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ICD-11 CHAPTER 06 Mental, behavioural or neurodevelopmental disorders This chapter has 162 four-character categories. Code range starts with 6A00 Mental, behavioural and neurodevelopmental disorders are syndromes characterised by clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes that underlie mental and behavioural functioning. These disturbances are usually associated with distress or impairment in personal, family, social, educational, occupational, or other important areas of functioning. This chapter contains the following top level blocks: Neurodevelopmental disorders Schizophrenia or other primary psychotic disorders Catatonia Mood disorders Anxiety or fear-related disorders Obsessive-compulsive or related disorders Disorders specifically associated with stress Dissociative disorders Feeding or eating disorders Elimination disorders Disorders of bodily distress or bodily experience Disorders due to substance use or addictive behaviours Impulse control disorders Disruptive behaviour or dissocial disorders Personality disorders and related traits Paraphilic disorders Factitious disorders Neurocognitive disorders Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium Secondary mental or behavioural syndromes associated with disorders or diseases classified elsewhere Neurodevelopmental disorders (BlockL1-6A0) Neurodevelopmental disorders are behavioural and cognitive disorders that arise during the developmental period that involve significant difficulties in the acquisition and execution of specific intellectual, motor, language, or social functions. Although behavioural and cognitive deficits are present in many mental and behavioural disorders that can arise during the developmental period (e.g., Schizophrenia, Bipolar disorder), only disorders whose core features are neurodevelopmental are included in this grouping. The presumptive etiology for neurodevelopmental disorders is complex, and in many individual cases is unknown. Code Elsewhere: Primary tic or tic disorders (8A05.0); Secondary neurodevelopmental syndrome (6E60) 6A00 Disorders of intellectual development Disorders of intellectual development are a group of etiologically diverse conditions originating during the developmental period characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately two or more standard deviations below the mean (approximately less than the 2.3rd percentile), based on appropriately normed, individually administered standardized tests. Where appropriately normed and standardized tests are not available, diagnosis of disorders of intellectual development requires greater reliance on clinical judgment based on appropriate assessment of comparable behavioural indicators. Coding Note: Use additional code, if desired, to identify any known aetiology. Exclusions: Dementia (BlockL2-6DB) 6A00.0 Disorder of intellectual development, mild A mild disorder of intellectual development is a condition originating during the developmental period characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately two to three standard deviations below the mean (approximately 0.1 - 2.3 percentile), based on appropriately normed, individually administered standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Affected persons often exhibit difficulties in the acquisition and comprehension of complex language concepts and academic skills. Most master basic self-care, domestic, and practical activities. Persons affected by a mild disorder of intellectual development can generally achieve relatively independent living and employment as adults but may require appropriate support. 6A00.1 Disorder of intellectual development, moderate A moderate disorder of intellectual development is a condition originating during the developmental period characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately three to four standard deviations below the mean (approximately 0.003rd - 0.1 percentile), based on appropriately normed, individually administered standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Language and capacity for acquisition of academic skills of persons affected by a moderate disorder of intellectual development vary but are generally limited to basic skills. Some may master basic self-care, domestic, and practical activities. Most affected persons require considerable and consistent support in order to achieve independent living and employment as adults. 6A00.2 Disorder of intellectual development, severe A severe disorder of intellectual development is a condition originating during the developmental period characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately four or more standard deviations below the mean (less than approximately the 0.003rd percentile), based on appropriately normed, individually administered standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Affected persons exhibit very limited language and capacity for acquisition of academic skills. They may also have motor impairments and typically require daily support in a supervised environment for adequate care, but may acquire basic self-care skills with intensive training. Severe and profound disorders of intellectual development are differentiated exclusively on the basis of adaptive behaviour differences because existing standardized tests of intelligence cannot reliably or validly distinguish among individuals with intellectual functioning below the 0.003rd percentile. 