


Von der ICD-10 zur ICD-11: Ausgewählte Störungsgruppen

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Zugang:

Bspw. über: Google DIMDI ICD-11

<https://icd.who.int/en>

“Although ICD-11 has not introduced a paradigm shift in disease classification, it has taken steps towards a dimensional approach added to categorical classification in MBND contributing to improved patient-centred diagnostics, prognostics and choice of treatment and care.” Gaebel und Kerst 2019

TEXT BOX 1: Core diagnostic issues for each workgroup to consider:

- I. **Definition of the diagnostic entity as a medical disease or disorder.** Given the key taxonomic guidelines and definitions each group should draw a line around the entity of interest, identifying its critical properties. How does the workgroup fundamentally view the full spectrum of disorders/diseases in this chapter in terms of their classification? Identify key criteria and level of evidence.
- II. **Clustering of signs, symptoms, and operational characteristics.** Identify the features that are necessary and sufficient to define the disease/disorder.
- III. **Link to underlying pathophysiology and genetic markers.** Identify the intra-individual markers that are associated with the disease/disorder, considering their biological plausibility, their measurement properties (e.g., specificity, predictive power), and their role in treatment response.
- IV. **Clinical utility of the classification entity.** Consider the usefulness of the classification entity in diagnosis, predicting treatment response, course, and outcome.
- V. **Reliability of the use of the classification entity.** Consider the stability of the classification entity over time and its consistency of detection across assessors and measurement instruments.
- VI. **Validity of the classification entity.** Consider the associations of theoretically relevant variables with measures of the disorder and the support they provide for the validity of the diagnostic construct.
- VII. **Separation of disease and disability elements.** Identify the features that signal the presence of the disease/disorder, defining the disease/disorder without reference to the distress, impairment, or other consequences that it produces. Suggestions to link to WHO ICF and operationalize specifically the criteria on disability and distress related rubrics.
- VIII. **Cultural elements that need to be attended.** Consider variability in the presentation of the disease/disorder across cultures. Identify ways to achieve cross-cultural comparability and utility of diagnostic criteria rather than listing separate culture-bound syndromes or formulations.
- IX. **Threshold considerations.** Identify the number and nature of diagnostic criteria that should be required to qualify for the classification entity. Consider the nature of the boundary separating the disease/disorder from normality, including evidence for the categorical/continuous distinction. Consider the classification entity boundaries with other classes, including challenges of differential diagnosis.
- X. **Other nosological issues relevant to this entity** Identify any other aspects of the classification entity that the workgroup believes to be in need of evaluation, including potentially controversial aspects of the disorder that will need to be addressed. This list of additional issues may change as the evidence related to this disorder is reviewed.

Allgemeines Prinzip der WHO:

Vorlage von Entwürfen durch
Arbeitsgruppen

Struktur «Klinische Beschreibungen und Diagnostische Leitlinien»

Table 2 Standard format for ICD-11 Clinical Descriptions and Diagnostic Guidelines

Category Name

Brief Definition (100 - 125 words)

Inclusion Terms

Exclusion Terms

Essential (Required) Features

Boundary with Normality (Threshold)

Boundary with Other Disorders (Differential Diagnosis)

Coded Qualifiers/Subtypes

Course Features

Associated Clinical Presentations

Culture-Related Features

Developmental Presentations

Gender-Related Features


Ziel:

**Vereinheitlichung der
Darstellung, bei ICD-10 sehr
heterogen**

Gliederung

- **ICD-10: F1 «Psychische und Verhaltensstörungen durch psychotrope Substanzen»**
- **ICD-11: «Disorders due to substance use»**

«Disorders due to substance use»

- wie bei anderen Störungen auch: klinische Nützlichkeit von zentraler Bedeutung  **Reihe von Änderungen**
- allgemein:
 - **Erweiterung des Spektrums** diagnostischer Kategorien
 - Ziel: frühzeitige Entdeckung mit Ziel Prävention bzw. frühzeitige Behandlung

