



ICD-10 versus ICD-11: the effects of PTSD diagnoses

By Dr. Jessica Edwards

2018 saw the release of the 11th edition of the International Classification of Diseases (ICD-11) by the World Health Organization.¹ Here, substantial changes relative to ICD-10 were made to the criteria for post-traumatic stress disorder (PTSD). There are now a smaller number of core symptoms, with sleep and concentration difficulties removed, but functional impairment has been added. In addition, a new disorder — complex post-traumatic stress disorder (CPTSD) — has been defined. The criteria for CPTSD are the same as those for PTSD, but with the addition of disturbances in self-organization.

Now, data from a study recently published in the *Journal of Child Psychology and Psychiatry* have shed light on the clinical utility of these revisions in the ICD-11. “Initial conceptualisations of CPTSD suggested it was most likely to occur as a response to repeated or severe trauma histories; as such, CPTSD won’t be commonly assessed following a single traumatic event”, explains corresponding author Dr Caitlin Hitchcock. “We felt that it was important to explore whether rates of CPTSD are indeed low in young people exposed to a single traumatic event, as the ICD-11 diagnostic criteria don’t actually list repeated trauma as being necessary for a CPTSD diagnosis”.

To address this question, Hitchcock and colleagues analysed data collected from children and adolescents aged 8-17 years old,² at 2-4 weeks and 9 weeks after attending hospital after experiencing a single traumatic event. They then calculated and compared the prevalence, specificity and predictive value of ICD-10 and ICD-11 PTSD criteria and CPTSD.

First, they found that the ICD-11 criteria were more clinically conservative in diagnosing PTSD compared to the ICD-10 criteria (but not compared to the DSM-IV or -5 criteria). These findings suggest that the transition from ICD-10 to ICD-11 might reduce the number of young people deemed eligible for PTSD treatment if the service uses the ICD -11 PTSD diagnosis as an intake criterion. Second, they found that CPTSD following a single traumatic event was indeed uncommon. However, 90% of children with ICD-11 PTSD met at least one of the self-organization criteria for CPTSD, some as early as 2 weeks after a single traumatic event.

“Although few young people met the criteria for CPTSD, we were interested to find that many of the participants with PTSD did endorse some CPTSD features, mainly interpersonal difficulties and affect dysregulation”, says Hitchcock. “It will be important for future research to further explore the nature of these symptoms”. Future evaluations of the ICD-11 with a larger and more varied sample are now warranted.

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Referring to:

Elliott, R., McKinnon, A., Dixon, C., Boyle, A., Murphy, F., Dahm, T., Travers-Hill, E., Mul, C-L., Archibald, S-J., Smith, P., Dalgleish, T., Meiser-Stedman, R. & Hitchcock, C. (2020), Prevalence and predictive value of ICD-11 posttraumatic stress disorder and Complex PTSD diagnoses in children and adolescents exposed to a single-event trauma. J. Child Psychol. Psychiatr. doi: 10.1111/jcpp.13240.

References:

¹ World Health Organization. (2018), *International Classification of Diseases, 11th edition (ICD-11)*. Geneva, Switzerland: WHO

² Meiser-Stedman, R. et al. (2017), *Acute stress disorder and the transition to posttraumatic stress disorder in children and adolescents: Prevalence, course, prognosis, diagnostic suitability, and risk markers. Depress. Anxiety. 34: 348–355. doi: 10.1002/da.22602.*

Glossary:

Complex post-traumatic stress disorder: a diagnostic category introduced by the World Health Organization’s classification system (ICD-11). Affected patients must meet the full criteria for PTSD, as well as exhibit (i) affect dysregulation, (ii) negative self-concept and (iii) disturbances in relationships.