

PSYCHOLOGICAL DISORDERS IN CHILDHOOD AND ADOLESCENT AGE - NEW CLASSIFICATIONS

Izet Pajević, Nera Žigić, Elvir Bećirović & Ahmed Pajević

Department of Psychiatry, University Clinical Center Tuzla, School of Medicine University of Tuzla,
Tuzla, Bosnia and Herzegovina

SUMMARY

Introduction: The eleventh revision of the International Classification of Diseases (ICD-11) is planned to be published in 2018. So called, „beta version“ of the chapter of mental and behavioral disorders (ICD-11) is already available and it is considered that there will be no significant deviations in the final version. The DSM-5 was released in 2013. Changes related to mental disorders in child and adolescent psychiatry have been made in both of these classifications. To identify changes in the classifications of mental disorders in childhood and adolescent age in beta version of ICD-11 and DSM-5.

Methods: Review of mental disorders in childhood and adolescent age and their classification in ICD-11 and DSM-5.

Results: For disorders that are classified as “mental retardation” in ICD-10, a new term “intellectual development disorders” has been introduced in ICD-11, ie “intellectual disabilities” in DSM-5. Hyperactivity disorders and attention deficit is a separate entity in relation to ICD-10, in which it is classified as a hyperkinetic disorder. Asperger's syndrome, which is isolated from autism spectrum disorders in DSM-5, does not appear under that name in ICD-11 either. Elimination disorders are in a separate block MKB-11 and DSM-5. Speech and language disorders are classified as communication disorders in the DSM-5 classification. Selective mutism and anxiety separation disorder in childhood are in the block of anxiety and fear-related disorders in ICD-11, and among anxiety disorders in DSM-5, respectively. Reactive emotional disorder and disinhibited attachment disorder of childhood are classified as stress-related disorders in ICD-11 and DSM-5.

Conclusions: The new classifications (ICD-11 and DSM-5) classify mental disorders in child and adolescent psychiatry somewhat differently from their antecedents. New entities have also been formed.

Key words: ICD-11 - DSM-5 - psychiatric disorders - children - adolescents

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INTRODUCTION

The tenth revision of the International Classification of Diseases (ICD-10) was approved in 1990 by the 43rd Assembly of the World Health Organization (WHO), which officially supported the recommendation to establish a recovery procedure within a ten-year period. An official renewal mechanism was established, according to which minor corrections were made every year, and major changes were introduced every three years as needed. “Mental and behavioral disorders” are classified in Chapter V of ICD-10, which consists of 100 three-digit categories (F00-F99).

The eleventh revision of the International Classification of Diseases (ICD-11) is planned to be published in 2018. So called „beta version“ of the chapter of mental and behavioral disorders (ICD-11) is already available online. This version includes definitions of various disorders, including and excluding terms, and for some disorders also definitions of special designations / subtypes (Bucci 2017).

The final version of ICD-11 clinical descriptions and diagnostic guidelines will include, for each disorder, a description of the underlying features, the limit of the disorder in relation to normality (threshold for diagnosis) and other disorders, ie differential diagnosis, and a description of outcome characteristics, clinical presentations, cultural conditioned traits, developmental presentations, as well as gender-dependent characteristics (First et al. 2015).

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) was conducted in 2013 by the American Psychiatric Association (APA). The DSM-5 is divided into three sections, marked with Roman numerals. In the U.S., the DSM-5 serves as the main authority for making psychiatric diagnoses.

To determine changes in the classifications of mental disorders in child and adolescent psychiatry in the beta version of ICD-11 in relation to ICD-10 and DSM-5 classifications.

METHODS

An overview of mental disorders in child and adolescent psychiatry and their classification through ICD-10, ICD-11 and DSM-5 classifications.

RESULTS

New classifications (ICD 11 and DSM 5) have introduced some changes when it comes to the classification of mental disorders in child and adolescent psychiatry. After comparative analysis and comparison with the previous classification of ICD-10, we present the obtained results.

In the first place, we point out that in the DSM-5 classification, a chapter that includes “disorders usually first diagnosed in infancy, childhood, or adolescence” has been deleted, deciding to list them in other chapters (Table 1).

