# INTERNATIONAL CLASSIFICATION OF DISEASES (ICD) - 11

# WHAT IS ICD?

The International Classification of Diseases and Related Health Problems (ICD).

It includes categories of

- ✓ Diseases And Disorders
- ✓ Health Related Conditions
- ✓ External Causes Of Illness Or Death
- ✓ Anatomy
- ✓ Sites
- ✓ Activities
- ✓ Medicines
- ✓Vaccines And More.

# PURPOSE OF ICD

- To allow the systematic recording, analysis, interpretation and comparison of mortality and morbidity data collected in different countries or regions and at different times.
- To serve semantic interoperability of individual data, reusability of recorded data, health statistics, including decision support, resource allocation, reimbursement, guidelines and more.
- To translate diagnoses of diseases and other health problems into alphanumeric codes, allowing storage, retrieval, and analysis of the data.

- The ICD has evolved over the past 150 years from an International List of Causes of Death to a comprehensive classification and terminology system.

- ICD 11 was adopted by the 72nd World Health Assembly in 2019 and came into effect on 1st January 2022.

- Chapter 6 of ICD – 11 deals with the Mental, Behavioural or Neurodevelopmental Disorders.

- Nearly 161 categories of condition are discussed in this chapter. (Four Character Codes)

- Code range starts from 6A00

- https://www.youtube.com/watch?v=cb6hsq-IHfA

# MENTAL, BEHAVIOURAL OR NEURODEVELOPMENTAL DISORDERS

Mental, Behavioural and neurodevelopmental disorders are syndromes characterized by clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes that underlie mental and Behavioural functioning.

- These disturbances are usually associated with distress or impairment in personal, family, social, educational, occupational, or other important areas of functioning.

# CLASSIFICATION OF DISORDERS

- ☐ Neurodevelopmental disorders
- ☐ Schizophrenia or other primary psychotic disorders
- ☐ Catatonia
- ☐ Mood disorders
- ☐ Anxiety or fear-related disorders
- ☐ Obsessive-compulsive or related disorders
- ☐ Disorders specifically associated with stress
- ☐ Dissociative disorders
- ☐ Feeding or eating disorders

# CLASSIFICATION OF DISORDERS

- ☐ Elimination disorders
- ☐ Disorders of bodily distress or bodily experience
- ☐ Disorders due to substance use or addictive behaviours
- ☐ Impulse control disorders
- ☐ Disruptive behaviour or dissocial disorders
- ☐ Personality disorders and related traits
- ☐ Paraphilic disorders
- ☐ Factitious disorders
- ☐ Neurocognitive disorders

# CLASSIFICATION OF DISORDERS

- ☐ Mental or behavioral disorders associated with pregnancy, childbirth and the puerperium
- ☐ Secondary mental or behavioral syndromes associated with disorders or diseases classified elsewhere.

# NEURODEVELOPMENTAL DISORDERS - (BLOCKL1-6A0)

- Neurodevelopmental disorders are **behavioral and cognitive disorders that arise during the developmental period** that involve significant **difficulties in the acquisition and execution of specific intellectual, motor, or social functions**.

- Although behavioral and cognitive deficits are present in many mental and behavioral disorders that can arise during the developmental period (e.g., Schizophrenia, Bipolar disorder), only disorders whose **core features are neurodevelopmental** are included in this grouping.

- The presumptive etiology for neurodevelopmental disorders is complex, and in many individual cases is unknown.

# DISORDERS OF INTELLECTUAL DEVELOPMENT – 6A00

- Disorders of intellectual development are a group of etiologically diverse conditions originating during the developmental period characterized by significantly below average intellectual functioning and adaptive behavior that are approximately two or more standard deviations below the mean (approximately less than the 2.3$^{rd}$ percentile), based on appropriately normed, individually administered standardized tests.

- Where appropriately normed and standardized tests are not available, diagnosis of disorders of intellectual development requires greater reliance on clinical judgment based on appropriate assessment of comparable behavioral indicators.