6A00.3 Disorder of intellectual development, profound A profound disorder of intellectual development is a condition originating during the developmental period characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately four or more standard deviations below the mean (approximately less than the 0.003rd percentile), based on individually administered appropriately normed, standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Affected persons possess very limited communication abilities and capacity for acquisition of academic skills is restricted to basic concrete skills. They may also have co-occurring motor and sensory impairments and typically require daily support in a supervised environment for adequate care. Severe and profound disorders of intellectual development are differentiated exclusively on the basis of adaptive behaviour differences because existing standardized tests of intelligence cannot reliably or validly distinguish among individuals with intellectual functioning below the 0.003rd percentile. 6A00.4 Disorder of intellectual development, provisional Disorder of intellectual development, provisional is assigned when there is evidence of a disorder of intellectual development but the individual is an infant or child under the age of four or it is not possible to conduct a valid assessment of intellectual functioning and adaptive behaviour because of sensory or physical impairments (e.g., blindness, pre-lingual deafness), motor or communication impairments, severe problem behaviours or co-occurring mental and behavioural disorders. 6A00.Z Disorders of intellectual development, unspecified Coding Note: Use additional code, if desired, to identify any known aetiology. 6A01 Developmental speech or language disorders Developmental speech or language disorders arise during the developmental period and are characterised by difficulties in understanding or producing speech and language or in using language in context for the purposes of communication that are outside the limits of normal variation expected for age and level of intellectual functioning. The observed speech and language problems are not attributable to regional, social, or cultural/ethnic language variations and are not fully explained by anatomical or neurological abnormalities. The presumptive aetiology for developmental speech or language disorders is complex, and in many individual cases, is unknown. 6A01.0 Developmental speech sound disorder Developmental speech sound disorder is characterised by difficulties in the acquisition, production and perception of speech that result in errors of pronunciation, either in number or types of speech errors made or the overall quality of speech production, that are outside the limits of normal variation expected for age and level of intellectual functioning and result in reduced intelligibility and significantly affect communication. The errors in pronunciation arise during the early developmental period and cannot be explained by social, cultural, and other environmental variations (e.g., regional dialects). The speech errors are not fully explained by a hearing impairment or a structural or neurological abnormality. Inclusions: Functional speech articulation disorder Exclusions: Deafness not otherwise specified (A852); Diseases of the nervous system (Chapter 08); Dysarthria (MA80.2); Verbal apraxia (MB4A) 6A01.1 Developmental speech fluency disorder Developmental speech fluency disorder is characterised by frequent or pervasive disruption of the normal rhythmic flow and rate of speech characterised by repetitions and prolongations in sounds, syllables, words, and phrases, as well as blocking and word avoidance or substitutions. The speech dysfluency is persistent over time. The onset of speech dysfluency occurs during the developmental period and speech fluency is markedly below what would be expected for age. Speech dysfluency results in significant impairment in social communication, personal, family, social, educational, occupational or other important areas of functioning. The speech dysfluency is not better accounted for by a Disorder of Intellectual Development, a Disease of the Nervous System, a sensory impairment, or a structural abnormality, or other speech or voice disorder. Exclusions: Tic disorders (8A05) 6A01.2 Developmental language disorder Developmental language disorder is characterised by persistent deficits in the acquisition, understanding, production or use of language (spoken or signed), that arise during the developmental period, typically during early childhood, and cause significant limitations in the individual's ability to communicate. The individual's ability to understand, produce or use language is markedly below what would be expected given the individual's age. The language deficits are not explained by another neurodevelopmental disorder, a sensory impairment or neurological condition, including the effects of brain injury or infection. Exclusions: Autism spectrum disorder (6A02); Diseases of the nervous system (Chapter 08); Deafness not otherwise specified (A852); Selective mutism (6B06) 6A01.20 Developmental language disorder with impairment of receptive and expressive language Developmental language disorder with impairment of receptive and expressive language is characterised by persistent difficulties in the acquisition, understanding, production, and