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Mood Disorders: ICD-10 / ICD-11 & DSM – V

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INTRODUCTION:

- The work on DSM-5 began in 2000, work groups were formed to create a research agenda for the fifth major revision of DSM-V. These work groups generated hundreds of white papers, monogprahs and journal articles, providing the field with the summary of the state of science relevant to psychiatric diagnosis and letting it know APA formed the DSM-V Task force begin revising the manual as well as 13 work groups focusing on various disorder areas then published in 2013.
- ICD 10 work started in September 1983 due to preparatory meeting at geneva.
- ICD 11 is based to work need to capture more information, especially for morbidity use cases, decision was made 2007 to begin later it was published 2013.

ICD-10 F00-F99 Mental and Behavioural Disorders chapter	*ICD-11* 06 Mental, Behavioural or Neurodevelopmental Disorders chapter (and relevant disorder groupings from other *ICD-11* chapters)
F00-F09 Organic, including symptomatic, mental disorders	6D70-6E0Z Neurocognitive disorders (8A20-8A2Z Disorders with neurocognitive impairment as a major feature)
F10-F19 Mental and Behavioural disorders due to psychoactive substance use	6C40-6C5Z Disorders due to substance use or addictive behaviors
F20-F29 Schizophrenia, schizotypal and delusional disorders	6A20-6A2Z Schizophrenia or other primary psychotic disorders 6A40-6A4Z Catatonia
F30-F39 Mood (affective) disorders	6A60-6A8Z Mood disorders
F40-F48 Neurotic, stress-related and somatoform disorders	6B00-6B0Z Anxiety or fear-related disorders 6B20-6B2Z Obsessive-compulsive or related disorders 6B40-6B4Z Disorders specifically associated with stress 6B60-6B6Z Dissociative disorders 6C20-6C2Z Disorders of bodily distress or bodily experience
F50-F59 Behavioural syndromes associated with physiological disturbances and physical factors	6B80-6B8Z Feeding or eating disorders 6E20-6E2Z Mental or Behavioural disorders associated with pregnancy, childbirth, or the puerperium 6E40-6E40Z Psychological or Behavioural factors affecting disorders or diseases classified elsewhere
F60-F69 Disorders of adult personality and behaviour	6C70-6C7Z Impulse control disorders 6D10-6D11.5 Personality disorders and related traits 6D30-6D3Z Paraphilic disorders 6D50-6D5Z Factitious disorders (7A00-7A0Z Insomnia disorders) (7A20-7A2Z Hypersomnolence disorders) (7A60-7A6Z Circadian rhythm sleep-wake disorders) (HA60-HA6Z Gender incongruence)
F70-F79 Mental retardation	6A00-6A00.Z Disorders of intellectual development
F80-F89 Disorders of psychological development	6A00-6A06.Z Neurodevelopmental disorders
F90-F98 Behavioural and emotional disorders with onset usually occurring in child-hood and adolescence	6C00-6C0Z Elimination disorders 6C90-6C9Z Disruptive behavioural or dissocial disorders
F99 Unspecified mental disorder	6E60-6E6Z Secondary mental or Behavioural syndromes associated with disorders or diseases classified elsewhere

1) **Depression:**

<u>As per ICD -10</u>:

- The depressive episode should last at least 2 weeks. There have been no hypomanic and manic symptoms should be present.
- **Primary symptoms:** Low mood, Loss of interest, and fatigue
- **Secondary symptoms:** Decreased attention and concentration, Decreased self esteem and self confidence, Bleak and pessimistic view of the future, ideas of guilt and unworthiness, suicidal thoughts and ideation, Decreased sleep, Diminished appetite.
- 2 (primary) + 3 (Secondary)= Mild
- 2 (primary) + 4 (Secondary)= Moderate
- 3 (primary) + 5 (Secondary)=Severe
- **Somatic Syndrome:** There should be 4 symptoms present. Marked loss of interest, Lack of emotional reactions, Walking in the morning 2 hours more or before unusual time, Morning sadness, absence of psychomotor activity, loss of appetite, weight loss, loss of libido.

<u>As per DSM-V</u>:

- Five symptoms out of 9 side effects ought to be available. (Standards A to C think about MDD)
- The side effects cause clinically huge misery or impedance in friendly, word related and other significant areas of working.
- The episode isn't inferable from the physiological impacts of a substance misuse and other ailment.
- The event of MDD isn't better made sense of by Psychotic issues. There has never been Manic/Hypo hyper episode.
- Coding techniques including single episode or repetitive episode following Mild, Moderate, Severe, With crazy Features, In halfway abatement, In full reduction and Unspecified criterias.

