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DIAGNOSTIC  
AND  
STATISTICAL  
MANUAL OF

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# MENTAL DISORDERS

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SECOND EDITION (DSM-II)

AMERICAN PSYCHIATRIC ASSOCIATION

**DSM-II**

**DIAGNOSTIC AND STATISTICAL**

**MANUAL**

**OF**

**MENTAL**

**DISORDERS**

(Second Edition)

*Prepared by*

**THE COMMITTEE ON NOMENCLATURE AND STATISTICS**  
**OF THE AMERICAN PSYCHIATRIC ASSOCIATION**

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## ACKNOWLEDGEMENT

The undersigned, at the request of the President of the American Psychiatric Association, served as consultants to the APA Medical Director and approved the final form of this Manual before publication. Dr. Paul T. Wilson of the APA staff undertook extensive editorial revision of the original manuscript and was notably successful in clarifying and adding precision to the definitions of terms. He was assisted by Mr. Robert L. Robinson. We are deeply grateful to both.

Bernard C. Glueck, M. D.

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# FOREWORD

Ernest M. Gruenberg, M.D., Dr. P.H.  
Chairman, Committee on Nomenclature and Statistics  
American Psychiatric Association

This second edition of the **Diagnostic and Statistical Manual of Mental Disorders (DSM-II)** reflects the growth of the concept that the people of all nations live in one world. With the increasing success of the World Health Organization in promoting its uniform **International Classification of Diseases**, already used in many countries, the time came for psychiatrists of the United States to collaborate in preparing and using the new Eighth Revision of that classification (ICD-8) as approved by the WHO in 1966, to become effective in 1968. The rapid integration of psychiatry with the rest of medicine also helped create a need to have psychiatric nomenclature and classifications closely integrated with those of other medical practitioners. In the United States such classification has for some years followed closely the **International Classification of Diseases**.

With this objective in view, the Council of the American Psychiatric Association authorized its APA Committee on Nomenclature and Statistics to work closely with the Subcommittee on Classification of Mental Disorders of the U. S. National Committee on Vital and Health Statistics. The latter committee is advisory to the Surgeon General of the Public Health Service and was entrusted with responsibility for developing U. S. revision proposals for ICD-8, including the Section on Mental Disorders. Dr. Henry Brill, who was chairman of the APA Committee from 1960-1965, served as a member of the U. S. Subcommittee on Classification of Mental Disorders.

Dr. Brill also, it should be noted, served as Temporary Adviser to the Subcommittee on the Classification of Diseases of the Expert Committee on Health Statistics of the World Health Organization which made the final recommendations on the form and content of the various sections of the ICD. The final version of ICD-8 was adopted unanimously by the Nineteenth World Health Assembly in May, 1966, to become effective in all member states in 1968. Thus, from the beginning the United States representatives helped to formulate the Section on Mental Disorders in ICD-8 on which this Manual is based.

The WHO Nomenclature Regulations governing the use of the ICD recognizes that countries may, under exceptional circumstances, modify



## MENTAL DISORDERS

inclusions within a major diagnostic category, provided the basic content of that category is not changed. In preparing this Manual the Committee had to make adjustments within a few of the ICD categories to make them conform better to U.S. usage. Decisions were also made regarding certain diagnoses which have not been generally accepted in U. S. psychiatry. Some of these diagnoses have been omitted here; others have been included and qualified as controversial. The diagnoses at issue are: **Psychosis with childbirth, Involutional melancholia, and Depersonalization syndrome.** Also this Manual suggests omitting certain specific categories and makes subdivisions in other categories, assigning unused numbers in ICD-8 to the new subcategories.

In publishing the Manual the Association provides a service to the psychiatrists of the United States and presents a nomenclature that is usable in mental hospitals, psychiatric clinics, and in office practice. It has, in fact, a wider usage because of the growth of psychiatric work in general hospitals, both on psychiatric wards and in consultation services to the patients in other hospital departments, and in comprehensive community mental health centers. It will also be used in consultations to courts and industrial health services.

No list of diagnostic terms could be completely adequate for use in all those situations and in every country and for all time. Nor can it incorporate all the accumulated new knowledge of psychiatry at any one point in time. The Committee has attempted to put down what it judges to be generally agreed upon by well-informed psychiatrists today.

In selecting suitable diagnostic terms for each rubric, the Committee has chosen terms which it thought would facilitate maximum communication within the profession and reduce confusion and ambiguity to a minimum. Rationalists may be prone to believe the old saying that "a rose by any other name would smell as sweet"; but psychiatrists know full well that irrational factors belie its validity and that labels of themselves condition our perceptions. The Committee accepted the fact that different names for the same thing imply different attitudes and concepts. It has, however, tried to avoid terms which carry with them *implications* regarding either the nature of a disorder or its causes and has been explicit about causal assumptions when they are integral to a diagnostic concept.

In the case of diagnostic categories about which there is current controversy concerning the disorder's nature or cause, the Committee has attempted to select terms which it thought would least bind the judgment of the user. The Committee itself included representatives

## FOREWORD

of many views. It did not try to reconcile those views but rather to find terms which could be used to label the disorders about which they wished to be able to debate. Inevitably some users of this Manual will read into it some general view of the nature of mental disorders. The Committee can only aver that such interpretations are, in fact, unjustified.

Consider, for example, the mental disorder labeled in this Manual as "schizophrenia," which, in the first edition, was labeled "schizophrenic reaction." The change of label has not changed the nature of the disorder, nor will it discourage continuing debate about its nature or causes. Even if it had tried, the Committee could not establish agreement about what this disorder is; it could only agree on what to call it. In general, the terms arrived at by representatives of many countries in the deliberations held under WHO auspices have been retained preferentially, unless they seemed to carry unacceptable implications or ambiguities.

The first edition of this Manual (1952) made an important contribution to U. S. and, indeed, world psychiatry. It was reprinted twenty times through 1967 and distributed widely in the U. S. and other countries. Until recently, no other country had provided itself with an equivalent official manual of approved diagnostic terms. DSM-I was also extensively, though not universally, used in the U. S. for statistical coding of psychiatric case records. In preparing this new edition, the Committee has been particularly conscious of its usefulness in helping to stabilize nomenclature in textbooks and professional literature.

A draft of this Manual, DSM-II, was circulated to 120 psychiatrists in February 1967, with a request for specific suggestions to eliminate errors and to improve the quality of the statements indicating the proper usage of terms which the Manual describes. Many extremely valuable replies were received. These were collated and studied by the members of the Committee prior to its meeting in May 1967, at which time the Committee formulated the present manuscript and submitted it to the APA Executive Committee for approval. In December 1967 the APA Council gave it final approval for publication.

Throughout, the Committee has had the good fortune to have as consultants Dr. Morton Kramer and Dr. Robert L. Spitzer. Dr. Kramer, Chief of the Biometry Branch of the National Institute of Mental Health, played a similarly vital role in the formulation of DSM-I. His intelligent and sustained concern with the problems encountered has assured that

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the preservation of statistical continuity has been considered at every stage in the development of this Manual. He is specifically responsible for the preparation of the Introduction following and Sections 4, and 5 of this Manual. Dr. Robert L. Spitzer, Director, Evaluation Unit, Biometrics Research, New York State Psychiatric Institute, served as Technical Consultant to the Committee and contributed importantly to the articulation of Committee consensus as it proceeded from one draft formulation to the next.

The present members of the Committee on Nomenclature and Statistics owe a deep debt to former chairmen and members of the Committee who provided the foundation upon which the second edition was prepared. In the Foreword to DSM-I will be found an extensive description of those who contributed to the first edition. Because this second edition is, in fact, the product of the continuing endeavors of the Committee's changing members, all members of the Committee since 1946 are listed as authors.

As Chairman since 1965, the writer wishes to express his personal deep appreciation to the hard-working members of the Committee and its two consultants, all of whom participated vigorously and thoughtfully in the Committee's deliberations and the formulation of the many draft revisions that were required.

New York, N.Y.  
March, 1968

# INTRODUCTION: THE HISTORICAL BACKGROUND OF ICD-8

MORTON KRAMER, Sc.D.

*Chief, Biometry Branch, National Institute of Mental Health*

The Classification of Mental Disorders in the Sixth Revision of the **International Classification of Diseases** (ICD-6) was quite unsatisfactory for classifying many of the diagnostic terms that were introduced in the first edition of this manual (DSM-I, 1952). For example, with certain exceptions, ICD-6 did not provide rubrics for coding chronic brain syndromes (associated with various diseases or conditions) with neurotic or behavioral reactions or without qualifying phrases, nor did it provide for the transient situational personality disorders. The exceptions were post-encephalitic personality and character disorders among the chronic brain syndromes, alcoholic delirium among the acute brain syndromes, and gross stress reaction among the transient disorders.

Accordingly, in 1951, the U. S. Public Health Service established a working party comprising the late Dr. George Raines, representing the American Psychiatric Association, and three others from the Public Health Service, Dr. Selwyn Collins, Mrs. Louise Bollo, and the author, to develop a series of categories for mental disorders that could be introduced into appropriate places in ICD-6 to adapt it for use in the United States.<sup>1</sup>

The shortcomings of ICD-6 (and of a seventh edition in 1955 which did not revise the section on mental disorders), pointed up the unsuitability of its use in the United States for compiling statistics on the diagnostic characteristics of patients with mental disorders or for indexing medical records in psychiatric treatment facilities. Moreover, the section on mental disorders was not self-contained. Certain mental disorders occurred in other sections of the ICD. General paralysis was classified under syphilis, and post-encephalitic psychosis under the late effects of acute infectious encephalitis, for example. Also, many of the psychoses associated with organic factors were grouped in a catch-all category of psychoses with other demonstrable etiology.

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<sup>1</sup> See Appendix A, DSM-I. It reveals the extensive adjustments that had to be introduced into ICD-6 to make it usable in the U. S. for coding the diagnostic terms contained in DSM-I.

## MENTAL DISORDERS

The United States, however, was not the only country which found the section on mental disorders in ICD-6 unsatisfactory. In 1959, Professor E. Stengel, under the auspices of the World Health Organization, published a study revealing general dissatisfaction in all WHO member countries.<sup>1</sup> This finding, combined with the growing recognition of mental disorders as a major international health concern, led WHO to urge its member states to collaborate in developing a classification of these disorders that would overcome the ICD's shortcomings and gain general international acceptance. Such a classification was recognized as indispensable for international communication and data collection.

To initiate the work of revising the ICD, the U. S. Public Health Service then established a series of subcommittees of its National Committee on Vital and Health Statistics, including a Subcommittee on Classification of Mental Disorders. The National Committee is advisory to the Surgeon General on technical matters and developments in the field of vital and health statistics. The goal of all subcommittees was to complete their recommendations in time for consideration by the International Revision Conference, which WHO had scheduled for July 1965.

The Subcommittee on Classification of Mental Disorders, appointed by the National Committee on Vital and Health Statistics, comprised Dr. Benjamin Pasamanick, Chairman, Dr. Moses M. Frohlich (then chairman of the APA Committee on Nomenclature and Statistics), Dr. Joseph Zubin, and the author. Later, Dr. Henry Brill was made Chairman of the APA Committee and replaced Dr. Frohlich on the Subcommittee. Dr. Leon Eisenberg, a child psychiatrist, was also added to the Subcommittee.

Throughout, the Subcommittee worked very closely with Dr. Brill in the latter's capacity as chairman of the APA Committee, and he actively participated in developing the Draft Classification that was submitted by the U. S. to the first meeting of the Subcommittee on Classification of Diseases of the WHO Expert Committee on Health Statistics in Geneva, Switzerland in November 1961. Dr. Brill was present at the meeting as an adviser.

Following this meeting, the possibility and desirability occurred to the U. S. Subcommittee of working with colleagues in the United Kingdom to develop and agree upon a single classification of mental

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<sup>1</sup> Stengel, E. (1960), "Classification of Mental Diseases", *Bull. of Wld. Hlth. Org.*, **21**, 601

## INTRODUCTION

disorders. The counterpart committee in the U. K. readily agreed, and a joint meeting with them was held in September 1962. Again, Dr. Brill played a most constructive role in achieving agreement on a single classification.

By April of 1963 it was possible to report this achievement to mental health and hospital authorities in the United States and to solicit their comments on the U. S.-U. K. draft which were uniformly constructive and for the most part favorable.

Thus reinforced, the joint U. S.-U. K. proposal for a classification of mental disorders was submitted to WHO in midsummer of 1963. By this time, WHO had received seven other proposals, from Australia, Czechoslovakia, the Federal Republic of Germany, France, Norway, Poland, and the Soviet Union. WHO called a meeting in Geneva in September 1963 to attempt the formulation of a single proposal. Dr. Benjamin Pasamanick and the author came from the U. S. to attend the meeting, which was attended by several European psychiatrists. It was quite gratifying that the meeting elicited very considerable agreement on the classification of schizophrenia; paranoid states; the psychoses associated with infections, organic, and physical conditions; non-psychotic conditions associated with infections, organic, and physical conditions; mental retardation; physical disorders of presumably psychogenic origin; special symptom reactions; addictions; and transient situational disturbances. The areas that still remained in disagreement were the affective disorders, neurotic depressive reaction, several of the personality disorders (paranoid, antisocial reaction, and sexual deviation), and mental retardation with psychosocial deprivation. Although all differences still were not resolved, the general arrangement and content of the classification that resulted from this meeting were in accord with the U. S.-U. K. proposal.

The WHO Expert Subcommittee on Classification of Diseases then met in October and November 1963 to consider the results of the September meeting. At this point, the U. S. submitted a revised proposal. It had become quite clear by now, for example, that there would be little support for the U. S. terminology "Brain syndrome associated with (a specific organic or physical disorder) with psychotic reaction." Nevertheless, the classification of organic psychoses proposed by the U. S. and the U. K. was acceptable to others if the phrase "Brain syndrome" was dropped. The term "non-psychotic conditions associated

## MENTAL DISORDERS

with organic or physical conditions” was acceptable, whereas “Brain syndrome with organic or physical condition” was not. Accordingly, some modifications of this order were proposed.

Two psychiatrists who acted as advisers at this Expert Committee meeting were Dr. Henry Brill for the U. S. and Professor A. V. Snezhnevsky, Director of the Institute of Psychiatry of the Academy of Medical Sciences, for the U.S.S.R. They were invited to resolve some controversial issues centering around three proposed diagnoses: anti-social personality, reactive psychosis, and mental retardation with psycho-social deprivation.

The report of this meeting and the proposed classification that resulted from it were then submitted to the Expert Committee on Health Statistics which met in Geneva in October 1964. Based on the report of this meeting and further evaluation of specific needs within different countries, the Secretariat of WHO drafted a final revision proposal which included rubrics for the diagnoses antisocial personality, mental retardation with psychosocial deprivation, and a separate category for the various reactive psychoses. This draft was submitted to and approved unanimously by the International Revision Conference in July 1965. The recommendations of this conference were approved unanimously by the 19th World Health Assembly in May 1966.

Shortly after the International Revision Conference, Dr. Ernest Gruenberg, who became Chairman of the APA Committee on Nomenclature and Statistics in 1965, prepared a special supplement for the eighteenth printing of DSM-I (November 1965) in which he described the plan for revision and reproduced the section on mental disorders of the **International Classification of Diseases** as approved by the Conference.

There is yet another important action to be cited. The WHO Expert Subcommittee on Classification of Diseases, at its first meeting in November 1961, recommended that WHO establish for international use a glossary of operational definitions of the terms that would be included in the revised classification ICD-8. This was viewed as an essential step in solving practical problems related to the classification of those disorders for international purposes. Two years later, in November 1963, the same committee further underscored its concern by urging all participating countries to develop national glossaries as

## INTRODUCTION

a first step toward achieving a single international glossary. Operational definitions applicable in the U. S. appear in Section 3 in this Manual. The United Kingdom has also prepared a set of operational definitions<sup>1</sup> and several other countries have them in progress. The WHO has initiated plans to develop the international glossary.

In sum, the classification of mental disorders in ICD-8 on which this Manual is based is clearly the product of an international collaborative effort that started in 1957 and culminated in the International Revision Conference of July 1965.

The U. S. recommendations presented by Dr. Henry Brill in Geneva had considerable impact on the form and content of the final classification. Those recommendations included the incorporation into the ICD of a single section providing a comprehensive classification of mental disorders and one that relates mental disorders associated with organic and physical factors to other disease categories in the ICD. Also, a series of categories that did not appear in ICD-6 were added, namely, mental disorders not specified as psychotic associated with organic and physical disorders, physical disorders of presumably psychogenic origin, and transient situational disturbances. Finally, a much more complete classification of mental retardation, based on recommendations of the American Association on Mental Deficiency, was accepted.

The new classification may be considered an achievement of the first order in international professional collaboration. It takes into account established knowledge of etiology, and where such knowledge is not available, it attempts to provide a middle ground to satisfy the needs of psychiatrists of different schools of theoretical orientation. It also is, manifestly, a compromise which will fully satisfy psychiatrists neither in the U. S. nor in any other country. The WHO is fully aware of this and already has programs under way looking to a still more satisfactory classification in the ninth revision.<sup>2</sup> The achievement of ICD-8 and the experience underlying it augurs well for ICD-9.

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<sup>1</sup>*A Glossary of Mental Disorders*, (1968), Prepared by the Subcommittee on Classification of Mental Disorders of the Register General's Advisory Committee on Medical Nomenclature and Statistics. General Register Office, Studies on Medical and Population Subjects No. 22, Her Majesty's Stationery Office, London

<sup>2</sup>Lin, T., (1967), "The Epidemiological Study of Mental Disorders by WHO", *Soc. Psychiat.* 1, 204



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# Section 1

## THE USE OF THIS MANUAL: SPECIAL INSTRUCTIONS

### Abbreviations and Special Symbols

The following abbreviations and special symbols are used throughout this Manual:

- WHO —The World Health Organization
- ICD-8 —The **International Classification of Diseases, Eighth Revision**, World Health Organization, 1968. For use in the United States see: **Eighth Revision International Classification of Diseases Adapted for Use in the United States**, Public Health Service Publication No. 1693, U. S. Government Printing Office, Washington, D. C. 20402.
- DSM-I —**Diagnostic and Statistical Manual, Mental Disorders**, American Psychiatric Association, Washington, D. C., 1952 (out of print).
- DSM-II —This Manual: **Diagnostic and Statistical Manual of Mental Disorders**, Second Edition, American Psychiatric Association, Washington, D. C., 1968.
- [ ] —The brackets indicate ICD-8 categories to be avoided in the United States or used by record librarians only.
- \*
- Asterisk indicates categories added to ICD-8 for use in the United States only.
- (( )) —Double parentheses indicate ICD-8 terms equivalent to U. S. terms.
- OBS —Organic Brain Syndrome(s), i.e. mental disorders caused by or associated with impairment of brain tissue function.

### The Organization of the Diagnostic Nomenclature

While this Manual generally uses the same diagnostic code numbers as ICD-8, two groups of disorders are out of sequence: *Mental retardation* and the *Non-psychotic organic brain syndromes*. *Mental retardation* is placed first to emphasize that it is to be diagnosed whenever present, even if due to some other disorder. The *Non-psychotic or-*

*ganic brain syndromes* are grouped with the other organic brain syndromes in keeping with psychiatric thinking in this country, which views the organic brain syndromes, whether psychotic or not, as one group. Furthermore, the diagnostic nomenclature is divided into ten major subdivisions, indicated with Roman numerals, to emphasize the way mental disorders are often grouped in the United States.

### **The Recording of Diagnoses**

Every attempt has been made to express the diagnoses in the clearest and simplest terms possible within the framework of modern usage. Clinicians will significantly improve communication and research by recording their diagnoses in the same terms.

### **Multiple Psychiatric Diagnoses**

Individuals may have more than one mental disorder. For example, a patient with anxiety neurosis may also develop morphine addiction. In DSM-I, drug addiction was classified as a secondary diagnosis, but addiction to alcohol, for example, could not be diagnosed in the presence of a recognizable underlying disorder. This manual, by contrast, encourages the recording of the diagnosis of alcoholism separately even when it begins as a symptomatic expression of another disorder. Likewise mental retardation is a separate diagnosis. For example, there are children whose disorders could be diagnosed as "Schizophrenia, childhood type" and "Mental retardation following major psychiatric disorder."

The diagnostician, however, should not lose sight of the rule of parsimony and diagnose more conditions than are necessary to account for the clinical picture. The opportunity to make multiple diagnoses does not lessen the physician's responsibility to make a careful differential diagnosis.

Which of several diagnoses the physician places first is a matter of his own judgment, but two principles may be helpful in making his decision:

1. The condition which most urgently requires treatment should be listed first. For example, if a patient with simple schizophrenia was presented to the diagnostician because of pathological alcohol intoxication, then the order of diagnoses would be first, *Pathological intoxication*, and second, *Schizophrenia, simple type*.
2. When there is no issue of disposition or treatment priority, the more serious condition should be listed first.

It is recommended that, in addition to recording multiple disorders in conformity with these principles, the diagnostician *underscore* the disorder on the patient's record that he considers the underlying one. Because these principles will not always be applied or used consistently, statistical systems should account for all significant diagnoses recorded in every case.

### Qualifying Phrases and Adjectives

The ICD is based on a classification scheme which allots three digits for the designation of major disease categories and a fourth digit for the specification of additional detail within each category. DSM-II has introduced a fifth digit for coding certain qualifying phrases that may be used to specify additional characteristics of mental disorders. This digit does not disturb the content of either the three- or four-digit categories in the ICD section on mental disorders.

These terms are as follows:

(1.) In the brain syndromes a differentiation of acute and chronic conditions may be provided by .x1 *acute* and .x2 *chronic*. This will help maintain continuity with DSM-I. These qualifying adjectives are recommended only for mental disorders specified as associated with physical conditions and are, of course, unnecessary in disorders seen only in an acute or chronic form.

Those who wish to continue the distinction made in DSM-I between "acute" and "chronic" organic brain syndromes must now add these as qualifying terms. Note also that a recorded diagnosis which merely indicates an organic brain syndrome and does not specify whether or not it is psychotic will now be classified under *Non-psychotic organic brain syndromes*.

(2.) The qualifying phrase, .x5 *in remission*, may also be used to indicate a period of remission in any disorder. This is not synonymous with *No mental disorder*.

(3.) With a few exceptions, all disorders listed in parts IV through IX may be classified as .x6 *mild*, .x7 *moderate*, and .x8 *severe*. But exceptions must be made in coding *Passive-aggressive personality*, *Inadequate personality*, and the two sub-types of *Hysterical neurosis* because their basic code numbers have five digits. *Antisocial personality* should always be specified as mild, moderate, or severe.

(4.) As explained on page 23, the qualifying phrase *not psychotic* (.x6) may be used for the psychoses listed in section III when the

patient's degree of disturbance is not psychotic at the time of examination.

### **Associated Physical Conditions**

Many mental disorders, and particularly mental retardation and the various organic brain syndromes, are reflections of underlying physical conditions. Whenever these physical conditions are known they should be indicated with a separate diagnosis in addition to the one that specifies the mental disorder found. A list of the major categories of physical disorders included in ICD-8 appears in Section 6 of this Manual.