«Disorders due to substance use»

- **Aktualisierung und Erweiterung der Substanzklassen**, u.a.
 - anxiolytische Substanzen explizit Teil der Klasse der Sedativa und Hypnotika
 - Koffein getrennt von Tabak (ICD-10 F15: zusammen)
 - Begriff Tabak ersetzt Nikotin
 - Extasy u.a. als separate Klasse
 - neue psychoaktive Substanzen (u.a. synthetische Cannabinoide)
- **«Harmful pattern of use»**
 - ersetzt schädlichen Gebrauch
 - spezifiziert nach «kontinuierlich» und «episodisch»
- **«Single episode of harmful use»**
 - als neue diagnostische Kategorie
 - Ziel: schnellere Identifizierung bevor sich Abhängigkeit entwickelt

«Disorders due to substance use»

- «Hazardous use of substances»
 - Verhalten, das (Be-)Handlungsbedarf notwendig macht
 - Ziel: Prävention, kurzfristige Interventionen
- Vereinfachung der Kriterien für «substance dependence»
 - gegenüber ICD-10 Vereinfachung geplant
 - Kernmerkmal: innere Drang nach Substanzgebrauch bei fehlender Kontrolle und zunehmender Priorisierung gegenüber anderen Aktivitäten
 - zusätzlich Toleranzentwicklung und Entzugssymptome
 - mind. 12 Monate bei episodisch
 - mindestens 1 Monat bei kontinuierlich (täglich oder fast täglich)

Gliederung

- ICD-10: F2 «Schizophrenie, schizotype und wahnhaftige Störungen»
- ICD-11: «Schizophrenia and other primary psychotic disorders»

«Schizophrenia and other primary psychotic disorders»

TABLE 1. Organization of the chapters regarding psychotic disorders in ICD-10/11 and DSM-IV/5

ICD-10: Schizophrenia, Schizotypal and Delusional Disorders	ICD-11: Schizophrenia Spectrum and Other Primary Psychotic Disorders	DSM-IV: Schizophrenia and Other Psychotic Disorders	DSM-5: Schizophrenia Spectrum and Other Psychotic Disorders
Schizophrenia	Schizophrenia	Schizophrenia	Schizotypal personality disorder
Schizotypal	Schizoaffective disorder	Schizophreniform disorder	Delusional disorder
Persistent delusion	Acute transient psychotic disorder	Schizoaffective disorder	Brief psychotic disorder
Acute transient psychotic disorder	Schizotypal disorder	Delusional disorder	Schizophreniform disorder
Induced delusional disorder	Delusional disorder	Brief psychotic disorder	Schizophrenia
Schizoaffective disorder	Other primary psychotic disorder	Shared psychotic disorder	Schizoaffective disorder
Other nonorganic disorder	Unspecific primary psychotic disorder	Psychotic disorder due to another medical condition	Substance-induced psychotic disorder
Unspecific nonorganic psychosis		Substance-induced psychotic disorder	Psychotic disorder due to another medical condition
	Attenuated psychosis syndrome	Psychotic Disorder NOS	Section III: Attenuated psychosis syndrome
	More research needed		More research needed

«Schizophrenia and other primary psychotic disorders»

- **6A20 «Schizophrenia»**

- 2 Symptome für 1 Monat, davon ein Hauptsymptom
- Kernsymptomatik: persistierender Wahn, persistierende Halluzinationen, Denkstörungen, Ich-Störungen
- Zusatzsymptome: Negativsymptomatik, desorganisiertes Verhalten, psychomotorische Symptome
- keine Subtypen
- noch unklar: Spezifizierung anhand von 6 Symptomen (positiv, negativ, depressiv, manisch, psychomotorisch, kognitiv)
- Verlaufsspezifizierung («Course specifiers»)

«Schizophrenia and other primary psychotic disorders»