# SUBTYPES OF DISORDERS OF INTELLECTUAL DEVELOPMENT

6A00.0 Disorder of intellectual development, mild

6A00.1 Disorder of intellectual development, moderate

6A00.2 Disorder of intellectual development, severe

6A00.3 Disorder of intellectual development, profound

6A00.4 Disorder of intellectual development, provisional – infant or children below 4 years where valid assessment cannot be done.

6A00.Z Disorders of intellectual development, unspecified

# 6A01 DEVELOPMENTAL SPEECH OR LANGUAGE DISORDERS

- Developmental speech or language disorders arise during the developmental period and are characterized by difficulties in understanding or producing speech and language or in using language in context for the purposes of communication that are outside the limits of normal variation expected for age and level of intellectual functioning.

- The observed speech and language problems are not attributable to social or cultural factors (e.g., regional dialects) and are not fully explained by anatomical or neurological abnormalities.

- The presumptive etiology for Developmental speech or language disorders is complex, and in many individual cases is unknown.

# SUBTYPES OF DEVELOPMENTAL SPEECH AND LANGUAGE DISORDERS

6A01.0 Developmental speech sound disorder - difficulties in the acquisition, production and perception of speech that result in errors of pronunciation.

6A01.1 Developmental speech fluency disorder - persistent and frequent

or pervasive disruption of the rhythmic flow of speech

6A01.2 Developmental language disorder - persistent difficulties in the

acquisition, understanding, production or use of language (spoken or signed)

6A01.21 Developmental language disorder with impairment of mainly expressive language

6A01.22 Developmental language disorder with impairment of mainly pragmatic language

6A01.23 Developmental language disorder, with other specified language impairment

6A01.Y Other specified developmental speech or language disorders

6A01.Z Developmental speech or language disorders, unspecified

# 6A02 AUTISM SPECTRUM DISORDER

- Autism spectrum disorder is characterized by persistent deficits in the ability to initiate and to sustain reciprocal social interaction and social communication, and by a range of restricted, repetitive, and inflexible patterns of behaviour and interests.
- The onset of the disorder occurs during the developmental period, typically in early childhood, but symptoms may not become fully manifest until later, when social demands exceed limited capacities.
- Deficits are sufficiently severe to cause impairment in personal, family, social, educational, occupational or other important areas of functioning and are usually a pervasive feature of the individual's functioning observable in all settings, although they may vary according to social educational, or other context.
- Individuals along the spectrum exhibit a full range of intellectual functioning and language abilities.

# SUBTYPES OF AUTISM SPECTRUM DISORDERS

- ✓6A02.0 Autism spectrum disorder without disorder of intellectual development and with mild or no impairment of functional language.
- ✓6A02.1 Autism spectrum disorder with disorder of intellectual development and with mild or no impairment of functional language
- ✓6A02.2 Autism spectrum disorder without disorder of intellectual development and with impaired functional language.
- ✓6A02.3 Autism spectrum disorder with disorder of intellectual development and with impaired functional language
- ✓6A02.4 Autism spectrum disorder without disorder of intellectual development and with absence of functional language

# SUBTYPES OF AUTISM SPECTRUM DISORDERS

- ✓6A02.5 Autism spectrum disorder with disorder of intellectual development and with absence of functional language
- ✓6A02.Y Other specified autism spectrum disorder
- ✓6A02.Z Autism spectrum disorder, unspecified

# 6A03 DEVELOPMENTAL LEARNING DISORDER

6A03.0 Developmental learning disorder with impairment in reading

6A03.1 Developmental learning disorder with impairment in written expression

6A03.2 Developmental learning disorder with impairment in mathematics

6A03.3 Developmental learning disorder with other specified impairment of learning.

6A03.Z Developmental learning disorder, unspecified

# 6A04 DEVELOPMENTAL MOTOR COORDINATION DISORDER

- Developmental motor coordination disorder is characterized by a significant delay in the acquisition of gross and fine motor skills and impairment in the execution of coordinated motor skills that manifest in clumsiness, slowness, or inaccuracy of motor performance.
- Coordinated motor skills are substantially below that expected given the individual's chronological age and level of intellectual functioning.
- Onset of coordinated motor skills difficulties occurs during the developmental period and is typically apparent from early childhood.
- Coordinated motor skills difficulties cause significant and persistent limitations in functioning (e.g., in activities of daily living, school work, and vocational and leisure activities).
- Difficulties with coordinate motor skills are not solely attributable to a Disease of the Nervous System, Disease of the Musculoskeletal System or Connective Tissue, sensory impairment, and not better explained by a Disorder of Intellectual Development.