- There may without code added a few circumstances like restless misery, blended highlights, melancholic elements, abnormal highlights, state of mind compatible elements, temperament incongruent crazy highlights, mental shock, peripartum beginning.
- Other epidemioloigical highlights connected with the MDD included
- DD: Mania/Mood problem another ailment, Substance misuse, ADHD, Adjustment issue, Sadness

As per ICD-11:

- Burdensome problems are portrayed by burdensome state of mind (e.g., miserable, peevish, void) or loss of joy joined by other mental, conduct, or neurovegetative side effects that essentially influence the singular's capacity to work. A burdensome issue ought not be analyzed in people who have at any point encountered a hyper, blended or hypomanic episode, which would show the presence of a bipolar problem.
- Single episode burdensome confusion including discouragement side effects enduring somewhere around fourteen days. There is no neurotic/hypomanic/blended side effects ought to be available.

BIPOLAR AFFECTVE DISORDER:

As per ICD-10 Criteria:

- Episodes are demarcated by a switch to an episode of opposite or mixed polarity or a remission
- BPAD Hypomania: Current episode meets the criteria of Hypomaniac and there is a past H/O hypomaniac, depression or mixed episode.
- BPAD Mania without Psychotic symptoms: Current episode meets the criteria of Mania without psychotic and there is a past H/O hypomaniac, depression or mixed episode.
- BPAD Mania withPsychotic symptoms: Current episode meets the criteria of Mania with psychotic and there is a past H/O hypomaniac, depression or mixed episode. Separate criteria like Mood congruent psychotic symptoms and mood incongruent psychotic symptoms added.
- BPAD Mild or Moderate depression: Current episode meets the criteria of mild or moderate depression and there is a past H/O hypomaniac, maniac or mixed episode.
- BPAD Severe without psychotic symptoms
- BPAD Severe with psychotic symptoms (with addition mood congruent features)
- BPAD mixed episode / BPAD Unspecified

As per DSM-V:

- An unmistakable time of raised, expandable crabby mind-set something like multi week.
- Here there are BPAD 1 and BPAD 2 unique classification utilized for analysis in BPAD 2 there will no presence of neurotic side effects.
- For craziness multi week and hypomaniac 4 days and gloom 14 days beginning followed
- Epidemiological highlights of BPAD has been incorporated
- There are reduction types remembered for the analysis with past H/O somewhere around 2 episodes.

- There may without code added a few circumstances like restless trouble, blended highlights, melancholic elements, abnormal elements, mind-set harmonious elements, temperament incongruent maniacal highlights, mental shock, peripartum and occasional example.

As per ICD-11 Criteria:

- Bipolar and related messes are verbose temperament issues characterized by the event of Manic, Mixed or Hypomanic episodes or side effects. These episodes regularly substitute throughout the span of these issues with Depressive episodes or times of burdensome side effects. Craziness (Multi week), Hypomaniac (4 or a few days) Depression (fourteen days)
- There are BPAD type 1 and BPAD type 2 unique order utilized for conclusion in BPAD 2 there will no presence of lunatic side effects. There is no Mania classification in BiPAD type 2 regions.
- In the reduction measures late episode like madness/hypomania/discouragement/blended/Unspecified standards added.
- BPAD type 1 rejection : Cyclothymia and BPAD type 2

CYCLOTHYMIC DISORDER:

• ICD - 10 (F34.1)	• DSM - V (301.13)	• ICD - 11 (6A62)
• There must be a period of at least two years of constantly recurring depressed mood and hypomania. • None or very few of the individual episodes of depression and hypomania within such a 2year period should be severe or long lasting meet the criteria for depressive episode • Three of the Following symptoms may be present: • Reduced energy or activity, insomnia, loss of confidence, difficulty in concentraing, loss of libido, feeling of hopeless, poor coping in daiy life, pessimesm about the future. social withdrawal, reduced talkativeness. • increased energy or activity, decreased need for sleep, inflated self esteem, sharperned usually or created thinking, increased gregariousness, increased talkativeness, increased interest, over optimism or exaggeration • If desired onset may be early (in late teenage or twenties) or late usually between age 30 and 50 years following an affective episode.	• For at least 2 years (at least 1 year in children and adolescents) there have been numerous periods with hypomanic symptoms that do not meet criteria for a hypomanic episode and numerous periods with depressive symptoms that do not meet criteria for a major depressive episode. • During the above 2-year period (1 year in children and adolescents), the hypomanic and depressive periods have been present for at least half the time and the individual has not been without the symptoms for more than 2 months at a time. • Criteria for a major depressive, manic, or hypomanic episode have never been met • The symptoms in Criterion A are not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder. • The symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).	• Cyclothymic disorder is characterized by a persistent instability of mood over a period of at least 2 years, involving numerous periods of hypomanic (e.g., euphoria, irritability, or expansiveness, psychomotor activation) and depressive (e.g., feeling down, diminished interest in activities, fatigue) symptoms that are present during more of the time than not. • The hypomanic symptomatology may or may not be sufficiently severe or prolonged to meet the full definitional requirements of a hypomanic episode (see Bipolar type II disorder), but there is no history of manic or mixed episodes (see Bipolar type I disorder). The depressive symptomatology has never been sufficiently severe or prolonged to meet the diagnostic requirements fora depressive episode (see Bipolar type II disorder). • The symptoms result insignificant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

DYSTHYMIC DISORDER:

• ICD - 10 (F34.1)	• DSM - V (PDD - 300.4)	• ICD - 11 (6A72)
• There must be a period of at least two years of constantly recurring depressed mood. intervening period of normal mood longer than a few weeks with no episode of hypomania. • None or very few of the individual episodes of depression within such a 2year period should be severe or long lasting meet the criteria for RDD mild episode • Three of the Following symptoms may be present: • Reduced energy or activity, insomnia, loss of confidence, difficulty in concentraing, loss of libido, feeling of hopeless, poor coping in daiy life, pessimesm about the future. social withdrawal, reduced talkativeness. • Other Persistent Mood Disorders: this is a residual category persistent affective disorders that are not sufficiently severe or long lasting to fulfill the criteria for cyclothymia, or dysthymia all the depressive criteria. • Persistent Mood Disorder Unspecified	• Depressed mood for most of the day in the mild level upto more than 2 years. • Two of the following symptoms present such as poor appetite or over eating, insomnia, Low energy, Low self esteem, Poor concentration, Feelings of hopelessness. • There is no hypomaniac episode and never met cyclothymic disorder • The disturbance is not better explained by a persistent schizoaffective disorder, schizophrenia, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder. • The symptoms are not attributable to the physiological effects of a substance or other medical condition	• Dysthymic disorder is characterized by a persistent depressive mood (i.e., lasting 2 years or more), for most of the day, for more days than not. In children and adolescents depressed mood can manifest as pervasive irritability. • The depressed mood is accompanied by additional symptoms such as markedly diminished interest or pleasure in activities, reduced concentration and attention or indecisiveness, low self-worth or excessive or inappropriate guilt, hopelessness about the future, disturbed sleep or increased sleep, diminished or increased appetite, or low energy or fatigue. • During the first 2 years of the disorder, there has never been a 2-week period during which the number and duration of symptoms were sufficient to meet the diagnostic requirements for a Depressive Episode. There is no history of Manic, Mixed, or Hypomanic Episodes

MIXED DEPRESSION AND ANXIETY DISORDER: ICD 11 – 6A73

Blended burdensome and uneasiness jumble is portrayed by side effects of both tension and misery a bigger number of days than not really for a time of about fourteen days or more. Neither arrangement of side effects, thought about independently, is adequately extreme, various, or determined to legitimize a determination of a burdensome episode, dysthymia or a nervousness and dread related problem. Discouraged mind-set or reduced interest in exercises should be available joined by extra burdensome side effects as well as various side effects of tension. The side effects bring about huge pain or critical debilitation in private, family, social, instructive, word related or other significant areas of working. There have never been any earlier hyper, hypomanic, or blended episodes, which would demonstrate the presence of a bipolar problem.

