GUIDE TO THE PSYCHIATRIC APPENDICES

1. A useful definition of mental disorder is given by the World-Health Organisation as:

   "A clinically recognisable set of symptoms or behaviour associated in most cases with distress and interference with personal function."

2. It is important that careful consideration is given when applying psychiatric labels; this specific warning is given at the beginning of the DSM-IV and can be applied equally to ICD-10.

   "It is important that DSM-IV is not applied mechanically by untrained individuals. The specific diagnostic criteria ….are meant to serve as guidelines to be informed by clinical judgement. Lack of familiarity with DSM-IV or excessively flexible and idiosyncratic application of DMS-IV criteria substantially reduces its utility as a common language for communication."

File name	Conditions included in the appendix

ACUTESTR.ESS **Acute stress reaction**

This appendix begins with a description of the normal response to stress. Acute stress reaction is a very brief reaction to overwhelming stressors with very specific symptoms, lasting from a few hours to a few days. Acute stress disorder (DSM-IV diagnosis) lasts from a few days to a month, ? possibly a different condition.

Synonyms: Combat fatigue, acute crisis reaction, crisis state, psychic shock.

PTSD **Post traumatic stress disorder**

The appendix begins with a description of the normal response to stress. PTSD is a prolonged and very specific reaction to overwhelming stressors, which is diagnosed only after the condition has been present for a month. Symptoms fall into three groups; re-experiencing the event, avoidance and arousal.

Reaction to severe stress unspecified: When only one or two of the above groups of symptoms are present.

Synonyms: Traumatic neurosis, combat fatigue.

ADJUST.DIS **Adjustment disorders**

The normal response to stress is described followed by the various adjustment disorders, these being less extreme reactions to a wide variety of stressors. They may last generally up to six months but the disorder may last considerably longer in some cases.

Subtypes of adjustment disorder:

Brief depressive reaction: A mild to moderate depression lasting up to a month.
Prolonged depressive reaction: A mild to moderate depression lasting up to two years (syn: reactive depression).
Mixed anxiety and depressive reaction: Both anxiety and depression are equally present lasting up to 6 months.
Adjustment disorder with disturbance of other emotions (including anxiety and worry).
Adjustment disorder with disturbance of conduct.
Adjustment disorder with other specified symptoms eg physical complaints.

CONVERSI.ON **Conversion and dissociative disorders**

Specific symptoms engendered by problems and conflicts which the individual cannot solve other than by conversion of this inner anxiety into symptoms which are subjectively less threatening. Patients often show less distress than would be expected of someone with their symptoms ("belle indifference") but this is not inevitable.

Includes:
Dissociative amnesia, Dissociative fugue
Dissociative motor disorders, Dissociative convulsions,
Dissociative sensory loss, Multiple personality disorder
Synonyms: Conversion hysteria, conversion reaction, hysteria.

SOMATOFO-RM **Somatoform disorders**

Disorders in which the main feature is the repeated presentation of physical symptoms or "illnesses" in spite of negative findings and reassurance by doctors that the symptoms have no physical basis. Physical symptoms are in this case an expression of psychological disorder; this relationship is known as somatization. The individual is extremely concerned about the symptoms. Includes:

Somatisation disorder: Conviction of having numerous, frequently changing illnesses over a long period of time.
Includes Briquet's syndrome, St Louis hysteria, fat file syndrome.

Undifferentiated somatoform disorder: Milder symptoms either in quantity or quality than all the other diagnoses in this group. Syn: psychosomatic disorder.

Hypochondriacal disorder: Fear of having or developing a disease. Limited to one or two "illnesses". Also includes body dysmorphic disorder (dysmorphophobia).

Somatoform autonomic dysfunction: Symptoms presented as if due to an autonomic dysfunction, most commonly the cardiovascular, respiratory and gastrointestinal systems. The symptoms may or, in the majority of cases, may not be a reaction to obvious stressors. Former diagnoses falling into this category include cardiac neurosis, Da Costa's syndrome, neurocirculatory asthenia, psychogenic cough.

Persistent somatoform pain disorder: Presentation of persistent pain not **fully** explained by physical disorder.

ANXIETY.DIS **Anxiety disorders**

Group of neurotic disorders including:

Agoraphobia: Fear of being out of the house alone, etc. May occur with or without panic attack.

Social phobia: Fear of social scrutiny by others.

Specified isolated phobias: Heights, animals, flying.

Panic attack: A discrete episode of intense unpredictable fear (with marked autonomic symptoms) reaching a peak within a few minutes and lasting at least some minutes.

Panic disorder: Recurrent panic attacks.

Generalised anxiety disorder: Free-floating anxiety often related to a chronic environmental stress.

