ICD-10 FIELD TRIALS IN INDIA - A REPORT

WHO SPONSORED STUDY

The draft of the tenth revision of the International Classification of Diseases, Chapter V (ICD-10) was subjected to extensive field trials throughout the world. In India, Nine Field Trial Centres (FTCs) conducted the field trials. The results showed that the ICD-10 was quite adequate in its face-validity, reliability, applicability and ease of use. A brief account of the field trials and the result are reported.

Man's quest for knowledge started with categorising his observations, followed by attempts to evaluate the classifications so obtained. In the field of mental health, increasing attention has been given to greater refinements in nosological systems since the dawn of this century. The past decade in particular, has witnessed significant progress in this form of major innovations and conceptual changes in the classificatory systems.

The World Health Organization has played a crucial role in evolving an internationally acceptable classificatory system. After its inception in 1948, one of the first actions of the WHO was to introduce the 6th revision of the International Statistical Classification of Diseases, Injuries and Causes of Death. It included, for the first time, a section on the classification of mental illnesses. The Chapter V of this revision was entitled, "Mental, Psychoneurotic and Personality Disorders". It contained ten category of psychosis, nine categories of psychoneurosis and seven categories of disorders of character, behaviour and intelligence. The components of this section remained unchanged in the 7th revision that appeared in 1955. However, the 8th revision was radically different from its predecessors, largely due to the review and recommendations made by Erwin Stengel. Many categories were expanded and recast and a new group, reactive psychoses was introduced.

The ICD-8 also ushered in a significant phase of international co-operation in the field of psychiatric nosology. This was reflected in the second edition of the Diagnosis & Statistical Manual (DSM) of the American Psychiatric Association, the nomenclature of the ICD-8 was largely adopted.

Subsequent years saw rapid changes in the American Classificatory systems as reflected in DSM-III & III-R. These changes were to a great extent, inspired by the emergence of operational criteria for diagnosis, notably by the St. Louis group. In 1976, the World Health Organization adopted the ICD-9 and it came into use in most countries by 1979 (Kramer et al., 1979). It has been in use for the past decade and it is time now for the decennial revision of the ICD - Chapter V.

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REVISION PROCESS OF THE ICD

Any revision of the ICD involves a varied set of activities. The preparatory work for ICD-10 in fact, started even before the work on the ninth revision was completed. Evaluation meetings were organized by the WHO regional offices in Europe and South East Asia and a questionnaire on the use of ICD-9 was completed by most member states in 1981-82. Based on the experiences gained from these initial exercises, a preparatory meeting on ICD-10 was held in Geneva in 1983 and the first expert committee on ICD-10 met in San Francisco in 1984. In August of the same year, the first draft proposal for ICD-10 was circulated to WHO member states, non-government organizations and other interested groups. A majority of organizations supported the general structure of the tenth revision. A second draft proposal was circulated in July 1987 after incorporating the suggestions received. The draft was also circulated to all the field trials centres which were involved in the process evaluating the ICD-10.

OUTLINE OF ICD-10

The ICD-10 (WHO-1992) contains 21 chapters and employs the alphanumeric system of classification. Each chapter has been assigned a letter of the Roman Alphabet, Chapter V which is Devoted to Mental & Behavioral Disorders (including disorders of Psychological Developments), has been assigned the letter F. By employing this simple device of using a letter instead of a number, the overall size of the ICD has been increased considerably. Each chapter has been allotted ten two-character categories (viz. F00-F09 for chapter V) and one hundred three-character categories (viz. F00-F099). Further categorization could also be made by means of decimal numeric subdivisions at the fourth character level.

ICD-10 chapter V (F) follows a sequence which is broadly the same as in ICD-9. All the conditions in chapter V of ICD-9, have close and obvious equivalents in ICD-10. The excerpts from the ICD-10 are shown in the appendix.

The term 'disorder' has been used throughout the classification, to avoid problems inherent in the usage of term like 'disease' and 'illness'. For each disorder, a brief description of the main and associated clinical features are provided. The description also contains brief comments about differential diagnosis. A major innovation has been the provision of 'diagnostic guidelines'. These should not be interpreted rigidly as constituting essential criteria. These guidelines have been phrased in such a manner as to offer maximum flexibility to the clinician, to arrive at a diagnosis, even in situations where information is inadequate or incomplete. It is emphasized that these guidelines "do not pretend to be comprehensive statements about the current state of knowledge of the disorder". There is also provision to make diagnosis at different levels of confidence depending on the certainty and clarity of the clinical data. When the minimum requirements of diagnostic guidelines are clearly met, the diagnosis is regarded as 'confident'. When they are only partially fulfilled, the diagnosis could be recorded as 'tentative' or 'provisional', depending on the availability of further confirmatory information. The clinician is required to follow the general guidelines even when it is necessary to take more than one diagnosis to account for the clinical picture in any given case. In such a situation, it is advisable to give one diagnosis which is more appropriate, a preferential status over the others, by specifying it as the main diagnosis and recording the others as subsidiary or additional diagnosis. On those occasions, when it is difficult to decide which diagnosis should be the main one and which is to be subsidiary, the diagnosis should be recorded in the numerical order in which they appear in the classification. The use of other chapters of the
ICD-10 system, in addition to chapter V (F) is also permissible wherever appropriate.

OTHER VERSIONS OF ICD-10

The ICD-10 is distinctive in that, in addition to the version for clinical and educational use, other versions are also being developed. These are:

a) A set of Diagnostic Criteria for Research (DCR). In this version, the criteria are precise and the instructions are more restrictive. At the time of writing this report, DCR Field Trials have also been completed in India.

b) A multi-aspect system for describing patients and their disorders more comprehensively, is also under preparation. This would include description of a variety of associated conditions which influence the aetiology, management and course of various disorders.

c) A simplified classification for use in primary health care.

d) A glossary, which will define and describe the main feature of each disorder. It will serve as a ready reckoner for common terms and conditions employed in classification.

The aim of the WHO is to produce a family of closely related documents on diagnosis so as to meet the requirements of persons working in a wide variety of settings.

DISTINCTIVE ASPECTS OF ICD-10

1. The ICD-10 is much larger in its scope than its predecessor.

2. The number of categories has almost tripled compared to ICD-9.

3. Certain categories of relevance in third world countries like Acute Transient Psychotic disorder (F.23) have been expanded.

4. Disorders having common themes or shared characteristics have been grouped together. For example: Cyclothymic Personality is included in the category of Affective Disorders.

5. The conventional organisng principle to distinguish psychosis from neurosis hitherto employed in earlier classificatory systems had been abandoned.

6. Aetiologically loaded terms like "Psychogenic" or "Psychosomatic" have not been employed.

Should minor modifications or additions in the individual section of ICD-10 become necessary, WHO will introduce these into revision without necessarily undertaking complete overhaul, an 11th revision, which might not be produced before the current revision has been in use for 10-15 years.

The present report is aimed at providing a brief overview of the Indian Field Trials and in addition to sensitise fellow mental health professional in the country to the scope and utility of ICD-10.