use of language that arise during the developmental period, typically during early childhood, and cause significant limitations in the individual's ability to communicate. The ability to understand spoken or signed language (i.e., receptive language) is markedly below the expected level given the individual's age and level of intellectual functioning, and is accompanied by persistent impairment in the ability to produce and use spoken or signed language (i.e., expressive language). Inclusions: developmental dysphasia or aphasia, receptive type Exclusions: acquired aphasia with epilepsy [Landau-Kleffner] (8A62.2); Autism spectrum disorder (6A02); Selective mutism (6B06); dysphasia NOS (MA80.1); Diseases of the nervous system (Chapter 08); Deafness not otherwise specified (A852) 6A01.21 Developmental language disorder with impairment of mainly expressive language Developmental language disorder with impairment of mainly expressive language is characterised by persistent difficulties in the acquisition, production, and use of language that arise during the developmental period, typically during early childhood, and cause significant limitations in the individual's ability to communicate. The ability to produce and use spoken or signed language (i.e., expressive language) is markedly below the expected level given the individual's age and level of intellectual functioning, but the ability to understand spoken or signed language (i.e., receptive language) is relatively intact. Inclusions: Developmental dysphasia or aphasia, expressive type Exclusions: acquired aphasia with epilepsy [Landau-Kleffner] (8A62.2); Selective mutism (6B06); dysphasia and aphasia: developmental, receptive type (6A01.20); dysphasia NOS (MA80.1); aphasia NOS (MA80.0); Diseases of the nervous system (Chapter 08); Deafness not otherwise specified (A852) 6A01.22 Developmental language disorder with impairment of mainly pragmatic language Developmental language disorder with impairment of mainly pragmatic language is characterised by persistent and marked difficulties with the understanding and use of language in social contexts, for example making inferences, understanding verbal humour, and resolving ambiguous meaning. These difficulties arise during the developmental period, typically during early childhood, and cause significant limitations in the individual's ability to communicate. Pragmatic language abilities are markedly below the expected level given the individual's age and level of intellectual functioning, but the other components of receptive and expressive language are relatively intact. This qualifier should not be used if the pragmatic language impairment is better explained by Autism Spectrum Disorder or by impairments in other components of receptive or expressive language. Exclusions: Diseases of the nervous system (Chapter 08); Selective mutism (6B06) 6A01.23 Developmental language disorder, with other specified language impairment Developmental language disorder with other specified language impairment is characterised by persistent difficulties in the acquisition, understanding, production or use of language (spoken or signed), that arise during the developmental period and cause significant limitations in the individual's ability to communicate. The pattern of specific deficits in language abilities is not adequately captured by any of the other developmental language disorder categories. Exclusions: Autism spectrum disorder (6A02); Diseases of the nervous system (Chapter 08); Disorders of intellectual development (6A00); Selective mutism (6B06) 6A01.Y Other specified developmental speech or language disorders 6A01.Z Developmental speech or language disorders, unspecified 6A02 Autism spectrum disorder Autism spectrum disorder is characterised by persistent deficits in the ability to initiate and to sustain reciprocal social interaction and social communication, and by a range of restricted, repetitive, and inflexible patterns of behaviour, interests or activities that are clearly atypical or excessive for the individual's age and socio-cultural context. The onset of the disorder occurs during the developmental period, typically in early childhood, but symptoms may not become fully manifest until later, when social demands exceed limited capacities. Deficits are sufficiently severe to cause impairment in personal, family, social, educational, occupational or other important areas of functioning and are usually a pervasive feature of the individual's functioning observable in all settings, although they may vary according to social, educational, or other context. Individuals along the spectrum exhibit a full range of intellectual functioning and language abilities. Inclusions: Autistic disorder Exclusions: Rett syndrome (LD90.4) 6A02.0 Autism spectrum disorder without disorder of intellectual development and with mild or no impairment of functional language All definitional requirements for autism spectrum disorder are met, intellectual functioning and adaptive behaviour are found to be at least within the average range (approximately greater than the 2.3rd percentile), and there is only mild or no impairment in the individual's capacity to use functional language (spoken or signed) for instrumental purposes, such as to express personal needs and desires. 