# ***Section 2***

## **THE DIAGNOSTIC NOMENCLATURE:**

### **List of Mental Disorders and Their Code Numbers**

#### **I. MENTAL RETARDATION**

##### **Mental retardation (310-315)**

**310 Borderline mental retardation**

**311 Mild mental retardation**

**312 Moderate mental retardation**

**313 Severe mental retardation**

**314 Profound mental retardation**

**315 Unspecified mental retardation**

The fourth-digit sub-divisions cited below should be used with each of the above categories. The associated physical condition should be specified as an additional diagnosis when known.

**.0 Following infection or intoxication**

**.1 Following trauma or physical agent**

**.2 With disorders of metabolism, growth or nutrition**

**.3 Associated with gross brain disease (postnatal)**

**.4 Associated with diseases and conditions due to (unknown) prenatal influence**

**.5 With chromosomal abnormality**

**.6 Associated with prematurity**

**.7 Following major psychiatric disorder**

**.8 With psycho-social (environmental) deprivation**

**.9 With other [and unspecified] condition**

#### **II. ORGANIC BRAIN SYNDROMES**

**(Disorders Caused by or Associated With Impairment of Brain Tissue Function)** In the categories under IIA and IIB the associated physical condition should be specified when known.

**II-A. PSYCHOSES ASSOCIATED WITH ORGANIC BRAIN SYNDROMES (290-294)**

**290 Senile and pre-senile dementia**

- .0 Senile dementia**
- .1 Pre-senile dementia**

**291 Alcoholic psychosis**

- .0 Delirium tremens**
- .1 Korsakov's psychosis (alcoholic)**
- .2 Other alcoholic hallucinosis**
- .3 Alcohol paranoid state ((Alcoholic paranoia))**
- .4\* Acute alcohol intoxication\***
- .5\* Alcoholic deterioration\***
- .6\* Pathological intoxication\***
- .9 Other [and unspecified] alcoholic psychosis**

**292 Psychosis associated with intracranial infection**

- .0 Psychosis with general paralysis**
- .1 Psychosis with other syphilis of central nervous system**
- .2 Psychosis with epidemic encephalitis**
- .3 Psychosis with other and unspecified encephalitis**
- .9 Psychosis with other [and unspecified] intracranial infection**

**293 Psychosis associated with other cerebral condition**

- .0 Psychosis with cerebral arteriosclerosis**
- .1 Psychosis with other cerebrovascular disturbance**
- .2 Psychosis with epilepsy**
- .3 Psychosis with intracranial neoplasm**
- .4 Psychosis with degenerative disease of the central nervous system**
- .5 Psychosis with brain trauma**
- .9 Psychosis with other [and unspecified] cerebral condition**

**294 Psychosis associated with other physical condition**

- .0 Psychosis with endocrine disorder**
- .1 Psychosis with metabolic or nutritional disorder**
- .2 Psychosis with systemic infection**

- .3 Psychosis with drug or poison intoxication (other than alcohol)**
- .4 Psychosis with childbirth**
- .8 Psychosis with other and undiagnosed physical condition**
- [.9 Psychosis with unspecified physical condition]**

## **II-B NON-PSYCHOTIC ORGANIC BRAIN SYNDROMES (309)**

**309 Non-psychotic organic brain syndromes ((Mental disorders not specified as psychotic associated with physical conditions))**

- .0 Non-psychotic OBS with intracranial infection**
- [.1 Non-psychotic OBS with drug, poison, or systemic intoxication]**
  - .13\* Non-psychotic OBS with alcohol\* (simple drunkenness)**
  - .14\* Non-psychotic OBS with other drug, poison, or systemic intoxication\***
- .2 Non-psychotic OBS with brain trauma**
- .3 Non-psychotic OBS with circulatory disturbance**
- .4 Non-psychotic OBS with epilepsy**
- .5 Non-psychotic OBS with disturbance of metabolism, growth or nutrition**
- .6 Non-psychotic OBS with senile or pre-senile brain disease**
- .7 Non-psychotic OBS with intracranial neoplasm**
- .8 Non-psychotic OBS with degenerative disease of central nervous system**
- .9 Non-psychotic OBS with other [and unspecified] physical condition**
  - [.91\* Acute brain syndrome, not otherwise specified\*]**
  - [.92\* Chronic brain syndrome, not otherwise specified\*]**

## **III. PSYCHOSES NOT ATTRIBUTED TO PHYSICAL CONDITIONS LISTED PREVIOUSLY (295-298)**

### **295 Schizophrenia**

- .0 Schizophrenia, simple type**
- .1 Schizophrenia, hebephrenic type**
- .2 Schizophrenia, catatonic type**
  - .23\* Schizophrenia, catatonic type, excited\***
  - .24\* Schizophrenia, catatonic type, withdrawn\***



- .3 Schizophrenia, paranoid type**
- .4 Acute schizophrenic episode**
- .5 Schizophrenia, latent type**
- .6 Schizophrenia, residual type**
- .7 Schizophrenia, schizo-affective type**
  - .73\* Schizophrenia, schizo-affective type, excited\***
  - .74\* Schizophrenia, schizo-affective type, depressed\***
- .8\* Schizophrenia, childhood type\***
- .90\* Schizophrenia, chronic undifferentiated type\***
- .99\* Schizophrenia, other [and unspecified] types\***

**296 Major affective disorders ((Affective psychoses))**

- .0 Involutional melancholia**
- .1 Manic-depressive illness, manic type ((Manic-depressive psychosis, manic type))**
- .2 Manic-depressive illness, depressed type ((Manic-depressive psychosis, depressed type))**
- .3 Manic-depressive illness, circular type ((Manic-depressive psychosis, circular type))**
  - .33\* Manic-depressive illness, circular type, manic\***
  - .34\* Manic-depressive illness, circular type, depressed\***
- .8 Other major affective disorder ((Affective psychoses, other))**
- [.9 Unspecified major affective disorder]**
  - [Affective disorder not otherwise specified]**
  - [Manic-depressive illness not otherwise specified]**

**297 Paranoid states**

- .0 Paranoia**
- .1 Involutional paranoid state ((Involutional paraphrenia))**
- .9 Other paranoid state**

**298 Other psychoses**

- .0 Psychotic depressive reaction ((Reactive depressive psychosis))**
- [.1 Reactive excitation]**

[.2 Reactive confusion]

[Acute or subacute confusional state]

[.3 Acute paranoid reaction]

[.9 Reactive psychosis, unspecified]

[299 Unspecified psychosis]

[Dementia, insanity or psychosis not otherwise specified]

#### IV. NEUROSES (300)

##### 300 Neuroses

.0 Anxiety neurosis

.1 Hysterical neurosis

.13\* Hysterical neurosis, conversion type\*

.14\* Hysterical neurosis, dissociative type\*

.2 Phobic neurosis

.3 Obsessive compulsive neurosis

.4 Depressive neurosis

.5 Neurasthenic neurosis ((Neurasthenia))

.6 Depersonalization neurosis ((Depersonalization syndrome))

.7 Hypochondriacal neurosis

.8 Other neurosis

[.9 Unspecified neurosis]

#### V. PERSONALITY DISORDERS AND CERTAIN OTHER NON-PSYCHOTIC MENTAL DISORDERS (301—304)

##### 301 Personality disorders

.0 Paranoid personality

.1 Cyclothymic personality ((Affective personality))

.2 Schizoid personality

.3 Explosive personality

.4 Obsessive compulsive personality ((Anankastic personality))

.5 Hysterical personality

.6 Asthenic personality

.7 Antisocial personality

.81\* Passive-aggressive personality\*

.82\* Inadequate personality\*

- .89\* Other personality disorders of specified types\***
- [.9 Unspecified personality disorder]**

**302 Sexual deviations**

- .0 Homosexuality**
- .1 Fetishism**
- .2 Pedophilia**
- .3 Transvestitism**
- .4 Exhibitionism**
- .5\* Voyeurism\***
- .6\* Sadism\***
- .7\* Masochism\***
- .8 Other sexual deviation**
- [.9 Unspecified sexual deviation]**

**303 Alcoholism**

- .0 Episodic excessive drinking**
- .1 Habitual excessive drinking**
- .2 Alcohol addiction**
- .9 Other [and unspecified] alcoholism**

**304 Drug dependence**

- .0 Drug dependence, opium, opium alkaloids and their derivatives**
- .1 Drug dependence, synthetic analgesics with morphine-like effects**
- .2 Drug dependence, barbiturates**
- .3 Drug dependence, other hypnotics and sedatives or "tranquilizers"**
- .4 Drug dependence, cocaine**
- .5 Drug dependence, Cannabis sativa (hashish, marihuana)**
- .6 Drug dependence, other psycho-stimulants**
- .7 Drug dependence, hallucinogens**
- .8 Other drug dependence**
- [.9 Unspecified drug dependence]**

**VI. PSYCHOPHYSIOLOGIC DISORDERS (305)**

**305 Psychophysiologic disorders** ((Physical disorders of presumably psychogenic origin))

- .0 Psychophysiologic skin disorder
- .1 Psychophysiologic musculoskeletal disorder
- .2 Psychophysiologic respiratory disorder
- .3 Psychophysiologic cardiovascular disorder
- .4 Psychophysiologic hemic and lymphatic disorder
- .5 Psychophysiologic gastro-intestinal disorder
- .6 Psychophysiologic genito-urinary disorder
- .7 Psychophysiologic endocrine disorder
- .8 Psychophysiologic disorder of organ of special sense
- .9 Psychophysiologic disorder of other type

**VII. SPECIAL SYMPTOMS (306)**

**306 Special symptoms not elsewhere classified**

- .0 Speech disturbance
- .1 Specific learning disturbance
- .2 Tic
- .3 Other psychomotor disorder
- .4 Disorders of sleep
- .5 Feeding disturbance
- .6 Enuresis
- .7 Encopresis
- .8 Cephalalgia
- .9 Other special symptom

**VIII. TRANSIENT SITUATIONAL DISTURBANCES (307)**

**307\* Transient situational disturbances<sup>1</sup>**

<sup>1</sup> The terms included under DSM-II Category 307\*, "Transient situational disturbances," differ from those in Category 307 of the ICD. DSM-II Category 307\*, "Transient situational disturbances," contains adjustment reactions of infancy (307.0\*), childhood (307.1\*), adolescence (307.2\*), adult life (307.3\*), and late life (307.4\*). ICD Category 307, "Transient situational disturbances," includes only the adjustment reactions of adolescence, adult life and late life. ICD 308, "Behavioral disorders of children," contains the reactions of infancy and childhood. These differences must be taken into account in preparing statistical tabulations to conform to ICD categories.

- .0\* Adjustment reaction of infancy\*
- .1\* Adjustment reaction of childhood\*
- .2\* Adjustment reaction of adolescence\*
- .3\* Adjustment reaction of adult life\*
- .4\* Adjustment reaction of late life\*

**IX. BEHAVIOR DISORDERS OF CHILDHOOD AND ADOLESCENCE (308)**

**308 Behavior disorders of childhood and adolescence<sup>2</sup> ((Behavior disorders of childhood))**

- .0\* Hyperkinetic reaction of childhood (or adolescence)\*
- .1\* Withdrawing reaction of childhood (or adolescence)\*
- .2\* Overanxious reaction of childhood (or adolescence)\*
- .3\* Runaway reaction of childhood (or adolescence)\*
- .4\* Unsocialized aggressive reaction of childhood (or adolescence)\*
- .5\* Group delinquent reaction of childhood (or adolescence)\*
- .9\* Other reaction of childhood (or adolescence)\*

**X. CONDITIONS WITHOUT MANIFEST PSYCHIATRIC DISORDER AND NON-SPECIFIC CONDITIONS (316\*—318\*)†**

**316\*†† Social maladjustments without manifest psychiatric disorder**

- .0\* Marital maladjustment\*
- .1\* Social maladjustment\*
- .2\* Occupational maladjustment\*
- .3\* Dyssocial behavior\*
- .9\* Other social maladjustment\*

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<sup>2</sup>The terms included under DSM-II Category 308\*, "Behavioral disorders of childhood and adolescence," differ from those in Category 308 of the ICD. DSM-II Category 308\* includes "Behavioral disorders of childhood and adolescence," whereas ICD Category 308 includes only "Behavioral disorders of childhood." DSM-II Category 308\* *does not* include "Adjustment reactions of infancy and childhood", whereas ICD Category 308 does. In the DSM-II classification, "Adjustment reactions of infancy and childhood" are allocated to 307\* (Transitional situational disturbances). These differences should be taken into account in preparing statistical tabulations to conform to the ICD categories.

**317\* Non-specific conditions\***

**318\* No mental disorder\***

**XI. NON-DIAGNOSTIC TERMS FOR ADMINISTRATIVE USE  
(319\*)†**

**319\* Non-diagnostic terms for administrative use\***

**.0\* Diagnosis deferred\***

**.1\* Boarder\***

**.2\* Experiment only\***

**.9\* Other\***

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† The terms included in this category would normally be listed in that section of ICD-8 that deals with "Special conditions and examinations without sickness." They are included here to permit coding of some additional conditions that are encountered in psychiatric clinical settings in the U. S. This has been done by using several unassigned code numbers at the end of Section 5 of the ICD.

†† This diagnosis corresponds to the category \*Y13, **Social maladjustment without manifest psychiatric disorder** in ICDA.

# Section 3

## THE DEFINITIONS OF TERMS

### I: MENTAL RETARDATION<sup>1</sup> (310—315)

Mental retardation refers to subnormal general intellectual functioning which originates during the developmental period and is associated with impairment of either learning and social adjustment or maturation, or both. (These disorders were classified under “Chronic brain syndrome with mental deficiency” and “Mental deficiency” in DSM-I.) The diagnostic classification of mental retardation relates to IQ as follows<sup>2</sup>:

**310 Borderline mental retardation—IQ 68—85**

**311 Mild mental retardation—IQ 52—67**

**312 Moderate mental retardation—IQ 36—51**

**313 Severe mental retardation—IQ 20—35**

**314 Profound mental retardation—IQ under 20**

Classifications 310-314 are based on the statistical distribution of levels of intellectual functioning for the population as a whole. The range of intelligence subsumed under each classification corresponds to one standard deviation, making the heuristic assumption that intelligence is normally distributed. It is recognized that the intelligence quotient should not be the only criterion used in making a diagnosis of mental retardation or in evaluating its severity. It should serve only to help in making a clinical judgment of the patient's adaptive behavioral capacity. This judgment should also be based on an evaluation of the patient's developmental history and present functioning, including academic and vocational achievement, motor skills, and social and emotional maturity.

### **315 Unspecified mental retardation**

This classification is reserved for patients whose intellectual functioning

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<sup>1</sup> For a fuller definition of terms see the “Manual on Terminology and Classification in Mental Retardation,” (Supplement to *American Journal of Mental Deficiency*, Second Edition, 1961) from which most of this section has been adapted.

<sup>2</sup> The IQs specified are for the Revised Stanford-Binet Tests of Intelligence, Forms L and M. Equivalent values for other tests are listed in the manual cited in the footnote above.

has not or cannot be evaluated precisely but which is recognized as clearly subnormal.

### **Clinical Subcategories of Mental Retardation**

These will be coded as fourth digit subdivisions following each of the categories 310-315. When the associated condition is known more specifically, particularly when it affects the entire organism or an organ system other than the central nervous system, it should be coded additionally in the specific field affected.

#### **.0 Following infection and intoxication**

This group is to classify cases in which mental retardation is the result of residual cerebral damage from intracranial infections, serums, drugs, or toxic agents. Examples are:

**Cytomegalic inclusion body disease, congenital.** A maternal viral disease, usually mild or subclinical, which may infect the fetus and is recognized by the presence of inclusion bodies in the cellular elements in the urine, cerebrospinal fluid, and tissues.

**Rubella, congenital.** Affecting the fetus in the first trimester and usually accompanied by a variety of congenital anomalies of the ear, eye and heart.

**Syphilis, congenital.** Two types are described, an early meningo-vascular disease and a diffuse encephalitis leading to juvenile paresis.

**Toxoplasmosis, congenital.** Due to infection by a protozoan-like organism, *Toxoplasma*, contracted in utero. May be detected by serological tests in both mother and infant.

**Encephalopathy associated with other prenatal infections.** Occasionally fetal damage from maternal epidemic cerebrospinal meningitis, equine encephalomyelitis, influenza, etc. has been reported. The relationships have not as yet been definitely established.

**Encephalopathy due to postnatal cerebral infection.** Both focal and generalized types of cerebral infection are included and are to be given further anatomic and etiologic specification.

**Encephalopathy, congenital, associated with maternal toxemia of pregnancy.** Severe and prolonged toxemia of pregnancy, particularly eclampsia, may be associated with mental retardation.

**Encephalopathy, congenital, associated with other maternal intoxications.** Examples are carbon monoxide, lead, arsenic, quinine, ergot, etc.



**Bilirubin encephalopathy (Kernicterus).** Frequently due to Rh, A, B, O blood group incompatibility between fetus and mother but may also follow prematurity, severe neonatal sepsis or any condition producing high levels of serum bilirubin. Choreoathetosis is frequently associated with this form of mental retardation.

**Post-immunization encephalopathy.** This may follow inoculation with serum, particularly anti-tetanus serum, or vaccines such as small-pox, rabies, and typhoid.

**Encephalopathy, other, due to intoxication.** May result from such toxic agents as lead, carbon monoxide, tetanus and botulism exotoxin.

### .1 Following trauma or physical agent

Further specification within this category follows:

**Encephalopathy due to prenatal injury.** This includes prenatal irradiation and asphyxia, the latter following maternal anoxia, anemia, and hypotension.

**Encephalopathy due to mechanical injury at birth.** These are attributed to difficulties of labor due to malposition, malpresentation, disproportion, or other complications leading to dystocia which may increase the probability of damage to the infant's brain at birth, resulting in tears of the meninges, blood vessels, and brain substance. Other reasons include venous-sinus thrombosis, arterial embolism and thrombosis. These may result in sequelae which are indistinguishable from those of other injuries, damage or organic impairment of the brain.

**Encephalopathy due to asphyxia at birth.** Attributable to the anoxemia following interference with placental circulation due to premature separation, placenta praevia, cord difficulties, and other interferences with oxygenation of the placental circulation.

**Encephalopathy due to postnatal injury.** The diagnosis calls for evidence of severe trauma such as a fractured skull, prolonged unconsciousness, etc., followed by a marked change in development. Postnatal asphyxia, infarction, thrombosis, laceration, and contusion of the brain would be included and the nature of the injury specified.

### .2 With disorders of metabolism, growth or nutrition

All conditions associated with mental retardation directly due to metabolic, nutritional, or growth dysfunction should be classified here, includ-

ing disorders of lipid, carbohydrate and protein metabolism, and deficiencies of nutrition.

**Cerebral lipoidosis, infantile (Tay-Sach's disease).** This is caused by a single recessive autosomal gene and has infantile and juvenile forms. In the former there is gradual deterioration, blindness after the pathognomonic "cherry-red spot," with death occurring usually before age three.

**Cerebral lipoidosis, late infantile (Bielschowsky's disease).** This differs from the preceding by presenting retinal optic atrophy instead of the "cherry-red spot."

**Cerebral lipoidosis, juvenile (Spielmeyer-Vogt disease).** This usually appears between the ages of five and ten with involvement of the motor systems, frequent seizures, and pigmentary degeneration of the retina. Death follows in five to ten years.

**Cerebral lipoidosis, late juvenile (Kuf's disease).** This is categorized under mental retardation only when it occurs at an early age.

**Lipid histiocytosis of keraasin type (Gaucher's disease).** As a rule this condition causes retardation only when it affects infants. It is characterized by Gaucher's cells in lymph nodes, spleen or marrow.

**Lipid histiocystosis of phosphatide type (Niemann-Pick's disease).** Distinguished from Tay-Sach's disease by enlargement of liver and spleen. Biopsy of spleen, lymph or marrow show characteristic "foam cells."

**Phenylketonuria.** A metabolic disorder, genetically transmitted as a simple autosomal recessive gene, preventing the conversion of phenylalanine into tyrosine with an accumulation of phenylalanine, which in turn is converted to phenylpyruvic acid detectable in the urine.

**Hepatolenticular degeneration (Wilson's disease).** Genetically transmitted as a simple autosomal recessive. It is due to inability of ceruloplasmin to bind copper, which in turn damages the brain. Rare in children.

**Porphyria.** Genetically transmitted as a dominant and characterized by excretion of porphyrins in the urine. It is rare in children, in whom it may cause irreversible deterioration.

**Galactosemia.** A condition in which galactose is not metabolized, causing its accumulation in the blood. If milk is not removed from the diet, generalized organ deficiencies, mental deterioration and death may result.

**Glucogenosis (Von Gierke's disease).** Due to a deficiency in glycogen-metabolizing enzymes with deposition of glycogen in various organs, including the brain.

**Hypoglycemia.** Caused by various conditions producing hypoglycemia which, in the infant, may result in epilepsy and mental defect. Diagnosis may be confirmed by glucose tolerance tests.

### **.3 Associated with gross brain disease (postnatal)**

This group includes all diseases and conditions associated with neoplasms, but not growths that are secondary to trauma or infection. The category also includes a number of postnatal diseases and conditions in which the structural reaction is evident but the etiology is unknown or uncertain, though frequently presumed to be of hereditary or familial nature. Structural reactions may be degenerative, infiltrative, inflammatory, proliferative, sclerotic, or reparative.

**Neurofibromatosis (Neurofibrosarcoma, von Recklinghausen's disease).** A disease transmitted by a dominant autosomal gene but with reduced penetrance and variable expressivity. It is characterized by cutaneous pigmentation ("café au lait" patches) and neurofibromas of nerve, skin and central nervous system with intellectual capacity varying from normal to severely retarded.

**Trigeminal cerebral angiomas (Sturge-Weber-Dimitri's disease).** A condition characterized by a "port wine stain" or cutaneous angioma, usually in the distribution of the trigeminal nerve, accompanied by vascular malformation over the meninges of the parietal and occipital lobes with underlying cerebral maldevelopment.

**Tuberous sclerosis (Epiloia, Bourneville's disease).** Transmitted by a dominant autosomal gene, characterized by multiple gliotic nodules in the central nervous system, and associated with adenoma sebaceum of the face and tumors in other organs. Retarded development and seizures may appear early and increase in severity along with tumor growth.

**Intracranial neoplasm, other.** Other relatively rare neoplastic diseases leading to mental retardation should be included in this category and specified when possible.

**Encephalopathy associated with diffuse sclerosis of the brain.** This category includes a number of similar conditions differing to some extent in their pathological and clinical features but characterized

by diffuse demyelination of the white matter with resulting diffuse glial sclerosis and accompanied by intellectual deterioration. These diseases are often familial in character and when possible should be specified under the following:

**Acute infantile diffuse sclerosis (Krabbe's disease).**

**Diffuse chronic infantile sclerosis (Merzbacher-Pelizaeus disease, Aplasia axialis extracorticalis congenita).**

**Infantile metachromatic leukodystrophy (Greenfield's disease).**

**Juvenile metachromatic leukodystrophy (Scholz' disease).**

**Progressive subcortical encephalopathy (Encephalitis periaxialis diffusa, Schilder's disease).**

**Spinal sclerosis (Friedreich's ataxia).** Characterized by cerebellar degeneration, early onset followed by dementia.

**Encephalopathy, other, due to unknown or uncertain cause with the structural reactions manifest.** This category includes cases of mental retardation associated with progressive neuronal degeneration or other structural defects which cannot be classified in a more specific, diagnostic category.