- **OTHER SPECIFIED DEPRESSIVE DISORDERS (6A7Y)**
- **DEPRESSIVE DISORDERS UNSPECIFIED (6AYZ)**

RECURRENT DEPRESSIVE DISORDER:

ICD 10 (F30 – F30.9)	DSM V (Other)	ICD11
❖ There has been previous episode of mild, moderate or severe episode of depression lasting a minimum of two weeks separated from the current episode by at least 2 months ❖ There is no past H/O mania / Hypomania episode ❖ The episode is not attributable to the psychoactive substance use, or any organic mental disorder ❖ RDD Mild type – there is a H/O mild episode in the past with or without somatic syndrome ❖ RDD moderate – There is a H/O moderate episode in the past with or without somatic syndrome. ❖ RDD severe without psychotic symptoms – past H/O one episode of Depressive episode without psychotic features. ❖ RDD severe with psychotic symptoms – past H/O one episode of Depressive episode with psychotic features. Added features of Mood congruent and incongruent features used ❖ RDD in remission: H/O RDD in the past current state does not meet any criteria. ❖ Other RDD ❖ RDD Unspecified	❖ New measures has been included the name of Disruptive state of mind dysregulation jumble with one year beginning no less than one episode there before the age of 6 years and after the age of 18 years (296.99), Premenstrual dysphonic problem with absolute of 5 side effects ought to be available (625.4), Substance/Medication initiated burdensome turmoil with delayed H/O sadness side effects no less than one month including liquor, phencyclidine, other drug, inhalant, narcotic, soothing or mesmerizing, Amphetamine, cocaine and different substances, Depressive confusion because of another ailment (Specially included hypothyroidism), Other indicated burdensome turmoil (311), and Unspecified burdensome issue. ❖ Incorporated every one of the epidemiological elements connected with each Depressive problem.	❖ Burdensome side effects enduring somewhere around fourteen days every one of the standards' connected with ICD - 10 yet models of Unspecified seriousness and incomplete reduction regions added. ❖ Considerations : Seasonal burdensome problem, Endogenous discouragement with insane side effects, Major misery intermittent without maniacal side effects, Manic burdensome psychosis, indispensable melancholy repetitive without crazy side effects. ❖ Rejections: Adjustment problem, Bipolar or other related messes, Single episode burdensome confusion. ❖ Different models like Mixed burdensome and uneasiness jumble (6A73), Other Specified burdensome turmoil (6A7Y), Depressive confusion unknown (6A7Z), Prominent tension side effects in temperament issues (6A80.0), Panic assaults in mind-set states (6A80.1), Current burdensome episode persevering, despondency, Seasonal example of state of mind episode, Rapid cycling has been added

RELEVANT LITERATURE:

❖ Zurich accomplice study (n=4547 individuals) with appraisal utilized (SCL-90R agenda) additionally 19years old guys and 20 years female chose as member. The review results showed that found little contrast between ICD 11 and ICD 10 ID subjects with bipolar problems however contrast with DSM - 5 an extensive expansion in the finding of hypo-hyper episodes and hence of bipolar issues.

- **Significant INNOVATIONS IN THE ICD 11:** (Indian Journal of Private Psychiatry)
  Clinician could sensibly hope to track down in all cases. Jumble dispersed to the groupings they share side effects as opposed to beginning. Fear of abandonment moved into dread related messes gathering. Guaranteed the adaptable activity of clinical judgment and expanded clinical utility. Significant development consolidating layered approach inside existing downright framework. Layered order centers clinical show, recuperation based approach. Layered possible powerfully acknowledged characterization of behavioral conditions.
- **NOVEL ADDITIONS IN ICD -11:** Catatonia, Bipolar Type 2 disorder, Body Dysmorphic disorder, Olfactory reference disorder, Hoarding disorder, Excoriation disorder, Complex Post traumatic Stress disorder, Prolonged grief disorder, Binge eating disorder, Avoidant/restrictive food intake disorder, Body Integrity dysphoria, Gaming disorder, Compulsive sexual behavior disorder, Intermittent explosive disorder, Premenstrual dysphonic disorder.

RAPID CYCLING DISORDER:

- The 2022 version of ICD-10-CM F31.9 became compelling on October 1, 2021. This is the American ICD-10-CM form of F31.9 - other worldwide renditions of ICD-10 F31.9 might contrast. (Version included fast cycling discouraged bipolar 1 issue)
- The DSM-IV characterizes quick cycling as a course specifier, connoting no less than four episodes of significant misery, lunacy, blended craziness, or hypomania in the previous year, happening in any mix or request. It is assessed that quick cycling is available in around 12-24% of patients at particular state of mind problem centers.
- DSM V Rapid cycling blended highlights added (tension, mental shock and so forth), Bipolar 1 sort dropped from measures table, Other mind-set side effects with ailments (Dropped)

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