- **Unterschiede zu DSM-5**
 - Zeit und Dauer
 - bei schizo-affektiven Störungen entfällt Verlaufsaspekt
 - keine Kriterien für funktionelle Beeinträchtigungen
- **Ähnlichkeiten mit DSM-5**
 - keine Subtypen
 - dimensionale Relevanz
 - Erstrang-Symptome nach K. Schneider nicht mehr relevant
 - Attenuierte Störungen im Anhang

Mood Disorders > Bipolar Disorders

- Wie bisher: 6A60 Bipolar type I disorder mit Subtypen
- Neu: 6A61 Bipolar type II disorder mit Subtypen

- ▶ 6A60 Bipolar type I disorder
 - 6A61 Bipolar type II disorder
 - 6A61.0 Bipolar type II disorder, current episode hypomanic
 - 6A61.1 Bipolar type II disorder, current episode depressive, mild
 - 6A61.2 Bipolar type II disorder, current episode depressive, moderate without psychotic symptoms
 - 6A61.3 Bipolar type II disorder, current episode depressive, moderate with psychotic symptoms
 - 6A61.4 Bipolar type II disorder, current episode depressive, severe without psychotic symptoms
 - 6A61.5 Bipolar type II disorder, current episode depressive, severe with psychotic symptoms
 - 6A61.6 Bipolar type II disorder, current episode depressive, unspecified severity
 - 6A61.7 Bipolar type II disorder, currently in partial remission, most recent episode hypomanic
 - 6A61.8 Bipolar type II disorder, currently in partial remission, most recent episode depressive
 - 6A61.9 Bipolar type II disorder, currently in partial remission, most recent episode unspecified
 - 6A61.A Bipolar type II disorder, currently in full remission

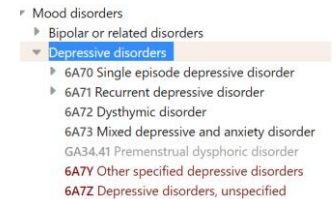
- ▼ Mood disorders
 - ▼ Bipolar or related disorders
 - ▶ 6A60 Bipolar type I disorder
 - ▶ 6A61 Bipolar type II disorder
 - 6A62 Cyclothymic disorder
 - 6A6Y Other specified bipolar or related disorders
 - 6A6Z Bipolar or related disorders, unspecified
- ▼ Mood disorders
 - ▼ Bipolar or related disorders
 - ▶ 6A60 Bipolar type I disorder
 - ▶ 6A61 Bipolar type II disorder
 - 6A6Y Other specified bipolar or related disorders
 - 6A6Z Bipolar or related disorders, unspecified

Mood Disorders > Bipolar Disorders

- Ähnlichkeiten zu DSM-5
 - In etwa vergleichbare, aber anders dargestellte Einteilung
- **Unterschiede zu DSM-5**
 - Eigene Kategorie: Bipolare und verwandte Störung

Mood Disorders > Depressive disorders

- Wie bisher: Depressive Störung mit Eingangsvoraussetzungen und rezidivierende depressive Episoden
 - Neu: Eingangsvoraussetzung bereits mit Funktionseinschränkung: «...are characterized by (...), that **significantly** affect the individual's ability to function»
 - Neu: Mixed depressive and anxiety disorder, Premenstrual dysphoric disorder



Mood Disorders > Depressive disorders



■ Neu bei Beurteilung des Schweregrades

- Auch Ausprägungsgrad der Symptome berücksichtigt, ab mittelgradig zudem Einbussen des sozialen/beruflichen Funktionsniveaus
- Ab mittelgradiger Episode Unterscheidung von ohne und mit psychotischer Symptomatik!
 - «... and there are delusions or hallucinations during the episode»
 - Einschränkung des sozialen Funktionsniveaus bereits erheblich, aber mit/ohne Psychose kein Unterschied