Mixed anxiety and depressive disorder: Equal symptoms of both, usually relatively mild.

Depersonalisation/derealisation – very rare in isolation, usually forming symptom of another anxiety disorder.

OBSCOMP.DIS **Obsessive-compulsive disorder**

A disorder which variously comprises repetitive rituals, thoughts and acts etc., which if severe can cause marked disruption to the patient's life.

DREAMS **Disorders of sleep and dreams**

This appendix includes a summary of normal sleep and dreaming and the sleep disorders of:
Non-organic (primary) insomnia,
Secondary insomnia,
Nightmare disorder: Although nightmares alone do not necessarily constitute a psychiatric illness the ICD 10 uses the label to describe the condition previously designated dream anxiety disorder or nightmare disorder.

Sleep terror disorder.

FACTITIOUS **1. Factitious disorder. 2. Feigning illness.**
3. Elaboration of physical symptoms for psychological reasons.

Factitious disorder (Munchausen's) is the intentional production of symptoms to ensure the attention of medical profession. Malingering: The production of symptoms for other obvious gain. Elaboration of physical symptoms for psychological reasons includes accident/compensation neurosis. All three are sometimes difficult to distinguish from each other therefore presented together.

POSTCONC.USS **Post concussional syndrome**

The cluster of symptoms (mainly headache, dizziness, subjective poor memory etc) persisting after recovery from mild/moderate head injury. Literature suggests very rare after a year.

MOOD.DIS **Affective disorders**

All disorders of mood, both psychotic and neurotic including:

Depressive episode: A single, discrete period of depression, the term further refined if necessary into degree of severity.

Recurrent depressive disorder: Repeated episodes separated by at least two symptom free months.

Bipolar affective disorder: Recurrent episodes of depression, mania or mixed features with periods of remission or change in symptoms.

Cyclothymia: At least two years instability of mood, both depressed and elated being evident.

Dysthymia: At least two years of constantly or recurringly depressed mood (the latter with a maximum of two weeks normal mood in between episodes).

Neurasthenia: Listed with anxiety disorders in ICD-10.

Depressive personality disorder: A well recognised clinical category which does not appear in ICD-10 but appears in DSM-IV section for further research.

Brief depressive reaction (also listed in ADJUST): A depressive disorder due to a stressor lasting no more than 6 months.

Prolonged depressive reaction (also listed in ADJUST): A depressive disorder due to a stressor which lasts up to two years.

Recurrent brief depressive disorder: 2-3 days, at least every month over the past year.

SCHISOPH **Schizophrenia and the remaining psychotic conditions**

The major psychotic disorders (apart from those appearing in the appendix on affective disorders) including:

Schizophrenia

Delusional disorders

Schizoaffective disorder

Schizophreniform disorder

Induced delusional disorder; "folie a deux".

Schizotypal disorder

Acute and transient psychotic disorders: These are further subclassified into with or without "associated acute stress", the stressor occurring within two weeks of the first psychotic symptoms and with or without symptoms of schizophrenia.

PERSONAL.ITY **Personality disorders**

The normal personality: What constitutes the normal personality, the accentuation of personality traits under various circumstances, the normal reactions to life experiences such as change in employment, retirement and other "phase of life changes". Followed by normal personality development and the aetiology of personality disorders.

Personality disorders
Paranoid
Schizoid
Dissocial (Psychopathic, Antisocial)
Emotionally unstable – impulsive
Emotionally unstable – borderline
Histrionic
Anankastic
Narcissistic
Anxious (avoidant)
Dependent

Acquired personality changes: Changes after the personality is developed
Organic personality change due to brain damage
Enduring personality change following psychiatric illness
Enduring personality change following catastrophic experience.

DEMENTIA **Dementia**

Now termed in both ICD and DSM as “Dementia in _____”.

Vascular dementia: Acute, multi-infarct and subcortical types (the only label not described as “dementia in---“.
Dementia in Alzheimer’s disease: Presenile is now specified as “early onset”, senile at “late onset”.
Dementia in Pick’s disease
Dementia in Parkinson’s disease and **Lewy body dementia**
Dementia in HIV disease
Dementia in Huntington’s
Dementia in Creutzfeld-Jakob disease
Normal pressure hydrocephalus
Syphilis

DRUGS **Psychoactive substance use disorders**

This includes intoxication, harmful use, dependence, withdrawal and psychotic states. Individual drug effects are not listed.

ALCOHOL **Alcohol use disorders**

Includes intoxication, harmful use, dependence, withdrawal and psychotic states.

The last two appendices have been separated as there are some marked aetiological differences between substance and alcohol abuse.