#### **.4 Associated with diseases and conditions due to unknown prenatal influence**

This category is for classifying conditions known to have existed at the time of or prior to birth but for which no definite etiology can be established. These include the primary cranial anomalies and congenital defects of undetermined origin as follows:

**Anencephaly (including hemianencephaly).**

**Malformations of the gyri.** This includes agyria, macrogyria (pachygyria) and microgyria.

**Porencephaly, congenital.** Characterized by large funnel-shaped cavities occurring anywhere in the cerebral hemispheres. Specify, if possible, whether the porencephaly is a result of asphyxia at birth or postnatal trauma.

**Multiple-congenital anomalies of the brain.**

**Other cerebral defects, congenital.**

**Craniostenosis.** The most common conditions included in this category are acrocephaly (oxycephaly) and scaphocephaly. These may or may not be associated with mental retardation.

**Hydrocephalus, congenital.** Under this heading is included only that type of hydrocephalus present at birth or occurring soon after delivery. All other types of hydrocephalus, secondary to other conditions, should be classified under the specific etiology when known.

**Hypertelorism (Greig's disease).** Characterized by abnormal development of the sphenoid bone increasing the distance between the eyes.

**Macrocephaly (Megalencephaly).** Characterized by an increased size and weight of the brain due partially to proliferation of glia.

**Microcephaly, primary.** True microcephaly is probably transmitted as a single autosomal recessive. When it is caused by other conditions it should be classified according to the primary condition, with secondary microcephaly as a supplementary term.

**Laurence-Moon-Biedl syndrome.** Characterized by mental retardation associated with retinitis pigmentosa, adiposo-genital dystrophy, and polydactyly.

## .5 With chromosomal abnormality

This group includes cases of mental retardation associated with chromosomal abnormalities. These may be divided into two sub-groups, those associated with an abnormal number of chromosomes and those with abnormal chromosomal morphology.

**Autosomal trisomy of group G. (Trisomy 21, Langdon-Down disease, Mongolism).** This is the only common form of mental retardation due to chromosomal abnormality. (The others are relatively rare.) It ranges in degree from moderate to severe with infrequent cases of mild retardation. Other congenital defects are frequently present, and the intellectual development decelerates with time.

**Autosomal trisomy of group E.**

**Autosomal trisomy of group D.**

**Sex chromosome anomalies.** The only condition under the category which has any significant frequency is Klinefelter's syndrome.

**Abnormal number of chromosomes, other.** In this category would be included monosomy G, and possibly others as well as other forms of mosaicism.

**Short arm deletion of chromosome 5—group B (Cri du chat).** A quite rare condition characterized by congenital abnormalities and a cat-like cry during infancy which disappears with time.

**Short arm deletion of chromosome 18—group E.**

**Abnormal morphology of chromosomes, other.** This category includes a variety of translocations, ring chromosomes, fragments, and isochromosomes associated with mental retardation.

**.6 Associated with prematurity**

This category includes retarded patients who had a birth weight of less than 2500 grams (5.5 pounds) and/or a gestational age of less than 38 weeks at birth, and who do not fall into any of the preceding categories. This diagnosis should be used only if the patient's mental retardation cannot be classified more precisely under categories .0 to .5 above.

**.7 Following major psychiatric disorder**

This category is for mental retardation following psychosis or other major psychiatric disorder in early childhood when there is no evidence of cerebral pathology. To make this diagnosis there must be good evidence that the psychiatric disturbance was extremely severe. For example, retarded young adults with residual schizophrenia should not be classified here.

**.8 With psycho-social (environmental) deprivation**

This category is for the many cases of mental retardation with no clinical or historical evidence of organic disease or pathology but for which there is some history of psycho-social deprivation. Cases in this group are classified in terms of psycho-social factors which appear to bear some etiological relationship to the condition as follows:

**Cultural-familial mental retardation.** Classification here requires that evidence of retardation be found in at least one of the parents and in one or more siblings, presumably, because some degree of cultural deprivation results from familial retardation. The degree of retardation is usually mild.

**Associated with environmental deprivation.** An individual deprived of normal environmental stimulation in infancy and early childhood may prove unable to acquire the knowledge and skills required to function normally. This kind of deprivation tends to be more severe than that associated with familial mental retardation (q.v.). This type of deprivation may result from severe sensory impairment, even in an environment otherwise rich in stimulation. More rarely

it may result from severe environmental limitations or atypical cultural milieus. The degree of retardation is always marginal or mild.

**.9 With other [and unspecified] condition.**

**II. ORGANIC BRAIN SYNDROMES**

**(Disorders caused by or associated with impairment of brain tissue function)**

These disorders are manifested by the following symptoms:

- (a) Impairment of orientation
- (b) Impairment of memory
- (c) Impairment of all intellectual functions such as comprehension, calculation, knowledge, learning, etc.
- (d) Impairment of judgment
- (e) Lability and shallowness of affect

The organic brain syndrome is a basic mental condition characteristically resulting from diffuse impairment of brain tissue function from whatever cause. Most of the basic symptoms are generally present to some degree regardless of whether the syndrome is mild, moderate or severe.

The syndrome may be the only disturbance present. It may also be associated with psychotic symptoms and behavioral disturbances. The severity of the associated symptoms is affected by and related to not only the precipitating organic disorder but also the patient's inherent personality patterns, present emotional conflicts, his environmental situation, and interpersonal relations.

These brain syndromes are grouped into psychotic and non-psychotic disorders according to the severity of functional impairment. The psychotic level of impairment is described on page 23 and the non-psychotic on pages 31-32.

It is important to distinguish "acute" from "chronic" brain disorders because of marked differences in the course of illness, prognosis and treatment. The terms indicate primarily whether the brain pathology and its accompanying organic brain syndrome is reversible. Since the same etiology may produce either temporary or permanent brain damage, a brain disorder which appears reversible (acute) at the beginning may prove later to have left permanent damage and a persistent organic brain syndrome which will then be diagnosed "chronic". Some

brain syndromes occur in either form. Some occur only in acute forms (e.g. *Delirium tremens*). Some occur only in chronic form (e.g. *Alcoholic deterioration*). The acute and chronic forms may be indicated for those disorders coded in four digits by the addition of a fifth qualifying digit: .x1 *acute* and .x2 *chronic*.

## THE PSYCHOSES

Psychoses are described in two places in this Manual, here with the organic brain syndromes and later with the functional psychoses. The general discussion of psychosis appears here because organic brain syndromes are listed first in DSM-II.

Patients are described as psychotic when their mental functioning is sufficiently impaired to interfere grossly with their capacity to meet the ordinary demands of life. The impairment may result from a serious distortion in their capacity to recognize reality. Hallucinations and delusions, for example, may distort their perceptions. Alterations of mood may be so profound that the patient's capacity to respond appropriately is grossly impaired. Deficits in perception, language and memory may be so severe that the patient's capacity for mental grasp of his situation is effectively lost.

Some confusion results from the different meanings which have become attached to the word "psychosis." Some non-organic disorders, (295-298), in the well-developed form in which they were first recognized, typically rendered patients psychotic. For historical reasons these disorders are still classified as psychoses, even though it now generally is recognized that many patients for whom these diagnoses are clinically justified are not in fact psychotic. This is true particularly in the incipient or convalescent stages of the illness. To reduce confusion, when one of these disorders listed as a "psychosis" is diagnosed in a patient who is not psychotic, the qualifying phrase *not psychotic* or *not presently psychotic* should be noted and coded .x6 with a fifth digit.

Example: 295.06 *Schizophrenia, simple type, not psychotic*.

It should be noted that this Manual permits an organic condition to be classified as a psychosis only if the patient is psychotic during the episode being diagnosed.

If the specific physical condition underlying one of these disorders is known, indicate it with a separate, additional diagnosis.



## II. A. PSYCHOSES ASSOCIATED WITH ORGANIC BRAIN SYNDROMES (290—294)

### 290 Senile and Pre-senile dementia

#### 290.0 Senile dementia

This syndrome occurs with senile brain disease, whose causes are largely unknown. The category does not include the pre-senile psychoses nor other degenerative diseases of the central nervous system. While senile brain disease derives its name from the age group in which it is most commonly seen, its diagnosis should be based on the brain disorder present and not on the patient's age at times of onset. Even mild cases will manifest some evidence of organic brain syndrome: self-centeredness, difficulty in assimilating new experiences, and childish emotionality. Deterioration may be minimal or progress to vegetative existence. (This condition was called "Chronic Brain Syndrome associated with senile brain disease" in DSM-I.)

#### 290.1 Pre-senile dementia

This category includes a group of cortical brain diseases presenting clinical pictures similar to those of senile dementia but appearing characteristically in younger age groups. Alzheimer's and Pick's diseases are the two best known forms, each of which has a specific brain pathology. (In DSM-I Alzheimer's disease was classified as "Chronic Brain Syndrome with other disturbance of metabolism." Pick's disease was "Chronic Brain Syndrome associated with disease of unknown cause.") When the impairment is not of psychotic proportion the patient should be classified under *Non-psychotic OBS with senile or pre-senile brain disease*.

### 291 Alcoholic psychoses

Alcoholic psychoses are psychoses caused by poisoning with alcohol (see page 23). When a pre-existing psychotic, psychoneurotic or other disorder is aggravated by modest alcohol intake, the underlying condition, not the alcoholic psychosis, is diagnosed.

Simple drunkenness, when not specified as psychotic, is classified under *Non-psychotic OBS with alcohol*.

In accordance with ICD-8, this Manual subdivides the alcoholic psychoses into *Delirium tremens*, *Korsakov's psychosis*, *Other alcoholic hallucinosis* and *Alcoholic paranoia*. DSM-II also adds three further

subdivisions: *Acute alcohol intoxication*, *Alcoholic deterioration* and *Pathological intoxication*. (In DSM-I "Acute Brain Syndrome, alcohol intoxication" included what is now *Delirium tremens*, *Other alcoholic hallucinosis*, *Acute alcohol intoxication* and *Pathological intoxication*.)

### **291.0 Delirium tremens**

This is a variety of acute brain syndrome characterized by delirium, coarse tremors, and frightening visual hallucinations usually becoming more intense in the dark. Because it was first identified in alcoholics and until recently was thought always to be due to alcohol ingestion, the term is restricted to the syndrome associated with alcohol. It is distinguished from *Other alcoholic hallucinosis* by the tremors and the disordered sensorium. When this clinical picture is due to a nutritional deficiency rather than to alcohol poisoning, it is classified under *Psychosis associated with metabolic or nutritional disorder*.

### **291.1 Korsakov's psychosis (alcoholic)** Also "Korsakoff"

This is a variety of chronic brain syndrome associated with long-standing alcohol use and characterized by memory impairment, disorientation, peripheral neuropathy and particularly by confabulation. Like delirium tremens, Korsakov's psychosis is identified with alcohol because of an initial error in identifying its cause, and therefore the term is confined to the syndrome associated with alcohol. The similar syndrome due to nutritional deficiency unassociated with alcohol is classified *Psychosis associated with metabolic or nutritional disorder*.

### **291.2 Other alcoholic hallucinosis**

Hallucinoses caused by alcohol which cannot be diagnosed as delirium tremens, Korsakov's psychosis, or alcoholic deterioration fall in this category. A common variety manifests accusatory or threatening auditory hallucinations in a state of relatively clear consciousness. This condition must be distinguished from schizophrenia in combination with alcohol intoxication, which would require two diagnoses.

### **291.3 Alcohol paranoid state ((Alcoholic paranoia))**

This term describes a paranoid state which develops in chronic alcoholics, generally male, and is characterized by excessive jealousy and delusions of infidelity by the spouse. Patients diagnosed under pri-

mary paranoid states or schizophrenia should not be included here even if they drink to excess.

#### **291.4\* Acute alcohol intoxication\***

All varieties of acute brain syndromes of psychotic proportion caused by alcohol are included here if they do not manifest features of delirium tremens, alcoholic hallucinosis, or pathological intoxication. This diagnosis is used alone when there is no other psychiatric disorder or as an additional diagnosis with other psychiatric conditions including alcoholism. The condition should not be confused with *simple drunkenness*, which does not involve psychosis. (All patients with this disorder would have been diagnosed "Acute Brain Syndrome, alcohol intoxication" in DSM-I.)

#### **291.5\* Alcoholic deterioration\***

All varieties of chronic brain syndromes of psychotic proportion caused by alcohol and not having the characteristic features of Korsakov's psychosis are included here. (This condition and Korsakov's psychosis were both included under "Chronic Brain Syndrome, alcohol intoxication with psychotic reaction" in DSM-I.)

#### **291.6\* Pathological intoxication\***

This is an acute brain syndrome manifested by psychosis after minimal alcohol intake. (In DSM-I this diagnosis fell under "Acute Brain Syndrome, alcohol intoxication.")

#### **291.9 Other [and unspecified] alcoholic psychosis**

This term refers to all varieties of alcoholic psychosis not classified above.

### **292 Psychosis associated with intracranial infection**

#### **292.0 General paralysis**

This condition is characterized by physical signs and symptoms of parenchymatous syphilis of the nervous system, and usually by positive serology, including the paretic gold curve in the spinal fluid. The condition may simulate any of the other psychoses and brain syndromes. If the impairment is not of psychotic proportion it is classified *Non-psychotic OBS with intracranial infection*. If the specific underlying physical condition is known, indicate it with a separate, additional diagnosis. (This category was included under "Chronic Brain Syndrome associated with central nervous system syphilis (meningoencephalitic)" in DSM-I.)

**292.1 Psychosis with other syphilis of central nervous system**

This includes all other varieties of psychosis attributed to intracranial infection by *Spirochaeta pallida*. The syndrome sometimes has features of organic brain syndrome. The acute infection is usually produced by meningovascular inflammation and responds to systemic antisyphilitic treatment. The chronic condition is generally due to gummata. If not of psychotic proportion, the disorder is classified *Non-psychotic OBS with intracranial infection*. (In DSM-I "Chronic Brain Syndrome associated with other central nervous system syphilis" and "Acute Brain Syndrome associated with intracranial infection" covered this category.)

**292.2 Psychosis with epidemic encephalitis  
(von Economo's encephalitis)**

This term is confined to the disorder attributed to the viral epidemic encephalitis that followed World War I. Virtually no cases have been reported since 1926. The condition, however, is differentiated from other encephalitis. It may present itself as acute delirium and sometimes its outstanding feature is apparent indifference to persons and events ordinarily of emotional significance, such as the death of a family member. It may appear as a chronic brain syndrome and is sometimes dominated by involuntary, compulsive behavior. If not of psychotic proportions, the disorder is classified under *Non-psychotic OBS with intracranial infection*. (This category was classified under "Chronic Brain Syndrome associated with intracranial infection other than syphilis" in DSM-I.)

**292.3 Psychosis with other and unspecified encephalitis**

This category includes disorders attributed to encephalitic infections other than epidemic encephalitis and also to encephalitis not otherwise specified.<sup>1</sup> When possible the type of infection should be indicated. If not of psychotic proportion, the disorder is classified under *Non-psychotic OBS with intracranial infection*.

**292.9 Psychosis with other [and unspecified]  
intracranial infection**

This category includes all acute and chronic conditions due to non-syphilitic and non-encephalitic infections, such as meningitis and

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<sup>1</sup> A list of important encephalitides may be found in "A Guide to the Control of Mental Disorders," American Public Health Association Inc., New York 1962, pp. 40 ff.

brain abscess. Many of these disorders will have been diagnosed as the acute form early in the course of the illness. If not of psychotic proportion, the disorder should be classified under *Non-psychotic OBS with intracranial infection*. (In DSM-I the acute variety was classified as "Acute Brain Syndrome associated with intracranial infection" and the chronic variety as "Chronic Brain Syndrome associated with intracranial infection other than syphilis.")

### **293 Psychosis associated with other cerebral condition**

This major category, as its name indicates, is for all psychoses associated with cerebral conditions *other* than those previously defined. For example, the degenerative diseases following do *not* include the previous senile dementia. If the specific underlying physical condition is known, indicate it with a separate, additional diagnosis.

#### **293.0 Psychosis with cerebral arteriosclerosis**

This is a chronic disorder attributed to cerebral arteriosclerosis. It may be impossible to differentiate it from senile dementia and presenile dementia, which may coexist with it. Careful consideration of the patient's age, history, and symptoms may help determine the predominant pathology. Commonly, the organic brain syndrome is the only mental disturbance present, but other reactions, such as depression or anxiety, may be superimposed. If not of psychotic proportion, the condition is classified under *Non-psychotic OBS with circulatory disturbance*. (In DSM-I this was called "Chronic Brain Syndrome associated with cerebral arteriosclerosis.")

#### **293.1 Psychosis with other cerebrovascular disturbance**

This category includes such circulatory disturbances as cerebral thrombosis, cerebral embolism, arterial hypertension, cardio-renal disease and cardiac disease, particularly in decompensation. It excludes conditions attributed to arteriosclerosis. The diagnosis is determined by the underlying organ pathology, which should be specified with an additional diagnosis. (In DSM-I this category was divided between "Acute Brain Syndrome associated with circulatory disturbance" and "Chronic Brain Syndrome associated with circulatory disturbance other than cerebral arteriosclerosis.")

#### **293.2 Psychosis with epilepsy**

This category is to be used only for the condition associated with "idiopathic" epilepsy. Most of the etiological agents underlying chronic brain syndromes can and do cause convulsions, particularly

syphilis, intoxication, trauma, cerebral arteriosclerosis, and intracranial neoplasms. When the convulsions are symptomatic of such diseases, the brain syndrome is classified under those disturbances rather than here. The disturbance most commonly encountered here is the clouding of consciousness before or after a convulsive attack. Instead of a convulsion, the patient may show only a dazed reaction with deep confusion, bewilderment and anxiety. The epileptic attack may also take the form of an episode of excitement with hallucinations, fears, and violent outbreaks. (In DSM-I this was included in "Acute Brain Syndrome associated with convulsive disorder" and "Chronic Brain Syndrome associated with convulsive disorder.")

### **293.3 Psychosis with intracranial neoplasm**

Both primary and metastatic neoplasms are classified here. Reactions to neoplasms other than in the cranium should not receive this diagnosis. (In DSM-I this category included "Acute Brain Syndrome associated with intracranial neoplasm" and "Chronic Brain Syndrome associated with intracranial neoplasm.")

### **293.4 Psychosis with degenerative disease of the central nervous system**

This category includes degenerative brain diseases not listed previously. (In DSM-I this was part of "Acute Brain Syndrome with disease of unknown or uncertain cause" and "Chronic Brain Syndrome associated with diseases of unknown or uncertain cause.")

### **293.5 Psychosis with brain trauma**

This category includes those disorders which develop immediately after severe head injury or brain surgery and the post-traumatic chronic brain disorders. It does not include permanent brain damage which produces only focal neurological changes without significant changes in sensorium and affect. Generally, trauma producing a chronic brain syndrome is diffuse and causes permanent brain damage. If not of psychotic proportions, a post-traumatic personality disorder associated with an organic brain syndrome is classified as a *Non-psychotic OBS with brain trauma*. If the brain injury occurs in early life and produces a developmental defect of intelligence, the condition is also diagnosed *Mental retardation*. A head injury may precipitate or accelerate the course of a chronic brain disease, especially cerebral arteriosclerosis. The differential diagnosis may be extremely difficult. If, before the injury, the patient had symptoms of circulatory disturbance, particularly arteriosclerosis,

and now shows signs of arteriosclerosis, he should be classified *Psychosis with cerebral arteriosclerosis*. (In DSM-I this category was divided between "Acute Brain Syndrome associated with trauma" and "Chronic Brain Syndrome associated with brain trauma.")

### **293.9 Psychosis with other [and unspecified] cerebral condition**

This category is for cerebral conditions other than those listed above, and conditions for which it is impossible to make a more precise diagnosis. [Medical record librarians will include here *Psychoses with cerebral condition, not otherwise specified*.]

## **294 Psychosis associated with other physical condition**

The following psychoses are caused by general systemic disorders and are distinguished from the *cerebral* conditions previously described. If the specific underlying physical condition is known, indicate it with a separate, additional diagnosis.

### **294.0 Psychosis with endocrine disorder**

This category includes disorders caused by the complications of diabetes other than cerebral arteriosclerosis and disorders of the thyroid, pituitary, adrenals, and other endocrine glands. (In DSM-I "Chronic Brain Syndrome associated with other disturbances of metabolism, growth or nutrition" included the chronic variety of these disorders. DSM-I defined these conditions as "disorders of metabolism" but they here are considered endocrine disorders.)

### **294.1 Psychosis with metabolic or nutritional disorder**

This category includes disorders caused by pellagra, avitaminosis and metabolic disorders. (In DSM-I this was part of "Acute Brain Syndrome associated with metabolic disturbance" and "Chronic Brain Syndrome associated with other disturbance of metabolism, growth or nutrition.")

### **294.2 Psychosis with systemic infection**

This category includes disorders caused by severe general systemic infections, such as pneumonia, typhoid fever, malaria and acute rheumatic fever. Care must be taken to distinguish these reactions from other disorders, particularly manic depressive illness and schizophrenia, which may be precipitated by even a mild attack of infectious disease. (In DSM-I this was confined to "Acute Brain Syndrome associated with systemic infection.")

**294.3 Psychosis with drug or poison intoxication (other than alcohol)**

This category includes disorders caused by some drugs (including psychedelic drugs), hormones, heavy metals, gasses, and other intoxicants except alcohol. (In DSM-I these conditions were divided between "Acute Brain Syndrome, drug or poison intoxication" and "Chronic Brain Syndrome, associated with intoxication." The former excluded alcoholic acute brain syndromes, while the latter included alcoholic chronic brain syndromes.)

**294.4 Psychosis with childbirth**

Almost any type of psychosis may occur during pregnancy and the post-partum period and should be specifically diagnosed. This category is not a substitute for a differential diagnosis and excludes other psychoses arising during the puerperium. Therefore, this diagnosis should not be used unless all other possible diagnoses have been excluded.

**294.8 Psychosis with other and undiagnosed physical condition**

This is a residual category for psychoses caused by physical conditions other than those listed earlier. It also includes brain syndromes caused by physical conditions which have not been diagnosed. (In DSM-I this condition was divided between "Acute Brain Syndrome of unknown cause" and "Chronic Brain Syndrome of unknown cause." However, these categories also included the category now called *Psychosis with other [and unspecified] cerebral condition.*)

**[294.9 Psychosis with unspecified physical condition]**

This is not a diagnosis but is included for use by medical record librarians only.