THE FIELD TRIALS OF ICD-10

One of the most distinctive aspects of ICD-10 is that it was subjected to extensive field trials in varied settings in order to test out its usefulness in routine clinical practice. 190 Field Trial Centres (FTCs) from 15 countries across the world participated in these trials. The field
trials were regionally coordinated by 17 Field Trial Coordinating Centres (FTCCs). In India, 9 FTCs located at Bangalore, Calcutta, Chandigarh, Delhi, Lucknow, Ludhiana, Varanasi and Vellore participated in trials, and the Bangalore centre at the National Institute of Mental Health and Neuro Sciences functioned as the FTCC. There were two FTCs at Lucknow. All the 9 field trial centres followed an uniform procedure spelt-out by the WHO and the data were recorded on prescribed proformae. The proformae contained data about the FTC, the clinicians involved in the trial, data concerning the patients and his diagnosis.

THE OBJECTIVES OF THE FIELD TRIALS

The objectives of the field trials of ICD-10 were mainly three:

1) To assess the ease of understanding and ease of use of ICD-10, chapter V.

2) To assess the extent to which the new classification describes adequately the various type of psychiatric disorders seen in patients (Goodness of fit).

3) To provide information on the extent and type of agreement that is achieved between independent diagnosticians using ICD-10.

FIELD - TRIAL DESIGN

The field trials were conducted in different phases.

A) Familiarisation Phase:

The purpose of this phase is suggested by its name and consisted of two stages. In the first stage, the investigators of a given FTC jointly interviewed 5 to 10 patients, one at a time. One investigator functioned as an interviewer and the other as a participant observer. After each interview, each of the investigators recorded their diagnosis independently on the Diagnosis and Comment Form, and discussed the differences in their ratings, subsequently.

In the second stage, the investigators jointly interviewed 5 patients who were familiar to them and repeated the above procedure. Before the familiarisation phase began, data about each FTC and its clinicians were collected through Study Description Forms and Clinicians Identification Forms. The Study Description Form sought information about the infrastructure of the FTC, while the Clinician Identification Form sought further details about the participating investigator.

B) Joint-assessment Phase:

Even though the procedure adopted in this phase was similar to that of the familiarisation phase, the joint assessment phase constituted the core features of the field trials. In this phase, the investigators of each FTC jointly interviewed 20 unselected patients but made independent diagnosis of each patients on the Diagnosis and Comment Form.

C) Case-summary Assessment Phase:

This phase, in contrast to the joint assessment phase, aimed at testing out whether the Draft ICD-10 was adequate for making diagnosis based on case summaries, where the available clinical data is not amenable to further scrutiny or verification. For this purpose, each FTC prepared four clinical case summaries. Two of them were summaries of the typical patients seen in their practice who fit the diagnosis well and the other two were atypical cases posing diagnostic difficulties. These case-summaries were pooled together and 12 of these were sent to each FTC such that no FTC received any case summary prepared by it. The investigators of the FTC independently assessed the diagnosis of the case summaries using the diagnosis and comment forms.
After the case-summaries assessments were over, each clinician recorded his overall observation on the comments and suggestion Forms.

DATA ANALYSIS

Data from all FTCs were pooled together at the FTCC and were tabulated according to the format suggested by the WHO. An identical method of analysis was used at the FTCC both for the joint assessment data as well as summary assessment data. The following characteristics were specifically analysed:

a) The goodness of fit: This represents the degree to which the clinical descriptions and diagnostics guidelines truly correspond to the clinical picture of the patients assessed.

b) Agreements - Disagreements: This represents the number of occasions on which two or more clinicians of an FTC agree or disagree about the main diagnosis. A major disagreement was defined as one wherein the diagnoses recorded by the investigators differed in the third character of the diagnostic category. A minor disagreement was one in which differences occurred with regard to the fourth character.

c) Clinical rating behaviour: Here the consistency of the clinical judgements and the extent to which each group of clinicians made assessments in approximately the same manner were examined.

In addition, the FTCC compiled the opinions, comments and suggestions made by the investigators of all FTCs both for individual diagnostic categories as well as for the entire ICD-10 and circulated them among all the participants.

RESULTS

GENERAL CHARACTERISTICS OF THE SAMPLE (Appendix A):

A total of 671 assessments were made by the field trials investigators (Table 1 a). Of these 386 (57.7%), were joint assessments and 285 (42.5%) were case summary assessments. The common diagnosis covered were (Table 1 b). Mood Disorders (39.2%), Schizophrenia (29%), Neurotic Disorders (16.3%) and Drug Dependance (8%). The other diagnostic groups like Organic Disorders & Mental Retar-

| Centre        | Joint Assessments | Case Summary Assessments |
|---------------|-------------------|--------------------------|
|               | Nos. of Clinicians| Nos. of Patients | Nos. of Assessments | Nos. of Clinicians | Nos. of Case Summaries | Nos. of Assessments |
| Bangalore     | 2                 | 20            | 40               | 2                | 12                        | 24                      |
| Calcutta      | 3                 | 20            | 49*              | 3                | 12                        | 36                      |
| Chandigarh    | 2                 | 20            | 40               | 2                | 12                        | 22**                    |
| Delhi         | 4                 | 27            | 55*              | 6                | 12                        | 72                      |
| Lucknow       | 4                 | 20            | 60*              | 10               | 12                        | 107**                   |
| Ludhiana      | 2                 | 20            | 40               | -                | -                         | -                       |
| Varanasi      | 3                 | 21            | 62*              | -                | -                         | -                       |
| Vellore       | 2                 | 20            | 40               | 2                | 12                        | 24                      |
| Total         | 22                | 168           | 386              | 25               | 72                        | 285                     |
Some joint Assessments have been made by more than two clinicians.

Some Case Summaries have been assessed by only one clinician.

Table 1 b: Diagnosis-wise distribution of assessments made (all centres combined)

| Two Character Category | Diagnostic Group                                           | Nos. of Joint Assessments | Nos. of Case Summary Assessments |
|------------------------|------------------------------------------------------------|---------------------------|----------------------------------|
| F0                     | Organic including symptomatic mental disorders.            | 13                        | 3                                |
| F1                     | Mental and Behavioural Disorders due to Psychoactive substance use | 32                        | 22                               |
| F2                     | Schizophrenia, Schizotypal and Delusional Disorders        | 98                        | 97                               |
| F3                     | Mood (Affective) Disorders                                 | 148                       | 115                              |
| F4                     | Neurotic, stressrelated, and Somatoform Disorders           | 80                        | 30                               |
| F5                     | Behavioural Syndromes associated with Physiological disturbances and physical factors | 2                         | -                                |
| F6                     | Disorders of Adult personality and behaviour               | 2                         | 1                                |
| F7                     | Mental Retardation                                         | 11                        | 12                               |
| F9                     | Behavioural and Emotional Disorders with onset usually occurring in Childhood or Adolescence | -                         | 2                                |
| **Total**              |                                                            | **386**                   | **285**                          |

dation were very few in number. The disorders of physiological developments was largely unrepresented.

