

INTERNATIONAL CLASSIFICATION OF DISEASES

MANUAL
OF THE INTERNATIONAL
STATISTICAL CLASSIFICATION
OF DISEASES, INJURIES, AND
CAUSES OF DEATH

Based on the Recommendations
of the Ninth Revision Conference, 1975,
and Adopted by the Twenty-ninth World Health Assembly

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V. MENTAL DISORDERS

This section of the Classification differs from the others in that it includes a glossary, prepared after consultation with experts from many different countries, defining the contents of the rubrics. This difference is considered to be justified because of the special problems posed for psychiatrists by the relative lack of independent laboratory information upon which to base their diagnoses. The diagnosis of many of the most important mental disorders still relies largely upon descriptions of abnormal experience and behaviour, and without some guidance in the form of a glossary that can serve as a common frame of reference, psychiatric communications easily become unsatisfactory at both clinical and statistical levels.

Many well-known terms have different meanings in current use, and it is important for the user to use the glossary descriptions and not merely the category titles when searching for the best fit for the condition he is trying to code. This is particularly important if a separate national glossary also exists.

The instructions "Use additional code to identify..." are important because of the nature of many psychiatric conditions in which two or more codes are necessary to describe the condition and the associated or causal factors. It should be used whenever possible.

In cases where no other information is available except that a mental disorder is present, the code V40.9 (unspecified mental or behavioural problems) can be used.

PSYCHOSES (290-299)

Mental disorders in which impairment of mental function has developed to a degree that interferes grossly with insight, ability to meet some ordinary demands of life or to maintain adequate contact with reality. It is not an exact or well defined term. Mental retardation is excluded.

ORGANIC PSYCHOTIC CONDITIONS (290-294)

Syndromes in which there is impairment of orientation, memory, comprehension, calculation, learning capacity and judgement. These are the essential features but there may also be shallowness or lability of affect, or a more persistent disturbance of mood, lowering of ethical standards and exaggeration or emergence of personality traits, and diminished capacity for independent decision.

Psychoses of the types classifiable to 295-298 and without the above features are excluded even though they may be associated with organic conditions.

The term '*dementia*' in this glossary includes organic psychoses as just specified, of a chronic or progressive nature, which if untreated are usually irreversible and terminal.

The term '*delirium*' in this glossary includes organic psychoses with a short course in which the above features are overshadowed by clouded consciousness, confusion, disorientation, delusions, illusions and often vivid hallucinations.

Includes: psychotic organic brain syndrome

Excludes: nonpsychotic syndromes of organic aetiology (see 310.-)
 psychoses classifiable to 295-298 and without the above features but associated with physical disease, injury or condition affecting the brain [e.g., following childbirth]; code to 295-298 and use additional code to identify the associated physical condition

290 Senile and presenile organic psychotic conditions

Excludes: psychoses classifiable to 295-298.8 occurring in the senium without dementia or delirium (295-298)
 transient organic psychotic conditions (293.-)
 dementia not classified as senile, presenile, or arteriosclerotic (294.1)

290.0 *Senile dementia, simple type*

Dementia occurring usually after the age of 65 in which any cerebral pathology other than that of senile atrophic change can be reasonably excluded.

Excludes: mild memory disturbances, not amounting to dementia, associated with senile brain disease (310.1)
 senile dementia:
 depressed or paranoid type (290.2)
 with confusion and/or delirium (290.3)

290.1 *Presenile dementia*

Dementia occurring usually before the age of 65 in patients with the relatively rare forms of diffuse or lobar cerebral atrophy. Use additional code to identify the associated neurological condition.

Brain syndrome with presenile brain disease

Circumscribed atrophy of the brain

Dementia in:

 Alzheimer's disease

 Pick's disease of the brain

Excludes: arteriosclerotic dementia (290.4)
 dementia associated with other cerebral conditions (294.1)

290.2 *Senile dementia, depressed or paranoid type*

A type of senile dementia characterized by development in advanced old age, progressive in nature, in which a variety of delusions and hallucinations of a persecutory, depressive and somatic content are also present. Disturbance of the sleep/waking cycle and preoccupation with dead people are often particularly prominent.

Senile psychosis NOS

Excludes: senile dementia:
 NOS (290.0)
 with confusion and/or delirium (290.3)

290.3 *Senile dementia with acute confusional state*

Senile dementia with a superimposed reversible episode of acute confusional state

Excludes: senile:

dementia NOS (290.0)

psychosis NOS (290.2)

290.4 *Arteriosclerotic dementia*

Dementia attributable, because of physical signs [on examination of the central nervous system] to degenerative arterial disease of the brain. Symptoms suggesting a focal lesion in the brain are common. There may be a fluctuating or patchy intellectual defect with insight, and an intermittent course is common. Clinical differentiation from senile or presenile dementia, which may coexist with it, may be very difficult or impossible. Use additional code to identify cerebral atherosclerosis (437.0).

Excludes: suspected cases with no clear evidence of arteriosclerosis (290.9)

290.8 *Other***290.9 *Unspecified*****291 *Alcoholic psychoses***

Organic psychotic states due mainly to excessive consumption of alcohol; defects of nutrition are thought to play an important role. In some of these states, withdrawal of alcohol can be of aetiological significance.

Excludes: alcoholism without psychosis (303)

291.0 *Delirium tremens*

Acute or subacute organic psychotic states in alcoholics, characterized by clouded consciousness, disorientation, fear, illusions, delusions, hallucinations of any kind, notably visual and tactile, and restlessness, tremor and sometimes fever.

Alcoholic delirium

291.1 *Korsakov's psychosis, alcoholic*

A syndrome of prominent and lasting reduction of memory span, including striking loss of recent memory, disordered time appreciation and confabulation, occurring in alcoholics as the sequel to an acute alcoholic psychosis [especially delirium tremens] or, more rarely, in the course of chronic alcoholism. It is usually accompanied by peripheral neuritis and may be associated with Wernicke's encephalopathy.

Alcoholic polyneuritic psychosis

Excludes: Korsakov's psychosis:

NOS (294.0)

nonalcoholic (294.0)

291.2 *Other alcoholic dementia*

Nonhallucinatory dementias occurring in association with alcoholism but not characterized by the features of either delirium tremens or Korsakov's psychosis.

Alcoholic dementia NOS

Chronic alcoholic brain syndrome

291.3 *Other alcoholic hallucinosis*

A psychosis usually of less than six months' duration, with slight or no clouding of consciousness and much anxious restlessness in which auditory hallucinations, mostly of voices uttering insults and threats, predominate.

Excludes: schizophrenia (295.-) and paranoid states (297.-) taking the form of chronic hallucinosis with clear consciousness in an alcoholic

291.4 *Pathological drunkenness*

Acute psychotic episodes induced by relatively small amounts of alcohol. These are regarded as individual idiosyncratic reactions to alcohol, not due to excessive consumption and without conspicuous neurological signs of intoxication.

Excludes: simple drunkenness (305.0)

291.5 *Alcoholic jealousy*

Chronic paranoid psychosis characterized by delusional jealousy and associated with alcoholism.

Alcoholic paranoia

Excludes: nonalcoholic paranoid states (297.-)
schizophrenia, paranoid type (295.3)

291.8 *Other*

Alcohol withdrawal syndrome

Excludes: delirium tremens (291.0)

291.9 *Unspecified*

Alcoholic:

mania NOS

psychosis NOS

Alcoholism (chronic) with psychosis

292 **Drug psychoses**

Syndromes that do not fit the descriptions given in 295-298 (nonorganic psychoses) and which are due to consumption of drugs [notably amphetamines, barbiturates and the opiate and LSD groups] and solvents. Some of the syndromes in this group are not as severe as most conditions labelled "psychotic" but they are included here for practical reasons. Use additional E Code to identify the drug and also code drug dependence (304.—) if present.

292.0 Drug withdrawal syndrome

States associated with drug withdrawal ranging from severe, as specified for alcohol under 291.0 (delirium tremens) to less severe states characterized by one or more symptoms such as convulsions, tremor, anxiety, restlessness, gastrointestinal and muscular complaints, and mild disorientation and memory disturbance.