# 6A05 ATTENTION DEFICIT HYPERACTIVITY DISORDER

- Attention deficit hyperactivity disorder is characterized by a persistent pattern (at least 6 months) of inattention and/or hyperactivity-impulsivity, with onset during the developmental period, typically early to mid-childhood.

- The degree of inattention and hyperactivity-impulsivity is outside the limits of normal variation expected for  age and level of intellectual functioning and significantly interferes with academic, occupational, or social functioning.

# SUBTYPES IN ADHD

6A05.0 Attention deficit hyperactivity disorder, predominantly inattentive Presentation.

6A05.1 Attention deficit hyperactivity disorder, predominantly hyperactive-impulsive Presentation

6A05.2 Attention deficit hyperactivity disorder, combined presentation.

6A05.Y Attention deficit hyperactivity disorder, other specified presentation

6A05.Z Attention deficit hyperactivity disorder, presentation unspecified

# 6A06 STEREOTYPED MOVEMENT DISORDER

- Stereotyped movement disorder is characterized by the persistent (e.g., lasting several months) presence of voluntary, repetitive, stereotyped, apparently purposeless (and often rhythmic) movements that arise during the early developmental period, are not caused by the direct physiological effects of a substance or medication (including withdrawal), and markedly interfere with normal activities or result in self-inflicted bodily injury.
- Stereotyped movements that are non-injurious can include body rocking, head rocking, finger-flicking mannerisms, and hand flapping.
- Stereotyped self-injurious behaviours can include repetitive head banging, face slapping, eye poking, and biting of the hands, lips, or other body parts.

# SUBTYPES OF STEREOTYPED MOVEMENT DISORDER

6A06.0 Stereotyped movement disorder without self-injury

6A06.1 Stereotyped movement disorder with self-injury

6A06.Z Stereotyped movement disorder, unspecified

# 8A05.0 PRIMARY TICS OR TIC DISORDERS

Primary tics or tic disorders are characterized by the presence of chronic motor and/or vocal (phonic) tics. Motor and vocal tics are defined as sudden, rapid, non-rhythmic, and recurrent movements or vocalizations, respectively. In order to be diagnosed, tics must have been present for at least one year, although they may not manifest consistently.

https://www.youtube.com/shorts/vtSChwXxn9o

https://www.youtube.com/shorts/g7syiiTlHjk

# SUBTYPES OF TICS DISORDER

8A05.00 Tourette syndrome

8A05.01 Chronic motor tic disorder

8A05.02 Chronic phonic tic disorder

8A05.03 Transient motor tics

8A05.0Y Other specified primary tics or tic disorders

8A05.0Z Primary tics or tic disorders, unspecified

# 6E60 SECONDARY NEURODEVELOPMENTAL SYNDROME

A syndrome that involves significant neurodevelopmental features that do not fulfill the diagnostic requirements of any of the specific neurodevelopmental disorders that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioral disorders

6E60.0 Secondary speech or language syndrome

6E60.Y Other specified secondary neurodevelopmental syndrome

6E60.Z Secondary neurodevelopmental syndrome, unspecified

# SCHIZOPHRENIA OR OTHER PRIMARY PSYCHOTIC DISORDERS (BLOCKL1-6A2)

Schizophrenia and other primary psychotic disorders are characterized by significant impairments in reality testing and alterations in behavior manifest in positive symptoms such as persistent delusions,  persistent hallucinations, disorganized thinking (typically manifest as disorganized speech), grossly disorganized behavior, and experiences of passivity and control, negative symptoms such as blunted or flat affect and avolition, and psychomotor disturbances.