Mood Disorders

- Ähnlichkeit mit DSM-5

- Einschränkungen des sozialen Funktionsniveaus in DSM-5 **bei allen psychischen Störungen** Voraussetzung, nicht wie in ICD-11 bei wenigen
- Berücksichtigung von Qualifyern
 - Angst
 - Teilweise und vollständige Remission
 - Psychotische Symptomatik, **jedoch in DSM gar nicht schweregradabhängig; zudem Unterscheidung: stimmungskongruent und stimmungsinkongruent**
- Prämenstruelle dysphorische Störung ebenfalls vorhanden


Gliederung

- **ICD-10 F4 «Neurotische, Belastungs- und Somatoforme Störungen»**
 - **F43.2 «Anpassungsstörungen»**
- **ICD-11: «Disorders specially associated with stress»**
 - **6B43 «Adjustment disorders»**



ORIGINAL INVESTIGATION

Adjustment disorder diagnosis: Improving clinical utility

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Table 1. Definition and diagnostic criteria for adjustment disorders.

DSM-5	Corresponding ICD-10 criteria (ICD-10 numbering)	Proposed ICD-11 Criteria (ICD-11 Beta draft)
Belongs to category 'Trauma- and stressor-related disorders'	Belongs to category 'Reactions to severe stress, and adjustment disorders'	Belongs to category 'Disorders specifically associated with stress'
A. Emotional/behavioral symptoms in response to identifiable stressor(s) Occurring within 3 months	Symptoms in response to an identifiable stressor (A) Symptoms can vary in severity and form (B) Occurring within 1 month (A)	Symptoms in response to an identifiable stressor Occurring within 1 month
B. Clinically significant as evidenced by either of the following: (1) marked distress that is out of portion to the severity or intensity of the stressor (2) significant impairment in social or occupational or other areas of functioning	Not mentioned	Characterized by: 1. Preoccupation with the stressor or its consequences 2. Failure to adapt to the stressor 3. Symptoms cause significant impairment in personal, family, social educational, occupational or other important areas of functioning
C. Disturbance does not meet the criteria for another mental disorder and is not merely an exacerbation of preexisting mental disorders	The criteria for another specific disorder are not fulfilled (B)	Symptoms are not of sufficient specificity or severity to justify another mental disorder
D. The symptoms do not represent normal bereavement	Not mentioned	ICD-11 will include 'Prolonged grief disorder'
E. Once the stressor (or its consequences) has terminated, the symptoms do not persist for more than an additional 6 months (ICD-10; exception is F43.21)		Typically resolves within 6 months, unless the stressor persists for a longer duration
Subtypes: 309.0 With depressed mood 309.24 With anxiety 309.28 With mixed anxiety and depressed mood 309.3 With disturbance of conduct 309.4 With mixed disturbance of emotions and conduct 309.9 unspecified	Subtypes: F43.20 Brief depressive reaction: <1 month F43.21 Prolonged depressive reaction: <2 years F43.22 Mixed anxiety and depressive reaction F43.23 Predominant disturbance of other emotions F43.24 Predominant disturbance of conduct F43.25 Mixed disturbance of emotions and conduct F43.28 With other specified predominant symptoms	No subtypes

Adjustment disorders

Table 1. Summary of corresponding DSM-5 [1] and ICD-11 [19] diagnostic criteria for adjustment disorder.

DSM-5	ICD-11
A. Onset of emotional or behavioural symptoms must occur in response to identifiable stressor, and within <u>3 months</u> of the stressor.	1. Presence of an identifiable psychosocial stressor(s). Symptoms emerge within <u>1 month</u> of the stressor.
B. These symptoms are <u>clinically significant</u> , marked by: - Distress that is disproportionate to the severity or intensity of the stressor, taking into account contextual and cultural factors. or - Significant impairments in social, occupational or other domains of functioning.	2. <u>Preoccupation related to the stressor</u> or its consequences in the form of at least one of the following: (a) excessive worry about the stressor (b) recurrent and distressing thoughts about the stressor (c) constant rumination about the implications of the stressor. 3. Failure to adapt to the stressor that causes <u>significant impairment</u> in personal, family, social, educational, occupational or other important areas of functioning
C. The disturbance does not meet the diagnostic criteria for another mental disorder, and is not an exacerbation of a pre-existing disorder.	4. Symptoms are not of a sufficient specificity or severity to justify diagnosis of another mental or behavioural disorder.
D. The symptoms do not represent normal bereavement.	
E. Symptoms do not last for more than six additional months after the stressor or its consequences have been resolved.	5. Symptoms typically resolve within 6 months, unless the stressor persists for a longer duration