292.1 Paranoid and/or hallucinatory states induced by drugs

States of more than a few days but not usually of more than a few months duration, associated with large or prolonged intake of drugs, notably of the amphetamine and LSD groups. Auditory hallucinations usually predominate, and there may be anxiety and restlessness.

Excludes: the described conditions with confusion or delirium (293.-) states following LSD or other hallucinogens, lasting only a few days or less ["bad trips"] (305.3)

292.2 Pathological drug intoxication

Individual idiosyncratic reactions to comparatively small quantities of a drug, which take the form of acute, brief psychotic states of any type.

Excludes: physiological side-effects of drugs [e.g., dystonias] expected brief psychotic reactions to hallucinogens ["bad trips"] (305.3)

292.8 Other

292.9 Unspecified

293 Transient organic psychotic conditions

States characterized by clouded consciousness, confusion, disorientation, illusions and often vivid hallucinations. They are usually due to some intra- or extracerebral toxic, infectious, metabolic or other systemic disturbance and are generally reversible. Depressive and paranoid symptoms may also be present but are not the main feature. Use additional code to identify the associated physical or neurological condition.

Excludes: confusional state or delirium superimposed on senile dementia (290.3)
 dementia due to:
 alcohol (291.-)
 arteriosclerosis (290.4)
 senility (290.0)

293.0 Acute confusional state

Short-lived states, lasting hours or days, of the above type.

Acute:

- delirium
- infective psychosis
- organic reaction
- post-traumatic organic psychosis

Acute:

- psycho-organic syndrome
- psychosis associated with endocrine, metabolic or cerebrovascular disorder

Epileptic:

- confusional state
- twilight state

293.1 Subacute confusional state

States of the above type in which the symptoms, usually less florid, last for several weeks or longer, during which they may show marked fluctuations in intensity.

Subacute:

delirium
 infective psychosis
 organic reaction
 post-traumatic organic psychosis

Subacute:

psycho-organic syndrome
 psychosis associated with endocrine or metabolic disorder

293.8 Other**293.9 Unspecified****294 Other organic psychotic conditions (chronic)****294.0 Korsakov's psychosis or syndrome (nonalcoholic)**

Syndromes as described under 291.1 but not due to alcohol.

294.1 Dementia in conditions classified elsewhere

Dementia not classifiable as senile, presenile or arteriosclerotic (290.-) but associated with other underlying conditions.

Dementia in:

cerebral lipidoses
 epilepsy
 general paralysis of the insane
 hepatolenticular degeneration
 Huntington's chorea
 multiple sclerosis
 polyarteritis nodosa

Use additional code to identify the underlying physical condition

294.8 Other

States that fulfill the criteria of an organic psychosis but do not take the form of a confusional state (293.-), a nonalcoholic Korsakov's psychosis (294.0) or a dementia (294.1).

Mixed paranoid and affective
 organic psychotic states

Epileptic psychosis NOS (code
 also 345.-)

Excludes: mild memory disturbances, not amounting to dementia (310.1)

294.9 Unspecified**OTHER PSYCHOSES (295-299)****295 Schizophrenic psychoses**

A group of psychoses in which there is a fundamental disturbance of personality, a characteristic distortion of thinking, often a sense of being controlled by alien forces, delusions which may be bizarre, disturbed perception, abnormal affect out of keeping

with the real situation, and autism. Nevertheless, clear consciousness and intellectual capacity are usually maintained. The disturbance of personality involves its most basic functions which give the normal person his feeling of individuality, uniqueness and self-direction. The most intimate thoughts, feelings and acts are often felt to be known to or shared by others and explanatory delusions may develop, to the effect that natural or supernatural forces are at work to influence the schizophrenic person's thoughts and actions in ways that are often bizarre. He may see himself as the pivot of all that happens. Hallucinations, especially of hearing, are common and may comment on the patient or address him. Perception is frequently disturbed in other ways; there may be perplexity, irrelevant features may become all-important and, accompanied by passivity feelings, may lead the patient to believe that everyday objects and situations possess a special, usually sinister, meaning intended for him. In the characteristic schizophrenic disturbance of thinking, peripheral and irrelevant features of a total concept, which are inhibited in normal directed mental activity, are brought to the forefront and utilized in place of the elements relevant and appropriate to the situation. Thus thinking becomes vague, elliptical and obscure, and its expression in speech sometimes incomprehensible. Breaks and interpolations in the flow of consecutive thought are frequent, and the patient may be convinced that his thoughts are being withdrawn by some outside agency. Mood may be shallow, capricious or incongruous. Ambivalence and disturbance of volition may appear as inertia, negativism or stupor. Catatonia may be present. The diagnosis "schizophrenia" should not be made unless there is, or has been evident during the same illness, characteristic disturbance of thought, perception, mood, conduct, or personality—preferably in at least two of these areas. The diagnosis should not be restricted to conditions running a protracted, deteriorating, or chronic course. In addition to making the diagnosis on the criteria just given, effort should be made to specify one of the following subdivisions of schizophrenia, according to the predominant symptoms.

Includes: schizophrenia of the types described in 295.0-295.9 occurring in children

Excludes: childhood type schizophrenia (299.9)
infantile autism (299.0)

295.0 *Simple type*

A psychosis in which there is insidious development of oddities of conduct, inability to meet the demands of society, and decline in total performance. Delusions and hallucinations are not in evidence and the condition is less obviously psychotic than are the hebephrenic, catatonic and paranoid types of schizophrenia. With increasing social impoverishment vagrancy may ensue and the patient becomes self-absorbed, idle and aimless. Because the schizophrenic symptoms are not clear-cut, diagnosis of this form should be made sparingly, if at all.

Schizophrenia simplex

Excludes: latent schizophrenia (295.5)

295.1 *Hebephrenic type*

A form of schizophrenia in which affective changes are prominent, delusions and hallucinations fleeting and fragmentary, behaviour irresponsible and unpredictable and mannerisms common. The mood is shallow and inappropriate, accompanied by giggling or self-satisfied, self-absorbed smiling, or by a lofty manner, grimaces, mannerisms, pranks, hypochondriacal complaints and reiterated phrases. Thought is dis-

organized. There is a tendency to remain solitary, and behaviour seems empty of purpose and feeling. This form of schizophrenia usually starts between the ages of 15 and 25 years.

Hebephrenia

295.2 *Catatonic type*

Includes as an essential feature prominent psychomotor disturbances often alternating between extremes such as hyperkinesia and stupor, or automatic obedience and negativism. Constrained attitudes may be maintained for long periods: if the patient's limbs are put in some unnatural position they may be held there for some time after the external force has been removed. Severe excitement may be a striking feature of the condition. Depressive or hypomanic concomitants may be present.

Catatonic:	Schizophrenic:
agitation	catalepsy
excitation	catatonia
stupor	flexibilitas cerea

295.3 *Paranoid type*

The form of schizophrenia in which relatively stable delusions, which may be accompanied by hallucinations, dominate the clinical picture. The delusions are frequently of persecution but may take other forms [for example of jealousy, exalted birth, Messianic mission, or bodily change]. Hallucinations and erratic behaviour may occur; in some cases conduct is seriously disturbed from the outset, thought disorder may be gross, and affective flattening with fragmentary delusions and hallucinations may develop.

Paraphrenic schizophrenia

Excludes: paraphrenia, involuntional paranoid state (297.2)
paranoia (297.1)

295.4 *Acute schizophrenic episode*

Schizophrenic disorders, other than those listed above, in which there is a dream-like state with slight clouding of consciousness and perplexity. External things, people and events may become charged with personal significance for the patient. There may be ideas of reference and emotional turmoil. In many such cases remission occurs within a few weeks or months, even without treatment.

Oneirophrenia	Schizophreniform:
	attack
	psychosis, confusional type

Excludes: acute forms of schizophrenia of:
 catatonic type (295.2)
 hebephrenic type (295.1)
 paranoid type (295.3)
 simple type (295.0)

295.5 *Latent schizophrenia*

It has not been possible to produce a generally acceptable description for this condition. It is not recommended for general use, but a description is provided for those who

believe it to be useful: a condition of eccentric or inconsequent behaviour and anomalies of affect which give the impression of schizophrenia though no definite and characteristic schizophrenic anomalies, present or past, have been manifest.