The symptoms occur with sufficient frequency and intensity to deviate from expected cultural or subcultural norms. These symptoms do not arise as a feature of another mental and behavioral disorder (e.g., a mood disorder, delirium, or a disorder due to substance use). The categories in this grouping should not be used to classify the expression of ideas, beliefs, or behaviours that are culturally sanctioned.

# SUBTYPES IN SCHIZOPHRENIA OR OTHER PRIMARY PSYCHOTIC DISORDERS

**6A20: Schizophrenia**

**6A21: Schizoaffective disorder**

**6A22: Schizotypal disorder**

**6A23 : Acute and transient psychotic disorder**

**6A24 : Delusional disorder**

**6A25 : Symptomatic manifestations of primary psychotic disorders**

# SUBTYPES IN SCHIZOPHRENIA OR OTHER PRIMARY PSYCHOTIC DISORDERS

Substance-induced psychotic disorders

6E61 Secondary psychotic syndrome

6A2Y Other specified primary psychotic disorder

6A2Z Schizophrenia or other primary psychotic disorders, unspecified

# CATATONIA (BLOCKL1-6A4)

Catatonia is a marked disturbance in the voluntary control of movements characterized by several of the following: extreme slowing or absence of motor activity, mutism, purposeless motor activity unrelated to external stimuli, assumption and maintenance of rigid, unusual or bizarre postures, resistance to instructions or attempts to be moved, or automatic compliance with instructions.

Catatonia may be diagnosed in the context of certain specific mental disorders, including Mood disorders, Schizophrenia, and Autism spectrum disorder. Catatonia may also be caused by disorders or diseases classified elsewhere.

https://www.youtube.com/watch?v=ij-jfNLOs9U

https://www.youtube.com/watch?v=ex5e2-_vzsU

# SUBTYPES OF CATATONIA

6A40: Catatonia associated with another mental disorder

6A41: Catatonia induced by psychoactive substances, including medications

6E69 Secondary catatonia syndrome

6A4Z: Catatonia, unspecified

# MOOD DISORDERS (BLOCKL1-6A6)

- ✓Mood Disorders refers to a superordinate grouping of Bipolar and Depressive Disorders.
- ✓Mood disorders are defined according to particular types of mood episodes and their pattern over time.
- ✓The primary types of mood episodes are Depressive episode, Manic episode, Mixed episode, and Hypomanic episode.
- ✓Mood episodes are not independently diagnosable entities, and therefore do not have their own diagnostic codes.
- ✓Rather, mood episodes make up the primary components of most of the Depressive and Bipolar Disorders.

# SUBTYPES IN MOOD DISORDERS

**I. Bipolar or related disorders (BlockL2-6A6)**

Bipolar and related disorders are episodic mood disorders defined by the occurrence of Manic, Mixed or Hypomanic episodes or symptoms. These episodes typically alternate over the course of these disorders with Depressive episodes or periods of depressive symptoms.

**6A60: Bipolar type I disorder – 18 Sub types**

**6A6: Bipolar type II disorder – 13 sub types**

**6A62: Cyclothymic disorder**

**6A6Y: Other specified bipolar or related disorders**

**6A6Z: Bipolar or related disorders, unspecified**

# SUBTYPES IN MOOD DISORDERS

**II. Depressive disorders (BlockL2-6A7)**

Depressive disorders are characterized by depressive mood (e.g., sad, irritable, empty) or loss of pleasure accompanied by other cognitive, behavioural, or neurovegetative symptoms that significantly affect the individual's ability to function.

A depressive disorder should not be diagnosed in individuals who have ever experienced a manic, mixed or hypomanic episode, which would indicate the presence of a bipolar disorder.

**6A70: Single episode depressive disorder – 10 sub types**

**6A71: Recurrent depressive disorder – 10 Sub types**

**6A72: Dysthymic disorder**

**6A73 Mixed depressive and anxiety disorder**

# SUBTYPES IN MOOD DISORDERS

6A73:  Mixed depressive and anxiety disorder

6A7Y: Other specified depressive disorders

6A7Z: Depressive disorders, unspecified

6A80: Symptomatic and course presentations for mood episodes in mood

Disorders – 5 Sub types.