Mit Stress assoziierte Störungen > 6B40 PTSD und 6B41 cPTSD

- Disorders specifically associated with stress
 - 6B40 Post traumatic stress disorder
 - 6B41 Complex post traumatic stress disorder
 - 6B42 Prolonged grief disorder

■ Wie bisher: Posttraumatische Belastungsstörung

- Neu dabei: **nur 3 Kriterien erforderlich, welche aber in jedem Fall alle erfüllt sein müssen:**
 - 1. Vermeidung, 2. Wiedererleben, 3. Wahrnehmung erhöhter Bedrohung. Nach Studiendaten werden Diagnoseraten gleich ausfallen wie in DSM-5, sofern bei Wiederleben intrusive Erinnerungen mit berücksichtigt werden (Schellong et al. 2019, S. 733-739)
- Neu Zusatzbedingung: **«... cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning»!!!**

Mit Stress assoziierte Störungen > PTSD und cPTSD

- ▼ Disorders specifically associated with stress
 - 6B40 Post traumatic stress disorder
 - 6B41 Complex post traumatic stress disorder
 - 6B42 Prolonged grief disorder

- Neu: 6B41 **komplexe posttraumatische Belastungsstörung**
 - **Löst Persönlichkeitsänderung nach Extrembelastung ab**
 - **DD zu Borderline PS** (Augsburger und Maercker2018)
 - Stabiles Selbstkonzept
 - Keine Ängste vor Verlassen werden
 - Vermeidung von Beziehungen denn Probleme damit

Komplexe posttraumatische Belastungsstörung

«Die komplexe posttraumatische Belastungsstörung (kPTBS) ist eine Erkrankung, die sich nach Einwirkung eines Ereignisses oder einer Reihe von Ereignissen extrem bedrohlicher oder schrecklicher Art entwickeln kann, am häufigsten verlängerte oder sich wiederholende Ereignisse, aus denen die Flucht schwierig oder unmöglich ist (z.B. Folter, Sklaverei, Völkermord, anhaltende häusliche Gewalt, wiederholter sexueller oder körperlicher Missbrauch in der Kindheit). Alle Diagnosevoraussetzungen für PTBS sind erfüllt. Darüber hinaus zeichnet sich die Komplexe PTBS durch schwere und anhaltende 1) Probleme bei der Affektregulation aus; 2) Überzeugungen über sich selbst als geschwächt, geschlagen oder wertlos, begleitet von Gefühlen von Scham, Schuld oder Versagen im Zusammenhang mit dem traumatischen Ereignis; 3) Schwierigkeiten beim Aufrechterhalten von Beziehungen und beim Einlassen von Nähe zu anderen. Diese Symptome verursachen erhebliche Beeinträchtigungen in persönlichen, familiären, sozialen, schulischen, beruflichen oder anderen wichtigen Funktionsbereichen»

Gliederung

- **ICD-10: F6 «Persönlichkeits- und Verhaltensstörungen»**
 - **F60: «Spezifische Persönlichkeitsstörungen»**
- **ICD-11: «Personality disorders and related traits»**
 - **6D10 «Personality Disorder»**

ICD-11: Persönlichkeitsstörungen

Tabelle 4. Geplante Konzeptualisierung der Persönlichkeitsstörungen (PS) in der ICD-11 (Tyrer et al., 2015).