6A02.1 Autism spectrum disorder with disorder of intellectual development and with mild or no impairment of functional language All definitional requirements for both autism spectrum disorder and disorder of intellectual development are met and there is only mild or no impairment in the individual's capacity to use functional language (spoken or signed) for instrumental purposes, such as to express personal needs and desires. 6A02.2 Autism spectrum disorder without disorder of intellectual development and with impaired functional language All definitional requirements for autism spectrum disorder are met, intellectual functioning and adaptive behaviour are found to be at least within the average range (approximately greater than the 2.3rd percentile), and there is marked impairment in functional language (spoken or signed) relative to the individual's age, with the individual not able to use more than single words or simple phrases for instrumental purposes, such as to express personal needs and desires. 6A02.3 Autism spectrum disorder with disorder of intellectual development and with impaired functional language All definitional requirements for both autism spectrum disorder and disorder of intellectual development are met and there is marked impairment in functional language (spoken or signed) relative to the individual's age, with the individual not able to use more than single words or simple phrases for instrumental purposes, such as to express personal needs and desires. 6A02.4 Autism spectrum disorder with disorder of intellectual development and with impaired functional language and with impaired intellectual development are met and there is marked impairment in functional language (spoken or signed) relative to the individual's age, with the individual not able to use more than single words or simple phrases for instrumental purposes, such as to express personal needs and desires. 6A02.5 Autism spectrum disorder with impairment of intellectual development and with absence of functional language All definitional requirements for both autism spectrum disorder and disorder of intellectual development are met and there is complete, or almost complete, absence of ability relative to the individual's age to use functional language (spoken or signed) for instrumental purposes, such as to express personal needs and desires 6A02.Y Other specified autism spectrum disorder 6A02.Z Autism spectrum disorder, unspecified 6A03 Developmental learning disorder Developmental learning disorder is characterised by significant and persistent difficulties in learning academic skills, which may include reading, writing, or arithmetic. The individual's performance in the affected academic skill(s) is markedly below what would be expected for chronological age and general level of intellectual functioning, and results in significant impairment in the individual's academic or occupational functioning. Developmental learning disorder first manifests when academic skills are taught during the early school years. Developmental learning disorder is not due to a disorder of intellectual development, sensory impairment (vision or hearing), neurological or motor disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity. Exclusions: Symbolic dysfunctions (MB4B) 6A03.0 Developmental learning disorder with impairment in reading Developmental learning disorder with impairment in reading is characterised by significant and persistent difficulties in learning academic skills related to reading, such as word reading accuracy, reading fluency, and reading comprehension. The individual's performance in reading is markedly below what would be expected for chronological age and level of intellectual functioning and results in significant impairment in the individual's academic or occupational functioning. Developmental learning disorder with impairment in reading is not due to a disorder of intellectual development, sensory impairment (vision or hearing), neurological disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity. Exclusions: Disorders of intellectual development (6A00) 6A03.1 Developmental learning disorder with impairment in written expression Developmental learning disorder with impairment in written expression is characterised by significant and persistent difficulties in learning academic skills related to writing, such as spelling accuracy, grammar and punctuation accuracy, and organisation and coherence of ideas in writing. The individual's performance in written expression is markedly below what would be expected for chronological age and level of intellectual functioning and results in significant impairment in the individual's academic or occupational functioning. Developmental learning disorder with impairment in written expression is not due to a disorder of intellectual development, sensory impairment (vision or hearing), a neurological or motor disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity. Exclusions: Disorders of intellectual development (6A00) 6A03.2 Developmental learning disorder with impairment in mathematics Developmental learning disorder with impairment in mathematics is characterised by significant and persistent difficulties in learning academic skills related to mathematics or arithmetic, such as number sense, memorization of number facts, accurate calculation, fluent calculation, and accurate mathematic reasoning. The individual's performance in mathematics or arithmetic is markedly below what would be expected for chronological or developmental