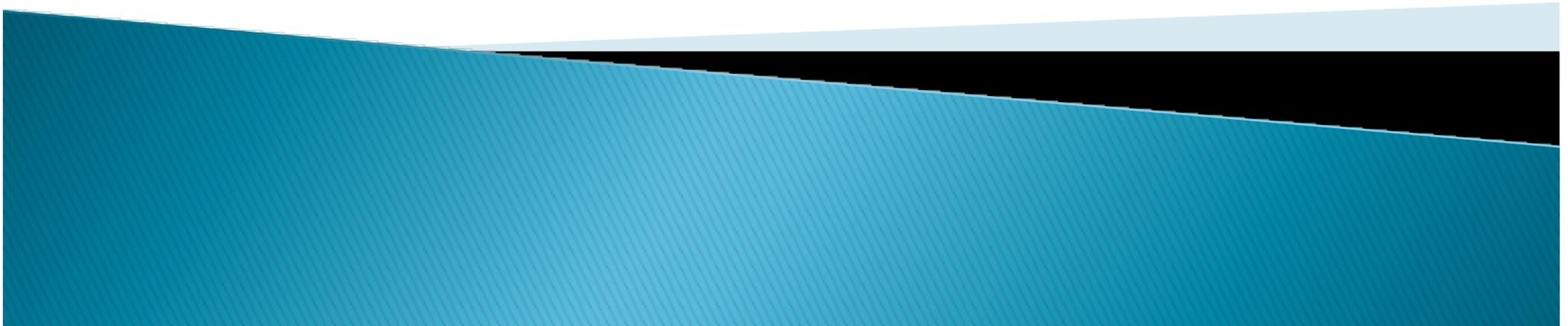


CHALLENGES IN THE DIAGNOSIS OF TRAUMA: DSM5 V/S ICD-11

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WHO Classification Systems



- ▶ Health classifications are a core constitutional responsibility of WHO
- ▶ One of WHO's earliest official actions was to publish ICD-6 in 1948

ICD-10 Revision

- ▶ Mandated by World Health Assembly
- ▶ ICD-10 completed in 1990; longest time without revision in history of ICD
- ▶ **Mental Health and Substance Abuse Department** responsible for revision of:
 - **Mental and Behavioural Disorders**
 - **Diseases of the Nervous System**
- ▶ Technical work to be completed **2017**
- ▶ WHA approval **2018**



In the Arab Region

- ▶ AUB– Psychiatry department is the regional coordinator for the ICD–11 revision.
- ▶ Training clinicians in protocols to collect data for clinical field studies
- ▶ Countries involved: Lebanon (2 sites), Cairo, Tunis (2 sites), Bahrain (for sexuality studies)
- ▶ Internet based field studies: around 500 clinicians in mental health participated in data collection for the new suggested revisions.



Key Characteristics of Revision Process

- ▶ Global
- ▶ Multilingual
- ▶ Multidisciplinary
- ▶ Transparent
- ▶ Free from commercial influence



ICD

DSM

Produced by global health agency of UN

Free and open resource for public health benefit

For: 1) countries; and 2) front-line service providers

Global, multidisciplinary, multilingual development

Approved by World Health Assembly

Produced by single national professional association

Provides large proportion of APA revenue

For psychiatrists

Dominated by US, Anglophone perspective

Approved by APA Assembly



Common factors

- ▶ Both removed PTSD and trauma disorders from Anxiety Disorders and made new category: Trauma and stress related disorders.
- ▶ Both have PTSD and Adjustment Disorders under this category



ICD-11 Disorders Specifically Associated with Stress	ICD-10 Reaction to Severe Stress and Adjustment Disorders	Notes
Post-traumatic Stress Disorder	Post-traumatic Stress Disorder	
Complex Post-traumatic Stress Disorder	Enduring Personality Change after Catastrophic Experiences	Renamed and moved from ICD-10 Enduring Personality Changes, not attributable to brain damage or disease
Prolonged Grief Disorder		New category added to ICD-11
Adjustment Disorder	Adjustment Disorders	All Adjustment Disorder subtypes are eliminated in ICD-11
Acute Stress Reaction	Acute Stress Reaction	Not a mental disorder in ICD-11; moved to ICD-11 Factors Influencing Contact with Health System