Table 1. Classification of disorders in child and adolescent psychiatry in ICD-10

ICD-10	Title of chapter
Mental retardation F70-F79	Mental retardation
Specific developmental disorders of speech and language F80	Disorders of psychological development
Specific developmental disorders of scholastic skills F81	
Specific developmental disorders of motor functions F82	
Stereotyped movement disorders F98.4	Other behavioural and emotional disorders with onset usually occurring in childhood and adolescence
Childhood autism F84.0	Pervasive developmental disorders
Asperger's syndrome B84.5	
Hyperkinetic disorders F90	Behavioural and emotional disorders with onset usually occurring in childhood and adolescence
Emotional disorders with onset specific to childhood F93	Emotional disorders with onset specific to childhood
Elective mutism F94.0	Disorders of social functioning with onset specific to childhood and adolescence
Reactive attachment disorder of childhood F94.1	
Disinhibited attachment disorder of childhood F94.2	
Other behavioural and emotional disorders with onset usually occurring in childhood and adolescence F98	Other behavioural and emotional disorders with onset usually occurring in childhood and adolescence
Gender identity disorder of childhood F64.2	Disorders of adult personality and behaviour
Conduct disorders F91	Behavioural and emotional disorders with onset usually occurring in childhood and adolescence

In ICD-10 mental retardations are classified in codes from F70-F79, graded from mild, to moderate, severe and deep mental retardation, other and indeterminate mental retardations. The degree of accompanying behavioral impairment can be indicated by the fourth sign. In the beta draft of ICD-11, the term “mental retardation” was replaced by the term “Intellectual Development Disorders”. Intellectual developmental disorders are located in block L1 among neurodevelopmental disorders and are marked with codes 6A00-6A0Z, graded from mild, moderate, severe and deep intellectual development disorders, with the addition of temporary intellectual development disorders, as well as other specific and nonspecific intellectual development disorders. Temporary intellectual impairment is awarded when there is evidence of intellectual disability, but individuals are young children or children under four years of age or when it is not possible to conduct a valid assessment of behavior due to sensory or physical impairment (eg blindness), locomotor disability, severe behavioral disorders or common occurrence of mental and behavioral disorders. The equivalent of "Intellectual Development Disorders" in ICD-11 in the DSM-5 classification is the term "Intellectual Disabilities".

Specific developmental disorders of speech and language are classified in the ICD-10 classification among the chapter Disorders of psychological development and are coded with F80. In the ICD-11 classification, they are classified as neurodevelopmental disorders and are marked with the code 6A01. The DSM-5 uses the term communication disorders. There are no differences in diagnostic criteria between the given classifications.

Developmental learning disorders in ICD-11 are denoted by 6A03, in DSM-5 by 315, and are matched diagnostically with Specific School Skills Disorders (F81) in ICD-10. The specific developmental disorders of motor functions (F82) in ICD-10 are equivalent to the developmental disorders of motor coordination (6A04) in ICD-11 and DSM-5 (315.4). Disorder with stereotyped movements is classified as a motor disorder in DSM-5 (307.3), compared to ICD-10 (F98.4) where it is located among hyperkinetic disorders.

Pervasive developmental disorders (F84) in ICD-10 are characterized by qualitative abnormalities in reciprocal social interactions, forms of communication, and a limited stereotypical and repetitive repertoire of interests and activities, and include: childhood autism (F84.0), atypical autism (F84.1), Rett syndrome (F84.2), Other disintegrative disorders in childhood (F84.3), Hyperactive disorder associated with mental retardation and stereotyped movements (F84.4), Asperger syndrome (F84.5), Other pervasive developmental disorders (F84 .8) and Pervasive developmental disorders, unspecified (F84.9). Asperger's syndrome does not appear under this name in ICD-11 and DSM-5. In the DSM-5, the diagnostic categories of autistic disorder, Asperger's syndrome, and pervasive developmental disorder have been replaced by one short term, autism spectrum disorder. Asperger's syndrome is classified in the same way in the beta draft of the ICD-11 classifications. In the ICD-11 classification, the autism spectrum disorder is classified as a neurodevelopmental disorder under the code 6A02 and contains 8 subtypes. The autism spectrum disorder includes autistic disorder and pervasive developmental

delays, and excludes developmental language disorder and schizophrenia or other primarily psychotic disorders.