The inclusion terms indicate that this is the best place to classify some other poorly defined varieties of schizophrenia.

Latent schizophrenic reaction

Schizophrenia:

borderline
prepsychotic
prodromal

Schizophrenia:

pseudoneurotic
pseudopsychopathic

Excludes: schizoid personality (301.2)

295.6 *Residual schizophrenia*

A chronic form of schizophrenia in which the symptoms that persist from the acute phase have mostly lost their sharpness. Emotional response is blunted and thought disorder, even when gross, does not prevent the accomplishment of routine work.

Chronic undifferentiated schizophrenia

Restzustand (schizophrenic)

Schizophrenic residual state

295.7 *Schizoaffective type*

A psychosis in which pronounced manic or depressive features are intermingled with schizophrenic features and which tends towards remission without permanent defect, but which is prone to recur. The diagnosis should be made only when both the affective and schizophrenic symptoms are pronounced.

Cyclic schizophrenia

Mixed schizophrenic and affective psychosis

Schizoaffective psychosis

Schizophreniform psychosis, affective type

295.8 *Other*

Schizophrenia of specified type not classifiable under 295.0-295.7.

Acute (undifferentiated)
schizophrenia

Atypical schizophrenia
Coenesthopathic schizophrenia

Excludes: infantile autism (299.0)

295.9 *Unspecified*

To be used only as a last resort.

Schizophrenia NOS

Schizophrenic reaction NOS

Schizophreniform psychosis NOS

296 **Affective psychoses**

Mental disorders, usually recurrent, in which there is a severe disturbance of mood [mostly compounded of depression and anxiety but also manifested as elation and excitement] which is accompanied by one or more of the following: delusions, perplexity, disturbed attitude to self, disorder of perception and behaviour; these are all

in keeping with the patient's prevailing mood [as are hallucinations when they occur]. There is a strong tendency to suicide. For practical reasons, mild disorders of mood may also be included here if the symptoms match closely the descriptions given; this applies particularly to mild hypomania.

Excludes: reactive depressive psychosis (298.0)
 reactive excitation (298.1)
 neurotic depression (300.4)

296.0 *Manic-depressive psychosis, manic type*

Mental disorders characterized by states of elation or excitement out of keeping with the patient's circumstances and varying from enhanced liveliness [hypomania] to violent, almost uncontrollable excitement. Aggression and anger, flight of ideas, distractibility, impaired judgement, and grandiose ideas are common.

Hypomania NOS	Manic psychosis
Hypomanic psychosis	Manic-depressive psychosis or
Mania (monopolar) NOS	reaction:
Manic disorder	hypomanic
	manic

Excludes: circular type if there was a previous attack of depression (296.2)

296.1 *Manic-depressive psychosis, depressed type*

An affective psychosis in which there is a widespread depressed mood of gloom and wretchedness with some degree of anxiety. There is often reduced activity but there may be restlessness and agitation. There is a marked tendency to recurrence; in a few cases this may be at regular intervals.

Depressive psychosis	Manic-depressive reaction,
Endogenous depression	depressed
Involuntional melancholia	Monopolar depression
	Psychotic depression

Excludes: circular type if previous attack was of manic type (296.3)
 depression NOS (311)

296.2 *Manic-depressive psychosis, circular type but currently manic*

An affective psychosis which has appeared in both the depressive and the manic form, either alternating or separated by an interval of normality, but in which the manic form is currently present. [The manic phase is far less frequent than the depressive].

Bipolar disorder, now manic

Excludes: brief compensatory or rebound mood swings (296.8)

296.3 *Manic-depressive psychosis, circular type but currently depressed*

Circular type (see 296.2) in which the depressive form is currently present.

Bipolar disorder, now depressed

Excludes: brief compensatory or rebound mood swings (296.8)

296.4 *Manic-depressive psychosis, circular type, mixed*

An affective psychosis in which both manic and depressive symptoms are present at the same time.

296.5 *Manic-depressive psychosis, circular type, current condition not specified*

Circular type (see 296.2) in which the current condition is not specified as either manic or depressive.

296.6 *Manic-depressive psychosis, other and unspecified*

Use this code for cases where no other information is available, except the unspecified term, manic-depressive psychosis, or for syndromes corresponding to the descriptions of depressed (296.1) or manic (296.0) types but which for other reasons cannot be classified under 296.0-296.5.

Manic-depressive psychosis:	Manic-depressive:
NOS	reaction NOS
mixed type	syndrome NOS

296.8 *Other*

Excludes: psychogenic affective psychoses (298.-)

296.9 *Unspecified*

Affective psychosis NOS
Melancholia NOS

297 *Paranoid states*

Excludes: acute paranoid reaction (298.3)
 alcoholic jealousy (291.5)
 paranoid schizophrenia (295.3)

297.0 *Paranoid state, simple*

A psychosis, acute or chronic, not classifiable as schizophrenia or affective psychosis, in which delusions, especially of being influenced, persecuted or treated in some special way, are the main symptoms. The delusions are of a fairly fixed, elaborate and systematized kind.

297.1 *Paranoia*

A rare chronic psychosis in which logically constructed systematized delusions have developed gradually without concomitant hallucinations or the schizophrenic type of disordered thinking. The delusions are mostly of grandeur [the paranoiac prophet or inventor], persecution or somatic abnormality.

Excludes: paranoid personality disorder (301.0)

297.2 *Paraphrenia*

Paranoid psychosis in which there are conspicuous hallucinations, often in several modalities. Affective symptoms and disordered thinking, if present, do not dominate the clinical picture and the personality is well preserved.

Involutional paranoid state
Late paraphrenia

297.3 *Induced psychosis*

Mainly delusional psychosis, usually chronic and often without florid features, which appears to have developed as a result of a close, if not dependent, relationship with another person who already has an established similar psychosis. The delusions are at least partly shared. The rare cases in which several persons are affected should also be included here.

Folie à deux

Induced paranoid disorder

297.8 *Other*

Paranoid states which, though in many ways akin to schizophrenic or affective states, cannot readily be classified under any of the preceding rubrics, nor under 298.4.

Paranoia querulans

Sensitiver Beziehungswahn

Excludes: senile paranoid state (297.2)

297.9 *Unspecified*

Paranoid:

psychosis NOS

reaction NOS

state NOS

298 Other nonorganic psychoses

Categories 298.0-298.8 should be restricted to the small group of psychotic conditions that are largely or entirely attributable to a recent life experience. They should not be used for the wider range of psychoses in which environmental factors play some [but not the *major*] part in aetiology.

298.0 *Depressive type*

A depressive psychosis which can be similar in its symptoms to manic-depressive psychosis, depressed type (296.1) but is apparently provoked by saddening stress such as a bereavement, or a severe disappointment or frustration. There may be less diurnal variation of symptoms than in 296.1, and the delusions are more often understandable in the context of the life experiences. There is usually a serious disturbance of behaviour, e.g., major suicidal attempt.

Reactive depressive psychosis

Psychogenic depressive psychosis

Excludes: manic-depressive psychosis, depressed type (296.1)
neurotic depression (300.4)

298.1 *Excitative type*

An affective psychosis similar in its symptoms to manic-depressive psychosis, manic type, but apparently provoked by emotional stress.

Excludes: manic-depressive psychosis, manic type (296.0)

298.2 *Reactive confusion*

Mental disorders with clouded consciousness, disorientation [though less marked than in organic confusion] and diminished accessibility often accompanied by excessive activity and apparently provoked by emotional stress.

Psychogenic confusion

Psychogenic twilight state

Excludes: acute confusional state (293.0)

298.3 *Acute paranoid reaction*

Paranoid states apparently provoked by some emotional stress. The stress is often misconstrued as an attack or threat. Such states are particularly prone to occur in prisoners or as acute reactions to a strange and threatening environment, e.g. in immigrants.

Bouffée délirante

Excludes: paranoid states (297.-)

298.4 *Psychogenic paranoid psychosis*

Psychogenic or reactive paranoid psychosis of any type which is more protracted than the acute reactions covered in 298.3. Where there is a diagnosis of psychogenic paranoid psychosis which does not specify "acute" this coding should be made.