age and level of intellectual functioning and results in significant impairment in the individual's academic or occupational functioning. Developmental learning disorder with impairment in mathematics is not due to a disorder of intellectual development, sensory impairment (vision or hearing), a neurological disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity. Exclusions: Disorders of intellectual development (6A00) 6A03.3 Developmental learning disorder with other specified impairment of learning Developmental learning disorder with other specified impairment of learning is characterised by significant and persistent difficulties in learning academic skills related to reading, such as spelling accuracy, grammar and punctuation accuracy, and organisation and coherence of ideas in writing. The individual's performance in written expression is markedly below what would be expected for chronological age and level of intellectual functioning and results in significant impairment in the individual's academic or occupational functioning. Developmental learning disorder with other specified impairment of learning is not due to a disorder of intellectual development, sensory impairment (vision or hearing), neurological disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity. Exclusions: Disorders of intellectual development (6A00) 6A03.Z Developmental learning disorder, unspecified 6A04 Developmental motor coordination disorder Developmental motor coordination disorder is characterised by a significant delay in the acquisition of gross and fine motor skills and impairment in the execution of coordinated motor skills that manifest in clumsiness, slowness, or inaccuracy of motor performance. Coordinated motor skills are markedly below that expected given the individual's chronological age and level of intellectual functioning. Onset of coordinated motor skills difficulties occurs during the developmental period and is typically apparent from early childhood. Coordinated motor skills difficulties cause significant and persistent limitations in functioning (e.g. in activities of daily living, school work, and vocational and leisure activities). Difficulties with coordinated motor skills are not solely attributable to a Disease of the Nervous System, Disease of the Musculoskeletal System or Connective Tissue, sensory impairment, and not better explained by a Disorder of Intellectual Development. Exclusions: Abnormalities of gait and mobility (MB44); Diseases of the musculoskeletal system or connective tissue (Chapter 15); Diseases of the nervous system (Chapter 08) 6A05 Attention deficit hyperactivity disorder Attention deficit hyperactivity disorder is characterised by a persistent pattern (at least 6 months) of inattention and/or hyperactivity-impulsivity that has a direct negative impact on academic, occupational, or social functioning. There is evidence of significant inattention and/or hyperactivity-impulsivity symptoms prior to age 12, typically by early to mid-childhood, though some individuals may first come to clinical attention later. The degree of inattention and hyperactivity-impulsivity is outside the limits of normal variation expected for age and level of intellectual functioning. Inattention refers to significant difficulty in sustaining attention to tasks that do not provide a high level of stimulation or frequent rewards, distractibility and problems with organisation. Hyperactivity refers to excessive motor activity and difficulties with remaining still, most evident in structured situations that require behavioural self-control. Impulsivity is a tendency to act in response to immediate stimuli, without deliberation or consideration of the risks and consequences. The relative balance and the specific manifestations of inattentive and hyperactive-impulsive characteristics varies across individuals and may change over the course of development. In order for a diagnosis to be made, manifestations of inattention and/or hyperactivity-impulsivity must be evident across multiple situations or settings (e.g., home, school, work, with friends or relatives), but are likely to vary according to the structure and demands of the setting. Symptoms are not better accounted for by another mental, behavioural, or neurodevelopmental disorder and are not due to the effect of a substance or medication. Inclusions: attention deficit disorder with hyperactivity; attention deficit syndrome with hyperactivity 6A05.0 Attention deficit hyperactivity disorder, predominantly inattentive presentation All definitional requirements for attention deficit hyperactivity disorder are met and inattentive symptoms are predominant in the clinical presentation. Inattention refers to significant difficulty in sustaining attention to tasks that do not provide a high level of stimulation or frequent rewards, distractibility and problems with organisation. Some hyperactive-impulsive symptoms may also be present, but these are not clinically significant in relation to the inattentive symptoms. 6A05.1 Attention deficit hyperactivity disorder, predominantly hyperactive-impulsive presentation All definitional requirements for attention deficit hyperactivity disorder are met and hyperactive-impulsive symptoms are predominant in the clinical presentation. Hyperactivity refers to excessive motor activity and difficulties with remaining still, most evident in structured situations that require behavioural self-control. Impulsivity is a tendency to act in response to immediate stimuli, without deliberation or consideration of the risks and consequences. 