UTILITY OF ICD-9 FOR INDIAN PATIENTS: 
AN OPINION SURVEY

A. K. KALA

It is common place to criticize classifications and plead for changes in the existing ones. Ideally, this should be backed by an organised attempt at pooling information and views about existing classification rather than by individual predilections or anecdotal sources. This is possible only after a good number of qualified personnel have used a given system for sufficient amount of time in diverse settings. The 9th revision of the International Classification of Diseases (WHO 1978) has been in use for about seven years now and like its predecessor, will probably be in use for a decade. The Indian psychiatrists have had a fair degree of experience with this and an evaluation of its utility for classifying patients seen in this part of the world seems due.

Material and Methods

A semistructured proforma was prepared and posted to departments of psychiatry of all the general hospitals attached to medical colleges and medical superintendents of all the mental hospitals in the country.

The proforma consisted of two parts. Part A mainly pertained to number of new outpatients seen at the facility during the calendar year 1983, and assigned to various three digit categories of ICD. Respondents were not required to give information about four digit categories. Part B of the proforma pertained to views of the respondents based on their experience regarding suitability of ICD 9 for their patients. This included any categories which are considered desirable but not available in the present classification. The proforma were sent along with prepaid self addressed envelopes. The replies were compiled after a waiting period of three months.

Results

Out of 112 general hospitals 38 (33.9%) sent their responses and out of 24 mental hospitals, responses were obtained from 10 (41.6%). At the 48 centres which responded, a total of 1,16,430 new patients were seen during 1983. Out of this 94,326 (81.0%) were seen in general hospitals while the rest 22,104 (19.0%) were seen in mental hospitals. The use of ICD categories are displayed in the Table.

Respondents Views: Only one respondent rated ICD-9 as 'almost always suitable'. All the other respondents rated it as 'mostly suitable'. No psychiatrist thought it to be 'unsuitable in majority' or 'useless'. None of the respondents felt that any three digit category of ICD needs to be deleted. However one suggested that Stress Reaction (308) and Adjustment Reaction (309) can be combined as the former is very rare.

18 respondents were of the opinion that a new three digit category needs to be included in the ICD to accommodate acute psy-
Table

Six Commonest Used ICD categories (Rank)

| ICD     | Gen. Hosp. | Mental Hosp. | Total |
|---------|------------|--------------|-------|
| 296     | 33.1 (I)   | 3.6 (II)     | 29.1  (I) |
| 295     | 16.9 (III) | 67.4 (I)     | 26.5  (II) |
| 300     | 28.0 (II)  | 12.8 (III)   | 25.2  (III) |
| 298     | 5.0 (IV)   | 0.9 (VI)     | 4.2   (IV) |
| 290-4   | 3.5 (V)    | 1.4 (VI)     | 3.1   (V) |
| 317-9   | 2.3 (VI)   | 2.4 (IV)     | 2.4   (VI) |

Five least used ICD used categories

| 305     | 0.06       | -             | 0.05  |
| 302     | 0.06       | -             | 0.06  |
| 297     | 0.12       | -             | 0.10  |
| 304     | 0.11       | 0.02          | 0.10  |
| 299     | 0.10       | 0.06          | 0.10  |

Infrequently Used ICD categories

| 301     | 0.21       | 0.14          | 0.20  |
| 303     | 0.21       | 0.12          | 0.20  |
| 316     | 0.24       | -             | 0.20  |
| 308     | 0.33       | 0.15          | 0.31  |
| 311     | 1.43       | 0.19          | 1.20  |

Discussion

It seems that Indian psychiatrists actually use very few of the diagnostic categories provided in the ICD. Six diagnostic categories of Affective Psychoses, Organic brain syndrome and Mental subnormality accounted for more than 90% of the patients seen. In mental hospitals this figure is 98.58%. However it is quite possible that because of the constraints of time and staff, patients are not diagnosed strictly in conformity with the definitions of ICD glossary. Thus while it is well established that a very large number of patients of depression cannot be neatly classified into either affective psychoses or depressive neurosis, we seem to be doing it forcibly, leaving only about 1% patients as Depression not otherwise specifyable (311).

All the respondents felt that the ICD-9 was at least “mostly suitable” for their patients. Although a large number of categories were not used or used sparingly, the psychiatrists recognised their need for the uncommon cases. Even though Paranoid State was diagnosed in only 0.12% of patients in general hospital and in none of the patients of mental hospitals, no respondent recommended deleting this category.

A good number of respondents felt that the next official classification should have a set of operational definitions and diagnostic criteria rather than just a glossary. In addition some psychiatrists expressed the need for more than one axis. The DSM-III has pointed towards the feasibility as well as usefulness of these two steps.

The most vocal opinion which emerged out of this survey was the need to have a separate category for acute psychosis which is neither schizophrenic or affective. This goes along with the recent work done in this area. In a recent ICMR study conducted at four centres in the country, as many as 40.1% of fresh onset acute psychotic patients did not fit in the ICD diagnoses of Schizophrenia and Affective psychoses (Gurmeet Singh et al 1985). It is often not recognised that all of these patients are not patients of what is loosely called “Hysterical Psychosis”. A fair proportion of these patients could be patients of non-reactive psychotic illnesses.

References

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