

# ICD-10

The ICD-10  
Classification  
of Mental and  
Behavioural  
Disorders

**Diagnostic  
criteria for  
research**



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## Preface

In the early 1960s, the Mental Health Programme of the World Health Organization (WHO) became actively engaged in a programme aiming to improve the diagnosis and classification of mental disorders. At that time, WHO convened a series of meetings to review knowledge, actively involving representatives of different disciplines, various schools of thought in psychiatry, and all parts of the world in the programme. It stimulated and conducted research on criteria for classification and for reliability of diagnosis, and produced and promulgated procedures for joint rating of videotaped interviews and other useful research methods. Numerous proposals to improve the classification of mental disorders resulted from the extensive consultation process, and these were used in drafting the Eighth Revision of the International Classification of Diseases (ICD-8). A glossary defining each category of mental disorder in ICD-8 was developed. The programme activities also resulted in the establishment of a network of individuals and centres who continued to work on issues related to the improvement of psychiatric classification (1, 2).

The 1970s saw further growth of interest in improving psychiatric classification worldwide. Expansion of international contacts, the undertaking of several international collaborative studies, and the availability of new treatments all contributed to this trend. Several national psychiatric bodies encouraged the development of specific criteria for classification in order to improve diagnostic reliability. In particular, the American Psychiatric Association developed and promulgated its Third Revision of the Diagnostic and Statistical Manual, which incorporated operational criteria into its classification system.

In 1978, WHO entered into a long-term collaborative project with the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) in the USA, aiming to facilitate further improvements in the classification and diagnosis of mental disorders, and alcohol- and drug-related problems (3). A series of workshops brought together scientists from a number of different psychiatric traditions and cultures, reviewed knowledge in specified areas, and developed recommendations for future research. A major international conference on classification and diagnosis was held in Copenhagen, Denmark, in 1982 to review the recommendations that emerged from these workshops and to outline a research agenda and guidelines for future work (4).

Several major research efforts were undertaken to implement the recommendations of the Copenhagen conference. One of them, involving centres in 17 countries, had as its aim the development of the Composite International Diagnostic Interview, an instrument suitable for conducting epidemiological studies of mental disorders in general population groups in different countries (5, 6). Another major project focused on developing an assessment instrument suitable for use by clinicians (Schedules for Clinical Assessment in Neuropsychiatry) (7). Still another study was initiated to develop an instrument for the assessment of personality disorders in different countries (the International Personality Disorder Examination) (8).

In addition, several lexicons have been, or are being, prepared to provide clear definitions of terms (9). A mutually beneficial relationship evolved between these projects and the work on definitions of mental and behavioural disorders in the Tenth Revision of the *International Statistical Classification of Diseases and Related Health Problems* (ICD-10) (10). Converting diagnostic criteria into diagnostic algorithms incorporated in the assessment instruments was useful in uncovering inconsistencies, ambiguities and overlap and allowing their removal. The work on refining the ICD-10 also helped to shape the assessment instruments. The final result was a clear set of criteria for ICD-10 and assessment instruments which can produce data necessary for the classification of disorders according to the criteria included in Chapter V(F) of ICD-10.

The Copenhagen conference also recommended that the viewpoints of the different psychiatric traditions be presented in publications describing the origins of the classification in the ICD-10. This resulted in several major publications, including a volume that contains a series of presentations highlighting the origins of classification in contemporary psychiatry (11).

*Clinical descriptions and diagnostic guidelines* was the first of a series of publications developed from Chapter V(F) of ICD-10 (12). That publication was the culmination of the efforts of numerous people who contributed to it over many years. The work went through several major drafts, each prepared after extensive consultation with panels of experts, national and international psychiatric societies, and individual consultants. The draft in use in 1987 was the basis of field trials conducted in some 40 countries, which constituted the largest ever research effort of its type designed to improve psychiatric diagnosis (13, 14). The results of the trials were used in finalizing the clinical guidelines.

The text presented here has also been extensively tested (15). A list of the researchers and clinicians involved, in 32 countries, is given at the end of the book, together with a list of people who helped in drafting texts or commented

on them. Further texts in the series will include a version for use by general health care workers, a multiaxial presentation of the classification, a series of “fascicles” dealing in more detail with special problems (e.g. the assessment and classification of mental retardation), and “crosswalks” — allowing cross-reference between corresponding terms in ICD-10, ICD-9 and ICD-8 (15, 16).

Use of this publication is described in the Notes for Users (page 1). Annex 1 provides suggestions for diagnostic criteria that may be useful in research on several conditions that do not appear as such in the ICD-10 (except as index terms). The Acknowledgements section is of particular significance since it bears witness to the very many individual experts and institutions worldwide who actively participated in the production of the classification of mental and behavioural disorders and the various texts that accompany it. All the major traditions and schools of psychiatry are represented, giving this work a uniquely international character. The classification of mental and behavioural disorders and the guidelines for diagnosis were produced and tested in many languages; the arduous process of ensuring equivalence of translations has resulted in improvements in the clarity, simplicity, and logical structure of the texts in English and in other languages.

The texts based on the ICD-10 classification of mental and behavioural disorders, and the classification itself, are thus a product of collaboration, in the true sense of the word, between many individuals and agencies in numerous countries. They were produced in the hope that they will serve as a strong support to the work of all who are concerned with caring for the mentally ill and their families, worldwide.

Further improvements and simplifications of the classification of mental disorders should become possible as our knowledge increases and experience with the current version accumulates. The task of collecting and digesting comments and results of tests of the classification will remain largely on the shoulders of the centres that collaborated with WHO in the development of the classification. These centres, and their current directors, are listed at the end of the Acknowledgements section: it is hoped that they will continue to be involved in the improvement of the WHO classifications and associated materials in the future and to assist the Organization in this work as generously as they have so far.

Numerous publications have arisen from field trial centres, describing results of their studies in connection with ICD-10. A full list of these publications and reprints of the articles can be obtained on request from Division of Mental Health, World Health Organization, 1211 Geneva 27, Switzerland.

A classification is a way of seeing the world at a point in time. There is no doubt that scientific progress and experience with the use of these research criteria will require their revision and updating. I hope that such revisions will be the product of the same cordial and productive worldwide scientific collaboration as that which has produced the current text.

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World Health Organization

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