6A05.2 Attention deficit hyperactivity disorder, combined presentation All definitional requirements for attention deficit hyperactivity disorder are met. Both inattentive and hyperactive-impulsive symptoms are clinically significant, with neither predominating in the clinical presentation. Inattention refers to significant difficulty in sustaining attention to tasks that do not provide a high level of stimulation or frequent rewards, distractibility and problems with organisation. Hyperactivity refers to excessive motor activity and difficulties with remaining still, most evident in structured situations that require behavioural self-control. Impulsivity is a tendency to act in response to immediate stimuli, without deliberation or consideration of the risks and consequences. 6A05.Y Attention deficit hyperactivity disorder, other specified presentation 6A05.Z Attention deficit hyperactivity disorder, presentation unspecified 6A06 Stereotyped movement disorder Stereotyped movement disorder is characterised by the persistent (e.g., lasting several months) presence of voluntary, repetitive, stereotyped, apparently purposeless (and often rhythmic) movements that arise during the early developmental period, are not caused by the direct physiological effects of a substance or medication (including withdrawal), and markedly interfere with normal activities or result in self-inflicted bodily injury. Stereotyped movements that are non-injurious can include body rocking, head rocking, finger-flicking mannerisms, and hand flapping. Stereotyped self-injurious behaviours can include repetitive head banging, face slapping, eye poking, and biting of the hands, lips, or other body parts. Exclusions: Tic disorders (8A05); Trichotillomania (6B25.0); Abnormal involuntary movements (MB46) 6A06.0 Stereotyped movement disorder without self-injury This category should be applied to forms of Stereotyped movement disorder in which stereotyped behaviours markedly interfere with normal activities, but do not result in self-inflicted bodily injury. Stereotyped movement disorder without self-injury is characterised by voluntary, repetitive, stereotyped, apparently purposeless (and often rhythmic) movements that arise during the early developmental period, are not caused by the direct physiological effects of a substance or medication (including withdrawal), and markedly interfere with normal activities. Stereotyped movements that are non-injurious can include body rocking, head rocking, finger-flicking mannerisms, and hand flapping. 6A06.1 Stereotyped movement disorder with self-injury This category should be applied to forms of Stereotyped movement disorder in which stereotyped behaviours result in self-inflicted bodily injury that is significant enough to require medical treatment, or would result in such injury if protective measures (e.g., helmet to prevent head injury) were not employed. Stereotyped movement disorder with self-injury is characterised by voluntary, repetitive, stereotyped, apparently purposeless (and often rhythmic) movements that arise during the early developmental period, are not caused by the direct physiological effects of a substance or medication (including withdrawal). Stereotyped movements that are self-injurious can include head banging, face slapping, eye poking, and biting of the hands, lips, or other body parts. 6A06.Z Stereotyped movement disorder, unspecified 6A0Z Other specified neurodevelopmental disorders 6A0Z Neurodevelopmental disorders, unspecified Renzo Vianello e Serafino Buono, 01.04.2023 Compleata la pubblicazione dell'undicesima classificazione internazionale delle malattie (ICD-11) - per la prima volta solo digitale senza la versione cartacea - l'11 febbraio 2022. Si tratta dell'elenco delle malattie studiato dall'OMS (Organizzazione mondiale della sanità, istituto specializzato dell'ONU per la salute), alla sua undicesime revisione, utilizzato dagli operatori sanitari per standardizzare il proprio lavoro e che codifica 1,6 milioni di casi clinici. Elaborato con i dati provenienti da oltre 90 Paesi, è stato approvato dall'Assemblea nel maggio 2021 ed è entrato in vigore dal gennaio 2022. Come ampiamente anticipato, nell'elenco aggiornato appare per la prima volta la dipendenza da videogiochi (gaming disorder) nella sezione dei disturbi mentali. Una decisione dell'OMS non priva di polemiche: nel 2021 l'industria dei videogiochi ha sostenuto che l'Organizzazione non avesse i dati per considerare la dipendenza una malattia mentale. Ma Robert Jakob, a capo del team dell'OMS che ha stilato la lista, ha nuovamente ribadito che il gaming disorder è tale quando il paziente presenta "una serie di comportamenti persistenti o ricorrenti che non si riescono a controllare e che prendono il sopravvento sugli altri interessi della vita". Tra le ulteriori novità dell'ICD 11 troviamo nuove classificazioni, come il gioco d'azzardo inserito nella sezione delle dipendenze e condizioni precedentemente classificate in altro modo, come l'incongruenza di genere non più elencata come condizione di salute mentale; il nuovo capitolo riservato alla salute sessuale e un altro nuovo dedicato alla medicina tradizione, mai classificata prima dal sistema ICD, nonostante sia utilizzata in tutto il mondo.