Hyperkinetic disorder (F90) in ICD-10 is classified among behavioral disorders and emotional disorders that occur in childhood and adolescence. The basic features and diagnostic guidelines are impaired attention and hyperactivity. Associated disorders, including disinhibition in social relations, recklessness in dangerous situations, and impulsive violation of social rules, are not necessary for the diagnosis of hyperkinetic disorder.

In ICD-11, hyperactivity disorder and attention deficit is a separate entity compared to ICD-10. They carry the code 6A06 and have several subtypes. Diagnostic criteria are unchanged. In the DSM-5, hyperkinetic disorders are classified as neurodevelopmental disorders called Hyperactivity Disorders and Attention Deficit Disorder, coded 314.01.

Elimination disorders that are classified in ICD-10 among other behavioral disorders and emotional disorders that typically begin in childhood and adolescence (F98) are in separate blocks in ICD-11 and DSM-5. Block L1-6C3 in ICD-11 consists of enuresis and encopresis with subtypes, and also includes nonspecific elimination disorders. In the DSM-5 they are coded with Arabic numerals 307.6 and 307.7, respectively.

Anxiety disorder due to childhood separation (F93) is classified in ICD-11 as a block of anxiety and fear-

related disorders (6B35) as well as selective mutism (F94.0). Both are among the anxiety disorders in DSM-5. Childhood Reactive Attachment Disorder (F94.1) and Childhood Disinhibited Disorder (F94.2) are classified as stress-related disorders in ICD-11 (6B74, 6B75) and DSM-5.

Behavioral Disorders (F91) in ICD-10 are among the Behavioral Disorders and Emotional Disorders that Usually Begin in Childhood and Adolescence, while in the beta draft ICD-11 are coded among the special entity within Behavioral Disorders or Dysocial Disorders 6D5 and DSM-5, respectively. as 313.81, 312.81, 312.82, 312.89 and 312.9. Diagnostic criteria include a repetitive and persistent pattern of behavior in which the fundamental rights of other or major social norms, rules, or laws, such as aggression toward humans or animals, are violated; destruction of property; fraud or theft; and serious rule violations. The pattern of behavior must last for a significant period of time (e.g., 12 months or more). Isolated dissocial or criminal proceedings are not in themselves a basis for diagnosis. Diagnosing Behavioral Disorders Beginning in Childhood requires that features of the disorder be present in childhood and before adolescence, as opposed to Behavioral Disorders beginning in adolescence when the exclusionary factor is the presence of features of the disorder before 10 years of age.

Table 2. Classification of disorders in children and adolescents in ICD-11 and DSM-5

ICD-11	Title of chapter	DSM-5	Title of chapter
Disorders of intellectual development (6A00 – 6A0Z)	Neurodevelopmental Disorders	Intellectual Disabilities (317-319)	Neurodevelopmental Disorders
Developmental speech or language disorders (6A01)		Communication Disorders (315.39)	
Developmental learning disorder (6A03)		Specific Learning Disorder (315.35)	
Developmental motor coordination disorder (6A04)		Motor Disorders (315.4)	
Autism spectrum disorder (6A02)		Autism Spectrum Disorder (299.00)	
Attention deficit hyperactivity disorder (6A05)		Attention-Deficit/Hyperactivity Disorder (314.01)	
Stereotyped movement disorder (6A06)		Stereotypic Movement Disorder (307.3)	
Separation anxiety disorder (6B05)	Anxiety Disorders specifically associated with stress	Separation Anxiety Disorder (309.21)	Anxiety Disorders
Selective mutism (6B06)		Selective Mutism (313.23)	
Reactive attachment disorder (6B44)		Reactive Attachment Disorder (313.89)	
Disinhibited social engagement disorder (6B45)	Disinhibited Social Engagement Disorder (313.89)		
Elimination disorders (6C00-6C0Z)	Elimination Disorders	Elimination Disorders (307.6-307.7)	Elimination Disorders
Oppositional defiant disorder (6C90, 6C91)	Disruptive behaviour or dissocial disorders	Conduct Disorders (313.81, 312.81, 312.82, 312.89, 312.9)	Disruptive, Impulse-Control and Conduct Disorders
		Gender Dysphoria (302.6, 302.85)	