DSM 5 Trauma and Stress Disorders

- ▶ Reactive Attachment Dx
- ▶ Disinhibited Social Engagement Dx
- ▶ PTSD
- ▶ Acute stress Dx
- ▶ Adjustment Dx
- ▶ Other
- ▶ Unspecified



Posttraumatic Stress Disorder: DSM-5 Checklist

1. Exposure to actual or threatened death, serious injury, or sexual violation; exposure results from:
 - Direct experience
 - Witnessing the event in-person
 - Learning of the event occurring to a close loved one
 - First-hand repeated or indirect exposure to aversive details of event



Posttraumatic Stress Disorder: DSM-5 Checklist

2. One or more intrusive symptoms
 3. Persistent avoidance of trauma-associated stimuli
 4. Negative changes in cognitions and mood
 5. Significant changes in arousal and reactivity
 6. Significant distress and/or impairment; symptoms last more than 1 month
- 

Post-Traumatic Stress Disorder: ICD-11

- ▶ Requires exposure to event that is of an ‘extremely threatening or horrific nature’
- ▶ Characteristic syndrome lasting at least several weeks develops following event(s) with three core features:
 1. Re-experiencing the event in the here and now (not just remembering)
 2. Deliberate avoidance of reminders likely to produce re-experiencing of the event (e.g., internal avoidance of thoughts or external avoidance of people or situations)
 3. Persistent perceptions of heightened current threat (e.g., hypervigilance or enhanced startle reaction)
- Disturbance causes significant impairment

Re-experiencing the event – I

Re-experiencing in the ‘here and now’ is a more restrictive requirement than ICD-10

- ▶ Vivid intrusive images or memories
- ▶ Flashbacks
- ▶ Repetitive dreams or nightmares thematically related to event
- ▶ Being overwhelmed or immersed in same emotions as those that occurred during event in response to reminders of event

Re-experiencing the event – II

Reflecting or ruminating about event or
remembering feelings IS NOT SUFFICIENT

Complex PTSD – I: ICD-11

- ▶ Exposure to event or series of events that are experienced as ‘extremely threatening or horrific’ and are extreme, prolonged or repetitive
- ▶ Same requirement for re-experiencing, avoidance, and perception of heightened current threat as PTSD

Complex PTSD – II

- ▶ Additional requirements include persistent problems with:
 - Affect regulation (e.g., increased reactivity to minor stressors, violent outbursts, dissociative symptoms when under stress)
 - Distorted beliefs about self as diminished, defeated, or worthless plus feelings of shame, guilt or failure
 - Difficulties in sustaining relationships or feeling close to others (e.g., little interest in relationships; occasional intense relationships that aren't sustained)
- ▶ Causes significant impairment

PTSD Boundaries – I

Normality: exposure to traumatic event does not necessarily mean PTSD; there must be characteristic reaction

Complex PTSD has additional requirements to PTSD such as problems in affect regulation, persistent negative beliefs about self and persistent difficulties in sustaining relationships.

What do Arab clinicians think?

- ▶ Internet based field studies, went over vignettes which related to PTSD or complex PTSD
- ▶ Most clinicians found the ICD-11 changes more clinically useful and easy to use
- ▶ Most found that Complex PTSD diagnosis had a better fit with their patients' presentation.
- ▶ Most found that the suggested changes were clearer than the older ones.



Next step?

- ▶ Wait for the clinical data from the field studies to show that as well.
- ▶ If that will be the case then it would mean that the new changes of the ICD-11 about stress related disorders would be a better fit for Arab MH experts than the ICD-10.
- ▶ May be better than DSM 5?



THANK YOU!
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