GOODNESS OF FIT

The term 'goodness of fit' refers to how well the description of the disorders in the draft ICD-10 matches the patients' clinical data. This was rated on a five point scale ranging from:

i) very good fit

ii) good fit

iii) poor fit

iv) difficult for differential diagnosis

v) not covered by ICD-10

For the purpose of analysis, the first two were clubbed together. Tables 2 a & b illustrate the range of goodness of fit at various FTCs for joint as well as case summary assessments.
### Table 2a: Goodness of fit ratings at various field centres - Joint Assessment (Either Majority Main Diagnosis or Assigned Main Diagnosis)

| Centre        | Nos. of Assessments | No. of occasions of ratings of goodness of fit |                |                |                |
|---------------|---------------------|-----------------------------------------------|----------------|----------------|----------------|
|               |                     | Very Good/Good                                 | Poor           | Difficult Differential Diagnosis | Not covered by any Disorder in the draft |
| 1. Bangalore  | 40                  | 40(100)                                        | 7(14.3)        | 2(4.1)         |                |
| 2. Calcutta   | 49*                 | 40(81.6)                                       | 2(5.0)         | 1(2.5)         | 2(5.0)         |
| 3. Chandigarh | 40                  | 35(87.7)                                       | 1(2.5)         | 2(5.0)         |                |
| 4. Delhi      | 55*                 | 44(80.0)                                       | 7(14.3)        | 4(7.3)         |                |
| 5. Lucknow    | 60                  | 59(98.3)                                       | 1(1.7)         |                |                |
| 6. Ludhiana   | 40                  | 40(100.0)                                      |                |                |                |
| 7. Varanasi   | 62*                 | 58(93.6)                                       | 2(3.2)         |                |                |
| 8. Vellore    | 40                  | 31(77.5)                                       | 2(5.0)         | 4(10.0)        |                |
| **Total**     | **386**             | **347(89.9)**                                  | **22(5.7)**    | **11(2.8)**    | **6(1.6)**     |

* Some joint assessments have been made by more than two clinicians.

### Table 2b: Goodness of fit ratings at various field centres - Case Summary Assessment (For Either Majority Main Diagnosis or Assigned Main Diagnosis)

| Centre     | Nos. of Assessments | No. of occasions of ratings of goodness of fit |                |                |                |
|------------|---------------------|-----------------------------------------------|----------------|----------------|----------------|
|            |                     | Very Good/Good                                 | Poor           | Difficult Differential Diagnosis | Not covered by any Disorder in the draft |
| Bangalore  | 24                  | 21(87.5)                                       | 1(4.2)         |                | 2(8.3)         |
| Calcutta   | 36                  | 28(77.8)                                       | 2(5.5)         | 6(16.7)        |                |
| Chandigarh | 22*                 | 10(45.4)                                       | 10(45.5)       | 2(9.1)         |                |
| Delhi      | 72                  | 49(68.1)                                       | 16(22.2)       | 7(9.7)         |                |
| Lucknow    | 107*                | 102(95.3)                                      | 1(0.9)         | 3(2.8)         | 1(0.9)         |
| Vellore    | 24                  | 18(75.0)                                       |                | 3(12.5)        | 3(12.5)        |
| **Total**  | **285**             | **228(80.0)**                                  | **30(10.5)**   | **21(7.4)**    | **6(2.1)**     |

* Some joint assessments have been made by more than two clinicians.
When we group together the last three ratings of goodness of fit indicating inadequate goodness of fit, we note that the goodness of fit rating were better in joint assessments than in case summary assessments. This difference is also statistically significant (Table 3). This is not surprising since in joint assessments involving 'live' patients, there is an opportunity for the clinician to verify and supplement the information necessary for a particular diagnosis through clinical interview. There is no such verification in assessment of case summaries. Even though the goodness of fit in case summary assessments was less in comparison to joint assessments, it was still rated as being good or very good in 80% of assessments.

Table 3: Goodness of fit ratings in two types of assessments.

| Category                  | Good Ratings | Poor Ratings | Total |
|---------------------------|--------------|--------------|-------|
| 1. Joint Assessments      | 347(89.9)    | 39(10.1)     | 386   |
| 2. Case Summary Assessments | 228(80.0)    | 57(20.0)     | 285   |
| Total                     | 575(85.7)    | 96(14.3)     | 671   |

Note: Goodness of fit ratings are significantly better for joint assessments ($X^2 = 13.097$, d.f. = 1, P), and this trend is same in cases of other ratings viz. the confidence ratings, the case of diagnoses and adequacy of description.

An effort was then made to examine the goodness of fit for individual diagnostic categories in both type of assessments (Table 4 a & b). In the commonest diagnostic category viz. mood disorders, the goodness of fit was found to be quite satisfactory in both types of assessments (94.6% & 88.7%). This indicates that in majority of instances, descriptions of mood disorders in ICD-10, correspond very well to clinical presentations. The goodness of fit for other common diagnostic categories was also found to be generally satisfactory. However, in less commonly represented categories like personality disorders or organic disorders, it was found to be unsatisfactory. Since very few assessments were made in these two categories, it is difficult to draw any definite conclusions.

In general, these findings indicate that the majority of diagnostic categories in ICD-10, have an acceptable degree of face validity.

Table 4a: Goodness of fit ratings in various categories - Joint Assessment

| Categories | Very Good /Good | Poor | Difficult Differential | Not covered by any Disorder in the draft Diagnosis | Total |
|------------|-----------------|------|------------------------|----------------------------------------------------|-------|
| F0         | 11(84.6)        | 2(15.4) | -                      | -                                                  | 13    |
| F1         | 31(100.0)       | -     | -                      | -                                                  | 32    |
| F2         | 85(86.7)        | 6(6.1) | 1(1.0)                 | 6(6.1)                                             | 98    |
| F3         | 140(94.6)       | 3(2.0) | 5(3.4)                 | -                                                  | 148   |
| F4         | 65(81.3)        | 10(12.5) | 5(6.2)              | -                                                  | 80    |
| F5         | 2(100.0)        | -     | -                      | -                                                  | 2     |
| F6         | 1(50.0)         | 1(50.0) | -                      | -                                                  | 2     |
| F7         | 11(100.0)       | -     | -                      | -                                                  | 11    |
| Total      | 347(89.9)       | 22(5.7) | 11(2.8)               | 6(1.6)                                             | 386   |
### Table 4b: Goodness of fit ratings in various categories - Case Summary Assessment

| Categories | Very Good/Good | Poor | Difficult Differential | Not covered by any disorder in the draft | Total |
|------------|----------------|------|------------------------|------------------------------------------|-------|
| F0         | 3(50.0)        | 1(16.7) | 2(33.3) | -                        | 6     |
| F1         | 19(86.4)       | 3(13.6) | -                     | -                                        | 22    |
| F2         | 66(86.7)       | 17(17.5) | 11(11.3) | 3(3.1)                  | 97    |
| F3         | 102(88.7)      | 6(5.2)  | 5(4.3)                | 2(1.7)                    | 115   |
| F4         | 25(83.3)       | 3(10.0) | 2(6.7)                | -                         | 30    |
| F5         | -              | -      | -                     | -                         | -     |
| F6         | -              | -      | 1(100.0)             | -                         | 1     |
| F7         | 12(100.0)      | -      | -                     | -                         | 12    |
| F8         | -              | -      | -                     | -                         | -     |
| F9         | 1(50.0)        | -      | -                     | 1(50.0)                  | 2     |
| **Total**  | **228(80.0)** | **30(10.5)** | **21(7.4)** | **6(2.1)** | **285** |

However, some areas of the classification might require further examination in detail to confirm this general impression.