**II. B. NON-PSYCHOTIC ORGANIC BRAIN SYNDROMES (309)****309 Non-psychotic organic brain syndromes ((Mental disorders not specified as psychotic associated with physical conditions))**

This category is for patients who have an organic brain syndrome but are not psychotic. If psychoses are present they should be diagnosed as previously indicated. Refer to pages 22-23 for description of organic brain syndromes in adults.

In children mild brain damage often manifests itself by hyperactivity, short attention span, easy distractability, and impulsiveness. Some-



times the child is withdrawn, listless, perseverative, and unresponsive. In exceptional cases there may be great difficulty in initiating action. These characteristics often contribute to a negative interaction between parent and child. If the organic handicap is the major etiological factor and the child is not psychotic, the case should be classified here. If the interactional factors are of major secondary importance, supply a second diagnosis under *Behavior disorders of childhood and adolescence*; if these interactional factors predominate give only a diagnosis from this latter category.

**309.0 Non-psychotic OBS with intracranial infection**

**309.1 Non-psychotic OBS with drug, poison, or systemic intoxication**

**390.13\* Non-psychotic OBS with alcohol\* (simple drunkenness)**

**309.14\* Non-psychotic OBS with other drug, poison, or systemic intoxication\***

**309.2 Non-psychotic OBS with brain trauma**

**309.3 Non-psychotic OBS with circulatory disturbance**

**309.4 Non-psychotic OBS with epilepsy**

**309.5 Non-psychotic OBS with disturbance of metabolism, growth or nutrition**

**309.6 Non-psychotic OBS with senile or pre-senile brain disease**

**309.7 Non-psychotic OBS with intracranial neoplasm**

**309.8 Non-psychotic OBS with degenerative disease of central nervous system**

**309.9 Non-psychotic OBS with other [and unspecified] physical condition**

**[.91\* Acute brain syndrome, not otherwise specified\*]**

**[.92\* Chronic brain syndrome, not otherwise specified\*]**

**III. PSYCHOSES NOT ATTRIBUTED TO PHYSICAL CONDITIONS LISTED PREVIOUSLY (295—298)**

This major category is for patients whose psychosis is not caused by physical conditions listed previously. Nevertheless, some of these patients may show additional signs of an organic condition. If these or-

ganic signs are prominent the patient should receive the appropriate additional diagnosis.

## **295 Schizophrenia**

This large category includes a group of disorders manifested by characteristic disturbances of thinking, mood and behavior. Disturbances in thinking are marked by alterations of concept formation which may lead to misinterpretation of reality and sometimes to delusions and hallucinations, which frequently appear psychologically self-protective. Corollary mood changes include ambivalent, constricted and inappropriate emotional responsiveness and loss of empathy with others. Behavior may be withdrawn, regressive and bizarre. The schizophrenias, in which the mental status is attributable primarily to a *thought* disorder, are to be distinguished from the *Major affective illnesses* (q.v.) which are dominated by a *mood* disorder. The *Paranoid states* (q.v.) are distinguished from schizophrenia by the narrowness of their distortions of reality and by the absence of other psychotic symptoms.

### **295.0 Schizophrenia, simple type**

This psychosis is characterized chiefly by a slow and insidious reduction of external attachments and interests and by apathy and indifference leading to impoverishment of interpersonal relations, mental deterioration, and adjustment on a lower level of functioning. In general, the condition is less dramatically psychotic than are the hebephrenic, catatonic, and paranoid types of schizophrenia. Also, it contrasts with schizoid personality, in which there is little or no progression of the disorder.

### **295.1 Schizophrenia, hebephrenic type**

This psychosis is characterized by disorganized thinking, shallow and inappropriate affect, unpredictable giggling, silly and regressive behavior and mannerisms, and frequent hypochondriacal complaints. Delusions and hallucinations, if present, are transient and not well organized.

### **295.2 Schizophrenia, catatonic type**

**295.23\* Schizophrenia, catatonic type, excited\***

**295.24\* Schizophrenia, catatonic type, withdrawn\***

It is frequently possible and useful to distinguish two subtypes of catatonic schizophrenia. One is marked by excessive and sometimes violent motor activity and excitement and the other by generalized

inhibition manifested by stupor, mutism, negativism, or waxy flexibility. In time, some cases deteriorate to a vegetative state.

### **295.3 Schizophrenia, paranoid type**

This type of schizophrenia is characterized primarily by the presence of persecutory or grandiose delusions, often associated with hallucinations. Excessive religiosity is sometimes seen. The patient's attitude is frequently hostile and aggressive, and his behavior tends to be consistent with his delusions. In general the disorder does not manifest the gross personality disorganization of the hebephrenic and catatonic types, perhaps because the patient uses the mechanism of projection, which ascribes to others characteristics he cannot accept in himself. Three subtypes of the disorder may sometimes be differentiated, depending on the predominant symptoms: hostile, grandiose, and hallucinatory.

### **295.4 Acute schizophrenic episode**

This diagnosis does not apply to acute episodes of schizophrenic disorders described elsewhere. This condition is distinguished by the acute onset of schizophrenic symptoms, often associated with confusion, perplexity, ideas of reference, emotional turmoil, dream-like dissociation, and excitement, depression, or fear. The acute onset distinguishes this condition from simple schizophrenia. In time these patients may take on the characteristics of catatonic, hebephrenic or paranoid schizophrenia, in which case their diagnosis should be changed accordingly. In many cases the patient recovers within weeks, but sometimes his disorganization becomes progressive. More frequently remission is followed by recurrence. (In DSM-I this condition was listed as "Schizophrenia, acute undifferentiated type.")

### **295.5 Schizophrenia, latent type**

This category is for patients having clear symptoms of schizophrenia but no history of a psychotic schizophrenic episode. Disorders sometimes designated as incipient, pre-psychotic, pseudoneurotic, pseudopsychopathic, or borderline schizophrenia are categorized here. (This category includes some patients who were diagnosed in DSM-I under "Schizophrenic reaction, chronic undifferentiated type." Others formerly included in that DSM-I category are now classified under *Schizophrenia, other [and unspecified] types* (q.v.).)

### **295.6 Schizophrenia, residual type**

This category is for patients showing signs of schizophrenia but

who, following a psychotic schizophrenic episode, are no longer psychotic.

### **295.7 Schizophrenia, schizo-affective type**

This category is for patients showing a mixture of schizophrenic symptoms and pronounced elation or depression. Within this category it may be useful to distinguish excited from depressed types as follows:

**295.73\* Schizophrenia, schizo-affective type, excited\***

**295.74\* Schizophrenia, schizo-affective type, depressed\***

### **295.8\* Schizophrenia, childhood type\***

This category is for cases in which schizophrenic symptoms appear before puberty. The condition may be manifested by autistic, atypical, and withdrawn behavior; failure to develop identity separate from the mother's; and general unevenness, gross immaturity and inadequacy in development. These developmental defects may result in mental retardation, which should also be diagnosed. (This category is for use in the United States and does not appear in ICD-8. It is equivalent to "Schizophrenic reaction, childhood type" in DSM-I.)

### **295.90\* Schizophrenia, chronic undifferentiated type\***

This category is for patients who show mixed schizophrenic symptoms and who present definite schizophrenic thought, affect and behavior not classifiable under the other types of schizophrenia. It is distinguished from *Schizoid personality* (q.v.). (This category is equivalent to "Schizophrenic reaction, chronic undifferentiated type" in DSM-I except that it does not include cases now diagnosed as *Schizophrenia, latent type* and *Schizophrenia, other [and unspecified] types*.)

### **295.99\* Schizophrenia, other [and unspecified] types\***

This category is for any type of schizophrenia not previously described. (In DSM-I "Schizophrenic reaction, chronic undifferentiated type" included this category and also what is now called *Schizophrenia, latent type* and *Schizophrenia, chronic undifferentiated type*.)

## **296 Major affective disorders ((Affective psychoses))**

This group of psychoses is characterized by a single disorder of mood, either extreme depression or elation, that dominates the mental life of the patient and is responsible for whatever loss of contact he has with his environment. The onset of the mood does not seem to be

related directly to a precipitating life experience and therefore is distinguishable from *Psychotic depressive reaction* and *Depressive neurosis*. (This category is not equivalent to the DSM-I heading "Affective reactions," which included "Psychotic depressive reaction.")

### **296.0 Involutional melancholia**

This is a disorder occurring in the involutional period and characterized by worry, anxiety, agitation, and severe insomnia. Feelings of guilt and somatic preoccupations are frequently present and may be of delusional proportions. This disorder is distinguishable from *Manic-depressive illness* (q.v.) by the absence of previous episodes; it is distinguished from *Schizophrenia* (q.v.) in that impaired reality testing is due to a disorder of mood; and it is distinguished from *Psychotic depressive reaction* (q.v.) in that the depression is not due to some life experience. Opinion is divided as to whether this psychosis can be distinguished from the other affective disorders. It is, therefore, recommended that involutional patients not be given this diagnosis unless all other affective disorders have been ruled out. (In DSM-I this disorder was included under "Disorders due to disturbances of metabolism, growth, nutrition or endocrine function.")

### **Manic-depressive illnesses (Manic-depressive psychoses)**

These disorders are marked by severe mood swings and a tendency to remission and recurrence. Patients may be given this diagnosis in the absence of a previous history of affective psychosis if there is no obvious precipitating event. This disorder is divided into three major subtypes: manic type, depressed type, and circular type.

#### **296.1 Manic-depressive illness, manic type ((Manic-depressive psychosis, manic type))**

This disorder consists exclusively of manic episodes. These episodes are characterized by excessive elation, irritability, talkativeness, flight of ideas, and accelerated speech and motor activity. Brief periods of depression sometimes occur, but they are never true depressive episodes.

#### **296.2 Manic-depressive illness, depressed type ((Manic-depressive psychosis, depressed type))**

This disorder consists exclusively of depressive episodes. These episodes are characterized by severely depressed mood and by mental and motor retardation progressing occasionally to stupor. Uneasiness, apprehension, perplexity and agitation may also be present.

When illusions, hallucinations, and delusions (usually of guilt or of hypochondriacal or paranoid ideas) occur, they are attributable to the dominant mood disorder. Because it is a primary mood disorder, this psychosis differs from the *Psychotic depressive reaction*, which is more easily attributable to precipitating stress. Cases incompletely labelled as “psychotic depression” should be classified here rather than under *Psychotic depressive reaction*.

**296.3 Manic-depressive illness, circular type** ((Manic-depressive psychosis, circular type))

This disorder is distinguished by at least one attack of both a depressive episode *and* a manic episode. This phenomenon makes clear why manic and depressed types are combined into a single category. (In DSM-I these cases were diagnosed under “Manic depressive reaction, other.”) The current episode should be specified and coded as one of the following:

**296.33\* Manic-depressive illness, circular type, manic\***

**296.34\* Manic-depressive illness, circular type, depressed\***

**296.8 Other major affective disorder** ((Affective psychosis, other))

Major affective disorders for which a more specific diagnosis has not been made are included here. It is also for “mixed” manic-depressive illness, in which manic and depressive symptoms appear almost simultaneously. It does not include *Psychotic depressive reaction* (q.v.) or *Depressive neurosis* (q.v.). (In DSM-I this category was included under “Manic depressive reaction, other.”)

**[296.9 Unspecified major affective disorder]**

**[Affective disorder not otherwise specified]**

**[Manic-depressive illness not otherwise specified]**

**297 Paranoid states**

These are psychotic disorders in which a delusion, generally persecutory or grandiose, is the essential abnormality. Disturbances in mood, behavior and thinking (including hallucinations) are derived from this delusion. This distinguishes paranoid states from the affective psychoses and schizophrenias, in which mood and thought disorders, respectively, are the central abnormalities. Most authorities, however, question whether disorders in this group are distinct clinical entities and not merely variants of schizophrenia or paranoid personality.

**297.0 Paranoia**

This extremely rare condition is characterized by gradual development of an intricate, complex, and elaborate paranoid system based on and often proceeding logically from misinterpretation of an actual event. Frequently the patient considers himself endowed with unique and superior ability. In spite of a chronic course the condition does not seem to interfere with the rest of the patient's thinking and personality.

**297.1 Involuntional paranoid state ((Involuntional paraphrenia))**

This paranoid psychosis is characterized by delusion formation with onset in the involuntional period. Formerly it was classified as a paranoid variety of involuntional psychotic reaction. The absence of conspicuous thought disorders typical of schizophrenia distinguishes it from that group.

**297.9 Other paranoid state**

This is a residual category for paranoid psychotic reactions not classified earlier.

**298 Other psychoses****298.0 Psychotic depressive reaction ((Reactive depressive psychosis))**

This psychosis is distinguished by a depressive mood attributable to some experience. Ordinarily the individual has no history of repeated depressions or cyclothymic mood swings. The differentiation between this condition and *Depressive neurosis* (q.v.) depends on whether the reaction impairs reality testing or functional adequacy enough to be considered a psychosis. (In DSM-I this condition was included with the affective psychoses.)

**[298.1 Reactive excitation]****[298.2 Reactive confusion]****[Acute or subacute confusional state]****[298.3 Acute paranoid reaction]****[298.9 Reactive psychosis, unspecified]****[299 Unspecified psychosis]****[Dementia, insanity or psychosis not otherwise specified]**

This is not a diagnosis but is listed here for librarians and statisticians to use in coding incomplete diagnoses. Clinicians are

expected to complete a differential diagnosis for patients who manifest features of several psychoses.

#### IV. NEUROSES (300)

##### 300 Neuroses

Anxiety is the chief characteristic of the neuroses. It may be felt and expressed directly, or it may be controlled unconsciously and automatically by conversion, displacement and various other psychological mechanisms. Generally, these mechanisms produce symptoms experienced as subjective distress from which the patient desires relief.

The neuroses, as contrasted to the psychoses, manifest neither gross distortion or misinterpretation of external reality, nor gross personality disorganization. A possible exception to this is hysterical neurosis, which some believe may occasionally be accompanied by hallucinations and other symptoms encountered in psychoses.

Traditionally, neurotic patients, however severely handicapped by their symptoms, are not classified as psychotic because they are aware that their mental functioning is disturbed.

##### 300.0 Anxiety neurosis

This neurosis is characterized by anxious over-concern extending to panic and frequently associated with somatic symptoms. Unlike *Phobic neurosis* (q.v.), anxiety may occur under any circumstances and is not restricted to specific situations or objects. This disorder must be distinguished from normal apprehension or fear, which occurs in realistically dangerous situations.

##### 300.1 Hysterical neurosis

This neurosis is characterized by an involuntary psychogenic loss or disorder of function. Symptoms characteristically begin and end suddenly in emotionally charged situations and are symbolic of the underlying conflicts. Often they can be modified by suggestion alone. This is a new diagnosis that encompasses the former diagnoses "Conversion reaction" and "Dissociative reaction" in DSM-I. This distinction between conversion and dissociative reactions should be preserved by using one of the following diagnoses whenever possible.

##### 300.13\* Hysterical neurosis, conversion type\*

In the conversion type, the special senses or voluntary nervous system are affected, causing such symptoms as blindness, deafness,



anosmia, anaesthesias, paraesthesias, paralyses, ataxias, akinesias, and dyskinesias. Often the patient shows an inappropriate lack of concern or *belle indifférence* about these symptoms, which may actually provide secondary gains by winning him sympathy or relieving him of unpleasant responsibilities. This type of hysterical neurosis must be distinguished from psychophysiologic disorders, which are mediated by the autonomic nervous system; from malinger- ing, which is done consciously; and from neurological lesions, which cause anatomically circumscribed symptoms.

### **300.14\* Hysterical neurosis, dissociative type\***

In the dissociative type, alterations may occur in the patient's state of consciousness or in his identity, to produce such symptoms as amnesia, somnambulism, fugue, and multiple personality.

### **300.2 Phobic neurosis**

This condition is characterized by intense fear of an object or situation which the patient consciously recognizes as no real danger to him. His apprehension may be experienced as faintness, fatigue, palpitations, perspiration, nausea, tremor, and even panic. Phobias are generally attributed to fears displaced to the phobic object or situation from some other object of which the patient is unaware. A wide range of phobias has been described.

### **300.3 Obsessive compulsive neurosis**

This disorder is characterized by the persistent intrusion of unwanted thoughts, urges, or actions that the patient is unable to stop. The thoughts may consist of single words or ideas, ruminations, or trains of thought often perceived by the patient as nonsensical. The actions vary from simple movements to complex rituals such as repeated handwashing. Anxiety and distress are often present either if the patient is prevented from completing his compulsive ritual or if he is concerned about being unable to control it himself.

### **300.4 Depressive neurosis**

This disorder is manifested by an excessive reaction of depression due to an internal conflict or to an identifiable event such as the loss of a love object or cherished possession. It is to be distinguished from *Involuntional melancholia* (q.v.) and *Manic-depressive illness* (q.v.). *Reactive depressions* or *Depressive reactions* are to be classified here.

### **300.5 Neurasthenic neurosis ((Neurasthenia))**

This condition is characterized by complaints of chronic weakness,

easy fatigability, and sometimes exhaustion. Unlike hysterical neurosis the patient's complaints are genuinely distressing to him and there is no evidence of secondary gain. It differs from *Anxiety neurosis* (q.v.) and from the *Psychophysiologic disorders* (q.v.) in the nature of the predominant complaint. It differs from *Depressive neurosis* (q.v.) in the moderateness of the depression and in the chronicity of its course. (In DSM-I this condition was called "Psychophysiologic nervous system reaction.")

### **300.6 Depersonalization neurosis** ((Depersonalization syndrome))

This syndrome is dominated by a feeling of unreality and of estrangement from the self, body, or surroundings. This diagnosis should not be used if the condition is part of some other mental disorder, such as an acute situational reaction. A brief experience of depersonalization is not necessarily a symptom of illness.

### **300.7 Hypochondriacal neurosis**

This condition is dominated by preoccupation with the body and with fear of presumed diseases of various organs. Though the fears are not of delusional quality as in psychotic depressions, they persist despite reassurance. The condition differs from hysterical neurosis in that there are no actual losses or distortions of function.

### **300.8 Other neurosis**

This classification includes specific psychoneurotic disorders not classified elsewhere such as "writer's cramp" and other occupational neuroses. Clinicians should not use this category for patients with "mixed" neuroses, which should be diagnosed according to the predominant symptom.

### **[300.9 Unspecified neurosis]**

This category is not a diagnosis. It is for the use of record librarians and statisticians to code incomplete diagnoses.

## **V. PERSONALITY DISORDERS AND CERTAIN OTHER NON-PSYCHOTIC MENTAL DISORDERS (301—304)**

### **301 Personality disorders**

This group of disorders is characterized by deeply ingrained maladaptive patterns of behavior that are perceptibly different in quality from psychotic and neurotic symptoms. Generally, these are life-long patterns, often recognizable by the time of adolescence or earlier. Sometimes the

pattern is determined primarily by malfunctioning of the brain, but such cases should be classified under one of the non-psychotic organic brain syndromes rather than here. (In DSM-I "Personality Disorders" also included disorders now classified under *Sexual deviation*, *Alcoholism*, and *Drug dependence*.)

### **301.0 Paranoid personality**

This behavioral pattern is characterized by hypersensitivity, rigidity, unwarranted suspicion, jealousy, envy, excessive self-importance, and a tendency to blame others and ascribe evil motives to them. These characteristics often interfere with the patient's ability to maintain satisfactory interpersonal relations. Of course, the presence of suspicion of itself does not justify this diagnosis, since the suspicion may be warranted in some instances.

### **301.1 Cyclothymic personality ((Affective personality))**

This behavior pattern is manifested by recurring and alternating periods of depression and elation. Periods of elation may be marked by ambition, warmth, enthusiasm, optimism, and high energy. Periods of depression may be marked by worry, pessimism, low energy, and a sense of futility. These mood variations are not readily attributable to external circumstances. If possible, the diagnosis should specify whether the mood is characteristically depressed, hypomanic, or alternating.

### **301.2 Schizoid personality**

This behavior pattern manifests shyness, over-sensitivity, seclusiveness, avoidance of close or competitive relationships, and often eccentricity. Autistic thinking without loss of capacity to recognize reality is common, as is daydreaming and the inability to express hostility and ordinary aggressive feelings. These patients react to disturbing experiences and conflicts with apparent detachment.

### **301.3 Explosive personality (Epileptoid personality disorder)**

This behavior pattern is characterized by gross outbursts of rage or of verbal or physical aggressiveness. These outbursts are strikingly different from the patient's usual behavior, and he may be regretful and repentant for them. These patients are generally considered excitable, aggressive and over-responsive to environmental pressures. It is the intensity of the outbursts and the individual's inability to control them which distinguishes this group. Cases diagnosed as "aggressive personality" are classified here. If the patient is amnesic

for the outbursts, the diagnosis of *Hysterical neurosis, Non-psychotic OBS with epilepsy* or *Psychosis with epilepsy* should be considered.

#### **301.4 Obsessive compulsive personality** ((Anankastic personality))

This behavior pattern is characterized by excessive concern with conformity and adherence to standards of conscience. Consequently, individuals in this group may be rigid, over-inhibited, over-conscientious, over-dutiful, and unable to relax easily. This disorder may lead to an *Obsessive compulsive neurosis* (q.v.), from which it must be distinguished.

#### **301.5 Hysterical personality (Histrionic personality disorder)**

These behavior patterns are characterized by excitability, emotional instability, over-reactivity, and self-dramatization. This self-dramatization is always attention-seeking and often seductive, whether or not the patient is aware of its purpose. These personalities are also immature, self-centered, often vain, and usually dependent on others. This disorder must be differentiated from *Hysterical neurosis* (q.v.).

#### **301.6 Asthenic personality**

This behavior pattern is characterized by easy fatigability, low energy level, lack of enthusiasm, marked incapacity for enjoyment, and oversensitivity to physical and emotional stress. This disorder must be differentiated from *Neurasthenic neurosis* (q.v.).

#### **301.7 Antisocial personality**

This term is reserved for individuals who are basically unsocialized and whose behavior pattern brings them repeatedly into conflict with society. They are incapable of significant loyalty to individuals, groups, or social values. They are grossly selfish, callous, irresponsible, impulsive, and unable to feel guilt or to learn from experience and punishment. Frustration tolerance is low. They tend to blame others or offer plausible rationalizations for their behavior. A mere history of repeated legal or social offenses is not sufficient to justify this diagnosis. *Group delinquent reaction of childhood (or adolescence)* (q.v.), and *Social maladjustment without manifest psychiatric disorder* (q.v.) should be ruled out before making this diagnosis.

#### **301.81\* Passive-aggressive personality\***

This behavior pattern is characterized by both passivity and aggressiveness. The aggressiveness may be expressed passively, for example by obstructionism, pouting, procrastination, intentional in-

efficiency, or stubbornness. This behavior commonly reflects hostility which the individual feels he dare not express openly. Often the behavior is one expression of the patient's resentment at failing to find gratification in a relationship with an individual or institution upon which he is over-dependent.

**301.82\* Inadequate personality\***

This behavior pattern is characterized by ineffectual responses to emotional, social, intellectual and physical demands. While the patient seems neither physically nor mentally deficient, he does manifest inadaptability, ineptness, poor judgment, social instability, and lack of physical and emotional stamina.