		Kommentar
Stufe 1	Allgemeine Kriterien der PS	Möglichkeit der Kodierung „später Beginn“
Stufe 2	Schweregrad der PS (leicht-mittel-schwer)	Subkategoriale Einschätzung möglich
Stufe 3	Art der Präsentation der Persönlichkeitsproblematik	Domänen: <ul style="list-style-type: none">• Merkmale negativer Affektivität• Merkmale der Dissozialität• Merkmale der Enthemmung• Merkmale des Anankasmus• Merkmale der Bindungslosigkeit

Ausmass sozialer Funktionsbeeinträchtigungen und Selbst- und Fremdgefährdung

Optional

Ähnlich DSM-5

Anmerkung: Übersetzung durch die Autoren.

Panel 2: Proposed category names and essential features of personality disorders in International Classification of Diseases (ICD)-11

Personality disorder

- A pervasive disturbance in how an individual experiences and thinks about the self, others, and the world, manifested in maladaptive patterns of cognition, emotional experience, emotional expression, and behaviour.
- The maladaptive patterns are relatively inflexible and are associated with significant problems in psychosocial functioning that are particularly evident in interpersonal relationships.
- The disturbance is manifest across a range of personal and social situations (ie, is not limited to specific relationships or situations).
- The disturbance is relatively stable over time and is of long duration. Most commonly, personality disorder has its first manifestations in childhood and is clearly evident in adolescence.

Late onset qualifier

- If the disturbance has its origin in adulthood, the qualifier for "late onset" may be added. The "late onset" qualifier should be used for cases in which, by history, there is no evidence of personality disorder or its early manifestations prior to age 25 years.

Mild personality disorder

There are notable problems in many interpersonal relationships and the performance of expected occupational and social roles, but some relationships are maintained and/or some roles carried out.

- Examples: Able to maintain, and has some interest in maintaining, a few friends. Intermittent or frequent, minor conflicts with peers, co-workers and/or supervisors or, alternatively, exhibits withdrawn, isolative behaviour but, in either case, is capable of sustaining and willing to sustain employment, given appropriate employment opportunities. Has meaningful relationships with some family members but typically avoids or has conflict with others.

Mild personality disorder is typically not associated with substantial harm to self or others.

Moderate personality disorder

There are marked problems in most interpersonal relationships and in the performance of expected occupational and social roles across a wide range of situations that are sufficiently extensive that most are compromised to some degree.

- Examples: Able to maintain very few friends or has little interest in maintaining friendships. Regular conflict with

peers, coworkers and/or supervisors or marked withdrawal and isolative behaviour that interferes with the ability to function constructively at work or with others. May exhibit little interest in and/or efforts toward sustained employment when appropriate employment opportunities are available. May have a history of frequently changing employment as a result. Has conflicted, or a marked absence of, relationships with many family members.

Moderate personality disorder often is associated with a past history and future expectation of harm to self or others, but not to a degree that causes long-term damage or has endangered life.

- Examples: Recurrent suicidal ideation or suicide attempts without clear expectation of death, recurrent episodes of self-harm without clear lethality, recurrent hostile and confrontational behaviour, or occasional violent episodes that involve only minor destruction of property (eg, breaking things) or interpersonal aggression such as pushing, shoving, or slapping that is not sufficient to cause lasting injury to others.

Severe personality disorder

There are severe problems in interpersonal functioning affecting all areas of life. The individual's general social dysfunction is profound and the ability and/or willingness to perform expected occupational and social roles is absent or severely compromised.

- Examples: Has no friends but may have some associates. Unwilling or unable to sustain regular work due to lack of interest or effort, interpersonal difficulties, or inappropriate behaviour (eg, irresponsibility, fits of temper, insubordination), even when appropriate employment opportunities are available. Conflict with or withdrawal from peers and coworkers. Family relationships are absent (despite having living relatives) or marred by significant conflict.

Severe personality disorder usually is associated with a past history and future expectation of severe harm to self or others that has caused long-term damage or has endangered life.