Childhood Gender Identity Disorder (F64.2) in ICD-10 is classified in the Personality Disorder section, because of its many common features with other identity disorders in this chapter. Gender dysphoria is a separate entity in DSM-5 and includes childhood gender dysphoria and gender dysphoria in adolescents and adults, with the addition of others and unspecified (302.6). Over the past few years, a number of civil society organizations, as well as the governments of several Member States and the European Parliament, have called on the WHO to remove transgender identity-related categories from its ICD-11 classification of mental disorders (Anonymous 2011). One impetus for this advocacy has been the objection to stigmatization that accompanies the designation of any condition as a mental disorder in many cultures and countries (Reed et al. 2016). The primary focus of ICD-11 is on the mismatch between the gender a person experiences and the gender assigned to them. ICD-11 does not classify sexual mismatch as a mental disorder and a behavioral disorder (Table 2).

DISCUSSION

The characteristic of ICD-10 is the use of alphanumeric encryption system, which consists of four characters - one letter and three digits (A00-Z99). Thus, compared to previous revisions, the encryption capability has more than doubled and allowed most chapters to be assigned a single letter or group of letters, and 100 three-digit categories can be added to each. Additional details are provided by decimal numerical subdivisions at the four-digit level (DSM-5 2013). ICD-10 is also characterized by a multi-axis formulation, which is a comprehensive diagnostic procedure designed to provide a biopsychosocial presentation of a patient's clinical condition. Clinician evaluation and multiaxial formulation should be based on all available patient information, including: clinical examination results (psychiatric and physical examination); data obtained from relatives and other sources; review of medical documentation, laboratory and other diagnostic tests; psychological testing results; reports of social workers; and data from other sources such as school or work reports (WHO 2010).

The main goal of the ICD-11 development process was to increase usefulness of the classification system. Expert working groups first proposed a set of revised diagnostic guidelines with responsibility for specific groups of disorders. Surveys were then conducted to obtain proposals for audits from the practice of health professionals. A completely revised structure for the classification of mental and behavioral disorders has been developed and some changes have been proposed, for example, conditions related to sexual health and gender identity will be classified separately from

mental disorders (DSM-5 2013). In the DSM-5 gender dysphoria is a separate entity, and through the name of the category and criteria the DSM-5 highlights the difficulties related to the issue of gender identity.

The American Psychiatric Association (APA) included representatives of the World Health Organization (WHO) and the World Psychiatric Organization (WPA) in its DSM-V advisory committees during the preparation of the DSM-5. The goal was to achieve harmonization with the ICD-11 classification. In the DSM-5, the multi-axis system has been abolished, diagnoses are documented, with important recording of important psychosocial and contextual factors and disability.

During both the ICD-11 and DSM-5 development processes, one of the challenges was to find a balance between issues related to the stigmatization of mental disorders and the need for diagnostic categories that facilitate access to health care (Drescher et al. 2012). Although the changes given are positive in an effort to make diagnoses valid and more reliable, there are some concerns about the possibility of accessing the necessary services.

CONCLUSION

The goal of the World Health Organization (WHO) and the World Psychiatric Association (WPA) when it comes to new classifications was to achieve harmonization between the DSM-5 and ICD-11 classifications, which will go beyond national interests, which has been partially achieved.

The new classifications (ICD-11 and DSM-5) classify psychiatric disorders in child and adolescent psychiatry somewhat differently from their antecedents. New entities have also been formed.

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Izet Pajević: conception and design of the manuscript, collecting data and literature searches, analyses and interpretation of data, manuscript preparation and writing the paper.

Nera Žigić: made substantial contributions to conception and design, literature searches, and interpretation of data, participated in revising the manuscript.

Elvir Bećirović: made substantial contributions to conception and design, participated in revising the manuscript.

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Correspondence:

Professor Izet Pajević, MD, PhD
Department of Psychiatry, University Clinical Center Tuzla
Ul. Rate Dugonjića bb, 75 000 Tuzla, Bosnia and Herzegovina
E-mail: pajevic.izet@gmail.com