In addition to goodness of fit ratings, the participating clinicians also rated their ease or difficulty in arriving at a diagnosis and their level of confidence in the main diagnosis, for each assessment. An effort was made to explore whether there is any association between these three ratings (Table 5). The examination of contingency coefficients reveal that each pair of ratings on all these dimensions are positively and highly significantly associated. This indicates that the confidence and ease of diagnosis bear a very close relationship with the goodness of fit ratings. This is to be expected when we consider the fact that the ease of diagnosis using the ICD-10 and the confidence in that diagnosis are both dependent on the degree to which the ICD-10 descriptions are same as that of the clinical presentation, i.e., the goodness of fit. Perhaps, any one of these three measures should be able to assess the face validity of any system of diagnostic descriptions.

### Table 5: Association (contingency coefficients) between various ratings for joint and case summary assessments. (Figs. in parenthesis are those of the case summary assessments)

| Goodness of fit ratings | Confidence ratings | Ease of Diagnosis |
|-------------------------|--------------------|-------------------|
| 0.713**                 | (0.593)**          |                   |
| 0.708**                 | (0.487)**          | 0.467**           |
| Adequacy of clinical description | 0.632**           | 0.586**           | 0.622**           |
| (0.639)**               | (0.603)**          | (0.634)**         |

** Indicates that cc is highly significant. In contingency coefficient analysis, if the corresponding $X^2$ is significant than the cc is also significant.
AGREEMENTS AND DISAGREEMENTS ABOUT DIAGNOSIS ASSIGNED

Table 6a and 6b show the degree of agreement among clinicians in various FTCs for both joint as well as case summary assessments, for the main diagnosis. As in the goodness of fit ratings, the agreement levels are higher in joint assessments in comparison to case summary assessments (84.2% & 74.4%). In the TCD-10 field trials, in addition to the main diagnosis, the clinicians were also required to record subsidiary as well as alternate to main diagnosis. An attempt was therefore made to explore association if any, between goodness of fit ratings, disagreement level and the presence of alternate or subsidiary diagnosis (Table 7a & 7b). The findings indicate that the goodness of fit ratings is directly proportional to the agreement level.

Table 6a: Disagreement level at various field centres - Joint Assessments (For either majority main diagnosis or assigned main diagnosis).

| Centres      | No. of Assessments made | No. of Occasions the clinicians agreed with | No. of Occasions the clinicians disagreed with main diagnosis |
|--------------|-------------------------|--------------------------------------------|------------------------------------------------------------|
|              |                         |                                            | Minor | Major          |
| 1. Bangalore | 40                      | 38(95.0)                                   | -     | 2(5.0)         |
| 2. Calcutta  | 49                      | 36(73.5)                                   | 5(10.2)| 8(16.3)        |
| 3. Chandigarh| 40                      | 36(90.0)                                   | 1(2.5)| 3(7.5)         |
| 4. Delhi     | 55                      | 48(87.3)                                   | 3(5.5)| 4(7.2)         |
| 5. Lucknow   | 60                      | 54(90.0)                                   | 4(6.7)| 2(3.3)         |
| 6. Ludhiana  | 40                      | 39(97.5)                                   | -     | 1(2.5)         |
| 7. Varanasi  | 62                      | 37(59.7)                                   | 17(27.4)| 8(12.9)     |
| 8. Vellore   | 40                      | 37(92.5)                                   | -     | 3(7.5)         |
| Total        | 386                     | 325(84.2)                                  | 29(7.5)| 32(8.3)       |

Table 6b: Disagreement level at various field centres - Case Summary Assessments (For either majority main diagnosis or assigned main diagnosis).

| Centres      | No. of Assessments made | No. of Occasions the clinicians agreed with | No. of Occasions the clinicians disagreed with main diagnosis |
|--------------|-------------------------|--------------------------------------------|------------------------------------------------------------|
|              |                         |                                            | Minor | Major          |
| 1. Bangalore | 24                      | 18(75.0)                                   | 3(12.5)| 3(12.5)        |
| 2. Calcutta  | 36                      | 25(69.4)                                   | 5(13.9)| 6(16.7)        |
| 3. Chandigarh| 22                      | 22(100.0)                                  | -     | -              |
| 4. Delhi     | 72                      | 49(68.0)                                   | 11(15.3)| 12(16.7)     |
| 5. Lucknow   | 107                     | 78(72.9)                                   | 17(15.9)| 12(11.2)     |
| 6. Vellore   | 24                      | 20(83.3)                                   | -     | 4(16.7)        |
| Total        | 285                     | 212(74.4)                                  | 36(12.6)| 4(13.0)       |
Table 7a: Association (contingency coefficients) between goodness of fit ratings, disagreement level, presence of subsidiary diagnosis and the presence of alternate to main diagnosis for joint assessments. (d.f. = 384).

|                        | Less Goodness of fit ratings | Disagreement level | Presence of Susidiary Diagnosis |
|------------------------|------------------------------|--------------------|---------------------------------|
| Disagreement level     | 0.352**                      |                    |                                 |
| Presence of Susidiary Diagnosis | 0.096                     | 0.056**            |                                 |
| Presence of alternate to Main Diagnosis | 0.459**                  | 0.296**            | 0.019                           |

Table 7b: Association (contingency coefficients) between goodness of fit ratings, disagreement level, presence of subsidiary diagnosis and the presence of alternate to main diagnosis for case summary assessments. (Degrees of Freedom = 283).

|                        | Less Goodness of fit ratings | Disagreement level | Presence of Susidiary Diagnosis |
|------------------------|------------------------------|--------------------|---------------------------------|
| Disagreement level     | 0.246**                      |                    |                                 |
| Presence of Susidiary Diagnosis | 0.072                     | 0.140*             |                                 |
| Presence of alternate to Main Diagnosis | 0.492**                  | 0.115**            | 0.0156                          |

in both type of assessments. In addition, the lesser the ratings of goodness of fit, greater is the likelihood of an alternate to main diagnosis being made. This trend, is understandably not significant in case of subsidiary diagnosis. Again, the disagreement level is positively correlated with both the presence of subsidiary diagnosis and alternate to main diagnosis. However, there is no significant association between the presence of subsidiary diagnosis and the presence of alternate to main diagnosis. These findings indicate that a satisfactory face validity (as indicated by goodness of fit ratings) positively influences and improves the reliability of diagnosis.

Tables 8a & 8b show the clusters of diagnostic categories where disagreement occurred, both in joint and case summary assessments. It is noted that the majority of disagreements occurred between F2, F3 and F4 categories. In order to identify the source of these disagreements, the diagnosis and comments forms were examined. They revealed that very often the disagreements occurred because the clinicians experienced difficulties in neatly segregating patients who presented with mixed features. For example, one of the major disagreements was between F 22.0 (Delusional disorder) & F 33.0 (Recurrent severe depressive disorder). In both these conditions, the clinicians recorded presence of delusion and depression, but differed in assigning diagnostic priority to one of these two prominent features. Many such difficulties were recorded by the investigators in the diagnosis and comments.
forms and formed the basis of the recommendations made by the FTCs about suitable alternatives in the glossary.

