive Disorders no longer take priority over OCD.
- ICD-11 allows for an OCD diagnosis when obsessional symptoms occur in the presence of Tourette Syndrome.

Body Dysmorphic Disorder (BDD) - I

- Persistent preoccupation with one or more perceived defects or flaws in appearance, or ugliness in general, that are either unnoticeable or only slightly noticeable to ethers.
- The individual is excessively self-conscious about the perceived defect or flaw.
- Accompanied by at least one of: 1) repeated and excessive checking, 2) camouflaging or altering, 3) social avoidance or avoidance of triggers
- The symptoms result in significant distress or functional impairment.

Body Dysmorphic Disorder (BDD) - II

- Many individuals with Body Dysmorphic Disorder have poor or absent insight about the accuracy of their beliefs.
- Does not warrant a separate Delusional Disorder diagnosis but rather the ‘poor or absent insight’ qualifier.
- Differentiate Body Dysmorphic Disorder from Social Anxiety Disorder
- Muscle dysmorphia

Olfactory Reference Disorder - I

- Persistent preoccupation about emitting a foul or offensive body odour that is either unnoticeable or only slightly noticeable.
- The individual is excessively self-conscious about the perceived odour.
- Accompanied by at least one of 1) repeated and excessive checking, 2) camouflaging or altering, 3) social avoidance or avoidance of triggers.

Olfactory Reference Disorder - II

- Most individuals with Olfactory Reference Disorder have poor or absent insight about the accuracy of their beliefs.
- Does not warrant a separate Delusional Disorder diagnosis but rather the ‘poor or absent insight’ qualifier.
- Includes the Japanese concept of *jiko-shu-kyofu* in which an individual fears offending others because of their foul body odour.
- Differentiate Olfactory Reference Disorder from Social Anxiety Disorder.

Hypochondriasis (Health Anxiety Disorder)

- Persistent preoccupation or fear about the possibility of having one or more serious, progressive or life-threatening illnesses.
- Accompanied by either:
  - Repetitive and excessive health-related behaviours focused on confirming or disconfirming a medical diagnosis, or
  - Maladaptive avoidant behaviours related to health.

Hypochondriasis (Health Anxiety Disorder)

- In the ICD-11, Hypochondriasis is no longer classified as a Somatoform Disorder because the presence of somatic symptoms is not a required feature.
- Cross-listed among the Anxiety and Fear-Related Disorders grouping.
- People with Panic Disorder also worry about somatic symptoms during panic attacks.

Hoarding Disorder

- Accumulation of possessions, so that living spaces cluttered to the point that use or safety is compromised.
- Accumulation occurs due to repetitive urges or behaviours to amass items as well as due to difficulty discarding them.
- Items are accumulated because of their emotional significance, intrinsic value, or potential usefulness.
- Discarding items is associated with distress.

OCRD Qualifiers - I

- ICD-11 includes an Insight Qualifier that can be applied to the OCRDs with a cognitive component, including:
  - Obsessive-Compulsive Disorder
  - Body Dysmorphic Disorder
  - Hoarding Disorder
  - Olfactory Reference Disorder
  - Hypochondriasis

OCRD Qualifiers - I

- Specifies the degree to which an individual diagnosed with an OCRD recognizes that their disorder-related beliefs are untrue or problematic.
- Two different levels of insight can be applied: 'with fair to good insight' or 'with poor to absent insight'.
- 'with fair to good insight' : able entertain the possibility that disorder specific beliefs, behaviours, or values are not true, or are willing to accept an alternative explanation.
- 'with poor to absent insight' convinced most or all of the time that the disorder-specific beliefs, behaviours, or values are true and are not able to accept alternative explanations for their experience.

Body-Focused Repetitive Behaviour Disorders

- Body-Focused Repetitive Behaviour Disorders constitute a subgroup within the OCRD grouping.
- This subgroup includes:
  - Trichotillomania (Hair Pulling) Disorder - classified as a Habit and impulse disorder in ICD-10.
  - Excoriation Disorder (Skin-Picking Disorder) - newly introduced to ICD-11.

Body-Focused Repetitive Behaviour Disorders

- Recurrent and habitual actions directed at the integument (e.g., hair pulling, skin picking), typically accompanied by unsuccessful attempts to decrease or stop the behaviour involved.
- Behaviours may be associated with affect and arousal regulation, tension reduction, and pleasure.
- Share some features with the other OCRDs, but do not have a clear cognitive component.
- Symptoms result in significant distress or significant impairment.

Tourette Syndrome

- Chronic tic disorder characterized by persistent presence of repetitive vocal and motor tics.
- Cross-listed in the OCRDs grouping because it frequently co-occurs with OCD.
- Tourette Syndrome and OCD also tend to co-occur in families and may involve similar abnormalities in brain circuits.
- Repetitive vocal and motor tics in Tourette Syndrome appear to be unintentional and are not aimed at neutralizing obsessions.

Key points

- OCRD is a new grouping in ICD-11
- Core phenomenological features are repetitive, unwanted thoughts or preoccupations and repetitive behaviours.
- First type are those with a clear cognitive component.
- Second type are the Body Focused Repetitive Behaviour Disorders, and Tourette's disorder.
- Insight Qualifier can be applied to those with a cognitive component.

Conclusion

These 2 groupings cover a large swathe of MDBs, and are supported by a range of psychiatric and nosological research.

Nevertheless, the 2 groupings represent an iterative advance reflecting current science, rather than a paradigm shift.

They have clinical utility, and may result in better diagnosis and treatment of often neglected conditions.