Protracted reactive paranoid psychosis

298.8 *Other and unspecified reactive psychosis*

Hysterical psychosis

Psychogenic stupor

Psychogenic psychosis NOS

298.9 *Unspecified psychosis*

To be used only as a last resort, when no other term can be used.

Psychosis NOS

299 *Psychoses with origin specific to childhood*

This category should be used only for psychoses which always begin before puberty. Adult-type psychoses such as schizophrenia or manic-depressive psychoses when occurring in childhood should be coded elsewhere under the appropriate heading—i.e., 295 and 296 for the examples given.

299.0 *Infantile autism*

A syndrome present from birth or beginning almost invariably in the first 30 months. Responses to auditory and sometimes to visual stimuli are abnormal and there are usually severe problems in the understanding of spoken language. Speech is delayed and, if it

develops, is characterized by echolalia, the reversal of pronouns, immature grammatical structure and inability to use abstract terms. There is generally an impairment in the social use of both verbal and gestural language. Problems in social relationships are most severe before the age of five years and include an impairment in the development of eye-to-eye gaze, social attachments, and cooperative play. Ritualistic behaviour is usual and may include abnormal routines, resistance to change, attachment to odd objects and stereotyped patterns of play. The capacity for abstract or symbolic thought and for imaginative play is diminished. Intelligence ranges from severely subnormal to normal or above. Performance is usually better on tasks involving rote memory or visuospatial skills than on those requiring symbolic or linguistic skills.

Childhood autism Kanner's syndrome

Infantile psychosis

Excludes: disintegrative psychosis (299.1)
 Heller's syndrome (299.1)
 schizophrenic syndrome of childhood (299.9)

299.1 *Disintegrative psychosis*

A disorder in which normal or near-normal development for the first few years is followed by a loss of social skills and of speech, together with a severe disorder of emotions, behaviour and relationships. Usually this loss of speech and of social competence takes place over a period of a few months and is accompanied by the emergence of overactivity and of stereotypies. In most cases there is intellectual impairment, but this is not a necessary part of the disorder. The condition may follow overt brain disease—such as measles encephalitis—but it may also occur in the absence of any known organic brain disease or damage. Use additional code to identify any associated neurological disorder.

Heller's syndrome

Excludes: infantile autism (299.0)
 schizophrenic syndrome of childhood (299.9)

299.8 *Other*

A variety of atypical infantile psychoses which may show some, but not all, of the features of infantile autism. Symptoms may include stereotyped repetitive movements, hyperkinesis, self-injury, retarded speech development, echolalia and impaired social relationships. Such disorders may occur in children of any level of intelligence but are particularly common in those with mental retardation.

Atypical childhood psychosis

Excludes: simple stereotypies without psychotic disturbance (307.3)

299.9 *Unspecified*

Child psychosis NOS

Schizophrenia, childhood type NOS

Schizophrenic syndrome of childhood NOS

Excludes: schizophrenia of adult type occurring in childhood (295.0-295.8)

NEUROTIC DISORDERS, PERSONALITY DISORDERS AND OTHER
NONPSYCHOTIC MENTAL DISORDERS (300-316)

300 Neurotic disorders

The distinction between neurosis and psychosis is difficult and remains subject to debate. However, it has been retained in view of its wide use.

Neurotic disorders are mental disorders without any demonstrable organic basis in which the patient may have considerable insight and has unimpaired reality testing, in that he usually does not confuse his morbid subjective experiences and fantasies with external reality. Behaviour may be greatly affected although usually remaining within socially acceptable limits, but personality is not disorganized. The principal manifestations include excessive anxiety, hysterical symptoms, phobias, obsessional and compulsive symptoms, and depression.

300.0 Anxiety states

Various combinations of physical and mental manifestations of anxiety, not attributable to real danger and occurring either in attacks or as a persisting state. The anxiety is usually diffuse and may extend to panic. Other neurotic features such as obsessional or hysterical symptoms may be present but do not dominate the clinical picture.

Anxiety:	Panic:
neurosis	attack
reaction	disorder
state (neurotic)	state

Excludes: neurasthenia (300.5)
 psychophysiological disorders (306.-)

300.1 Hysteria

Mental disorders in which motives, of which the patient seems unaware, produce either a restriction of the field of consciousness or disturbances of motor or sensory function which may seem to have psychological advantage or symbolic value. It may be characterized by conversion phenomena or dissociative phenomena. In the conversion form the chief or only symptoms consist of psychogenic disturbance of function in some part of the body, e.g., paralysis, tremor, blindness, deafness, seizures. In the dissociative variety, the most prominent feature is a narrowing of the field of consciousness which seems to serve an unconscious purpose and is commonly accompanied or followed by a selective amnesia. There may be dramatic but essentially superficial changes of personality sometimes taking the form of a fugue [wandering state]. Behaviour may mimic psychosis or, rather, the patient's idea of psychosis.

Astasia-abasia, hysterical	Dissociative reaction or state
Compensation neurosis	Ganser's syndrome, hysterical
Conversion hysteria	Hysteria NOS
Conversion reaction	Multiple personality

Excludes: adjustment reaction (309.-)
 anorexia nervosa (307.1)
 gross stress reaction (308.-)
 hysterical personality (301.5)
 psychophysiological disorders (306.-)

300.2 *Phobic state*

Neurotic states with abnormally intense dread of certain objects or specific situations which would not normally have that effect. If the anxiety tends to spread from a specified situation or object to a wider range of circumstances, it becomes akin to or identical with anxiety state, and should be classified as such (300.0).

Agoraphobia

Claustrophobia

Animal phobias

Phobia NOS

Anxiety-hysteria

Excludes: anxiety state (300.0)
obsessional phobias (300.3)

300.3 *Obsessive-compulsive disorders*

States in which the outstanding symptom is a feeling of subjective compulsion—which must be resisted—to carry out some action, to dwell on an idea, to recall an experience, or to ruminate on an abstract topic. Unwanted thoughts which intrude, the insistency of words or ideas, ruminations or trains of thought are perceived by the patient to be inappropriate or nonsensical. The obsessional urge or idea is recognized as alien to the personality but as coming from within the self. Obsessional actions may be quasi-ritual performances designed to relieve anxiety e.g., washing the hands to cope with contamination. Attempts to dispel the unwelcome thoughts or urges may lead to a severe inner struggle, with intense anxiety.

Anankastic neurosis

Compulsive neurosis

Excludes: obsessive-compulsive symptoms occurring in:
endogenous depression (296.1)
schizophrenia (295.-)
organic states, e.g., encephalitis

300.4 *Neurotic depression*

A neurotic disorder characterized by disproportionate depression which has usually recognizably ensued on a distressing experience; it does not include among its features delusions or hallucinations, and there is often preoccupation with the psychic trauma which preceded the illness, e.g., loss of a cherished person or possession. Anxiety is also frequently present and mixed states of anxiety and depression should be included here. The distinction between depressive neurosis and psychosis should be made not only upon the degree of depression but also on the presence or absence of other neurotic and psychotic characteristics and upon the degree of disturbance of the patient's behaviour.

Anxiety depression

Neurotic depressive state

Depressive reaction

Reactive depression

Excludes: adjustment reaction with depressive symptoms (309.0)
depression NOS (311)
manic-depressive psychosis, depressed type (296.1)
reactive depressive psychosis (298.0)

300.5 *Neurasthenia*

A neurotic disorder characterized by fatigue, irritability, headache, depression, insomnia, difficulty in concentration, and lack of capacity for enjoyment [anhedonia]. It may follow or accompany an infection or exhaustion, or arise from continued emotional stress. If neurasthenia is associated with a physical disorder, the latter should also be coded.

Nervous debility

Excludes: anxiety state (300.0)
 neurotic depression (300.4)
 psychophysiological disorders (306.-)
 specific nonpsychotic mental disorders following organic brain damage (310.-)

300.6 *Depersonalization syndrome*

A neurotic disorder with an unpleasant state of disturbed perception in which external objects or parts of one's own body are experienced as changed in their quality, unreal, remote or automatized. The patient is aware of the subjective nature of the change he experiences. Depersonalization may occur as a feature of several mental disorders including depression, obsessional neurosis, anxiety and schizophrenia; in that case the condition should not be classified here but in the corresponding major category.