**CLINICIANS' RATING BEHAVIOUR**

Even though 22 clinicians made 386 joint assessments and 285 case summary assessments, the number of assessments made by different clinicians differed widely. Therefore, comparisons of the clinicians' rating behaviour could not be made by the numerical analysis. Yet, the examination of a comprehensive table prepared for the goodness of fit ratings showed certain unambiguous trends.

There were numerous instances of a clinicians agreeing on diagnosis with his peers in all joint assessments but disagreeing in many case summary assessments. But, no clinicians who agreed on diagnosis on his peers in all case summary assessments ever disagreed in joint assessments. Because all assessments were in-

|   | F2  | F3  | F4  |
|---|-----|-----|-----|
| F2 |     |     |     |
| F2.0 | F23.0 | F20.0 | F23.0 | F21.0 |
| F2.3 | F20.3 | F32.1* | F33.0* | F35.0* | F42.1* |
| F2.5 | F21.0 | F36.0* | F23.1 | F23.8 |
| F2.8 | F21.0 | F36.1 | F35.0* | F43.2* |
| F2  | F20.3 | F23.2 |
| F20.34 | F20.34 |
| F20.35 |
| F20.5 |
| F20.9 |
| F3 |     |     |     |
| F3.0 | F36.0 | F36.0 | F31.0 | F34.1 | F45.4 |
| F3.1 | F36.1 | F30.0* | F42.0* | F41.0* | F34.1* |
| F32.0 | F32.1 |
| F32.2 | F34.1* |
| F33.0 | F34.1 |
| F33.1 | F31.0* |
| F4 |     |     |     |
| F4.0 | F40.0 | F45.4 |
| F4.1 | F43.21 |
| F4.2 | F41.2 |
| F4.22 | F45.1 |

**Table 8a:** Clusters of diagnostic categories disagreeing on majority main diagnosis or assigned main diagnosis. Joint assessment (* mark indicates major disagreements).

F2x - Schizophrenia, Schizotypal and delusional disorders

F3x - Mood (Affective) disorders

F4x - Neurotic, stress-related and somatoform disorders
**Table 8b :** Clusters of diagnostic categories disagreeing on majority main diagnosis or assigned main diagnosis. (* mark indicates major disagreements).

| F2   | F3   | F4   |
|------|------|------|
| F20.0 | F20.2 | F20.2 | F20.5 | F23.8 | F20.5 |
| F20.01 | F20.01 | F22.0 | F31.1 | F31.0 | F43.22* |
| F20.02 | F28.0* | F32.2* | F35.0* | |
| F20.1 | F20.5 | F32.3* | | F23.1 |
| F20.31 | F20.22 | F20.01 | F21.0* | F36.1* | F43.2* |
| F20.1 | F23.1 | | | F44.2* |
| F20.14 | F23.0 | F20.5 | | F44.3* |
| F20.3 | F23.8 | F28.0* | | F44.8* |
| F23.8 | F23.8 | | | |
| F23.0 | F28.0* | | | |
| F23.0 | | | | |
| F28.0* | | | | |
| | | | | |
| F3   | F32.0 | F32.1 | F32.1 |
| F20.11* | F32.0 | F32.1 | F32.1 |
| F20.3* | F31.0 | F31.0 | F31.0 |
| F22.0* | F30.0 | F30.0* | F30.0* |
| | F30.0 | F30.0* | F30.0* |
| | | F36.1* | F36.1* |
| | | F36.0* | F36.0* |

**F2x -** Schizophrenia, Schizotypal and delusional disorders

**F3x -** Mood (Affective) disorders

**F4x -** Neurotic, stress-related and somatoform disorders

...and blind, the implication of this observation is not clear. When clinicians agreed with their peers in joint assessments but disagreed in case summary assessments, there was a tendency for more major disagreements. In contrast, when the clinicians disagreed in both joint and case summary assessments, the major and minor disagreements tended to be fairly equally distributed. It may be assumed that some clinicians disagreed in both joint and case summary assessments, the major and minor disagreements tended to be fairly equally distributed. It may be assumed that some clinicians have an innate tendency to "agree", and when they do disagree their disagreement is more radical. Conversely, those who tend to disagree do so uniformly. The innate bias of the raters in experimental situations is all too familiar and something to be contended with.

**THE WORKSHOP**

The data of the field trials was examined in a two day workshop of all the principal investigators of FTCs, held in April 1988 at the NIMHANS. The tabulated data and their analysis, the comments and suggestions made by the investigators in relation to the individual sections of the ICD-10 were examined and discussed in detail.
A specific set of recommendations were made regarding contents of ICD-10. These were forwarded to the Field Trial Co-ordinating group at the WHO, Geneva. In fitting recognition of the contribution of the Indian field trials, many of these recommendations were incorporated in the later draft of the ICD-10.

ACKNOWLEDGEMENTS

The Field Trials were conducted under the aegis of the Division of Mental Health, WHO, Geneva, according to the procedures and protocols outlined by the co-ordinating group at the Headquarters headed by Dr. N. Sartorius & his colleagues.

The work was carried at the WHO Collaborating Centre at the National Institute of Mental Health and Neurosciences, Bangalore, under the overall supervision of Dr. G.N. Narayana Reddy till Aug. 1989 and subsequently Dr. S.M. Channabasavanna, Director, NIMHANS, Bangalore.

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APPENDIX B

EXCERPTS FROM ICD-10 Chapt-V
Reproduced with the permission of the Director, Mental Health Division, WHO, Geneva; Switzerland:- "THE ICD-10, CLASSIFICATION OF MENTAL HEALTH AND BEHAVIOURAL DISORDERS - CLINICAL

DESCRIPTIONS AND DIAGNOSTIC GUIDELINES" 1992, 362 Pages, Copy Right WHO, Price Sw.Fr.50/-, in Developing countries Sw Fr.30/- Copies can be ordered either from WHO, Distribution & Sales, 1211 Geneva 27, Switzerland or from WHO-SEARO, World Health House, Indraprastha Estate, New Delhi - 110 002.

F00-F09 ORGANIC, INCLUDING SYMPTOMATIC, MENTAL DISORDERS

F00 Dementia in Alzheimer's disease*

F00.0 Dementia in Alzheimer's disease, with early onset
F00.1 Dementia in Alzheimer's disease, with late onset
F00.2 Dementia in Alzheimer's disease, atypical or mixed type
F00.9 Unspecified

F01 Vascular dementia

F01.0 Vascular dementia of acute onset
F01.1 Multi-Infarct dementia
F01.2 Subcortical vascular dementia
F01.3 Mixed cortical and subcortical vascular dementia
F01.8 Other vascular dementia
F01.9 Vascular dementia unspecified