- Examples: Suicide attempts with a clear expectation of death, episodes of self-harm that permanently injure, disfigure or deform the individual, episodes of serious property destruction such as burning down someone's house in anger, or episodes of violence sufficient to cause lasting injury to others.

Vorgehen:

1. Schritt

Prüfung der allgemeinen Kriterien

2. Schritt

Bestimmung Schweregrad (incl. «subthreshold degree of disorder»): Art Z-Kodierung in ICD-10)

Panel 3: Domain traits in the proposed International Classification of Diseases (ICD)-11 classification of personality disorders

Negative affective features

Negative Emotionalität

The negative affectivity trait domain is characterised primarily by the tendency to manifest a broad range of distressing emotions including anxiety, anger, self-loathing, irritability, vulnerability, depression, and other negative emotional states, often in response to even relatively minor actual or perceived stressors.

Dissocial features

Dissozialität

The core of the dissocial trait domain is disregard for social obligations and conventions and the rights and feelings of others. Traits in this domain include callousness, lack of empathy, hostility and aggression, ruthlessness, and inability or unwillingness to maintain prosocial behaviour, often manifested in an overly positive view of the self, entitlement, and a tendency to be manipulative and exploitative of others.

Features of disinhibition

Enthemmung

The disinhibition trait domain is characterised by a persistent tendency to act impulsively in response to immediate internal or environmental stimuli without consideration of longer term consequences. Traits in this domain include irresponsibility, impulsivity without regard for risks or consequences, distractibility, and recklessness.

Anankastic features

Zwanghaftigkeit

The core of the anankastic trait domain is a narrow focus on the control and regulation of one's own and others' behaviour to ensure that things conform to the individual's particularistic ideal. Traits in this domain include perfectionism, perseveration, emotional and behavioural constraint, stubbornness, deliberativeness, orderliness, and concern with following rules and meeting obligations.

Features of detachment

Distanziertheit

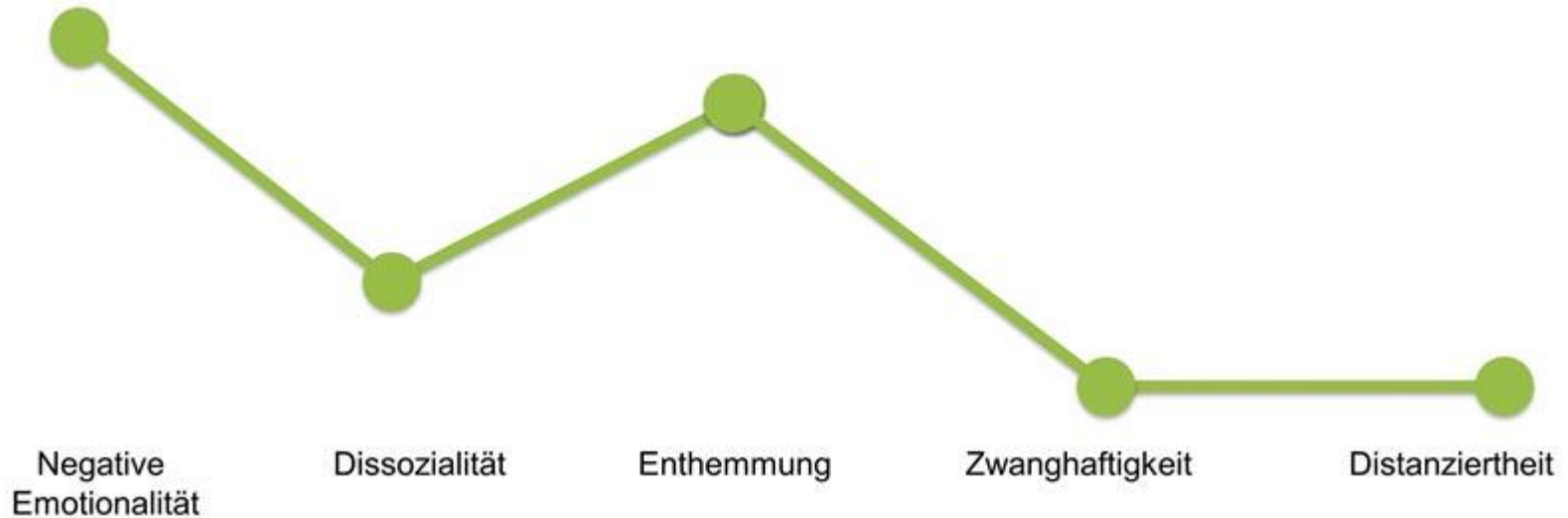
The core of the detachment trait domain is emotional and interpersonal distance, manifested in marked social withdrawal and/or indifference to people, isolation with very few or no attachment figures, including avoidance of not only intimate relationships but also close friendships. Traits in the detachment domain include aloofness or coldness in relation to other people, reserve, passivity and lack of assertiveness, and reduced experience and expression of emotion, especially positive emotions, to the point of a diminished capacity to experience pleasure.