Derealization (neurotic)

300.7 *Hypochondriasis*

A neurotic disorder in which the conspicuous features are excessive concern with one's health in general or the integrity and functioning of some part of one's body, or, less frequently, one's mind. It is usually associated with anxiety and depression. It may occur as a feature of severe mental disorder and in that case should not be classified here but in the corresponding major category.

Excludes: hysteria (300.1)
 manic-depressive psychosis, depressed type (296.1)
 neurasthenia (300.5)
 obsessional disorder (300.3)
 schizophrenia (295.-)

300.8 *Other neurotic disorders*

Neurotic disorders not classified elsewhere, e.g., occupational neurosis. Patients with mixed neuroses should not be classified in this category but according to the most prominent symptoms they display.

Briquet's disorder

Occupational neurosis, including writer's cramp

Psychasthenia

Psychasthenic neurosis

300.9 *Unspecified*

To be used only as a last resort.

Neurosis NOS

Psychoneurosis NOS

301 Personality disorders

Deeply ingrained maladaptive patterns of behaviour generally recognizable by the time of adolescence or earlier and continuing throughout most of adult life, although often becoming less obvious in middle or old age. The personality is abnormal either in the balance of its components, their quality and expression or in its total aspect. Because of this deviation or psychopathy the patient suffers or others have to suffer and there is an adverse effect upon the individual or on society. It includes what is sometimes called psychopathic personality, but if this is determined primarily by malfunctioning of the brain, it should not be classified here but as one of the nonpsychotic organic brain syndromes (310). When the patient exhibits an anomaly of personality directly related to his neurosis or psychosis, e.g., schizoid personality and schizophrenia or anankastic personality and obsessive compulsive neurosis, the relevant neurosis or psychosis which is in evidence should be diagnosed in addition.

Character neurosis

301.0 *Paranoid personality disorder*

Personality disorder in which there is excessive sensitiveness to setbacks or to what are taken to be humiliations and rebuffs, a tendency to distort experience by misconstruing the neutral or friendly actions of others as hostile or contemptuous, and a combative and tenacious sense of personal rights. There may be a proneness to jealousy or excessive self-importance. Such persons may feel helplessly humiliated and put upon; others, likewise excessively sensitive, are aggressive and insistent. In all cases there is excessive self-reference.

Fanatic personality

Paranoid personality (disorder)

Paranoid traits

Excludes: acute paranoid reaction (298.3)
 alcoholic paranoia (291.5)
 paranoid schizophrenia (295.3)
 paranoid states (297.-)

301.1 *Affective personality disorder*

Personality disorder characterized by lifelong predominance of a pronounced mood which may be persistently depressive, persistently elated, or alternately one then the other. During periods of elation there is unshakeable optimism and an enhanced zest for life and activity, whereas periods of depression are marked by worry, pessimism, low output of energy and a sense of futility.

Cycloid personality

Depressive personality

Cyclothymic personality

Excludes: affective psychoses (296.-)
 cyclothymia (296.2-296.5)
 neurasthenia (300.5)
 neurotic depression (300.4)

301.2 *Schizoid personality disorder*

Personality disorder in which there is withdrawal from affectional, social and other contacts with autistic preference for fantasy and introspective reserve. Behaviour may be slightly eccentric or indicate avoidance of competitive situations. Apparent coolness and detachment may mask an incapacity to express feeling.

Excludes: schizophrenia (295.-)

301.3 *Explosive personality disorder*

Personality disorder characterized by instability of mood with liability to intemperate outbursts of anger, hate, violence or affection. Aggression may be expressed in words or in physical violence. The outbursts cannot readily be controlled by the affected persons, who are not otherwise prone to antisocial behaviour.

Aggressive:	Emotional instability (excessive)
personality	Pathological emotionality
reaction	Quarrelsomeness
Aggressiveness	

Excludes: dyssocial personality (301.7)
 hysterical neurosis (300.1)

301.4 *Anankastic personality disorder*

Personality disorder characterized by feelings of personal insecurity, doubt and incompleteness leading to excessive conscientiousness, checking, stubbornness and caution. There may be insistent and unwelcome thoughts or impulses which do not attain the severity of an obsessional neurosis. There is perfectionism and meticulous accuracy and a need to check repeatedly in an attempt to ensure this. Rigidity and excessive doubt may be conspicuous.

Compulsive personality	Obsessional personality
------------------------	-------------------------

Excludes: obsessive-compulsive disorder (300.3)
 phobic state (300.2)

301.5 *Hysterical personality disorder*

Personality disorder characterized by shallow, labile affectivity, dependence on others, craving for appreciation and attention, suggestibility and theatricality. There is often sexual immaturity, e.g., frigidity and over-responsiveness to stimuli. Under stress hysterical symptoms [neurosis] may develop.

Histrionic personality	Psychoinfantile personality
------------------------	-----------------------------

Excludes: hysterical neurosis (300.1)

301.6 *Asthenic personality disorder*

Personality disorder characterized by passive compliance with the wishes of elders and others and a weak inadequate response to the demands of daily life. Lack of vigour may show itself in the intellectual or emotional spheres; there is little capacity for enjoyment.

Dependent personality	Passive personality
Inadequate personality	

Excludes: neurasthenia (300.5)

301.7 *Personality disorder with predominantly sociopathic or asocial manifestation*

Personality disorder characterized by disregard for social obligations, lack of feeling for others, and impetuous violence or callous unconcern. There is a gross disparity between behaviour and the prevailing social norms. Behaviour is not readily modifiable by experience, including punishment. People with this personality are often

302.3 *Transvestism*

Sexual deviation in which sexual pleasure is derived from dressing in clothes of the opposite sex. There is no consistent attempt to take on the identity or behaviour of the opposite sex.

Excludes: trans-sexualism (302.5)

302.4 *Exhibitionism*

Sexual deviation in which the main sexual pleasure and gratification is derived from exposure of the genitals to a person of the opposite sex.

302.5 *Trans-sexualism*

Sexual deviation centred around fixed beliefs that the overt bodily sex is wrong. The resulting behaviour is directed towards either changing the sexual organs by operation, or completely concealing the bodily sex by adopting both the dress and behaviour of the opposite sex.

Excludes: transvestism (302.3)

302.6 *Disorders of psychosexual identity*

Behaviour occurring in preadolescents of immature psychosexuality which is similar to that shown in the sexual deviations described under transvestism (302.3) and trans-sexualism (302.5). Cross-dressing is intermittent, although it may be frequent, and identification with the behaviour and appearance of the opposite sex is not yet fixed. The commonest form is feminism in boys.

Gender-role disorder

Excludes: homosexuality (302.0)
trans-sexualism (302.5)
transvestism (302.3)

302.7 *Frigidity and impotence*

Frigidity—dislike of or aversion to sexual intercourse, of psychological origin, of sufficient intensity to lead, if not to active avoidance, to marked anxiety, discomfort or pain when normal sexual intercourse takes place. Less severe degrees of this disorder that also give rise to consultation should also be coded here.

Impotence—sustained inability, due to psychological causes, to maintain an erection which will allow normal heterosexual penetration and ejaculation to take place.

Dyspareunia, psychogenic

Excludes: impotence of organic origin
normal transient symptoms from ruptured hymen
transient or occasional failures of erection due to fatigue,
anxiety, alcohol or drugs

302.8 *Other*

Fetishism
Masochism

Sadism

302.9 *Unspecified*

305.3 *Hallucinogens*

Cases of acute intoxication or "bad trips".

LSD reaction

305.4 *Barbiturates and tranquilizers*

Cases where a person has taken the drug to the detriment of his health or social functioning, in doses above or for periods beyond those normally regarded as therapeutic.