F02 Dementia in other diseases classified elsewhere

F02.0 Dementia in Pick's disease
F02.1 Dementia in Creutzfeldt-Jakob disease
F02.2 Dementia in Huntington's disease
| Code   | Description                                                                                                                                                                                                 | Notes                                                                 |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| F02.3  | Dementia in Parkinson's disease                                                                                                                                                                             |                                                                          |
| F02.4  | Dementia in Human immunodeficiency virus (HIV) disease                                                                                                                                                        |                                                                          |
| F02.8  | Dementia in other specified diseases classified elsewhere                                                                                                                                                     |                                                                          |
| F03    | Unspecified dementia                                                                                                                                                                                          |                                                                          |
|        | Note: For dementias in F00-F03, a fifth character may be added (x1, x2 etc.) to indicate additional features (without additional symptoms, predominantly delusional etc.)          |                                                                          |
| F04    | Organic amnesic syndrome, not induced by alcohol and other psychoactive substances                                                                                                                       |                                                                          |
| F05    | Delirium, not induced by alcohol and other psychoactive drugs                                                                                                                                                 |                                                                          |
| F05.0  | Delirium, not superimposed on dementia                                                                                                                                                                       |                                                                          |
| F05.1  | Delirium, superimposed on dementia                                                                                                                                                                            |                                                                          |
| F05.8  | Other delirium                                                                                                                                                                                                |                                                                          |
| F05.9  | Delirium, unspecified                                                                                                                                                                                           |                                                                          |
| F06    | Other mental disorders, due to brain damage and dysfunction and to physical disease                                                                                                                           |                                                                          |
| F06.0  | Organic hallucinosis                                                                                                                                                                                            |                                                                          |
| F06.1  | Organic catatonic disorder                                                                                                                                                                                     |                                                                          |
| F06.2  | Organic delusional (schizophrenia-like) disorder                                                                                                                                                              |                                                                          |
| F06.3  | Organic mood (affective) disorders                                                                                                                                                                             |                                                                          |
| F07    | Personality and behavioural disorders due to brain disease, damage and dysfunction                                                                                                                           |                                                                          |
| F07.0  | Organic personality disorder                                                                                                                                                                                   |                                                                          |
| F07.1  | Postencephalitic syndrome                                                                                                                                                                                      |                                                                          |
| F07.2  | Postconcussional syndrome                                                                                                                                                                                      |                                                                          |
| F07.8  | Other                                                                                                                                                                                                           |                                                                          |
| F07.9  | Unspecified                                                                                                                                                                                                   |                                                                          |
| F09    | Unspecified organic or symptomatic mental disorders                                                                                                                                                           |                                                                          |
| F10-F19| Mental and Behavioural Disorders due to Psychoactive Substance use                                                                                                                                             |                                                                          |
| F10.-  | Disorders due to use of alcohol                                                                                                                                                                                |                                                                          |
| F11.-  | Disorders due to use of opioids                                                                                                                                                                                 |                                                                          |
| F12.  | Disorders due to use of cannabinoids |
|-------|-------------------------------------|
| F13.  | Disorders due to use of sedatives or hypnotics |
| F14.  | Disorders due to use of cocaine |
| F15.  | Disorders due to use of other stimulants including caffeine |
| F16.  | Disorders due to use of hallucinogens |
| F17.  | Disorders due to use of tobacco |
| F18.  | Disorders due to use of volatile solvents |
| F19.  | Disorders due to multiple drugs and use of other psychoactive substances |

4th and 5th character categories may be used to specify the clinical conditions as follows:

| F1x.0 | Acute intoxication |
|-------|--------------------|
|       | .00 uncomplicated |
|       | .01 with trauma and other bodily injury etc. |

| F1x.1 | Harmful use |
|-------|-------------|

| F1x.2 | Dependence syndrome |
|-------|---------------------|
|       | .20 currently abstinent |
|       | .21 currently abstinent, but in protected environment etc. |

| F1x.3 | Withdrawal state (.30 uncomplicated, .31 with convulsions) |
|-------|---------------------------------------------------------|

| F1x.4 | Withdrawal state with delirium (.40 without convulsions, .41 with convulsions) |

| F1x.5 | Psychotic disorders |
|-------|---------------------|
|       | .50 schizophrenia-like |
|       | .51 predominantly delusional etc. |

| F1x.6 | Amnesic syndrome |
|-------|-----------------|

| F1x.7 | Residual and late onset psychotic disorder |
|-------|------------------------------------------|
|       | .70 flashbacks |
|       | .71 personality or behaviour disorder etc. |

| F1x.8 | Other mental behavioural disorders |
|-------|-----------------------------------|

| F1x.9 | Unspecified mental and behavioural disorder |

**F20-F29 SCHIZOPHRENIAS, SCHIZOTYPAL AND DELUSIONAL DISORDERS**

**F20 Schizophrenia**

| F20.0 | Paranoid schizophrenia |
|-------|------------------------|
| F20.1 | Hebephrenic schizophrenia |
| F20.2 | Catatonic schizophrenia |
| F20.3 | Undifferentiated schizophrenia |
| F20.4 | Post-schizophrenic depression |
| F20.5 | Residual schizophrenia |
| F20.6 | Simple schizophrenia |
| F20.8 | Other schizophrenia |
| F20.9 | Schizophrenia, unspecified |

**Note:** A fifth character may be used to classify course:

| F20.x0 | continuous |
|--------|------------|

| F20.x1   | episodic with stable deficit  | .x0 without associated acute stress |
| F20.x2   | episodic with stable deficit  | .x0 with associated acute stress    |
| F20.x3   | episodic remittent           |                                      |
| F20.x4   | incomplete remission         |                                      |
| F20.x5   | complete remission           |                                      |
| F20.x6   | other                        |                                      |
| F20.x7   | period of observation, less than one year | |

F21 Schizotypal disorder

F22 Persistent delusional disorders

| F22.0   | Delusional disorder          |
| F22.8   | Other                        |
| F22.9   | Unspecified                  |

F23 Acute and transient psychotic disorder

| F23.0   | Acute polymorphic psychotic disorder without symptoms of schizophrenia |
| F23.1   | Acute polymorphic psychotic disorder with symptoms of schizophrenia |
| F23.2   | Acute schizophrenia-like psychotic disorder |
| F23.3   | Other acute predominantly delusional psychotic disorders |
| F23.9   | Other acute and transient psychotic disorders |

Note: a fifth character may be used to identify presence or absence of associated acute stress.

F24 Induced delusional disorder

F25 Schizoaffective disorders

| F25.0   | Schizoaffective disorder, manic type |
| F25.1   | Schizoaffective disorder, depressive type |
| F25.2   | Schizoaffective disorder, mixed type |
| F25.9   | Unspecified |

F28 Other nonorganic psychotic disorders

F29 Unspecified nonorganic psychosis

F30-F39 MOOD (AFFECTIVE) DISORDERS

F30 Manic episode

| F30.0   | Hypomania                     |
| F30.1   | Mania without psychotic symptoms |
| F30.2   | Mania with psychotic symptoms |
| F30.3   | Other                        |
| F30.9   | Unspecified                  |

F31 Bipolar affective disorders

| F31.0   | Current episode hypomanic |
| F31.1   | Current episode manic without psychotic symptoms |
| F31.2 | Current episode manic with psychotic symptoms |
| F31.3 | Current episode moderate or mild depression (.30 without somatic symptoms, .31 with somatic symptoms) |
| F31.4 | Current episode severe depression with out psychotic symptoms |
| F31.5 | Current episode severe depression with psychotic symptoms |
| F31.6 | Current episode mixed |
| F31.7 | Currently in remission |
| F31.8 | Other |
| F31.9 | Unspecified |

**F32 Depressive episode**

| F32.0 | Mild severity (.00 without somatic symptoms, .01 with somatic symptoms) |
| F32.1 | Moderate severity (.10 without somatic symptoms, .11 with somatic symptoms) |
| F32.2 | Severe depressive episode with psychotic symptoms |
| F32.3 | Severe depressive episode with psychotic symptoms |
| F32.8 | Other |
| F32.9 | Unspecified |