**301.89\* Other personality disorders of specified types (Immature personality)\***

**301.9 [Unspecified personality disorder]**

**302 Sexual deviations**

This category is for individuals whose sexual interests are directed primarily toward objects other than people of the opposite sex, toward sexual acts not usually associated with coitus, or toward coitus performed under bizarre circumstances as in necrophilia, pedophilia, sexual sadism, and fetishism. Even though many find their practices distasteful, they remain unable to substitute normal sexual behavior for them. This diagnosis is not appropriate for individuals who perform deviant sexual acts because normal sexual objects are not available to them.

**302.0 Homosexuality**

**302.1 Fetishism**

**302.2 Pedophilia**

**302.3 Transvestitism**

**302.4 Exhibitionism**

**302.5\* Voyeurism\***

**302.6\* Sadism\***

**302.7\* Masochism\***

**302.8 Other sexual deviation**

**[302.9 Unspecified sexual deviation]**

### **303 Alcoholism**

This category is for patients whose alcohol intake is great enough to damage their physical health, or their personal or social functioning, or when it has become a prerequisite to normal functioning. If the alcoholism is due to another mental disorder, both diagnoses should be made. The following types of alcoholism are recognized:

#### **303.0 Episodic excessive drinking**

If alcoholism is present and the individual becomes intoxicated as frequently as four times a year, the condition should be classified here. Intoxication is defined as a state in which the individual's coordination or speech is definitely impaired or his behavior is clearly altered.

#### **303.1 Habitual excessive drinking**

This diagnosis is given to persons who are alcoholic and who either become intoxicated more than 12 times a year or are recognizably under the influence of alcohol more than once a week, even though not intoxicated.

#### **303.2 Alcohol addiction**

This condition should be diagnosed when there is direct or strong presumptive evidence that the patient is dependent on alcohol. If available, the best direct evidence of such dependence is the appearance of withdrawal symptoms. The inability of the patient to go one day without drinking is presumptive evidence. When heavy drinking continues for three months or more it is reasonable to presume addiction to alcohol has been established.

#### **303.9 Other [and unspecified] alcoholism**

### **304 Drug dependence**

This category is for patients who are addicted to or dependent on drugs other than alcohol, tobacco, and ordinary caffeine-containing beverages. Dependence on medically prescribed drugs is also excluded so long as the drug is medically indicated and the intake is proportionate to the medical need. The diagnosis requires evidence of habitual use or a clear sense of need for the drug. Withdrawal symptoms are not the only evidence of dependence; while always present when opium derivatives are withdrawn, they may be entirely absent when cocaine or marijuana are withdrawn. The diagnosis may stand alone or be coupled with any other diagnosis.

**304.0 Drug dependence, opium, opium alkaloids and their derivatives**

**304.1 Drug dependence, synthetic analgesics with morphine-like effects**

**304.2 Drug dependence, barbiturates**

**304.3 Drug dependence, other hypnotics and sedatives or "tranquilizers"**

**304.4 Drug dependence, cocaine**

**304.5 Drug dependence, Cannabis sativa (hashish, marihuana)**

**304.6 Drug dependence, other psycho-stimulants (amphetamines, etc.)**

**304.7 Drug dependence, hallucinogens**

**304.8 Other drug dependence**

**[304.9 Unspecified drug dependence]**

**VI. PSYCHOPHYSIOLOGIC DISORDERS (305)**

**305 Psychophysiologic disorders ((Physical disorders of presumably psychogenic origin))**

This group of disorders is characterized by physical symptoms that are caused by emotional factors and involve a single organ system, usually under autonomic nervous system innervation. The physiological changes involved are those that normally accompany certain emotional states, but in these disorders the changes are more intense and sustained. The individual may not be consciously aware of his emotional state. If there is an additional psychiatric disorder, it should be diagnosed separately, whether or not it is presumed to contribute to the physical disorder. The specific physical disorder should be named and classified in one of the following categories.

**305.0 Psychophysiologic skin disorder**

This diagnosis applies to skin reactions such as neurodermatosis, pruritis, atopic dermatitis, and hyperhidrosis in which emotional factors play a causative role.

**305.1 Psychophysiologic musculoskeletal disorder**

This diagnosis applies to musculoskeletal disorders such as backache,

muscle cramps, and myalgias, and tension headaches in which emotional factors play a causative role. Differentiation from hysterical neurosis is of prime importance and at times extremely difficult.

### **305.2 Psychophysiologic respiratory disorder**

This diagnosis applies to respiratory disorders such as bronchial asthma, hyperventilation syndromes, sighing, and hiccoughs in which emotional factors play a causative role.

### **305.3 Psychophysiologic cardiovascular disorder**

This diagnosis applies to cardiovascular disorders such as paroxysmal tachycardia, hypertension, vascular spasms, and migraine in which emotional factors play a causative role.

### **305.4 Psychophysiologic hemic and lymphatic disorder**

Here may be included any disturbances in the hemic and lymphatic system in which emotional factors are found to play a causative role. ICD-8 has included this category so that all organ systems will be covered.

### **305.5 Psychophysiologic gastro-intestinal disorder**

This diagnosis applies to specific types of gastrointestinal disorders such as peptic ulcer, chronic gastritis, ulcerative or mucous colitis, constipation, hyperacidity, pylorospasm, "heartburn," and "irritable colon" in which emotional factors play a causative role.

### **305.6 Psychophysiologic genito-urinary disorder**

This diagnosis applies to genito-urinary disorders such as disturbances in menstruation and micturition, dyspareunia, and impotence in which emotional factors play a causative role.

### **305.7 Psychophysiologic endocrine disorder**

This diagnosis applies to endocrine disorders in which emotional factors play a causative role. The disturbance should be specified.

### **305.8 Psychophysiologic disorder of organ of special sense**

This diagnosis applies to any disturbance in the organs of special sense in which emotional factors play a causative role. Conversion reactions are excluded.

### **305.9 Psychophysiologic disorder of other type**

## **VII. SPECIAL SYMPTOMS (306)**

### **306 Special symptoms not elsewhere classified**

This category is for the occasional patient whose psychopathology is



manifested by a single specific symptom. An example might be anorexia nervosa under *Feeding disturbance* as listed below. It does not apply, however, if the symptom is the result of an organic illness or defect or other mental disorder. For example, anorexia nervosa due to schizophrenia would not be included here.

**306.0 Speech disturbance**

**306.1 Specific learning disturbance**

**306.2 Tic**

**306.3 Other psychomotor disorder**

**306.4 Disorder of sleep**

**306.5 Feeding disturbance**

**306.6 Enuresis**

**306.7 Encopresis**

**306.8 Cephalalgia**

**306.9 Other special symptom**

**VIII. TRANSIENT SITUATIONAL DISTURBANCES (307)**

**307\* Transient situational disturbances<sup>1</sup>**

This major category is reserved for more or less transient disorders of any severity (including those of psychotic proportions) that occur in individuals without any apparent underlying mental disorders and that represent an acute reaction to overwhelming environmental stress. A diagnosis in this category should specify the cause and manifestations of the disturbance so far as possible. If the patient has good adaptive capacity his symptoms usually recede as the stress diminishes. If, however, the symptoms persist after the stress is removed, the diagnosis of another mental disorder is indicated. Disorders in this category are classified according to the patient's developmental stage as follows:

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<sup>1</sup> The terms included under DSM-II Category 307\*, "Transient situational disturbances," differ from those in Category 307 of the ICD. DSM-II Category 307\*, "Transient situational disturbances," contains adjustment reactions of infancy (307.0\*), childhood (307.1\*), adolescence (307.2\*), adult life (307.3\*), and late life (307.4\*). ICD Category 307, "Transient situational disturbances," includes only the adjustment reactions of adolescence, adult life and late life. ICD 308, "Behavioral disorders of children," contains the reactions of infancy and childhood. These differences must be taken into account in preparing statistical tabulations to conform to ICD categories.

**307.0\* Adjustment reaction of infancy\***

Example: A grief reaction associated with separation from patient's mother, manifested by crying spells, loss of appetite and severe social withdrawal.

**307.1\* Adjustment reaction of childhood\***

Example: Jealousy associated with birth of patient's younger brother and manifested by nocturnal enuresis, attention-getting behavior, and fear of being abandoned.

**307.2\* Adjustment reaction of adolescence\***

Example: Irritability and depression associated with school failure and manifested by temper outbursts, brooding and discouragement.

**307.3\* Adjustment reaction of adult life\***

Example: Resentment with depressive tone associated with an unwanted pregnancy and manifested by hostile complaints and suicidal gestures.

Example: Fear associated with military combat and manifested by trembling, running and hiding.

Example: A Ganser syndrome associated with death sentence and manifested by incorrect but approximate answers to questions.

**307.4\* Adjustment reaction of late life\***

Example: Feelings of rejection associated with forced retirement and manifested by social withdrawal.

**IX. BEHAVIOR DISORDERS OF CHILDHOOD AND ADOLESCENCE (308)****308\* Behavior disorders of childhood and adolescence ((Behavior disorders of childhood))<sup>2</sup>**

This major category is reserved for disorders occurring in childhood and adolescence that are more stable, internalized, and resistant to

<sup>2</sup> The terms included under DSM-II Category 308\*, "Behavioral disorders of childhood and adolescence," differ from those in Category 308 of the ICD. DSM-II Category 308\* includes "Behavioral disorders of childhood and adolescence," whereas ICD Category 308 includes only "Behavioral disorders of childhood." DSM-II Category 308\* *does not* include "Adjustment reactions of infancy and childhood," whereas ICD Category 308 does. In the DSM-II classification, "Adjustment reactions of infancy and childhood" are allocated to 307\* (Transitional situational disturbances). These differences should be taken into account in preparing statistical tabulations to conform to the ICD categories.

treatment than *Transient situational disturbances* (q.v.) but less so than *Psychoses*, *Neuroses*, and *Personality disorders* (q.v.). This intermediate stability is attributed to the greater fluidity of all behavior at this age. Characteristic manifestations include such symptoms as overactivity, inattentiveness, shyness, feeling of rejection, over-aggressiveness, timidity, and delinquency.

**308.0\* Hyperkinetic reaction of childhood (or adolescence)\***

This disorder is characterized by overactivity, restlessness, distractibility, and short attention span, especially in young children; the behavior usually diminishes in adolescence.

If this behavior is caused by organic brain damage, it should be diagnosed under the appropriate non-psychotic *organic brain syndrome* (q.v.).

**308.1\* Withdrawing reaction of childhood (or adolescence)\***

This disorder is characterized by seclusiveness, detachment, sensitivity, shyness, timidity, and general inability to form close interpersonal relationships. This diagnosis should be reserved for those who cannot be classified as having *Schizophrenia* (q.v.) and whose tendencies toward withdrawal have not yet stabilized enough to justify the diagnosis of *Schizoid personality* (q.v.).

**308.2\* Overanxious reaction of childhood (or adolescence)\***

This disorder is characterized by chronic anxiety, excessive and unrealistic fears, sleeplessness, nightmares, and exaggerated autonomic responses. The patient tends to be immature, self-conscious, grossly lacking in self-confidence, conforming, inhibited, dutiful, approval-seeking, and apprehensive in new situations and unfamiliar surroundings. It is to be distinguished from *Neuroses* (q.v.).

**308.3\* Runaway reaction of childhood (or adolescence)\***

Individuals with this disorder characteristically escape from threatening situations by running away from home for a day or more without permission. Typically they are immature and timid, and feel rejected at home, inadequate, and friendless. They often steal furtively.

**308.4\* Unsocialized aggressive reaction of childhood (or adolescence)\***

This disorder is characterized by overt or covert hostile disobedience, quarrelsomeness, physical and verbal aggressiveness, vengefulness, and destructiveness. Temper tantrums, solitary stealing, lying, and

hostile teasing of other children are common. These patients usually have no consistent parental acceptance and discipline. This diagnosis should be distinguished from *Antisocial personality* (q.v.), *Runaway reaction of childhood (or adolescence)* (q.v.), and *Group delinquent reaction of childhood (or adolescence)* (q.v.).

**308.5\* Group delinquent reaction of childhood (or adolescence)\***

Individuals with this disorder have acquired the values, behavior, and skills of a delinquent peer group or gang to whom they are loyal and with whom they characteristically steal, skip school, and stay out late at night. The condition is more common in boys than girls. When group delinquency occurs with girls it usually involves sexual delinquency, although shoplifting is also common.

**308.9\* Other reaction of childhood (or adolescence)\***

Here are to be classified children and adolescents having disorders not described in this group but which are nevertheless more serious than transient situational disturbances and less serious than psychoses, neuroses, and personality disorders. The particular disorder should be specified.

**X. CONDITIONS WITHOUT MANIFEST PSYCHIATRIC DISORDER AND NON-SPECIFIC CONDITIONS (316\*—318\*)**

**316\* Social maladjustments without manifest psychiatric disorder**

This category is for recording the conditions of individuals who are psychiatrically normal but who nevertheless have severe enough problems to warrant examination by a psychiatrist. These conditions may either become or precipitate a diagnosable mental disorder.

**316.0\* Marital maladjustment\***

This category is for individuals who are psychiatrically normal but who have significant conflicts or maladjustments in marriage.

**316.1\* Social maladjustment\***

This category is for individuals thrown into an unfamiliar culture (culture shock) or into a conflict arising from divided loyalties to two cultures.

**316.2\* Occupational maladjustment\***

This category is for psychiatrically normal individuals who are grossly maladjusted in their work.

**316.3\* Dyssocial behavior\***

This category is for individuals who are not classifiable as anti-social personalities, but who are predatory and follow more or less criminal pursuits, such as racketeers, dishonest gamblers, prostitutes, and dope peddlers. (DSM-I classified this condition as "Sociopathic personality disorder, dyssocial type.")

**316.9\* Other social maladjustment\***

**317\* Non-specific conditions\***

This category is for conditions that cannot be classified under any of the previous categories, even after all facts bearing on the case have been investigated. This category is not for "Diagnosis deferred" (q.v.).

**318\* No mental disorder\***

This term is used when, following psychiatric examination, none of the previous disorders is found. It is not to be used for patients whose disorders are in remission.

**XI. NON-DIAGNOSTIC TERMS FOR ADMINISTRATIVE USE  
(319\*)**

**319\* Non-diagnostic terms for administrative use\***

**319.0\* Diagnosis deferred\***

**319.1\* Boarder\***

**319.2\* Experiment only\***

**319.9\* Other\***

# Section 4

## STATISTICAL TABULATIONS

### Statistical Reporting of Mental Disorders

Although the first edition of this Manual contained a section on statistical reporting of mental disorders, this Manual does not. Since 1952 considerable progress has been made on the development of methods and programs for collection and analysis of statistical data on the diagnostic characteristics of patients under treatment in various types of psychiatric services. Guides to the development of such systems may be found in a variety of publications that describe procedures for record keeping in mental hospitals and outpatient facilities, the development of statistical reporting programs on patient movement in such facilities, the processing of these data for statistical tabulation and the uses that can be made of such data. Several of these publications are issued by the Biometry Branch of the National Institute of Mental Health, Chevy Chase, Maryland, and are available upon request (7, 9, 10, 11). Other manuals and publications can be obtained from the mental health and mental hospital authorities of the various states.

The next few years will undoubtedly witness further progress in this field as a result of the increasing use of automated data processing methods in mental hospitals, general hospitals and other facilities where psychiatric services are provided. These methods will make it possible to introduce further improvements into the management and use of records for improved patient care and facilitate greatly the preparation of more extensive statistics on the diagnostic and related characteristics of the patients under care in psychiatric facilities.

The following references will be found helpful:

1. Computer Techniques in Patient Care, IBM Application Brief, 1966.
2. Crowley, J. F.: *Information Processing for Mental Hospitals*, 8th IBM Medical Symposium, Poughkeepsie, N. Y. Apr. 3-7, 1967.
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5. Glueck, B. C., Jr.: The Use of Computers in Patient Care, *Hospital & Community Psychiatry*, April 1965.

6. Kline, N. S. and Laska, E., Editor: *Computer and Other Electronic Devices in Psychiatry*, Grune and Stratton, New York, 1968.
7. Kramer, M. and Nemec, F. C.: *A Guide to Recordkeeping in Mental Hospitals*. U. S. Gov. Printing Office, 1965.
8. Laska, E. M., Weinstein, A. S., Logemann, G., Bank, R., and Brewer, F.: *The Use of Computers at a State Psychiatric Hospital*, *Comprehensive Psychiatry*, Vol. 8, 1967, pp. 476-490.
9. Outpatient Studies Section, Biometry Branch, NIMH: *Instructions for Reporting Services to Patients by Outpatient Psychiatric Clinics*, Rev. March 1964.
10. Person, P. H., Jr.: *Processing Guide for Mental Hospital Data*, DHEW, PHS Publication No. 1117, reprinted 1966.
11. Phillips, Wm. Jr. and Bahn, A. K.: *Computer Processing in the Maryland Psychiatric Case Register*. (Presented at the Public Health Records and Statistics Conference, Washington, D. C., June 1966). (Mimeographed).
12. Steck, C. G. and Yoder, R. D.: *The Tulane Psychiatric Information System*, Annual Meeting of the American Psychiatric Association 1966.

### **Tabulation of Multiple Diagnoses**

Statistical tabulations of diagnostic characteristics of patients admitted to psychiatric facilities have usually been prepared on the basis of the concept of the underlying or primary psychiatric disorder. Thus, official morbidity statistics on the mentally ill under care in psychiatric facilities are based on a single mental disorder for each patient, that is, the primary disorder. The tables reporting these statistics provide distributions of patients by their primary disorder, disregarding other disorders that may be recorded as associated with the underlying one.

The recording of multiple diagnoses on a single patient makes it possible to obtain more extensive information on the simultaneous occurrence of more than one mental disorder. This is particularly important in providing more information on the occurrence of disorders such as alcoholism and drug dependence among persons with specific types of psychoses, neuroses, and personality disorders.

Principles for recording multiple diagnoses are given on pages 2-3.

It is recommended that, in addition to recording multiple disorders in conformity with these principles, the diagnostician underscore that disorder on the patient's record which he considers the underlying one. This will make it possible to develop tabulations of diagnostic characteristics of patients that will maintain some continuity with existing time series for admissions to mental hospitals based on the underlying disorder.

The recording of multiple psychiatric diagnoses poses a series of new problems for the mental health statistician to solve in relation to the preparation of statistical tabulations on the diagnostic characteristics of patients. The development of tabulations that reveal facts about patterns of occurrence of various combinations of mental disorders among patients admitted to specific types of psychiatric facilities requires that ICD codes be assigned to each such diagnosis recorded on a patient's chart, and that each of these codes, as well as the total number of diagnoses, be transferred to a punch card, computer tape or disc. A tabulating procedure must then be developed which makes it possible to detect all patients with a given diagnosis, regardless of whether it is recorded as a first, second, third, or subsequent diagnosis. As yet, no experience is available to indicate the maximum number of diagnoses of mental disorders that are likely to appear on a record.

Tabulation of combinations of disorders appearing on patients' records can be prepared in a number of different ways, *depending on the question the tabulation is designed to answer*. The following illustrate some possible tabulations for annual admissions to a mental hospital:

Table 1 provides an overall statement of the number of times a given diagnosis appears and whether it was recorded as a first diagnosis only, a first diagnosis in combination with one or more other psychiatric diagnoses, or as a second or subsequent diagnosis.

Table 2 presents a distribution of each mental disorder by age and sex according to:

1. The total number of times the mental disorder is listed on the patients' records as a first diagnosis, subdivided by:
  - 1.1 The number of times the condition appears as the only mental disorder on the patient's record.
  - 1.2 The number of times the condition appears as the first diagnosis with one or more additional mental disorders.
2. The total number of times the mental disorder appears on a record either as a first *or* additional diagnosis. This is equal to the total number of admission records in which the diagnosis is listed.

Table 3 presents a distribution of the frequency with which a given diagnosis was recorded as a second or subsequent diagnosis, in relation to the first diagnosis listed on patient's record. These counts are based on the number of diagnoses recorded on the records of all patients with two or more diagnoses.



Another series of tabulations can be carried out to determine the combinations of disorders that can occur among a selected number of disorders. Thus, a set of three disorders—A, B, C,—can be specified. A tabulation may be carried out to determine the frequency with which disorders B and C occur in those instances where disorder A is listed first. Another tabulation may be carried out to determine the frequency with which disorder A occurs as an associated condition when disorder B occurs first and when disorder C occurs first. Each of the preceding tabulations may be further specified by age, sex, and other relevant variables.

Similar sets of tabulations can be developed for annual admissions to other types of facilities as well as of patients resident on a given day in a specific type of facility, etc. These ideas may also be used in tabulations of diagnostic data on cases detected in population surveys of mental disorders.

The above deals with combinations of mental disorders with each other. It is also possible to develop tabulations of mental disorders occurring in combination with specific types of non-mental disorders. The increasing use of general hospitals for the care of the mentally ill and the integration of mental health services with other medical care services in the community will provide additional opportunities to explore the occurrence of various combinations of illnesses.

**THREE**  
**SAMPLE TABLES**

Table 1. Number of times specified diagnosis appeared on record as the only mental disorder or in combination with other mental disorders. Annual admissions, all State mental hospitals, in the State of \_\_\_\_\_, 1968.

Diagnosis (ICD Code and Title) (1)	Number of Times Specified Mental Disorder Listed As				
	Total Number of Times Diagnosis Listed	First Diagnosis			Second or Subsequent Diagnosis
		Total	No Other Mental Disorder	With Other Mental Disorder	
	(2)=(3+6)	(3)=(4+5)	(4)	(5)	(6)
TOTAL					
290 Senile and Presenile Dementia					
291 Alcoholic Psychosis					
292.0-1 Psychosis Associated with Syphilitic Infection					
292.2-9 Psychosis with other Intracranial Infection					
293.0 Psychosis with Cerebral Arteriosclerosis					
293.1-9 Psychosis with other Cerebral Condition					
294.3 Psychosis with Drug or Poison Intoxication					
294.0-2 )					
294.4-9 ) } Psychosis with other Physical Condition (Excluding Alcohol)					
295 Schizophrenia					
296 Major Affective Disorders					
297 Paranoid States					
298 Other Psychoses					
300 Neuroses					
301 Personality Disorders					
302 Sexual Deviations					
303 Alcoholism					
304 Drug Dependence					

305	Psychophysiologic Disorders				
306	Special Symptoms				
307	Transient Situational Disturbances				
308	Behavior Disorders of Childhood and Adolescence				
309 <sup>1</sup>	Non-psychotic Organic Brain Syndromes				
31x.5 <sup>2</sup>	Mental Retardation, All Grades, with Chromosomal Abnormality				
31x.7 <sup>2</sup>	" " " " following Major Psychiatric Disorder				
31x.8 <sup>2</sup>	Mental Retardation, All Grades, with Psychosocial Deprivation				
31x.0-31x.4 } <sup>2</sup>	" " " " with Other Conditions				
31x.6, 31x.9 }					

<sup>1</sup> Specific disorders occurring within these groups may be tabulated separately.