305.5 *Morphine type*305.6 *Cocaine type*305.7 *Amphetamine type*305.8 *Antidepressants*305.9 *Other, mixed or unspecified*

"Laxative habit"

Misuse of drugs NOS

Nonprescribed use of drugs or
patent medicinals**306 Physiological malfunction arising from mental factors**

A variety of physical symptoms or types of physiological malfunction of mental origin, not involving tissue damage and usually mediated through the autonomic nervous system. The disorders are grouped according to body system. Codes 306.0-306.9 should not be used if the physical symptom is secondary to a psychiatric disorder classifiable elsewhere. If tissue damage is involved, code under 316.

Excludes: hysteria (300.1)

psychic factors associated with physical conditions involving
tissue damage classified elsewhere (316)specific nonpsychotic mental disorders following organic
brain damage (310.-)306.0 *Musculoskeletal*

Psychogenic torticollis

Excludes: Gilles de la Tourette's syndrome (307.2)
tics (307.2)306.1 *Respiratory*

Air hunger

Psychogenic cough

Hiccough (psychogenic)

Yawning

Hyperventilation

Excludes: psychogenic asthma (316 and 493.9)

306.2 *Cardiovascular*

Cardiac neurosis

Neurocirculatory asthenia

Cardiovascular neurosis

Psychogenic cardiovascular
disorder

Excludes: psychogenic paroxysmal tachycardia (316 and 427.9)

306.3 Skin**Psychogenic pruritus****Excludes:** psychogenic:

- alopecia (316 and 704.0)
- dermatitis (316 and 692.-)
- eczema (316 and 691.9 or 692.-)
- urticaria (316 and 708.-)

306.4 Gastrointestinal**Aerophagy****Cyclical vomiting, psychogenic****Excludes:** cyclical vomiting NOS (536.2)

mucous colitis (316 and 564.1)

psychogenic:

- cardiospasm (316 and 530.0)
- duodenal ulcer (316 and 532.-)
- gastric ulcer (316 and 531.-)
- peptic ulcer (316 and 533.-)

306.5 Genitourinary**Psychogenic dysmenorrhoea****Excludes:** dyspareunia (302.7)

enuresis (307.6)

frigidity (302.7)

impotence (302.7)

306.6 Endocrine**306.7 Organs of special sense****Excludes:** hysterical blindness or deafness (300.1)**306.8 Other****Teeth-grinding****306.9 Unspecified****Psychophysiological disorder NOS****Psychosomatic disorder NOS****307 Special symptoms or syndromes not elsewhere classified**

Conditions in which an outstanding symptom or group of symptoms is not manifestly part of a more fundamental classifiable condition.

Excludes: when due to mental disorders classified elsewhere
when of organic origin

307.0 *Stammering and stuttering*

Disorders in the rhythm of speech, in which the individual knows precisely what he wishes to say, but at the time is unable to say it because of an involuntary, repetitive prolongation or cessation of a sound.

Excludes: dysphasia (784.5)
lispings or lallings (307.9)
retarded development of speech (315.3)

307.1 *Anorexia nervosa*

A disorder in which the main features are persistent active refusal to eat and marked loss of weight. The level of activity and alertness is characteristically high in relation to the degree of emaciation. Typically the disorder begins in teenage girls but it may sometimes begin before puberty and rarely it occurs in males. Amenorrhoea is usual and there may be a variety of other physiological changes including slow pulse and respiration, low body temperature and dependent oedema. Unusual eating habits and attitudes toward food are typical and sometimes starvation follows or alternates with periods of overeating. The accompanying psychiatric symptoms are diverse.

Excludes: eating disturbance NOS (307.5)
loss of appetite (783.0)
of nonorganic origin (307.5)

307.2 *Tics*

Disorders of no known organic origin in which the outstanding feature consists of quick, involuntary, apparently purposeless, and frequently repeated movements which are not due to any neurological condition. Any part of the body may be involved but the face is most frequently affected. Only one form of tic may be present, or there may be a combination of tics which are carried out simultaneously, alternatively or consecutively. Gilles de la Tourette's syndrome refers to a rare disorder occurring in individuals of any level of intelligence in which facial tics and tic-like throat noises become more marked and more generalized and in which later, whole words or short sentences [often with an obscene content] are ejaculated spasmodically and involuntarily. There is some overlap with other varieties of tic.

Excludes: nail-biting or thumb-sucking (307.9)
stereotypies occurring in isolation (307.3)
tics of organic origin (333.3)

307.3 *Stereotyped repetitive movements*

Disorders in which voluntary repetitive stereotyped movements, which are not due to any psychiatric or neurological condition, constitute the main feature. Includes head-banging, spasmus nutans, rocking, twirling, finger-flicking mannerisms and eye poking. Such movements are particularly common in cases of mental retardation with sensory impairment or with environmental monotony.

Stereotypies NOS

Excludes: tics:
NOS (307.2)
of organic origin (333.3)

307.4 *Specific disorders of sleep*

This category should only be used when a more precise medical or psychiatric diagnosis cannot be made.

- | | | |
|---------------------------|---|----------------------|
| Hypersomnia | } | of nonorganic origin |
| Insomnia | | |
| Inversion of sleep rhythm | | |
| Nightmares | | |
| Night terrors | | |
| Sleepwalking | | |

Excludes: narcolepsy (347.0)
when of unspecified cause (780.5)

307.5 *Other and unspecified disorders of eating*

This category should only be used when a more precise medical or psychiatric diagnosis cannot be made.

- | | | |
|--------------------------------|---|----------------------|
| Infantile feeding disturbances | } | of nonorganic origin |
| Loss of appetite | | |
| Overeating | | |
| Pica | | |
| Psychogenic vomiting | | |

Excludes: anorexia:
nervosa (307.1)
of unspecified cause (783.0)
overeating of unspecified cause (783.6)
vomiting:
NOS (787.0)
cyclical (536.2)
psychogenic (306.4)

307.6 *Enuresis*

A disorder in which the main manifestation is a persistent involuntary voiding of urine by day or night which is considered abnormal for the age of the individual. Sometimes the child will have failed to gain bladder control and in other cases he will have gained control and then lost it. Episodic or fluctuating enuresis should be included. The disorder would not usually be diagnosed under the age of four years.

Enuresis (primary) (secondary) of nonorganic origin

Excludes: enuresis of unspecified cause (788.3)

307.7 *Encopresis*

A disorder in which the main manifestation is the persistent voluntary or involuntary passage of formed motions of normal or near-normal consistency into places not intended for that purpose in the individual's own sociocultural setting. Sometimes the child has failed to gain bowel control, and sometimes he has gained control but then later again became encopretic. There may be a variety of associated psychiatric symptoms and there may be smearing of faeces. The condition would not usually be diagnosed under the age of four years.

Encopresis (continuous) (discontinuous) of nonorganic origin

Excludes: encopresis of unspecified cause (787.6)

307.8 *Psychalgia*

Cases in which there are pains of mental origin, e.g., headache or backache, when a more precise medical or psychiatric diagnosis cannot be made.

Tension headache

Psychogenic backache

Excludes: migraine (346.-)

pains not specifically attributable to a psychological cause
(in):

back (784.5)

headache (784.0)

joint (719.4)

limb (729.5)

lumbago (724.2)

rheumatic (729.0)

307.9 *Other and unspecified*

The use of this category should be discouraged. Most of the items listed in the inclusion terms are not indicative of psychiatric disorder and are included only because such terms may sometimes still appear as diagnoses.

Hair plucking

Masturbation

Lalling

Nail-biting

Lisping

Thumb-sucking

308 *Acute reaction to stress*

Very transient disorders of any severity and nature which occur in individuals without any apparent mental disorder in response to exceptional physical or mental stress, such as natural catastrophe or battle, and which usually subside within hours or days.

Catastrophic stress

Exhaustion delirium

Combat fatigue

Excludes: adjustment reaction (309.-)

308.0 *Predominant disturbance of emotions*

Panic states, excitability, fear, depressions and anxiety fulfilling the above criteria.

308.1 *Predominant disturbance of consciousness*

Fugues fulfilling the above criteria.

308.2 *Predominant psychomotor disturbance*

Agitation states, stupor fulfilling the above criteria.