**F33 Recurrent depressive disorder**

| F33.0 | Current episode mild severity (.00 without somatic symptoms, .01 with somatic symptoms) |

| F33.1 | Current episode moderate severity (.00 without somatic symptoms, .11 with somatic symptoms) |
| F33.2 | Current episode severe without psychotic symptoms |
| F33.3 | Current episode severe with psychotic symptoms |
| F33.4 | Currently in remission |
| F33.8 | Other |
| F33.9 | Unspecified |

**F34 Persistent mood (affective) disorders**

| F34.0 | Cyclothymia |
| F34.1 | Dysthymia |
| F34.8 | Other |
| F34.9 | Unspecified |

**F38 Other mood (affective) disorders**

| F38.0 | Other single mood (affective) disorders (.00 mixed affective episode) |
| F38.1 | Other recurrent mood (affective) disorders (.10 Recurrent brief depressive disorder) |
| F38.8 | Other specified |

**F39 Unspecified mood (affective) disorder**

**F40-F49 NEUROTIC, STRESS-RELATED AND SOMATOFORM DISORDERS**

| F40 | Agoraphobia |
| Code | Description                                      | Code | Description                                      |
|------|--------------------------------------------------|------|--------------------------------------------------|
| F40.0 | 00 without panic disorder                        | F40.20 | brief depressive reaction                        |
|      | 01 with panic disorder                           | F40.21 | prolonged depressive reaction                   |
|      | F40.1 Social phobias                              | F40.22 | mixed anxiety and depressive reactions           |
|      | F40.2 Specific (isolated) phobias                 | F40.23 | with predominant disturbance of other emotions  |
|      | F40.8 Other                                       | F40.24 | with predominant disturbance of conduct         |
|      | F40.9 Unspecified                                 | F40.25 | with mixed disturbance of emotions and conduct   |
|      | F41 Other anxiety disorders                       | F40.28 | other specified                                  |
|      | F41.0 Panic disorder (episodic paroxysmal anxiety)| F43.8  | Other                                           |
|      | F41.1 Generalized anxiety disorder                | F43.9  | Unspecified                                     |
|      | F41.2 Mixed anxiety and depressive disorder       | F44 Dissociative (conversion) disorders       |
|      | F41.3 Other mixed anxiety disorder                |      | F44.0  | Dissociative amnesia                            |
|      | F41.8 Other specified                             |      | F44.1  | Dissociative fugue                              |
|      | F41.9 Unspecified                                 |      | F44.2  | Dissociative stupor                             |
|      | F42 Obsessive - compulsive disorder              |      | F44.3  | Trance and possession disorders                 |
|      | F42.0 Predominantly obsessional thoughts or ruminations | F44.4  | Dissociative motor disorders                    |
|      | F42.1 Predominantly compulsive acts (obsessional rituals) | F44.5  | Dissociative convulsions                         |
|      | F42.2 Mixed obsessional thoughts and acts         | F44.6  | Dissociative anaesthesia and sensory loss        |
|      | F42.8 Other                                       | F44.7  | Mixed dissociative (conversion) disorders       |
|      | F42.9 Unspecified                                 | F44.8  | Other                                           |
|      | F43 Reaction to severe stress, and adjustment disorders |      | .80 Ganser's syndrome                            |
|      | F43.0 Acute stress reaction                       |      | .81 Multiple personality                        |
|      | F43.1 Post-traumatic stress disorder              |      |                                                 |
|      | F43.2 Adjustment disorders                        |      |                                                 |
### F44.9 Unspecified

#### F45 Somatoform disorders

**F45.0** Somatization disorder

**F45.1** Undifferentiated somatoform disorder

**F45.2** Hypochondriacal disorder

**F45.3** Somatoform autonomic dysfunction

- .30 the heart and cardiovascular system
- .31 the upper gastrointestinal tract
- .32 the lower gastrointestinal tract
- .33 the respiratory system
- .34 the urogenital system
- .38 other organ or system

**F45.4** Persistent somatoform pain disorder

**F45.8** Other

**F45.9** Unspecified

#### F48 Other neurotic disorders

**F48.0** Neurasthenia

**F48.1** Depersonalization-derealization syndrome

**F48.8** Other specified

**F48.9** Unspecified

### F50-F59 Behavoural syndromes associated with physiological disturbances and physical factors

#### F50 Eating disorders

**F50.0** Anorexia nervosa

**F50.1** Atypical anorexia nervosa

**F50.2** Bulimia nervosa

**F50.3** Atypical bulimia nervosa

**F50.4** Over-eating associated with other psychological disturbances

**F50.5** Vomiting associated with other psychological disturbances

**F50.8** Other

**F50.9** Unspecified

#### F51 Nonorganic sleep disorders

**F51.0** Nonorganic insomnia

**F51.1** Nonorganic hypersomnia

**F51.2** Nonorganic disorder of the sleep-wake schedule

**F51.3** Sleepwaking (Somnambulism)

**F51.4** Sleep terrors (night terrors)

**F51.5** Nightmares

**F51.8** Other

**F51.9** Unspecified

#### F52 Sexual dysfunction, not caused by organic disorders or disease

**F52.0** Lack or loss of sexual desire
| F52.1 | Sexual aversion and lack of sexual enjoyment, (.10 Sexual aversion, .11 lack of sexual enjoyment) |
|-------|-------------------------------------------------------------------------------------------------|
| F52.2 | Failure of genital response                                                                           |
| F52.3 | Organic dysfunction                                                                                  |
| F52.4 | Premature ejaculation                                                                                  |
| F52.5 | Nonorganic vaginismus                                                                                 |
| F52.6 | Nonorganic dyspareunia                                                                                |
| F52.7 | Excessive sexual drive                                                                                 |
| F52.8 | Other                                                                                               |
| F52.9 | Unspecified                                                                                            |

| F53 | Mental or behavioural disorders associated with the puerperium, not classifiable elsewhere             |
|-----|---------------------------------------------------------------------------------------------------------|
| F53.0 | Mild mental disorders associated with the puerperium, not classifiable elsewhere                     |
| F53.1 | Severe mental disorders associated with the puerperium, not classifiable elsewhere                     |
| F53.8 | Other                                                                                               |
| F53.9 | Unspecified                                                                                            |

| F54 | Psychological or behavioural factors associated with disorders or diseases classified elsewhere        |
|-----|--------------------------------------------------------------------------------------------------------|
| F55 | Abuse of non-dependence-producing substances                                                          |
| F55.0 | Anti-depressants                                                                                     |
| F55.1 | Laxatives                                                                                              |
|      | etc.                                                                                                  |

| F59 | Unspecified behavioural syndromes associated with physiological disturbances and physical factors       |
|-----|--------------------------------------------------------------------------------------------------------|

| F60-F69 | DISORDERS OF ADULT PERSONALITY AND BEHAVIOUR                                                      |
|---------|-----------------------------------------------------------------------------------------------------|