6ASubstance-induced mood disorders

6E62 Secondary mood syndrome

8Y Other specified mood disorders

6A8Z Mood disorders, unspecified

# ANXIETY OR FEAR-RELATED DISORDERS (BLOCKL1-6B0)

Anxiety and fear-related disorders are characterized by excessive fear and anxiety and related Behavioural disturbances, with symptoms that are severe enough to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Fear and anxiety are closely related phenomena; fear represents a reaction to perceived imminent threat in the present, whereas anxiety is more future-oriented, referring to perceived anticipated threat.

A key differentiating feature among the Anxiety and fear-related disorders are disorder-specific foci of apprehension, that is, the stimulus or situation that triggers the fear or anxiety.

# SUBTYPES OF ANXIETY OR FEAR-RELATED DISORDERS

6B00 Generalised anxiety disorder

6B01 Panic disorder

6B02 Agoraphobia

6B03 Specific phobia

6B04 Social anxiety disorder

6B05 Separation anxiety disorder

6B06 Selective mutism

# SUBTYPES OF ANXIETY OR FEAR-RELATED DISORDERS

Substance-induced anxiety disorders

6B23 Hypochondriasis

6E63 Secondary anxiety syndrome

6B0Y Other specified anxiety or fear-related disorders

6B0Z Anxiety or fear-related disorders, unspecified

# OBSESSIVE-COMPULSIVE OR RELATED DISORDERS (BLOCKL1-6B2)

Obsessive-compulsive and related disorders is a group of disorders characterized by repetitive thoughts and behaviours that are believed to share similarities in etiology and key diagnostic validators.

Cognitive phenomena such as obsessions, intrusive thoughts and preoccupations are central to a subset of these conditions (i.e., obsessive-compulsive disorder, body dysmorphic disorder, hypochondriasis, and olfactory reference disorder) and are accompanied by related repetitive behaviours.

# SUB TYPES OF OCD

6B20 Obsessive-compulsive disorder

6B21 Body dysmorphic disorder

6B22 Olfactory reference disorder

6B23 Hypochondriasis

6B24 Hoarding disorder

6B25 Body-focused repetitive behaviour disorders

# SUB TYPES OF OCD

Substance-induced obsessive-compulsive or related disorders

6E64 Secondary obsessive-compulsive or related syndrome

8A05.00 Tourette syndrome

6B2Y Other specified obsessive-compulsive or related disorders

6B2Z Obsessive-compulsive or related disorders, unspecified

# DISORDERS SPECIFICALLY ASSOCIATED WITH STRESS (BLOCKL1-6B4)

- Disorders Specifically Associated with Stress are directly related to exposure to a stressful or traumatic event, or a series of such events or adverse experiences.
- For each of the disorders in this grouping, an identifiable stressor is a necessary, though not sufficient, causal factor. Most people who experience stressors do not develop a disorder.
- Stressful events for some disorders in this grouping are within the normal range of life experiences (e.g., divorce, socio-economic problems, bereavement).
- Other disorders require exposure to a stressor that is extremely threatening or horrific in nature (i.e., potentially traumatic events).
- With all disorders in this grouping, it is the nature, pattern, and duration of the symptoms that arise in response to the stressful events—together with associated functional impairment—that distinguishes the disorders.

# SUBTYPES OF DISORDER SPECIFICALLY ASSOCIATED WITH STRESS

6B40 Post-Traumatic Stress Disorder

6B41 Complex Post-Traumatic Stress Disorder

6B42 Prolonged Grief Disorder

6B43 Adjustment Disorder

6B44 Reactive Attachment Disorder

6B45 Disinhibited Social Engagement Disorder

6B4Y Other Specified Disorders Specifically Associated with Stress

6B4Z Disorders specifically associated with stress, unspecified

# DISSOCIATIVE DISORDERS (BLOCKL1-6B6)

Dissociative disorders are characterized by involuntary disruption or discontinuity in the normal integration of one or more of the following: identity, sensations, perceptions, affects, thoughts, memories, control over bodily movements, or behaviour.

Disruption or discontinuity may be complete, but is more commonly partial, and can vary from day to day or even from hour to hour.