Vorgehen:

3. Schritt

Spezifizierung mittels sog
«trait domains»

Möglichkeit: Profildarstellung



Disorders of bodily distress or bodily experience

- Disorders of bodily distress or bodily experience
 - 6C20 Bodily distress disorder
 - 6C21 Body integrity dysphoria
 - 6C2Y Other specified disorders of bodily distress or bodily experience
 - 6C2Z Disorders of bodily distress or bodily experience, unspecified

- 6C20 Körperbelastungsstörung
 - Differenzierte Darstellung von Kriterien mit Beschwerden, Verhalten, Einengung des Denkens, funktionellen Einschränkungen
 - Einteilung in 3 Schweregrade anhand Beschwerden, Verhalten, funktionellen Einschränkungen
 - Verzicht auf «keine diagnostizierbare körperliche Krankheit...» (vergleichbar mit DSM-5)
 - Einbezug von Neurasthenie; weshalb Hypochondrie (katastrophisierende Ängste) nicht, wie in DSM-5, dazu genommen, sondern bei Zwangsstörungen angesiedelt wurde, ist nicht nachvollziehbar
 - Entspricht eher dem aktuellen Forschungsstand und ist für die Begutachtung hilfreich

Gliederung

- **ICD-10: F8 «Entwicklungsstörungen»**
 - **F84.5 «Asperger-Syndrom»**
- **ICD-11: «Neurodevelopmental Disorders»**

6A02 Autism Spectrum Disorder

- **Hauptmerkmale:** u.a.
 - überdauernde Defizite soziale Kommunikation und Interaktion
 - überdauernde Defizite im Verhalten (u.a. unflexibel, repetitiv)
 - unflexibles Routineverhalten
- Beginn in **früher Kindheit**
- **Beeinträchtigungen** in verschiedenen Lebensbereichen
- «**Qualifiers**»: i.H. Intelligenz, Sprache
- wichtig: **Asperger Syndrom nicht explizit erwähnt**

Gliederung

- **ICD-10 F9 «Verhaltens- und emotionale Störungen mit Beginn in der Kindheit und Jugend»**
 - **ADHS F90.0 «Einfache Aktivitäts- und Aufmerksamkeitsstörung»**
- **ICD-11: ICD-11: «Neurodevelopmental Disorders»**
 - **6A06 «Attention Deficit Hyperactivity Disorder»**

6A06 Attention Deficit Hyperactivity Disorder

- **Hauptmerkmale:**
 - Unaufmerksamkeit, Hyperaktivität/Impulsivität
 - «several symptoms»
 - mindestens 6 Monate
- vor dem **12. Lebensjahr**
- in verschiedenen **Lebensbereichen**
- **«Qualifiers»:** gegenwärtiges Bild (unaufmerksam, hyperaktiv/impulsiv, kombiniert)