| F60 | Specified personality disorders                                                                   |
|-----|-----------------------------------------------------------------------------------------------------|
| F60.0 | Paranoid personality disorder                                                                    |
| F60.1 | Schizoid personality disorder                                                                     |
| F60.2 | Dissocial personality disorder                                                                    |
| F60.3 | Emotionally unstable personality disorder (.30 impulsive type, .31 borderline type)             |
| F60.4 | Histrionic personality disorder                                                                   |
| F60.5 | Anankastic personality disorder                                                                   |
| F60.6 | Anxious (avoidant) personality disorder                                                            |
| F60.7 | Dependent personality disorder                                                                   |
| F60.8 | Other                                                                                               |
| F60.9 | Unspecified                                                                                            |

| F61 | Mixed and other personality disorder                                                               |
|-----|-----------------------------------------------------------------------------------------------------|
| F61.0 | Mixed personality disorder                                                                          |
| F61.1 | Troublesome personality changes (not classifiable in F60 or F62)                                    |

| F62 | Enduring personality changes, not attributable to gross brain damage or disease                    |
|-----|-----------------------------------------------------------------------------------------------------|
| F62.0 | Enduring personality after catastrophic experience                                                   |
| F62.1 | Enduring personality change after psychiatric illness                                                |
| F62.8 | Other |
|-------|-------|
| F62.9 | Unspecified |

**F63 Habit and impulse disorder**

| F63.0 | Pathological gambling |
|-------|-----------------------|
| F63.1 | Pathological fire-setting (pyromania) |
| F63.2 | Pathological stealing (kleptomania) |
| F63.3 | Trichotillomania |
| F63.8 | Other |
| F63.9 | Unspecified |

**F64 Gender identity disorders**

| F64.0 | Transsexualism |
|-------|----------------|
| F64.1 | Dual role transvestism |
| F64.2 | Gender identity disorder of childhood |
| F64.8 | Other |
| F64.9 | Unspecified |

**F65 Disorders of sexual preference**

| F65.0 | Fetishism |
|-------|-----------|
| F65.1 | Fetishistic transvestism |
| F65.2 | Exhibitionism |
| F65.3 | Voyeurism |
| F65.4 | Paeohilia |
| F65.5 | Sado-masochism |
| F65.6 | Multiple disorders of sexual preference |
| F65.8 | Others |

**F66 Psychological and behavioural disorders associated with sexual development and orientation**

| F66.0 | Sexual maturation disorder |
|-------|---------------------------|
| F66.1 | Ego-dystonic sexual orientation |
| F66.2 | Sexual relationship disorder |
| F66.8 | Other |
| F66.9 | Unspecified |

Note: 5th character to indicate associate with:

- (.x0 heterosexuality, .x1 homo-sexuality, .x2 bi-sexuality)

**F68 Other disorders of adult personality and behaviour**

| F68.0 | Elaboration of physical symptoms and psychological reasons |
|-------|-------------------------------------------------------------|
| F68.1 | Intentional production or feigning of symptoms or disabilities, either physical or psychological (factitious disorder) |
| F68.8 | Other specified |
| F68.9 | Unspecified disorders of adult personality and behaviour |

**F70-F79 MENTAL RETARDATION**

| F70 | Mild mental retardation |
|-----|-------------------------|
| F71 | Moderate mental retardation |
| F72 | Severe mental retardation |
| F73 | Profound mental retardation |
## F78 Other mental retardation

### F79 Mental retardation, unspecified

**Note:** 4th character to specify the extent of associated behavioural impairment (F7x.0, or minimal, behavioural impairment F7x.1 significant behavioural impairment requiring attention or treatment. F7x.8 other, F7x.9 unspecified).

### F80-F89 Disorders of Psychological Development

#### F80 Specific developmental disorders of speech and language

- **F80.0** Specific speech articulation disorder
- **F80.1** Expressive language disorder
- **F80.2** Receptive language disorder
- **F80.3** Acquired aphasia with epilepsy (Landau Kleffner syndrome)
- **F80.8** Other
- **F80.9** Unspecified

#### F81 Specific developmental disorders of scholastic skills

- **F81.0** Specific reading disorder
- **F81.1** Specific spelling disorder
- **F81.2** Specific disorder of arithmetical skills
- **F81.3** Mixed disorder of scholastic skills
- **F81.8** Other
- **F81.9** Unspecified

#### F82 Specific developmental disorder of motor function

#### F83 Mixed specific developmental disorder

#### F84 Pervasive developmental disorders

- **F84.0** Childhood autism
- **F84.1** Atypical autism
- **F84.2** Rett's syndrome
- **F84.3** Other childhood disintegrative disorder
- **F84.4** Overactive disorder associated with mental retardation and stereotyped movements
- **F84.5** Asperger's syndrome
- **F84.8** Other
- **F84.9** Unspecified

#### F88 Other disorders of psychological development

#### F89 Unspecified disorders of psychological development

### F90-F99 Behavioural and Emotional Disorders with Onset Usually Occurring in Childhood and Adolescence

#### F90 Hyperkinetic disorders

- **F90.0** Disturbance of activity and attention
- **F90.1** Hyperkinetic conduct disorder
- **F90.2** Other
- **F90.3** Unspecified

#### F91 Conduct disorders
| F91.0  | Conduct disorders confined to the family context |
|-------|-----------------------------------------------|
| F91.1 | Unsocialized conduct disorder                  |
| F91.2 | Socialized conduct disorder                     |
| F91.3 | Oppositional defiant disorder                   |
| F91.8 | Other                                           |
| F91.9 | Unspecified                                     |

F92 Mixed disorders of conduct and emotions

| F92.0 | Depressive conduct disorder                     |
|-------|------------------------------------------------|
| F92.8 | Other                                           |
| F92.9 | Unspecified                                     |

F93 Emotional disorders with onset specific to childhood

| F93.0 | Separation anxiety disorder of childhood         |
|-------|-------------------------------------------------|
| F93.1 | Phobic anxiety disorder of childhood             |
| F93.2 | Social anxiety disorder of childhood             |
| F93.3 | Sibling rivalry disorder                         |
| F93.8 | Other                                           |
| F93.9 | Unspecified                                     |

F94 Disorder of social functioning with onset specific to childhood and adolescence

| F94.0 | Elective mutism                                |
|-------|------------------------------------------------|
| F94.1 | Reactive attachment disorder of childhood       |

| F94.2 | Disinhibited attachment disorder of childhood   |
|-------|------------------------------------------------|
| F94.8 | Other                                           |
| F94.9 | Unspecified                                     |

F95 Tic disorders

| F95.0 | Transient tic disorder                         |
|-------|------------------------------------------------|
| F95.1 | Chronic motor or vocal tic disorder             |
| F95.2 | Combined vocal and multiple tic disorder (de la Tourette's syndrome) |
| F95.8 | Other                                           |
| F95.9 | Unspecified                                     |

F98 Other behavioural and emotional disorders with onset usually occurring in childhood and adolescence

| F98.0 | Nonorganic enuresis                            |
|-------|------------------------------------------------|
| F98.1 | Nonorganic encopresis                          |
| F98.2 | Feeding disorder of infancy and childhood       |
| F98.3 | Pica of infancy and childhood                   |
| F98.4 | Stereotyped movement disorder                   |
| F98.5 | Stuttering (Stammering)                         |
| F98.6 | Cluttering                                      |
| F98.8 | Other specified                                 |
| F98.9 | Unspecified                                     |

F99 Unspecified mental disorder