The symptoms of dissociative disorders are not due the direct effects of a medication or substance, including withdrawal effects, are not better explained by another Mental, behavioral, or neurodevelopmental disorder, a Sleep-wake disorder, a Disease of the nervous system or other health condition, and are not part of an accepted cultural, religious, or spiritual practice.

Dissociative symptoms in dissociative disorders are sufficiently severe to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

# SUBTYPES OF DISSOCIATIVE DISORDERS

6B60 Dissociative Neurological Symptom Disorder

6B61 Dissociative Amnesia

6B62 Trance Disorder

6B63 Possession Trance Disorder

6B64 Dissociative Identity Disorder

6B65 Partial Dissociative Identity Disorder

6B66 Depersonalization-Derealization Disorder

6E65 Secondary dissociative syndrome

6B6Y Other Specified Dissociative Disorders

6B6Z Dissociative disorders, unspecified

# FEEDING OR EATING DISORDERS (BLOCKL1-6B8)

- Feeding and Eating Disorders involve abnormal eating or feeding behaviours that are not explained by another health condition and are not developmentally appropriate or culturally sanctioned.
- Feeding disorders involve behavioral disturbances that are not related to body weight and shape concerns, such as eating of non-edible substances or voluntary regurgitation of foods.
- Eating disorders include abnormal eating behaviour and preoccupation with food as well as prominent body weight and shape concerns.

# SUB TYPES OF FEEDING AND EATING DISORDERS

6B80 Anorexia Nervosa

6B81 Bulimia Nervosa

6B82 Binge Eating Disorder

6B83 Avoidant-Restrictive Food Intake Disorder

6B84 Pica

6B85 Rumination-Regurgitation Disorder

6B8Y Other Specified Feeding or Eating Disorders

6B8Z Feeding or eating disorders, unspecified

# ELIMINATION DISORDERS (BLOCKL1-6C0)

- Elimination disorders include the repeated voiding of urine into clothes or bed (enuresis) and the repeated passage of faeces in inappropriate places (encopresis).
- Elimination disorders should only be diagnosed after the individual has reached a developmental age when continence is ordinarily expected (5 years for enuresis and 4 years for encopresis).
- The urinary or faecal incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bladder or bowel control.
- An Elimination disorder should not be diagnosed if the behaviour is fully attributable to another health condition that causes incontinence, congenital or acquired abnormalities of the urinary tract or bowel, or excessive use of laxatives or diuretics.

# SUBTYPES OF ELIMINATION DISORDERS

6C00 Enuresis

6C01 Encopresis

6C0Z Elimination disorders, unspecified

# DISORDERS OF BODILY DISTRESS OR BODILY EXPERIENCE (BLOCKL1-6C2)

- Disorders of bodily distress and bodily experience are characterized by disturbances in the person's experience of his or her body.
- Bodily distress disorder involves bodily symptoms that the individual finds distressing and to which excessive attention is directed.
- Body integrity dysphoria involves a disturbance in the person's experience of the body manifested by the persistent desire to have a specific physical disability accompanied by persistent discomfort, or intense feelings of inappropriateness concerning current non-disabled body configuration.

# SUBTYPES

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

# DISORDERS DUE TO SUBSTANCE USE OR ADDICTIVE BEHAVIOURS (BLOCKL1-6C4)

Disorders due to substance use and addictive behaviours are mental and behavioural disorders that develop as a result of the use of predominantly psychoactive substances, including medications, or specific repetitive rewarding and reinforcing behaviours.

# IMPULSE CONTROL DISORDERS (BLOCKL1-6C7)

Impulse control disorders are characterized by the repeated failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite consequences such as longer-term harm either to the individual or to others, marked distress about the behaviour pattern, or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. Impulse Control Disorders involve a range of specific behaviours, including fire-setting, stealing, sexual behaviour, and explosive outbursts.

# DISRUPTIVE BEHAVIOUR OR DISSOCIAL DISORDERS (BLOCKL1-6C9)

Disruptive behaviour and dissocial disorders are characterized by

persistent behaviour problems that range from markedly and persistently defiant, disobedient, provocative or spiteful (i.e., disruptive) behaviours to those that

persistently violate the basic rights of others or major age-appropriate societal norms, rules, or laws (i.e., dissocial).