<sup>2</sup> This indicates the total for all grades of mental retardation within a given etiologic category. That is, the total of 310.5, 311.5, 312.5, 313.5, 314.5, 315.5 is represented as 31x.5. Similarly, 31x.7 is used to represent the total of 310.7, 311.7, 312.7, 313.7, 314.7, 315.7; etc. If desired, each grade of mental retardation for each etiologic category can be listed.

Table 2. Distribution of each mental disorder as to whether it was first diagnosis or subsequent diagnosis. Numbers of persons with diagnosis, selected diagnoses, by age, sex, and race. Annual admissions, State Mental Hospitals, State of....., 1968.

	Diagnosis (ICD Code and Title)	All Ages	Age in Years						
			<5	5-14	15-24	25-34	35-54	55-74	75 and over
	<b>All Races — Both Sexes</b>								
290	Senile and Presenile Dementia First Diagnosis Alone In Combination Total Times Mentioned <sup>1</sup>								
291	Alcoholic Psychosis First Diagnosis Alone In Combination Total Times Mentioned <sup>1</sup>								
293	Psychosis with Cerebral Arteriosclerosis First Diagnosis Alone In Combination Total Times Mentioned <sup>1</sup>								
295	Schizophrenia First Diagnosis Alone In Combination Total Times Mentioned <sup>1</sup>								
296	Major Affective Disorders First Diagnosis								

	Alone							
	In Combination							
	Total Times Mentioned <sup>1</sup>							
300.0	Anxiety Neurosis							
	First Diagnosis							
	Alone							
	In Combination							
	Total Times Mentioned <sup>1</sup>							
300.4	Depressive Neurosis							
	First Diagnosis							
	Alone							
	In Combination							
	Total Times Mentioned							
300.1-.3 } 300.5-.9 }	All Other Neuroses							
	First Diagnosis							
	Alone							
	In Combination							
	Total Times Mentioned <sup>1</sup>							
303	Alcoholism							
	First Diagnosis							
	Alone							
	In Combination							
	Total Times Mentioned <sup>1</sup>							

Other diagnoses may be added to above list.

Repeat for White Males, White Females, Nonwhite Males, Nonwhite Females.

<sup>1</sup> The total times a single diagnosis is mentioned is equal to the total number of admission records with the diagnosis. The total number of times a three-digit diagnostic category is mentioned is also equal to the total number of admission records on which the diagnosis is recorded, except in those instances where the inclusions within the category are not mutually independent.



301 <sup>1</sup>	Personality Disorders																		
302	Sexual Deviations																		
303	Alcoholism																		
304	Drug Dependence																		
305	Psychophysiological Disorders																		
306	Special Symptoms																		
307	Transient Situational Disturbances																		
308	Behavior Disorders of Childhood																		
309 <sup>1</sup>	Non-Psychotic Organic Brain Syndromes																		
31x.5 <sup>2</sup>	Mental Retardation, All Grades, with Chromosomal Abnormality																		
31x.7 <sup>2</sup>	Mental Retardation, All Grades, Following Major Psychiatric Disorder																		
31x.8 <sup>2</sup>	Mental Retardation, All Grades, with Psychosocial Deprivation																		
31x.0-31x.4 } 31x.6, 31x.9 }	Mental Retardation, All Grades, with Other Conditions																		

<sup>1</sup> Specific disorders occurring within these groups may be tabulated separately.

<sup>2</sup> This indicates the total for all grades of mental retardation within a given etiologic category. That is, the total of 310.5, 311.5, 312.5, 313.5, 314.5, 315.5 is represented at 31x.5. Similarly, 31x.7 is used to represent the total of 310.7, 311.7, 312.7, 313.7, 314.7, 315.7; etc. If desired, each grade of mental retardation for each etiologic category can be listed.



# *Section 5*

## **COMPARATIVE LISTING OF TITLES AND CODES<sup>1</sup>**

### **Introduction to the Use of the Table**

This section provides a cross reference between the titles and codes used in this Manual (DSM-II) and those used in the previous Manual (DSM-I).

The International Classification of Diseases consists of a basic code of three digits (see Section 6 of this Manual) and a fourth digit for achieving greater detail within each of the three-digit categories. The APA Committee on Nomenclature and Statistics found it necessary to add a fifth digit to the ICD code to obtain still further detail within each four-digit ICD category for the mental disorders and to maintain continuity with DSM-I. These fifth-digit codes are discussed on page 3 of Section 1. When statistics are produced for categories designated by these five-digit codes, the codes for these categories should be clearly earmarked as not part of the official ICD. In the following table all such code numbers are identified with a single asterisk.

To facilitate the coding of all disorders, a zero (0) is used as the fifth digit for those codes in which no special fifth digit is required.

Whenever a category in one manual corresponds to several categories in the other, the latter categories are enclosed in one brace. If more than one DSM-II diagnosis corresponds to a single DSM-I diagnosis, the appropriate DSM-II diagnosis must be chosen.

Finally, selected additional ICD codes are indicated in parentheses for use when detail is desired regarding the specific condition with which a mental disorder is associated. For listing of non-psychiatric disorders whose codes are referred to here, see Section 6 of this Manual.

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<sup>1</sup> Prepared by Morton Kramer, Sc.D., Chief, and Frances C. Nemeo, Medical Record Librarian, Biometry Branch, National Institute of Mental Health.

TABLE: COMPARATIVE LISTING OF TITLES AND CODES, DSM-I and DSM-II  
(Refer to preceding page concerning use of symbols)

	DSM-I Code Numbers and Titles <sup>1</sup>		DSM-II Code Numbers and Titles
01-09	ACUTE BRAIN DISORDERS		
01	Acute Brain Syndrome associated with infection		
	01.0	Intracranial infection (except epidemic encephalitis) ..... 292.91*	Psychosis with other [and unspecified] intracranial infection. <b>Specify infection with additional code.</b>
	01.1	Epidemic encephalitis ..... 292.21*	Psychosis with epidemic encephalitis
	01.2	With systemic infection, NEC ..... 294.21*	Psychosis with systemic infection. <b>Specify infection with additional code.</b>
02	Acute Brain Syndrome associated with intoxication		
	02.1	Alcohol intoxication ..... { 291.01* 291.21* 291.41* 291.61*	Delirium tremens Other alcoholic hallucinosis Acute alcohol intoxication. <b>Excludes simple drunkenness.</b> Pathological intoxication
	02.2	Drug or poison intoxication (except alcohol) ..... 294.31*	Psychosis with drug or poison intoxication. <b>Specify drug or poison. Excludes alcoholic psychosis (291).</b>
03	Acute Brain Syndrome associated with trauma ..... 293.51*		Psychosis with brain trauma. <b>Specify type of trauma with additional code (800-804; 850-854; 998).</b>
04	Acute Brain Syndrome associated with circulatory disturbance { 293.11* 294.81*		Psychosis with other cerebrovascular disturbance. <b>Specify disturbance with additional code (430-436; 438).</b> Psychosis with other and undiagnosed physical condition. <b>Specify circulatory disturbance with additional code (393-429; 440-458).</b>
05	Acute Brain Syndrome associated with convulsive disorder ..... 293.21*		Psychosis with epilepsy

<sup>1</sup> The code numbers and titles referred to here are those found on pages 78-86 of DSM-I.

**DSM-I Code Numbers and Titles**

**DSM-II Code Numbers and Titles**

06	Acute Brain Syndrome associated with metabolic disturbance ..	294.11*	Psychosis with metabolic or nutritional disorder. <b>Specify disorder with additional code (240-279).</b>
07	Acute Brain Syndrome associated with intracranial neoplasm ....	293.31*	Psychosis with intracranial neoplasm. <b>Specify type of neoplasm with additional code.</b>
08	Acute Brain Syndrome with disease of unknown or uncertain cause .....	293.41*	Psychosis with degenerative disease of the central nervous system. <b>Specify disease with additional code.</b>
09	Acute Brain Syndrome of unknown cause .....	294.81*	Psychosis with other and undiagnosed physical condition. <b>Specify condition with additional code.</b>
		[294.91*	Psychosis with unspecified physical condition]
10-19	<b>CHRONIC BRAIN DISORDERS</b>		
8 10	Chronic Brain Syndrome associated with diseases and conditions due to prenatal (constitutional) influence		
10.0	With congenital cranial anomaly		
10.00	Without qualifying phrase .....	309.92*	Non-psychotic OBS with other [and unspecified] physical condition. <b>Specify type of congenital cranial anomaly with additional code (740-743).</b>
10.01	With psychotic reaction .....	294.82*	Psychosis with other and undiagnosed physical condition. <b>Specify type of congenital cranial anomaly with additional code (740-743).</b>
10.02	With neurotic reaction } .....	309.92*	<b>See above.</b>
10.03	With behavioral reaction }		
10.1	With congenital spastic paraplegia		
10.10	Without qualifying phrase .....	309.22*	Non-psychotic OBS with brain trauma. <b>Specify congenital spastic paraplegia with additional code (343).</b>

<b>DSM-I Code Numbers and Titles</b>		<b>DSM-II Code Numbers and Titles</b>	
10.11	With psychotic reaction .....	293.52*	Psychosis with brain trauma. <b>Specify congenital spastic paraplegia with additional code (343).</b>
10.12	With neurotic reaction } .....	309.22*	<b>See above.</b>
10.13	With behavioral reaction }		
10.2	With mongolism		
10.20	Without qualifying phrase .....	309.92*	Non-psychotic OBS with other [and unspecified] physical condition. <b>Specify mongolism and degree of retardation with an additional code (310.52, 311.52, 312.52, 313.52, 314.52, 315.52).</b>
10.21	With psychotic reaction .....	294.82*	Psychosis with other and undiagnosed physical condition. <b>Specify mongolism and degree of retardation with an additional code (310.52, 311.52, 312.52, 313.52, 314.52, 315.52).</b>
10.22	With neurotic reaction } .....	309.92*	<b>See above.</b>
10.23	With behavioral reaction }		
10.3	Due to prenatal maternal infectious diseases		
10.30	Without qualifying phrase .....	309.02*	Non-psychotic OBS with intracranial infection. <b>Specify maternal infection with additional code (761).</b>
10.31	With psychotic reaction .....	292.92*	Psychosis with other [and unspecified] intracranial infection. <b>Specify maternal infection with additional code (761).</b>
10.32	With neurotic reaction } .....	309.02*	<b>See above.</b>
10.33	With behavioral reaction }		
11	Chronic Brain Syndrome associated with central nervous system syphilis		

	<b>DSM-I Code Numbers and Titles</b>		<b>DSM-II Code Numbers and Titles</b>
	11.0 Meningoencephalitic		
	11.00 Without qualifying phrase .....	309.02*	Non-psychotic OBS with intracranial infection. <b>Specify syphilis of CNS with additional code (094.1).</b>
	11.01 With psychotic reaction .....	292.02*	Psychosis with general paralysis
	11.02 With neurotic reaction } .....	309.02*	<b>See above.</b>
	11.03 With behavioral reaction }		
	11.1 Meningovascular		
	11.10 Without qualifying phrase .....	309.02*	Non-psychotic OBS with intracranial infection. <b>Specify other syphilis of CNS with additional code (094.9).</b>
	11.11 With psychotic reaction .....	292.12*	Psychosis with other syphilis of central nervous system. <b>Specify other syphilis of CNS with additional code (094.9).</b>
	11.12 With neurotic reaction } .....	309.02*	<b>See above.</b>
	11.13 With behavioral reaction }		
	11.2 Other central nervous system syphilis		
	11.20 Without qualifying phrase .....	309.02*	Non-psychotic OBS with intracranial infection. <b>Specify other syphilis of CNS with additional code (094.9).</b>
	11.21 With psychotic reaction .....	292.12*	Psychosis with other syphilis of central nervous system. <b>Specify other syphilis of CNS with additional code (094.9).</b>
	11.22 With neurotic reaction } .....	309.02*	<b>See above.</b>
	11.23 With behavioral reaction }		
12	Chronic Brain Syndrome associated with intracranial infection other than syphilis		
	12.0 Epidemic encephalitis		
	12.00 Without qualifying phrase .....	309.02*	Non-psychotic OBS with intracranial infection. <b>Specify encephalitis with additional code (062-065)</b>

<b>DSM-I Code Numbers and Titles</b>		<b>DSM-II Code Numbers and Titles</b>	
12.01	With psychotic reaction .....	292.22*	Psychosis with epidemic encephalitis.
12.02	With neurotic reaction } .....	309.02*	<b>See above.</b>
12.03	With behavioral reaction }		
12.1	Other intracranial infections		
12.10	Without qualifying phrase .....	309.02*	Non-psychotic OBS with intracranial infection. <b>Specify infection with additional code.</b>
12.11	With psychotic reaction .....	292.92*	Psychosis with other [and unspecified] intracranial infection. <b>Specify infection with additional code.</b>
12.12	With neurotic reaction } .....	309.02*	<b>See above.</b>
12.13	With behavioral reaction }		
13	Chronic Brain Syndrome associated with intoxication		
13.0	Alcohol intoxication		
13.00	Without qualifying phrase .....	_____	No exact counterpart in DSM-II. Closest approximation is 291.52* (Alcohol deterioration).
13.01	With psychotic reaction .....	{ 291.12* 291.32* 291.52*	Korsakov's psychosis (alcoholic)
13.02	With neurotic reaction } .....		Alcohol paranoid state
13.03	With behavioral reaction }		Alcoholic deterioration*
		_____	No exact counterpart in DSM-II. Closest approximation is 291.52* (Alcohol deterioration).
13.1	Drug or poison intoxication, except alcohol		
13.10	Without qualifying phrase .....	309.14*	Non-psychotic OBS with other drug, poison, or systemic intoxication.* <b>Excludes drug dependence (304). This code and title are used for both the acute and chronic forms of the disorder. Specify drug or poison with additional code (960-979; 981-989).</b>

<b>DSM-I Code Numbers and Titles</b>		<b>DSM-II Code Numbers and Titles</b>	
13.11	With psychotic reaction .....	294.32*	Psychosis with drug or poison intoxication. <b>Excludes alcoholic psychosis (291). Specify drug or poison with additional code (960-979; 981-989).</b>
13.12	With neurotic reaction } .....	309.14*	<b>See above.</b>
13.13	With behavioral reaction }		
14	<b>Chronic Brain Syndrome associated with trauma</b>		
14.0	<b>Birth trauma</b>		
14.00	Without qualifying phrase .....	309.22*	Non-psychotic OBS with brain trauma. <b>Specify type of birth trauma with additional code (764.0, 765.0, 766.0, 767.0, 768.0, 772.0).</b>
14.01	With psychotic reaction .....	293.52*	Psychosis with brain trauma. <b>Specify type of birth trauma with additional code (764.0, 765.0, 766.0, 767.0, 768.0, 772.0).</b>
14.02	With neurotic reaction } .....	309.22*	<b>See above.</b>
14.03	With behavioral reaction }		
14.1	<b>Brain Trauma, gross force</b>		
14.10	Without qualifying phrase .....	309.22*	Non-psychotic OBS with brain trauma. <b>Specify type of trauma with additional code (800-804; 850-854).</b>
14.11	With psychotic reaction .....	293.52*	Psychosis with brain trauma. <b>Specify type of trauma with additional code (800-804; 850-854).</b>
14.12	With neurotic action } .....	309.22*	<b>See above.</b>
14.13	With behavioral reaction }		
14.2	<b>Following brain operation</b>		
14.20	Without qualifying phrase .....	309.22*	Non-psychotic OBS with brain trauma. <b>Specify brain operation with additional code (998).</b>

<b>DSM-I Code Numbers and Titles</b>		<b>DSM-II Code Numbers and Titles</b>	
14.21	With psychotic reaction .....	293.52*	Psychosis with brain trauma. <b>Specify brain operation with additional code (998).</b>
14.22	With neurotic reaction } .....	309.22*	<b>See above.</b>
14.23	With behavioral reaction }		
14.3	Following electrical brain trauma		
14.30	Without qualifying phrase .....	309.22*	<b>See above. Specify type of trauma with additional code (994.8).</b>
14.31	With psychotic reaction .....	293.52*	Psychosis with brain trauma. <b>Specify type of trauma with additional code (994.8).</b>
14.32	With neurotic reaction } .....	309.22*	<b>See above.</b>
14.33	With behavioral reaction }		
14.4	Following irradiational brain trauma		
14.40	Without qualifying phrase .....	309.22*	Non-psychotic OBS with brain trauma. <b>Specify type of trauma with additional code (990).</b>
14.41	With psychotic reaction .....	293.52*	Psychosis with brain trauma. <b>Specify type of trauma with additional code (990).</b>
14.42	With neurotic reaction } .....	309.22*	<b>See above.</b>
14.43	With behavioral reaction }		
14.5	Following other trauma		
14.50	Without qualifying phrase .....	309.22*	Non-psychotic OBS with brain trauma. <b>Specify type of trauma with additional code.</b>
14.51	With psychotic reaction .....	293.52*	Psychosis with brain trauma. <b>Specify type of trauma with additional code.</b>



	DSM-I Code Numbers and Titles		DSM-II Code Numbers and Titles
	14.52 With neurotic reaction } .....	309.22*	<b>See above.</b>
	14.53 With behavioral reaction }		
15	Chronic Brain Syndrome associated with circulatory disturbance		
	15.0 With cerebral arteriosclerosis		
	15.00 Without qualifying phrase .....	309.32*	<b>Non-psychotic OBS with circulatory disturbance. Specify cerebral arteriosclerosis with additional code (437).</b>
	15.01 With psychotic reaction .....	293.02*	Psychosis with cerebral arteriosclerosis.
	15.02 With neurotic reaction } .....	309.32*	<b>See above.</b>
	15.03 With behavioral reaction }		
	15.1 With circulatory disturbance other than cerebral arteriosclerosis		
	15.10 Without qualifying phrase .....	309.32*	<b>See above. Specify other circulatory disturbance with additional code (393-436; 438-458).</b>
	15.11 With psychotic reaction .....	293.12*	<b>Psychosis with other cerebrovascular disturbance. Specify disturbance with additional code (393-436; 438-458).</b>
	15.12 With neurotic reaction } .....	309.32*	<b>See above.</b>
	15.13 With behavioral reaction }		
16	Chronic Brain Syndrome associated with convulsive disorder		
	16.00 Without qualifying phrase .....	309.42*	Non-psychotic OBS with epilepsy
	16.01 With psychotic reaction .....	293.22*	Psychosis with epilepsy
	16.02 With neurotic reaction } .....	309.42*	<b>See above.</b>
	16.03 With behavioral reaction }		

**DSM-I Code Numbers and Titles**

**DSM-II Code Numbers and Titles**

17	Chronic Brain Syndrome associated with disturbance of metabolism, growth or nutrition		
	17.1 With senile brain disease		
	17.10 Without qualifying phrase .....	309.62*	Non-psychotic OBS with senile or presenile brain disease
	17.11 With psychotic reaction .....	290.02*	Senile dementia
	17.12 With neurotic reaction    }	309.62*	<b>See above.</b>
	17.13 With behavioral reaction }		
	17.2 Presenile brain disease		
	17.20 Without qualifying phrase .....	309.62*	Non-psychotic OBS with senile or presenile brain disease
	17.21 With psychotic reaction .....	290.12*	Presenile dementia
	17.22 With neurotic reaction    }	309.62*	<b>See above.</b>
	17.23 With behavioral reaction }		
	17.3 With other disturbance of metabolism, etc., except presenile brain disease		
	17.30 Without qualifying phrase .....	309.52*	Non-psychotic OBS with disturbance of metabolism, growth or nutrition. <b>Specify disturbance with additional code (240-279).</b>
	17.31 With neurotic reaction .....	294.02* 294.12*	Psychosis with endocrine disorder. <b>Specify disorder with additional code (240-258).</b> Psychosis with metabolic or nutritional disorder. <b>Specify disorder with additional code (260-279).</b>
	17.32 With neurotic reaction    }		
	17.33 With behavioral reaction }	309.52*	<b>See above.</b>

**DSM-I Code Numbers and Titles**

**DSM-II Code Numbers and Titles**

18	Chronic Brain Syndrome associated with new growth		
	18.0 With intracranial neoplasm		
	18.00 Without qualifying phrase .....	309.72*	Non-psychotic OBS with intracranial neoplasm
	18.01 With psychotic reaction .....	293.32*	Psychosis with intracranial neoplasm
	18.02 With neurotic reaction } .....	309.72*	<b>See above.</b>
	18.03 With behavioral reaction }		
19	Chronic Brain Syndrome associated with diseases of unknown or uncertain cause; chronic brain syndrome of unknown or unspecified cause		
	19.0 Multiple sclerosis		
	19.00 Without qualifying phrase .....	309.82*	Non-psychotic OBS with degenerative disease of CNS. <b>Specify multiple sclerosis with additional code (340).</b>
	19.01 With psychotic reaction .....	293.42*	Psychosis with degenerative disease of CNS. <b>Specify multiple sclerosis with additional code (340).</b>
	19.02 With neurotic reaction } .....	309.82*	<b>See above.</b>
	19.03 With behavioral reaction }		
19	Chronic Brain Syndrome associated with diseases of unknown or uncertain cause; chronic brain syndrome of unknown or unspecified cause (cont.)		
	19.1 Huntington's chorea		
	19.10 Without qualifying phrase .....	309.82*	Non-psychotic OBS with degenerative disease of CNS. <b>Specify Huntington's chorea as additional code (331.0).</b>

<b>DSM-I Code Numbers and Titles</b>		<b>DSM-II Code Numbers and Titles</b>	
19.11	With psychotic reaction .....	293.42*	Psychosis with degenerative disease of the CNS. <b>Specify Huntington's chorea as additional code (331.0).</b>
19.12	With neurotic reaction } .....	309.82*	<b>See above.</b>
19.13	With behavioral reaction }		
19.2	Pick's disease		
19.20	Without qualifying phrase .....	309.62*	Non-psychotic OBS with senile or presenile brain disease
19.21	With psychotic reaction .....	290.12*	Presenile dementia
19.22	With neurotic reaction } .....	309.62*	<b>See above.</b>
19.23	Without qualifying reaction }		
19.3	Other diseases of unknown or uncertain cause		
19.30	Without qualifying phrase .....	309.92*	Non-psychotic OBS with other [and unspecified] physical condition. <b>Specify condition when known.</b>
19.31	With psychotic reaction .....	294.82*	Psychosis associated with other and undiagnosed physical condition. <b>Specify condition when known.</b>
19.32	With neurotic reaction } .....	309.92*	<b>See above.</b>
19.33	With behavioral reaction }		
19.4	Chronic brain syndrome of unknown or unspecified cause		
19.40	Without qualifying phrase .....	309.92*	<b>See above.</b>
19.41	With psychotic reaction .....	{ 293.92* 294.82*	Psychosis with other [and unspecified] cerebral condition
			Psychosis with other and undiagnosed physical condition
19.42	With neurotic reaction } .....	309.92*	<b>See above.</b>
19.43	With behavioral reaction }		

DSM-I Code Numbers and Titles		DSM-II Code Numbers and Titles	
20-24	PSYCHOTIC DISORDERS	295-298	Psychoses not attributed to physical conditions listed previously
20	Involuntary Psychotic Reaction .....	{ 296.00 297.10	Involuntary melancholia Involuntary paranoid state
21	Affective Reactions		
	21.0 Manic depressive reaction, manic type .....	296.10	Manic-depressive illness, manic type
	21.1 Manic depressive reaction, depressed type .....	296.20	Manic-depressive illness, depressed type. <b>Includes "Endogenous depression"</b> .
	21.2 Manic depressive reaction, other .....	{ 296.30 296.80 [296.90	Manic-depressive illness, circular type Other major affective disorder Unspecified major affective disorder]
	21.3 Psychotic depressive reaction .....	298.00	Psychotic depressive reaction
22	Schizophrenic Reactions	295	Schizophrenia
	22.0 Schizophrenic reaction, simple type .....	295.00	Schizophrenia, simple type
	22.1 Schizophrenic reaction, hebephrenic type .....	295.10	Schizophrenia, hebephrenic type
	22.2 Schizophrenic reaction, catatonic type .....	295.20	Schizophrenia, catatonic type
	22.3 Schizophrenic reaction, paranoid type .....	295.30	Schizophrenia, paranoid type
	22.4 Schizophrenic reaction, acute undifferentiated type .....	295.40	Acute schizophrenic episode. <b>Excludes acute schizophrenia of types listed above.</b>
	22.5 Schizophrenic reaction, chronic undifferentiated type {	295.90* 295.50	Schizophrenia, chronic undifferentiated type Schizophrenia, latent type
	22.6 Schizophrenic reaction, schizo-affective type .....	295.70	Schizophrenia, schizo-affective type
	22.7 Schizophrenic reaction, childhood type .....	295.80*	Schizophrenia, childhood type <sup>1</sup>
	22.8 Schizophrenic reaction, residual type .....	295.60	Schizophrenia, residual type
	22.9 Other and unspecified .....	295.99*	Schizophrenia, other [and unspecified] types

<sup>1</sup> The code designated as "Schizophrenia, childhood type" is for use in the USA only. ICD code 295.8 is "Schizophrenia, other".