308.3 *Other*

Acute situational disturbance

308.4 *Mixed*

Many gross stress reactions include several elements but whenever possible a specific coding under .0, .1, .2 or .3 should be made according to the *preponderant* type of disturbance. The category of mixed disorders should only be used when there is such an admixture that this cannot be done.

308.9 *Unspecified***309 Adjustment reaction**

Mild or transient disorders lasting longer than acute stress reactions (308.–) which occur in individuals of any age without any apparent pre-existing mental disorder. Such disorders are often relatively circumscribed or situation-specific, are generally reversible, and usually last only a few months. They are usually closely related in time and content to stresses such as bereavement, migration or separation experiences. Reactions to major stress that last longer than a few days are also included here. In children such disorders are associated with no significant distortion of development.

Excludes: acute reaction to major stress (308.–)
neurotic disorders (300.–)

309.0 *Brief depressive reaction*

States of depression, not specifiable as manic-depressive, psychotic or neurotic, generally transient, in which the depressive symptoms are usually closely related in time and content to some stressful event.

Grief reaction

Excludes: affective psychoses (296.–)
neurotic depression (300.4)
prolonged depressive reaction (309.1)
psychogenic depressive psychosis (298.0)

309.1 *Prolonged depressive reaction*

States of depression, not specifiable as manic-depressive, psychotic or neurotic, generally long-lasting; usually developing in association with prolonged exposure to a stressful situation.

Excludes: affective psychoses (296.–)
brief depressive reaction (309.0)
neurotic depression (300.4)
psychogenic depressive psychosis (298.0)

309.2 *With predominant disturbance of other emotions*

States, fulfilling the general criteria for adjustment reaction, in which the main symptoms are emotional in type [anxiety, fear, worry, etc.] but not specifically depressive.

Abnormal separation anxiety Culture shock

309.3 *With predominant disturbance of conduct*

Mild or transient disorders, fulfilling the general criteria for adjustment reaction, in which the main disturbance predominantly involves a disturbance of conduct. For example, an adolescent grief reaction resulting in aggressive or antisocial disorder would be included here.

Excludes: disturbance of conduct NOS (312.–)
dyssocial behaviour without manifest psychiatric disorder
(V71.0)
personality disorder with predominantly sociopathic or
asocial manifestations (301.7)

309.4 *With mixed disturbance of emotions and conduct*

Disorders fulfilling the general definition in which both emotional disturbance and disturbance of conduct are prominent features.

309.8 *Other*

Adjustment reaction with elective mutism
Hospitalism in children NOS

309.9 *Unspecified*

Adjustment reaction NOS Adaptation reaction NOS

310 Specific nonpsychotic mental disorders following organic brain damage

Note: This category should be used only for conditions where the *form* of the disorder is determined by the brain pathology.

Excludes: neuroses, personality disorders or other nonpsychotic conditions occurring in a form similar to that seen with functional disorders but in association with a physical condition; code to 300.-, 301.-, etc., and use additional code to identify the physical condition

310.0 *Frontal lobe syndrome*

Changes in behaviour following damage to the frontal areas of the brain or following interference with the connections of those areas. There is a general diminution of self-control, foresight, creativity and spontaneity, which may be manifest as increased irritability, selfishness, restlessness and lack of concern for others. Conscientiousness and powers of concentration are often diminished, but measurable deterioration of intellect or memory is not necessarily present. The overall picture is often one of emotional dullness, lack of drive and slowness; but, particularly in persons previously with energetic, restless or aggressive characteristics, there may be a change towards impulsiveness, boastfulness, temper outbursts, silly fatuous humour, and the development of unrealistic ambitions; the direction of change usually depends upon the previous personality. A considerable degree of recovery is possible and may continue over the course of several years.

Lobotomy syndrome
Postleucotomy syndrome (state)

Excludes: postcontusional syndrome (310.2)

310.1 *Cognitive or personality change of other type*

Chronic, mild states of memory disturbance and intellectual deterioration, often accompanied by increased irritability, querulousness, lassitude and complaints of physical weakness. These states are often associated with old age, and may precede more severe states due to brain damage classifiable under dementia of any type (290.-, and 294.-) or any condition in 293.- (Transient organic psychotic conditions).

Mild memory disturbance
Organic psychosyndrome of nonpsychotic severity

310.2 Postconcussional syndrome

States occurring after generalized contusion of the brain, in which the symptom picture may resemble that of the frontal lobe syndrome (310.0) or that of any of the neurotic disorders (300.0-300.9), but in which in addition, headache, giddiness, fatigue, insomnia and a subjective feeling of impaired intellectual ability are usually prominent. Mood may fluctuate, and quite ordinary stress may produce exaggerated fear and apprehension. There may be marked intolerance of mental and physical exertion, undue sensitivity to noise, and hypochondriacal preoccupation. The symptoms are more common in persons who have previously suffered from neurotic or personality disorders, or when there is a possibility of compensation. This syndrome is particularly associated with the closed type of head injury when signs of localized brain damage are slight or absent, but it may also occur in other conditions.

Postcontusional syndrome (encephalopathy)

Status post commotio cerebri

Post-traumatic brain syndrome, nonpsychotic

Excludes: frontal lobe syndrome (310.0)
 postencephalitic syndrome (310.8)
 any organic psychotic conditions following head injury
 (290.- to 294.0)

310.8 Other

Include here disorders resembling the postcontusional syndrome (310.2), associated with infective or other diseases of the brain or surrounding tissues.

Other focal (partial) organic psychosyndromes

310.9 Unspecified

311 Depressive disorder, not elsewhere classified

States of depression, usually of moderate but occasionally of marked intensity, which have no specifically manic-depressive or other psychotic depressive features and which do not appear to be associated with stressful events or other features specified under neurotic depression.

Depressive disorder NOS

Depression NOS

Depressive state NOS

Excludes: acute reaction to major stress with depressive symptoms
 (308.0)
 affective personality disorder (301.1)
 affective psychoses (296.-)
 brief depressive reaction (309.0)
 disturbance of emotions specific to childhood and adolescence,
 with misery and unhappiness (313.1)
 mixed adjustment reaction with depressive symptoms (309.4)
 neurotic depression (300.4)
 prolonged depressive adjustment reaction (309.1)
 psychogenic depressive psychosis (298.0)

312 Disturbance of conduct not elsewhere classified

Disorders mainly involving aggressive and destructive behaviour and disorders involving delinquency. It should be used for abnormal behaviour, in individuals of any age, which gives rise to social disapproval but which is not part of any other psychiatric condition. Minor emotional disturbances may also be present. To be included, the behaviour—as judged by its frequency, severity and type of associations with other symptoms—must be abnormal in its context. Disturbances of conduct are distinguished from an adjustment reaction by a longer duration and by a lack of close relationship in time and content to some stress. They differ from a personality disorder by the absence of deeply ingrained maladaptive patterns of behaviour present from adolescence or earlier.

Excludes: adjustment reaction with disturbance of conduct (309.3)
 drug dependence (304.-)
 dyssocial behaviour without manifest psychiatric disorder (V71.0)
 personality disorder with predominantly sociopathic or asocial manifestations (301.7)
 sexual deviations (302.-)

312.0 *Unsocialized disturbance of conduct*

Disorders characterized by behaviours such as defiance, disobedience, quarrelsomeness, aggression, destructive behaviour, tantrums, solitary stealing, lying, teasing, bullying and disturbed relationships with others. The defiance may sometimes take the form of sexual misconduct.

Unsocialized aggressive disorder

312.1 *Socialized disturbance of conduct*

Disorders in individuals who have acquired the values or behaviour of a delinquent peer group to whom they are loyal and with whom they characteristically steal, play truant, and stay out late at night. There may also be promiscuity.

Group delinquency

Excludes: gang activity without manifest psychiatric disorder (V71.0)

312.2 *Compulsive conduct disorder*

Disorder of conduct or delinquent act which is specifically compulsive in origin.

Kleptomania

312.3 *Mixed disturbance of conduct and emotions*

Disorders involving behaviours listed for 312.0 and 312.1 but in which there is also *considerable* emotional disturbance as shown for example by anxiety, misery or obsessive manifestations.