Onset of Disruptive and dissocial disorders is commonly, though not always, during childhood.

# PERSONALITY DISORDERS AND RELATED TRAITS (BLOCKL1-6D1)

Personality refers to an individual's characteristic way of behaving, experiencing life, and of perceiving and interpreting themselves, other people, events, and situations.

Personality Disorder is a marked disturbance in personality functioning, which is nearly always associated with considerable personal and social disruption.

The central manifestations of Personality Disorder are impairments in functioning of aspects of the

- ✓self (e.g., identity, self-worth, capacity for self-direction) and/or
- ✓problems in interpersonal functioning (e.g., developing and maintaining close and mutually satisfying relationships, understanding others' perspectives, managing conflict in relationships).
- ✓Impairments in self-functioning and/or interpersonal functioning are manifested in maladaptive (e.g., inflexible or poorly regulated) patterns of cognition, emotional experience, emotional expression, and behaviour.

# PARAPHILIC DISORDERS (BLOCKL1-6D3)

Paraphilic Disorders are characterized by

- persistent and intense patterns of atypical sexual arousal,
- manifested by sexual thoughts, fantasies, urges, or behaviours, in which
- the focus of the arousal pattern involves others whose age or status renders them unwilling or unable to consent (e.g., pre-pubertal children, an unsuspecting individual being viewed through a window, an animal).
- Paraphilic Disorders may also involve other atypical sexual arousal patterns if they cause marked distress to the individual or involve significant risk of injury or death.

# FACTITIOUS DISORDERS (BLOCKL1-6D5)

Factitious disorders are characterized by

- intentionally feigning, falsifying, inducing, or aggravating medical, psychological, or Behavioural signs and symptoms or injury in oneself or in another person,
- most commonly a child dependent, associated with identified deception.
- A pre-existing disorder or disease may be present, but the individual intentionally aggravates existing symptoms or falsifies or induces additional symptoms.
- Individuals with factitious disorder seek treatment or otherwise present themselves or another person as ill, injured, or impaired based on the feigned, falsified, or self-induced signs, symptoms, or injuries.
- The deceptive behaviour is not solely motivated by obvious external rewards or incentives (e.g., obtaining disability payments or evading criminal prosecution).
- This is in contrast to Malingering, in which obvious external rewards or incentives motivate the behaviour.

# NEUROCOGNITIVE DISORDERS (BLOCKL1-6D7)

Neurocognitive Disorders are characterized by primary clinical deficits in neurocognitive functioning that are acquired rather than developmental.

Neurocognitive functioning specifically refers to neurologically based cognitive skills and abilities believed to be directly related to brain functioning, including but not limited to attention/concentration, memory, language, visual spatial/perceptual skills, processing speed, and executive functioning (e.g., problem solving, judgement).

Neurocognitive Disorders represent a decline from a previously attained level of functioning

# MENTAL OR BEHAVIOURAL DISORDERS ASSOCIATED WITH PREGNANCY, CHILDBIRTH AND THE PUERPERIUM (BLOCKL1-6E2)

Mental or Behavioural Disorders Associated with Pregnancy, Childbirth or the Puerperium are syndromes associated with pregnancy or the puerperium (commencing within about 6 weeks after delivery) that involve significant mental and behavioural features.

These diagnoses may be assigned regardless of whether biological factors related pregnancy, childbirth or the puerperium are known to be etiologically related to the syndrome.

If the symptoms meet the diagnostic requirements for another mental disorder, that diagnosis should also be assigned. These diagnoses may be assigned even if the syndrome represents a recurrence or exacerbation of a pre-existing disorder.

# SECONDARY MENTAL OR BEHAVIOURAL SYNDROMES ASSOCIATED WITH DISORDERS OR DISEASES CLASSIFIED ELSEWHERE (BLOCKL1-6E6)

This grouping includes syndromes characterized by the presence of prominent psychological or Behavioural symptoms judged to be direct pathophysiological consequences of a health condition not classified under mental and Behavioural disorders, based on evidence from the history, physical examination, or laboratory findings

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