ICD-11 through the lens of Child and Adolescent psychiatry

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ABSTRACT

This presentation is based on the work carried out by the WHO Office (Senior Officer Geoffrey Reed and colleagues) and advisors, including the "International Working Group on the Classification of Mental and Behavioral Disorders in Children and Adolescents" (2010-2012), and two subsequent Task Forces on Neurodevelopmental and Disruptive Behavior and Dissocial Disorders (2012 onwards).

An early decision in the process was taken to remove ICD 10' special section on "*Behavioural and emotional disorders with onset usually occurring in childhood and adolescence affected by emotional & behavioural immaturities of childhood"* and to adopt a life-span approach, whereby these disorders would merge with the rest. The multi-axial classification - popular in child psychiatric practice - was also taken out. Instead, co-morbidity and disorder *qualifiers* have been introduced.

ICD 11 has two groups of disorders with onset in childhood and persistence into adulthood: *Neurodevelopmental and Disruptive Dissocial Disorders*, and these will be the main focus of this presentation. Changes from ICD 10 have been guided by existing practice and research, and disorders are described in a systematic, detailed fashion to assist with identification, differential diagnosis and treatment planning.

As the rest of ICD 11 disorders are largely aligned with DSM 5 but there are some differences.

The main innovations within the Neurodevelopmental Disorders are the inclusion of Mental Retardation (*now Disorders of Intellectual Development*) and Hyperkinetic Syndrome (*now Attention Deficit Hyperactivity Disorder (ADHD)*). There are also refinements and changes in nomenclature such as the Pervasive Developmental Disorders, *now Autistic Spectrum Disorders (ASD).*

The revised description of ASD reflects its increasing recognition in individuals of average intellectual ability, its 3 previous main dysfunctional areas have been reduced to 2, and there is acknowledgement of adult manifestations. The main two *qualifiers (intellectual and language development)* are meant to assist with assessment and treatment planning. Changes to ADHD similarly reflect recognition of adult manifestations.

The main innovations of the Disruptive Behaviour & Dissocial disorders - which include Oppositional Defiant (ODD) and Conduct Disorders (CD) - are their *qualifiers*: irritability and low prosocial behaviour for ODD, and age of onset (childhood vs adolescence) and low prosocial behaviour for CD.

Diverging from DSM 5 is the introduction of a new *Pragmatic Language qualifier* to the Developmental Speech and Language Disorders, which contrasts with a new Social Pragmatic Communication Disorder in DSM 5; and the new *irritability qualifier* in ODD which contrasts with the new Disruptive Mood Dysregulation Disorder or DMDD, part of Depressive Disorders in DSM 5.

The use of psychiatric diagnosis by CAMHS can be patchy. The current ICD 11 version - with its detailed and helpful diagnostic guidance - represents a good opportunity to help promote further the understanding and management of affected children and young people.