Neurotic delinquency

Excludes: compulsive conduct disorder (312.2)

312.8 *Other***312.9 *Unspecified***

313 Disturbance of emotions specific to childhood and adolescence

Less well differentiated emotional disorders characteristic of the childhood period. Where the emotional disorder takes the form of a neurotic disorder described under 300.–, the appropriate 300.– coding should be made. This category differs from category 308.– in terms of longer duration and by the lack of close relationship in time and content to some stress.

Excludes: adjustment reaction (309.–)
masturbation, nail-biting, thumb-sucking and other isolated symptoms (307.–)

313.0 *With anxiety and fearfulness*

Ill-defined emotional disorders characteristic of childhood in which the main symptoms involve anxiety and fearfulness. Many cases of school refusal or elective mutism might be included here.

Overanxious reaction of childhood or adolescence

Excludes: abnormal separation anxiety (309.2)
anxiety states (300.0)
hospitalism in children (309.8)
phobic state (300.2)

313.1 *With misery and unhappiness*

Emotional disorders characteristic of childhood in which the main symptoms involve misery and unhappiness. There may also be eating and sleep disturbances.

Excludes: depressive neurosis (300.4)

313.2 *With sensitivity, shyness and social withdrawal*

Emotional disorders characteristic of childhood in which the main symptoms involve sensitivity, shyness, or social withdrawal. Some cases of elective mutism might be included here.

Withdrawing reaction of childhood or adolescence

Excludes: infantile autism (299.0)
schizoid personality (301.2)
schizophrenia (295.–)

313.3 *Relationship problems*

Emotional disorders characteristic of childhood in which the main symptoms involve relationship problems.

Sibling jealousy

Excludes: relationship problems associated with aggression, destruction or other forms of conduct disturbance (312.–)

313.8 *Other or mixed*

Many emotional disorders of childhood include several elements but whenever possible a specific coding under .0, .1, .2 or .3 should be made according to the *preponderant* type of disturbance. The category of mixed disorders should only be used when there is such an admixture that this cannot be done.

313.9 *Unspecified***314 Hyperkinetic syndrome of childhood**

Disorders in which the essential features are short attention-span and distractibility. In early childhood the most striking symptom is disinhibited, poorly organized and poorly regulated extreme overactivity but in adolescence this may be replaced by underactivity. Impulsiveness, marked mood fluctuations and aggression are also common symptoms. Delays in the development of specific skills are often present and disturbed, poor relationships are common. If the hyperkinesis is symptomatic of an underlying disorder, code the underlying disorder instead.

314.0 *Simple disturbance of activity and attention*

Cases in which short attention span, distractibility, and overactivity are the main manifestations without significant disturbance of conduct or delay in specific skills.

Overactivity NOS

314.1 *Hyperkinesis with developmental delay*

Cases in which the hyperkinetic syndrome is associated with speech delay, clumsiness, reading difficulties or other delays in specific skills.

Developmental disorder of hyperkinesis

Use additional code to identify any associated neurological disorder

314.2 *Hyperkinetic conduct disorder*

Cases in which the hyperkinetic syndrome is associated with marked conduct disturbance but not developmental delay.

Hyperkinetic conduct disorder

Excludes: hyperkinesis with significant delays in specific skills (314.1)

314.8 *Other*314.9 *Unspecified*

Hyperkinetic reaction of childhood Hyperkinetic syndrome NOS
or adolescence NOS

315 Specific delays in development

A group of disorders in which a specific delay in development is the main feature. In each case development is related to biological maturation but it is also influenced by nonbiological factors and the coding carries no aetiological implications.

Excludes: when due to a neurological disorder (320-389)

315.0 *Specific reading retardation*

Disorders in which the main feature is a serious impairment in the development of reading or spelling skills which is not explicable in terms of general intellectual retardation or of inadequate schooling. Speech or language difficulties, impaired right-left differentiation, perceptuo-motor problems, and coding difficulties are frequently associated. Similar problems are often present in other members of the family. Adverse psychosocial factors may be present.

Developmental dyslexia

Specific spelling difficulty

315.1 *Specific arithmetical retardation*

Disorders in which the main feature is a serious impairment in the development of arithmetical skills which is not explicable in terms of general intellectual retardation or of inadequate schooling.

Dyscalculia

315.2 *Other specific learning difficulties*

Disorders in which the main feature is a serious impairment in the development of other learning skills which are not explicable in terms of general intellectual retardation or of inadequate schooling.

Excludes: specific arithmetical retardation (315.1)
specific reading retardation (315.0)

315.3 *Developmental speech or language disorder*

Disorders in which the main feature is a serious impairment in the development of speech or language [syntax or semantics] which is not explicable in terms of general intellectual retardation. Most commonly there is a delay in the development of normal word-sound production resulting in defects of articulation. Omissions or substitutions of consonants are most frequent. There may also be a delay in the production of spoken language. Rarely, there is also a developmental delay in the comprehension of sounds. Includes cases in which delay is largely due to environmental privation.

Developmental aphasia Dyslalia

Excludes: acquired aphasia (784.3)
elective mutism (309.8, 313.0 or 313.2)
lispings and lallings (307.9)
stammering and stuttering (307.0)

315.4 *Specific motor retardation*

Disorders in which the main feature is a serious impairment in the development of motor coordination which is not explicable in terms of general intellectual retardation. The clumsiness is commonly associated with perceptual difficulties.

Clumsiness syndrome Dyspraxia syndrome

315.5 *Mixed development disorder*

A delay in the development of one specific skill [e.g., reading, arithmetic, speech or coordination] is frequently associated with lesser delays in other skills. When this occurs the coding should be made according to the skill most seriously impaired. The mixed category should be used only where the mixture of delayed skills is such that no one skill is preponderantly affected.

315.8 *Other*

315.9 *Unspecified*

Developmental disorder NOS

316 **Psychic factors associated with diseases classified elsewhere**

Mental disturbances or psychic factors of any type thought to have played a major part in the aetiology of physical conditions, usually involving tissue damage, classified elsewhere. The mental disturbance is usually mild and nonspecific and psychic factors [worry, fear, conflict, etc.] may be present without any overt psychiatric disorder. Use an additional code to identify the physical condition. In the rare instance that an overt psychiatric disorder is thought to have caused a physical condition, use a second additional code to record the psychiatric diagnosis.

Examples of the use of this category are:

psychogenic:

- asthma 316 and 493.9
- dermatitis 316 and 692.-
- eczema 316 and 691.- or 692.-
- gastric ulcer 316 and 531.-
- mucous colitis 316 and 564.1
- ulcerative colitis 316 and 556
- urticaria 316 and 708.-
- psychosocial dwarfism 316 and 259.4

Excludes: physical symptoms and physiological malfunctions, not involving tissue damage, of mental origin (306.-)

MENTAL RETARDATION (317-319)

A condition of arrested or incomplete development of mind which is especially characterized by subnormality of intelligence. The coding should be made on the individual's *current* level of functioning *without regard to its nature* or causation—such as psychosis, cultural deprivation, Down's syndrome etc.. Where there is a specific cognitive handicap—such as in speech—the four-digit coding should be based on assessments of cognition *outside the area of specific handicap*. The assessment of intellectual level should be based on whatever information is available, including clinical evidence, adaptive behaviour and psychometric findings. The IQ levels given are based on a test with a mean of 100 and a standard deviation of 15—such as the Wechsler scales. They are provided only as a guide and should not be applied rigidly. Mental retardation often involves psychiatric disturbances and may often develop as a result of some physical disease or injury. In these cases, an additional code or codes should be used to identify any associated condition, psychiatric or physical. The Impairment and Handicap codes should also be consulted.

317 **Mild mental retardation**

Feeble-minded	Moron
High-grade defect	IQ 50-70
Mild mental subnormality	

318 **Other specified mental retardation**

318.0 *Moderate mental retardation*

Imbecile	Moderate mental subnormality
IQ 35-49	

318.1 *Severe mental retardation*

IQ 20-34

Severe mental subnormality

318.2 *Profound mental retardation*

Idiocy

Profound mental subnormality

IQ under 20

319 **Unspecified mental retardation**

Mental deficiency NOS

Mental subnormality NOS