**DSM-I Code Numbers and Titles**

**DSM-II Code Numbers and Titles**

23	Paranoid Reactions .....	297	Paranoid states
	23.1 Paranoia .....	297.00	Paranoia
	23.2 Paranoid state .....	297.90	Other paranoid state
24	Psychotic Reaction Without Clearly Defined Structural Change Other than Above .....	[299	Unspecified psychosis]
	No Matching Codes and Titles .....	{ [298.10 [298.20 [298.30 [298.90	{ Reactive excitation] Reactive confusion] Acute paranoid reaction] Reactive psychosis, unspecified]
77 30-39	<b>PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS</b>	305	Psychophysiological disorders
30	Psychophysiological Skin Reaction .....	305.00	Psychophysiological skin disorder
31	Psychophysiological Musculo-skeletal Reaction .....	305.10	Psychophysiological musculo-skeletal disorder
32	Psychophysiological Respiratory Reaction .....	305.20	Psychophysiological respiratory disorder
33	Psychophysiological Cardiovascular Reaction .....	305.30	Psychophysiological cardiovascular disorder
34	Psychophysiological Hemic and Lymphatic Reaction .....	305.40	Psychophysiological hemic and lymphatic disorder
35	Psychophysiological Gastro-intestinal Reaction .....	305.50	Psychophysiological gastro-intestinal disorder
36	Psychophysiological Genito-urinary Reaction .....	305.60	Psychophysiological genito-urinary disorder
37	Psychophysiological Endocrine Reaction .....	305.70	Psychophysiological endocrine disorder
38	Psychophysiological Nervous System Reaction .....	300.50	Neurasthenic neurosis
39	Psychophysiological Reaction of Organs of special sense .....	305.80	Psychophysiological disorder of organ of special sense

**DSM-I Code Numbers and Titles**

**DSM-II Code Numbers and Titles**

40	PSYCHONEUROTIC DISORDERS		
40	Psychoneurotic Reactions .....	300	Neuroses
40.0	Anxiety reaction .....	300.00	Anxiety neurosis
40.1	Dissociative reaction .....	300.14*	Hysterical neurosis, dissociative type*
40.2	Conversion reaction .....	300.13*	Hysterical neurosis, conversion type*
40.3	Phobic reaction .....	300.20	Phobic neurosis
40.4	Obsessive compulsive reaction .....	300.30	Obsessive compulsive neurosis
40.5	Depressive reaction .....	300.40	Depressive neurosis
		300.50	Neurasthenic neurosis
		300.60	Depersonalization neurosis
40.6	Psychoneurotic reaction, other .....	300.70	Hypochondriacal neurosis
		300.80	Other neurosis
		[300.90	Unspecified neurosis]
50-53	PERSONALITY DISORDERS .....	301	Personality disorders
50	Personality Pattern Disturbance		
50.0	Inadequate personality .....	301.82*	Inadequate personality*
50.1	Schizoid personality .....	301.20	Schizoid personality
50.2	Cyclothymic personality .....	301.10	Cyclothymic personality
50.3	Paranoid personality .....	301.00	Paranoid personality
50.4	Personality pattern disturbance, other .....	301.89*	Other personality disorders of specified types*
51	Personality Trait Disturbance		
51.0	Emotionally unstable personality .....	301.50	Hysterical personality
51.1	Passive-aggressive personality .....	301.81*	Passive-aggressive personality*
51.2	Compulsive personality .....	301.40	Obsessive-compulsive personality
51.3	Personality trait disturbance, other .....	301.89*	Other personality disorders of specified types*

**DSM-I Code Numbers and Titles**

**DSM-II Code Numbers and Titles**

52	<b>Sociopathic Personality Disturbance</b>	
52.0	Antisocial reaction .....	301.70 Antisocial personality
52.1	Dyssocial reaction .....	316.30* Dyssocial behavior*
52.2	Sexual deviation .....	[302.90 Unspecified sexual deviation]
	Detailed subdivisions not contained in DSM-I .....	<ul style="list-style-type: none"> <li>302.00 Homosexuality</li> <li>302.10 Fetishism</li> <li>302.20 Pedophilia</li> <li>302.30 Transvestitism</li> <li>302.40 Exhibitionism</li> <li>302.50* Voyeurism*</li> <li>302.60* Sadism*</li> <li>302.70* Masochism*</li> <li>302.80 Other sexual deviation</li> </ul>
52.3	Alcoholism (addiction) .....	303.90 Other [and unspecified] Alcoholism. <b>Excludes alcoholic psychosis (291); acute poisoning by alcohol (980, E860).</b>
	Detailed subdivisions not contained in DSM-I .....	<ul style="list-style-type: none"> <li>303.00 Episodic excessive drinking</li> <li>303.10 Habitual excessive drinking</li> <li>303.20 Alcoholic addiction</li> <li>303.90 Other [and unspecified] alcoholism</li> </ul>
52.4	Drug addiction .....	[304.90 Unspecified drug dependence]



**DSM-I Code Numbers and Titles**

**DSM-II Code Numbers and Titles**

			304.00	Drug dependence, opium, opium alkaloids and their derivatives
			304.10	Drug dependence, synthetic analgesics with morphine-like effects
			304.20	Drug dependence, barbiturates
			304.30	Drug dependence, other hypnotics and sedatives or "tranquillizers"
			304.40	Drug dependence, cocaine
			304.50	Drug dependence, Cannabis sativa (hashish, marijuana)
			304.60	Drug dependence, other psycho-stimulants
			304.70	Drug dependence, hallucinogens
			304.80	Other drug dependence
			306	Special symptoms not elsewhere classified
			306.10	Specific learning disturbance
			306.00	Speech disturbance
			306.60	Enuresis
			306.40	Disorder of sleep
			306.20	Tic
			306.30	Other psychomotor disorder
			306.50	Feeding disturbance
			306.70	Encopresis
			306.80	Cephalalgia
			306.90	Other special symptom
53	Special Symptom Reaction .....		306	Special symptoms not elsewhere classified
	53.0 Learning disturbance .....		306.10	Specific learning disturbance
	53.1 Speech disturbance .....		306.00	Speech disturbance
	53.2 Enuresis .....		306.60	Enuresis
	53.3 Somnambulism .....		306.40	Disorder of sleep
			306.20	Tic
			306.30	Other psychomotor disorder
			306.50	Feeding disturbance
			306.70	Encopresis
			306.80	Cephalalgia
			306.90	Other special symptom
	53.4 Other .....			

	<b>DSM-I Code Numbers and Titles</b>		<b>DSM-II Code Numbers and Titles</b>
54	TRANSIENT SITUATIONAL PERSONALITY DISORDERS .....	307*	Transient situational disturbances
	54.0 Gross stress reaction .....	307.30*	Adjustment reaction of adult life*
	54.1 Adult situational reaction .....	307.30*	Adjustment reaction of adult life*
	54.2 Adjustment reaction of infancy .....	307.00*	Adjustment reaction of infancy*
	54.3 Adjustment reaction of childhood .....	307.10*	Adjustment reaction of childhood*
	54.4 Adjustment reaction of adolescence .....	307.20*	Adjustment reaction of adolescence*
	54.5 Adjustment reaction of late life .....	307.40*	Adjustment reaction of late life*
	54.6 Other transient situational personality disturbance .....		<b>No corresponding diagnosis (Assign another diagnosis in 307 category based upon patient's age).</b>
60-62	MENTAL DEFICIENCY	310-315	Mental Retardation
60	Mental Deficiency ( <b>Familial</b> or <b>Hereditary</b> )		
	60.0 Mild (I.Q. 70-85) .....	310.80	Borderline mental retardation ( <b>I.Q. 70-85</b> )
	60.1 Moderate (I.Q. 50-69) .....	{ 310.80	Borderline mental retardation ( <b>I.Q. 68-69</b> )
		{ 311.80	Mild mental retardation ( <b>I.Q. 52-67</b> )
		{ 312.80	Moderate mental retardation ( <b>I.Q. 50-51</b> )
	60.2 Severe (I.Q. Below 50) .....	{ 312.80	Moderate mental retardation ( <b>I.Q. 36-49</b> )
		{ 313.80	Severe mental retardation ( <b>I.Q. 20-35</b> )
		{ 314.80	Profound mental retardation ( <b>I.Q. Below 20</b> )
	60.3 Severity not specified .....	315.80	Unspecified mental retardation
61	Mental Deficiency, Idiopathic		
	61.0 Mild (I.Q. 70-85) .....	310.90	Borderline mental retardation ( <b>I.Q. 70-85</b> )

**DSM-I Code Numbers and Titles**

**DSM-II Code Numbers and Titles**

61.1	Moderate (I.Q. 50-69) .....	{	310.90	Borderline mental retardation (I.Q. 68-69)
			311.90	Mild mental retardation (I.Q. 52-67)
			312.90	Moderate mental retardation (I.Q. 50-51)
61.2	Severe (I.Q. below 50) .....	{	312.90	Moderate mental retardation (I.Q. 36-49)
			313.90	Severe mental retardation (I.Q. 20-35)
			314.90	Profound mental retardation (I.Q. Below 20)
61.3	Severity not specified .....		315.90	Unspecified mental retardation

# *Section 6*

## **DETAILED LIST OF MAJOR DISEASE CATEGORIES IN ICD-8<sup>1</sup>**

### **INTRODUCTORY NOTE**

The complete three-digit ICD classification is included to provide a framework for the statistical classification of various diseases and conditions. Some of these may be associated with mental disorders occurring with various infections, organic diseases and other physical factors. For further details concerning the fourth digits of the ICD and the inclusion terms under each category, reference should be made to the Eighth Revision of the International Classification of Diseases adapted for use in the United States.

### **I. INFECTIVE AND PARASITIC DISEASES (000-136)**

#### **Intestinal Infectious Diseases (000-009)**

- 000 Cholera
- 001 Typhoid fever
- 002 Paratyphoid fever
- 003 Other Salmonella infections
- 004 Bacillary dysentery
- 005 Food poisoning (bacterial)
- 006 Amebiasis
- 007 Other protozoal intestinal diseases
- 008 Enteritis due to other specified organism
- 009 Diarrheal disease

#### **Tuberculosis (010-019)**

- 010 Silicotuberculosis
- 011 Pulmonary tuberculosis
- 012 Other respiratory tuberculosis
- 013 Tuberculosis of meninges and central nervous system
- 014 Tuberculosis of intestines, peritoneum, and mesenteric glands

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<sup>1</sup> Reprinted from Eighth Revision International Classification of Diseases, Adapted For Use in the United States, Public Health Service Publication No. 1693, Superintendent of Documents, U. S. Government Printing Office, Washington, D. C. 20402.

- 015 Tuberculosis of bones and joints
- 016 Tuberculosis of genitourinary system
- 017 Tuberculosis of other organs
- 018 Disseminated tuberculosis
- 019 Late effects of tuberculosis

**Zoonotic bacterial diseases (020-027)**

- 020 Plague
- 021 Tularemia
- 022 Anthrax
- 023 Brucellosis
- 024 Glanders
- 025 Melioidosis
- 026 Rat-bite fever
- 027 Other zoonotic bacterial diseases

**Other bacterial diseases (030-039)**

- 030 Leprosy
- 031 Other diseases due to mycobacteria
- 032 Diphtheria
- 033 Whooping cough
- 034 Streptococcal sore throat and scarlet fever
- 035 Erysipelas
- 036 Meningococcal infection
- 037 Tetanus
- 038 Septicemia
- 039 Other bacterial diseases

**Poliomyelitis and other enterovirus diseases of central nervous system (040-046)**

- 040 Acute paralytic poliomyelitis specified as bulbar
- 041 Acute poliomyelitis with other paralysis
- 042 Acute nonparalytic poliomyelitis
- 043 Acute poliomyelitis, unspecified
- 044 Late effects of acute poliomyelitis
- 045 Aseptic meningitis due to enterovirus
- 046 Other enterovirus diseases of central nervous system

**Viral diseases accompanied by exanthem (050-057)**

- 050 Smallpox
- 051 Cowpox

- 052 Chickenpox
- 053 Herpes zoster
- 054 Herpes simplex
- 055 Measles
- 056 Rubella
- 057 Other viral exanthem

**Arthropod-borne viral diseases (060-068)**

- 060 Yellow fever
- 061 Dengue
- 062 Mosquito-borne viral encephalitis
- 063 Tick-borne viral encephalitis
- 064 Viral encephalitis transmitted by other arthropods
- 065 Viral encephalitis, unspecified
- 066 Late effects of viral encephalitis
- 067 Arthropod-borne hemorrhagic fever
- 068 Other arthropod-borne viral diseases

**Other viral diseases (070-079)**

- 070 Infectious hepatitis
- 071 Rabies
- 072 Mumps
- 073 Psittacosis
- 074 Specific diseases due to Coxsackie virus
- 075 Infectious mononucleosis
- 076 Trachoma, active
- 077 Late effects of trachoma
- 078 Other viral diseases of the conjunctiva
- 079 Other viral diseases

**Rickettsioses and other arthropod-borne diseases (080-089)**

- 080 Epidemic louse-borne typhus
- 081 Other typhus
- 082 Tick-borne rickettsioses
- 083 Other rickettsioses
- 084 Malaria
- 085 Leishmaniasis
- 086 American trypanosomiasis
- 087 Other trypanosomiasis
- 088 Relapsing fever
- 089 Other arthropod-borne diseases

**Syphilis and other venereal diseases (090-099)**

- 090 Congenital syphilis
- 091 Early syphilis, symptomatic
- 092 Early syphilis, latent
- 093 Cardiovascular syphilis
- 094 Syphilis of central nervous system
- 095 Other forms of late syphilis, with symptoms
- 096 Late syphilis, latent
- 097 Other syphilis and not specified
- 098 Gonoccal infections
- 099 Other venereal diseases

**Other spirochetal diseases (100-104)**

- 100 Leptospirosis
- 101 Vincent's angina
- 102 Yaws
- 103 Pinta
- 104 Other spirochetal infection

**Mycoses (110-117)**

- 110 Dermatophytosis
- 111 Dermatomycosis, other and unspecified
- 112 Moniliasis
- 113 Actinomycosis
- 114 Coccidioidomycosis
- 115 Histoplasmosis
- 116 Blastomycosis
- 117 Other systemic mycosis

**Helminthiases (120-129)**

- 120 Schistosomiasis
- 121 Other trematode infestation
- 122 Hydatidosis
- 123 Other cestode infestation
- 124 Trichiniasis
- 125 Filarial infestation
- 126 Ancylostomiasis
- 127 Other intestinal helminthiasis
- 128 Other and unspecified helminthiasis
- 129 Intestinal parasitism, unspecified

**Other infective and parasitic diseases (130-136)**

- 130 Toxoplasmosis
- 131 Trichomoniasis urogenitalis
- 132 Pediculosis
- 133 Acariasis
- 134 Other infestation
- 135 Sarcoidosis
- 136 Other and unspecified infective and parasitic diseases

**II. NEOPLASMS (140-239)****Malignant neoplasm of buccal cavity and pharynx (140-149)**

- 140 Malignant neoplasm of lip
- 141 Malignant neoplasm of tongue
- 142 Malignant neoplasm of salivary gland
- 143 Malignant neoplasm of gum
- 144 Malignant neoplasm of floor of mouth
- 145 Malignant neoplasm of other and unspecified parts of mouth
- 146 Malignant neoplasm of oropharynx
- 147 Malignant neoplasm of nasopharynx
- 148 Malignant neoplasm of hypopharynx
- 149 Malignant neoplasm of pharynx, unspecified

**Malignant neoplasm of digestive organs and peritoneum (150-159)**

- 150 Malignant neoplasm of esophagus
- 151 Malignant neoplasm of stomach
- 152 Malignant neoplasm of small intestine, including duodenum
- 153 Malignant neoplasm of large intestine, except rectum
- 154 Malignant neoplasm of rectum and rectosigmoid junction
- 155 Malignant neoplasm of liver and intrahepatic bile ducts, specified as primary
- 156 Malignant neoplasm of gallbladder and bile ducts
- 157 Malignant neoplasm of pancreas
- 158 Malignant neoplasm of peritoneum and retroperitoneal tissue
- 159 Malignant neoplasm of unspecified digestive organs



**Malignant neoplasm of respiratory system (160-163)**

- 160 Malignant neoplasm of nose, nasal cavities, middle ear, and accessory sinuses
- 161 Malignant neoplasm of larynx
- 162 Malignant neoplasm of trachea, bronchus, and lung
- 163 Malignant neoplasm of other and unspecified respiratory organs

**Malignant neoplasm of bone, connective tissue, skin, and breast (170-174)**

- 170 Malignant neoplasm of bone
- 171 Malignant neoplasm of connective and other soft tissue
- 172 Malignant melanoma of skin
- 173 Other malignant neoplasm of skin
- 174 Malignant neoplasm of breast

**Malignant neoplasm of genitourinary organs (180-189)**

- 180 Malignant neoplasm of cervix uteri
- 181 Chorionepithelioma
- 182 Other malignant neoplasms of uterus
- 183 Malignant neoplasm of ovary, fallopian tube, and broad ligament
- 184 Malignant neoplasm of other and unspecified female genital organs
- 185 Malignant neoplasm of prostate
- 186 Malignant neoplasm of testis
- 187 Malignant neoplasm of other and unspecified male genital organs
- 188 Malignant neoplasm of bladder
- 189 Malignant neoplasm of other and unspecified urinary organs

**Malignant neoplasm of other and unspecified sites (190-199)**

- 190 Malignant neoplasm of eye
- 191 Malignant neoplasm of brain
- 192 Malignant neoplasm of other parts of nervous system
- 193 Malignant neoplasm of thyroid gland
- 194 Malignant neoplasm of other endocrine glands
- 195 Malignant neoplasm of ill-defined sites
- 196 Secondary and unspecified malignant neoplasm of lymph nodes

- 197 Secondary malignant neoplasm of respiratory and digestive systems
- 198 Other secondary malignant neoplasm
- 199 Malignant neoplasm without specification of site

### **Neoplasms of lymphatic and hematopoietic tissue (200-209)**

- 200 Lymphosarcoma and reticulum-cell sarcoma
- 201 Hodgkin's disease
- 202 Other neoplasms of lymphoid tissue
- 203 Multiple myeloma
- 204 Lymphatic leukemia
- 205 Myeloid leukemia
- 206 Monocytic leukemia
- 207 Other and unspecified leukemia
- 208 Polycythemia vera
- 209 Myelofibrosis

### **Benign neoplasms (210-228)**

- 210 Benign neoplasm of buccal cavity and pharynx
- 211 Benign neoplasm of other parts of digestive system
- 212 Benign neoplasm of respiratory system
- 213 Benign neoplasm of bone and cartilage
- 214 Lipoma
- 215 Other benign neoplasm of muscular and connective tissue
- 216 Benign neoplasm of skin
- 217 Benign neoplasm of breast
- 218 Uterine fibroma
- 219 Other benign neoplasm of uterus
- 220 Benign neoplasm of ovary
- 221 Benign neoplasm of other female genital organs
- 222 Benign neoplasm of male genital organs
- 223 Benign neoplasm of kidney and other urinary organs
- 224 Benign neoplasm of eye
- 225 Benign neoplasm of brain and other parts of nervous system
- 226 Benign neoplasm of endocrine glands
- 227 Hemangioma and lymphangioma
- 228 Benign neoplasm of other and unspecified organs and tissues

**Neoplasm of unspecified nature (230-239)**

- 230 Neoplasm of unspecified nature of digestive organs
- 231 Neoplasm of unspecified nature of respiratory organs
- 232 Neoplasm of unspecified nature of skin and musculo-skeletal system
- 233 Neoplasm of unspecified nature of breast
- 234 Neoplasm of unspecified nature of uterus
- 235 Neoplasm of unspecified nature of ovary
- 236 Neoplasm of unspecified nature of other female genital organs
- 237 Neoplasm of unspecified nature of other genito-urinary organs
- 238 Neoplasm of unspecified nature of eye, brain, and other parts of nervous system
- 239 Neoplasm of unspecified nature of other and unspecified organs

**III. ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES (240-279)**

**Diseases of thyroid gland (240-246)**

- 240 Simple goiter
- 241 Nontoxic nodular goiter
- 242 Thyrotoxicosis with or without goiter
- 243 Cretinism of congenital origin
- 244 Myxedema
- 245 Thyroiditis
- 246 Other diseases of thyroid gland

**Diseases of other endocrine glands (250-258)**

- 250 Diabetes mellitus
- 251 Disorders of pancreatic internal secretion other than diabetes mellitus
- 252 Diseases of parathyroid gland
- 253 Diseases of pituitary gland
- 254 Diseases of thymus gland
- 255 Diseases of adrenal glands
- 256 Ovarian dysfunction
- 257 Testicular dysfunction
- 258 Polyglandular dysfunction and other diseases of endocrine glands

**Avitaminoses and other nutritional deficiency (260-269)**

- 260 Vitamin A deficiency
- 261 Thiamine deficiency
- 262 Niacin deficiency
- 263 Other vitamin B deficiency
- 264 Ascorbic acid deficiency
- 265 Vitamin D deficiency
- 266 Other vitamin deficiency states
- 267 Protein malnutrition
- 268 Nutritional marasmus
- 269 Other nutritional deficiency

**Other metabolic diseases (270-279)**

- 270 Congenital disorders of amino-acid metabolism
- 271 Congenital disorders of carbohydrate metabolism
- 272 Congenital disorders of lipid metabolism
- 273 Other and unspecified congenital disorders of metabolism
- 274 Gout
- 275 Plasma protein abnormalities
- 276 Amyloidosis
- 277 Obesity not specified as of endocrine origin
- 278 Other hyperalimentation
- 279 Other and unspecified metabolic diseases

**IV. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS (280-289)**

- 280 Iron deficiency anemias
- 281 Other deficiency anemias
- 282 Hereditary hemolytic anemias
- 283 Acquired hemolytic anemias
- 284 Aplastic anemia
- 285 Other and unspecified anemias
- 286 Coagulation defects
- 287 Purpura and other hemorrhagic conditions
- 288 Agranulocytosis
- 289 Other diseases of blood and blood-forming organs

**V. MENTAL DISORDERS (290-315)****Psychoses (290-299)**

- 290 Senile and presenile dementia

- 291 Alcoholic psychosis
- 292 Psychosis associated with intracranial infection
- 293 Psychosis associated with other cerebral condition
- 294 Psychosis associated with other physical conditions
- 295 Schizophrenia
- 296 Affective psychoses
- 297 Paranoid states
- 298 Other psychoses
- 299 Unspecified psychosis

**Neuroses, personality disorders, and other nonpsychotic mental disorders (300-309)**

- 300 Neuroses
- 301 Personality disorders
- 302 Sexual deviation
- 303 Alcoholism
- 304 Drug dependence
- 305 Physical disorders of presumably psychogenic origin
- 306 Special symptoms not elsewhere classified
- 307 Transient situational disturbances
- 308 Behavior disorders of childhood
- 309 Mental disorders not specified as psychotic associated with physical conditions

**Mental retardation (310-315)**

- 310 Borderline mental retardation
- 311 Mild mental retardation
- 312 Moderate mental retardation
- 313 Severe mental retardation
- 314 Profound mental retardation
- 315 Unspecified mental retardation

**VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS (320-389)**

**Inflammatory diseases of central nervous system (320-324)**

- 320 Meningitis
- 321 Phlebitis and thrombophlebitis of intracranial venous sinuses
- 322 Intracranial and intraspinal abscess

- 323 Encephalitis, myelitis, and encephalomyelitis
- 324 Late effects of intracranial abscess or pyogenic infection

**Hereditary and familial diseases of nervous system (330-333)**

- 330 Hereditary neuromuscular disorders
- 331 Hereditary diseases of the striatopallidal system
- 332 Hereditary ataxia
- 333 Other hereditary and familial diseases of nervous system

**Other diseases of central nervous system (340-349)**

- 340 Multiple sclerosis
- 341 Other demyelinating diseases of central nervous system
- 342 Paralysis agitans
- 343 Cerebral spastic infantile paralysis
- 344 Other cerebral paralysis
- 345 Epilepsy
- 346 Migraine
- 347 Other diseases of brain
- 348 Motor neurone disease
- 349 Other diseases of spinal cord

**Diseases of nerves and peripheral ganglia (350-358)**

- 350 Facial paralysis
- 351 Trigeminal neuralgia
- 352 Brachial neuritis
- 353 Sciatica
- 354 Polyneuritis and polyradiculitis
- 355 Other and unspecified forms of neuralgia and neuritis
- 356 Other diseases of cranial nerves
- 357 Other diseases of peripheral nerves except autonomic
- 358 Diseases of peripheral autonomic nervous system

**Inflammatory diseases of the eye (360-369)**

- 360 Conjunctivitis and ophthalmia
- 361 Blepharitis
- 362 Hordeolum
- 363 Keratitis
- 264 Iritis
- 365 Choroiditis

- 366 Other inflammation of uveal tract
- 367 Inflammation of optic nerve and retina
- 368 Inflammation of lacrimal glands and ducts
- 369 Other inflammatory diseases of eye

**Other diseases and conditions of eye (370-379)**

- 370 Refractive errors
- 371 Corneal opacity
- 372 Pterygium
- 373 Strabismus
- 374 Cataract
- 375 Glaucoma
- 376 Detachment of retina
- 377 Other diseases of retina and optic nerve
- 378 Other diseases of eye
- 379 Blindness

**Diseases of the ear and mastoid process (380-389)**

- 380 Otitis externa
- 381 Otitis media without mention of mastoiditis
- 382 Otitis media with mastoiditis
- 383 Mastoiditis without mention of otitis media
- 384 Other inflammatory diseases of ear
- 385 Meniere's disease
- 386 Otosclerosis
- 387 Other diseases of ear and mastoid process
- 388 Deaf mutism
- 389 Other deafness

**VII. DISEASES OF THE CIRCULATORY SYSTEM (390-458)**

**Active rheumatic fever (390-392)**

- 390 Rheumatic fever without mention of heart involvement
- 391 Rheumatic fever with heart involvement
- 392 Chorea

**Chronic rheumatic heart disease (393-398)**

- 393 Diseases of pericardium
- 394 Diseases of mitral valve
- 395 Diseases of aortic valve
- 396 Diseases of mitral and aortic valves

- 397 Diseases of other endocardial structures
- 398 Other heart disease, specified as rheumatic

**Hypertensive disease (400-404)**

- 400 Malignant hypertension
- 401 Essential benign hypertension
- 402 Hypertensive heart disease
- 403 Hypertensive renal disease
- 404 Hypertensive heart and renal disease

**Ischemic heart disease (410-414)**

- 410 Acute myocardial infarction
- 411 Other acute and subacute forms of ischemic heart disease
- 412 Chronic ischemic heart disease
- 413 Angina pectoris
- 414 Asymptomatic ischemic heart disease

**Other forms of heart disease (420-429)**

- 420 Acute pericarditis, nonrheumatic
- 421 Acute and subacute endocarditis
- 422 Acute myocarditis
- 423 Chronic disease of pericardium, nonrheumatic
- 424 Chronic disease of endocardium
- 425 Cardiomyopathy
- 426 Pulmonary heart disease
- 427 Symptomatic heart disease
- 428 Other myocardial insufficiency
- 429 Ill-defined heart disease

**Cerebrovascular disease (430-438)**

- 430 Subarachnoid hemorrhage
- 431 Cerebral hemorrhage
- 432 Occlusion of precerebral arteries
- 433 Cerebral thrombosis
- 434 Cerebral embolism
- 435 Transient cerebral ischemia
- 436 Acute but ill-defined cerebrovascular disease
- 437 Generalized ischemic cerebrovascular disease
- 438 Other and ill-defined cerebrovascular disease



**Diseases of arteries, arterioles, and capillaries (440-448)**

- 440 Arteriosclerosis
- 441 Aortic aneurysm (nonsyphilitic)
- 442 Other aneurysm
- 443 Other peripheral vascular disease
- 444 Arterial embolism and thrombosis
- 445 Gangrene
- 446 Polyarteritis nodosa and allied conditions
- 447 Other diseases of arteries and arterioles
- 448 Diseases of capillaries

**Diseases of veins and lymphatics, and other diseases of circulatory system (450-458)**

- 450 Pulmonary embolism and infarction
- 451 Phlebitis and thrombophlebitis
- 452 Portal vein thrombosis
- 453 Other venous embolism and thrombosis
- 454 Varicose veins of lower extremities
- 455 Hemorrhoids
- 456 Varicose veins of other sites
- 457 Noninfective disease of lymphatic channels
- 458 Other diseases of circulatory system

**VIII. DISEASES OF THE RESPIRATORY SYSTEM (460-519)**

**Acute respiratory infections, except influenza (460-446)**

- 460 Acute nasopharyngitis (common cold)
- 461 Acute sinusitis
- 462 Acute pharyngitis
- 463 Acute tonsillitis
- 464 Acute laryngitis and tracheitis
- 465 Acute upper respiratory infection of multiple or unspecified sites
- 466 Acute bronchitis and bronchiolitis

**Influenza (470-474)**

- 470 Influenza, unqualified
- 471 Influenza with pneumonia
- 472 Influenza with other respiratory manifestations
- 473 Influenza with digestive manifestations
- 474 Influenza with nervous manifestations

**Pneumonia (480-486)**

- 480 Viral pneumonia
- 481 Pneumococcal pneumonia
- 482 Other bacterial pneumonia
- 483 Pneumonia due to other specified organism
- 484 Acute interstitial pneumonia
- 485 Bronchopneumonia, unspecified
- 486 Pneumonia, unspecified

**Bronchitis, emphysema, and asthma (490-493)**

- 490 Bronchitis, unqualified
- 491 Chronic bronchitis
- 492 Emphysema
- 493 Asthma

**Other diseases of upper respiratory tract (500-508)**

- 500 Hypertrophy of tonsils and adenoids
- 501 Peritonsillar abscess
- 502 Chronic pharyngitis and nasopharyngitis
- 503 Chronic sinusitis
- 504 Deflected nasal septum
- 505 Nasal polyp
- 506 Chronic laryngitis
- 507 Hay fever
- 508 Other diseases of upper respiratory tract

**Other diseases of respiratory system (510-519)**

- 510 Empyema
- 511 Pleurisy
- 512 Spontaneous pneumothorax
- 513 Abscess of lung
- 514 Pulmonary congestion and hypostasis
- 515 Pneumoconiosis due to silica and silicates
- 516 Other pneumoconioses and related diseases
- 517 Other chronic interstitial pneumonia
- 518 Bronchiectasis
- 519 Other diseases of respiratory system

**IX. DISEASES OF THE DIGESTIVE SYSTEM (520-577)****Diseases of oral cavity, salivary glands, and jaws (520-529)**

- 520 Disorders of tooth development and eruption

- 521 Diseases of hard tissues of teeth
- 522 Diseases of pulp and periapical tissue
- 523 Periodontal diseases
- 524 Dento-facial anomalies including malocclusion
- 525 Other diseases and conditions of the teeth and supporting structures
- 526 Diseases of the jaws
- 527 Diseases of the salivary glands
- 528 Diseases of the oral soft tissues, excluding gingiva and tongue
- 529 Diseases of the tongue and other oral conditions

**Diseases of esophagus, stomach, and duodenum (530-537)**

- 530 Diseases of esophagus
- 531 Ulcer of stomach
- 532 Ulcer of duodenum
- 533 Peptic ulcer, site unspecified
- 534 Gastrojejunal ulcer
- 535 Gastritis and duodenitis
- 536 Disorders of function of stomach
- 537 Other diseases of stomach and duodenum

**Appendicitis (540-543)**

- 540 Acute appendicitis
- 541 Appendicitis, unqualified
- 542 Other appendicitis
- 543 Other diseases of appendix

**Hernia of abdominal cavity (550-553)**

- 550 Inguinal hernia without mention of obstruction
- 551 Other hernia of abdominal cavity without mention of obstruction
- 552 Inguinal hernia with obstruction
- 553 Other hernia of abdominal cavity with obstruction

**Other diseases of intestine and peritoneum (560-569)**

- 560 Intestinal obstruction without mention of hernia
- 561 Gastroenteritis and colitis, except ulcerative, of non-infectious origin
- 562 Diverticula of intestine
- 563 Chronic enteritis and ulcerative colitis

- 564 Functional disorders of intestines
- 565 Anal fissure and fistula
- 566 Abscess of anal and rectal regions
- 567 Peritonitis
- 568 Peritoneal adhesions
- 569 Other diseases of intestines and peritoneum

**Diseases of liver, gallbladder, and pancreas (570-577)**

- 570 Acute and subacute necrosis of liver
- 571 Cirrhosis of liver
- 572 Suppurative hepatitis and liver abscess
- 573 Other diseases of liver
- 574 Cholelithiasis
- 575 Cholecystitis and cholangitis, without mention of calculus
- 576 Other diseases of gallbladder and biliary ducts
- 577 Diseases of pancreas

**X. DISEASES OF THE GENITOURINARY SYSTEM (580-629)**

**Nephritis and nephrosis (580-584)**

- 580 Acute nephritis
- 581 Nephrotic syndrome
- 582 Chronic nephritis
- 583 Nephritis, unqualified
- 584 Renal sclerosis, unqualified

**Other diseases of urinary system (590-599)**

- 590 Infections of kidney
- 591 Hydronephrosis
- 592 Calculus of kidney and ureter
- 593 Other diseases of kidney and ureter
- 594 Calculus of other parts of urinary system
- 595 Cystitis
- 596 Other diseases of bladder
- 597 Urethritis (nonvenereal)
- 598 Stricture of urethra
- 599 Other diseases of urinary tract

**Diseases of male genital organs (600-607)**

- 600 Hyperplasia of prostate
- 601 Prostatitis

- 602 Other diseases of prostate
- 603 Hydrocele
- 604 Orchitis and epididymitis
- 605 Redundant prepuce and phimosis
- 606 Sterility, male
- 607 Other diseases of male genital organs

**Diseases of breast, ovary, fallopian tube, and parametrium (610-616)**

- 610 Chronic cystic disease of breast
- 611 Other diseases of breast
- 612 Acute salpingitis and oophoritis
- 613 Chronic salpingitis and oophoritis
- 614 Salpingitis and oophoritis, unqualified
- 615 Other diseases of ovary and fallopian tube
- 616 Diseases of parametrium and pelvic peritoneum (female)

**Diseases of uterus and other female genital organs (620-629)**

- 620 Infective diseases of cervix uteri
- 621 Other diseases of cervix
- 622 Infective diseases of uterus (except cervix), vagina, and vulva
- 623 Uterovaginal prolapse
- 624 Malposition of uterus
- 625 Other diseases of uterus
- 626 Disorders of menstruation
- 627 Menopausal symptoms
- 628 Sterility, female
- 629 Other diseases of female genital organs

**XI. COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM (630-678)**

**Complications of pregnancy (630-634)**

- 630 Infections of genital tract during pregnancy
- 631 Ectopic pregnancy
- 632 Hemorrhage of pregnancy
- 633 Anemia of pregnancy
- 634 Other complications of pregnancy

**Urinary infections and toxemias of pregnancy and the puerperium (635-639)**

- 635 Urinary infections arising during pregnancy and the puerperium
- 636 Renal disease arising during pregnancy and the puerperium
- 637 Pre-eclampsia, eclampsia, and toxemia, unspecified
- 638 Hyperemesis gravidarum
- 639 Other toxemias of pregnancy and the puerperium

**Abortion (640-645)**

- 640 Abortion induced for medical indications
- 641 Abortion induced for other legal indications
- 642 Abortion induced for other reasons
- 643 Spontaneous abortion
- 644 Abortion not specified as induced or spontaneous
- 645 Other abortion

**Delivery (650-662)**

- 650 Delivery without mention of complication
- 651 Delivery complicated by placenta previa or antepartum hemorrhage
- 652 Delivery complicated by retained placenta
- 653 Delivery complicated by other postpartum hemorrhage
- 654 Delivery complicated by abnormality of bony pelvis
- 655 Delivery complicated by fetopelvic disproportion
- 656 Delivery complicated by malpresentation of fetus
- 657 Delivery complicated by prolonged labor of other origin
- 658 Delivery with laceration of perineum without mention of other laceration
- 659 Delivery with rupture of uterus
- 660 Delivery with other obstetrical trauma
- 661 Delivery with other complications
- 662 Anesthetic death in uncomplicated delivery

**Complications of the puerperium (670-678)**

- 670 Sepsis of childbirth and the puerperium
- 671 Puerperal phlebitis and thrombosis
- 672 Pyrexia of unknown origin during the puerperium
- 673 Puerperal pulmonary embolism
- 674 Cerebral hemorrhage in the puerperium

- 675 Puerperal blood dyscrasias
- 676 Anemia of the puerperium
- 677 Other and unspecified complications of the puerperium
- 678 Mastitis and other disorders of lactation

## **XII. DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE (680-709)**

### **Infections of skin and subcutaneous tissue (680-686)**

- 680 Boil and carbuncle
- 681 Cellulitis of finger and toe
- 682 Other cellulitis and abscess
- 683 Acute lymphadenitis
- 684 Impetigo
- 685 Pilonidal cyst
- 686 Other local infections of skin and subcutaneous tissue

### **Other inflammatory conditions of skin and subcutaneous tissue (690-698)**

- 690 Seborrheic dermatitis
- 691 Infantile eczema and related conditions
- 692 Other eczema and dermatitis
- 693 Dermatitis herpetiformis
- 694 Pemphigus
- 695 Erythematous conditions
- 696 Psoriasis and similar disorders
- 697 Lichen
- 698 Pruritus and related conditions

### **Other diseases of skin and subcutaneous tissue (700-709)**

- 700 Corns and callosities
- 701 Other hypertrophic and atrophic conditions of skin
- 702 Other dermatoses
- 703 Diseases of nail
- 704 Diseases of hair and hair follicles
- 705 Diseases of sweat glands
- 706 Diseases of sebaceous glands
- 707 Chronic ulcer of skin
- 708 Urticaria
- 709 Other diseases of skin

**XIII. DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE (710-718)****Arthritis and rheumatism, except rheumatic fever (710-718)**

- 710 Acute arthritis due to pyogenic organisms
- 711 Acute nonpyogenic arthritis
- 712 Rheumatoid arthritis and allied conditions
- 713 Osteoarthritis and allied conditions
- 714 Other specified forms of arthritis
- 715 Arthritis, unspecified
- 716 Polymyositis and dermatomyositis
- 717 Other nonarticular rheumatism
- 718 Rheumatism, unspecified

**Osteomyelitis and other diseases of bone and joint (720-729)**

- 720 Osteomyelitis and periostitis
- 721 Osteitis deformans
- 722 Osteochondrosis
- 723 Other diseases of bone
- 724 Internal derangement of joint
- 725 Displacement of intervertebral disc
- 726 Affection of sacroiliac joint
- 727 Ankylosis of joint
- 728 Vertebrogenic pain syndrome
- 729 Other diseases of joint

**Other diseases of musculoskeletal system (730-738)**

- 730 Bunion
- 731 Synovitis, bursitis, and tenosynovitis
- 732 Infective myositis and other inflammatory diseases of tendon and fascia
- 733 Other diseases of muscle, tendon, and fascia
- 734 Diffuse diseases of connective tissue
- 735 Curvature of spine
- 736 Flat foot
- 737 Hallux valgus and varus
- 738 Other deformities

**XIV. CONGENITAL ANOMALIES (740-759)**

- 740 Anencephalus
- 741 Spina bifida



- 742 Congenital hydrocephalus
- 743 Other congenital anomalies of nervous system
- 744 Congenital anomalies of eye
- 745 Congenital anomalies of ear, face, and neck
- 746 Congenital anomalies of heart
- 747 Other congenital anomalies of circulatory system
- 748 Congenital anomalies of respiratory system
- 749 Cleft palate and cleft lip
- 750 Other congenital anomalies of upper alimentary tract
- 751 Other congenital anomalies of digestive system
- 752 Congenital anomalies of genital organs
- 753 Congenital anomalies of urinary system
- 754 Clubfoot (congenital)
- 755 Other congenital anomalies of limbs
- 756 Other congenital anomalies of musculoskeletal system
- 757 Congenital anomalies of skin, hair, and nails
- 758 Other and unspecified congenital anomalies
- 759 Congenital syndromes affecting multiple systems

**XV. CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY (760-779)**

- 760 Chronic circulatory and genitourinary diseases in mother
- 761 Other maternal conditions unrelated to pregnancy
- 762 Toxemia of pregnancy
- 763 Maternal ante- and intrapartum infection
- 764 Difficult labor with abnormality of bones, organs, or tissues of pelvis
- 765 Difficult labor with disproportion, but no mention of abnormality of pelvis
- 766 Difficult labor with malposition of fetus
- 767 Difficult labor with abnormality of forces of labor
- 768 Difficult labor with other and unspecified complications
- 769 Other complications of pregnancy and childbirth
- 770 Conditions of placenta
- 771 Conditions of umbilical cord
- 772 Birth injury without mention of cause
- 773 Termination of pregnancy
- 774 Hemolytic disease of newborn with kernicterus
- 775 Hemolytic disease of newborn without mention of kernicterus

- 776 Anoxic and hypoxic conditions not elsewhere classifiable
- 777 Immaturity, unqualified
- 778 Other conditions of fetus or newborn
- 779 Fetal death of unknown cause

**XVI. SYMPTOMS AND ILL-DEFINED CONDITIONS (780-796)**

**Symptoms referable to systems or organs (780-789)**

- 780 Certain symptoms referable to nervous system and special senses
- 781 Other symptoms referable to nervous system and special senses
- 782 Symptoms referable to cardiovascular and lymphatic system
- 783 Symptoms referable to respiratory system
- 784 Symptoms referable to upper gastrointestinal tract
- 785 Symptoms referable to abdomen and lower gastrointestinal tract
- 786 Symptoms referable to genitourinary system
- 787 Symptoms referable to limbs and joints
- 788 Other general symptoms
- 789 Abnormal urinary constituents of unspecified cause

**Senility and ill-defined diseases (790-796)**

- 790 Nervousness and debility
- 791 Headache
- 792 Uremia
- 793 Observation, without need for further medical care
- 794 Senility without mention of psychosis
- 795 Sudden death (cause unknown)
- 796 Other ill-defined and unknown causes of morbidity and mortality

**XVII. ACCIDENTS, POISONINGS, AND VIOLENCE (NATURE OF INJURY) (800-999)**

**Fracture of skull, spine, and trunk (800-809)**

- 800 Fracture of vault of skull
- 801 Fracture of base of skull
- 802 Fracture of face bones
- 803 Other and unqualified skull fractures

- 804 Multiple fractures involving skull or face with other bones
- 805 Fracture and fracture dislocation of vertebral column without mention of spinal cord lesion
- 806 Fracture and fracture dislocation of vertebrae column with spinal cord lesion
- 807 Fracture of rib(s), sternum, and larynx
- 808 Fracture of pelvis
- 809 Multiple and ill-defined fractures of trunk

**Fracture of upper limb (810-819)**

- 810 Fracture of clavicle
- 811 Fracture of scapula
- 812 Fracture of humerus
- 813 Fracture of radius and ulna
- 814 Fracture of carpal bone(s)
- 815 Fracture of metacarpal bone(s)
- 816 Fracture of one or more phalanges of hand
- 817 Multiple fractures of hand bones
- 818 Other, multiple, and ill-defined fractures of upper limb
- 819 Multiple fractures both upper limbs, and upper limb with rib(s) and sternum

**Fracture of lower limb (820-829)**

- 820 Fracture of neck of femur
- 821 Fracture of other and unspecified parts of femur
- 822 Fracture of patella
- 823 Fracture of tibia and fibula
- 824 Fracture of ankle
- 825 Fracture of one or more tarsal and metatarsal bones
- 826 Fracture of one or more phalanges of foot
- 827 Other, multiple, and ill-defined fractures of lower limb
- 828 Multiple fractures involving both lower limbs, lower with upper limb, and lower limb(s) with rib(s) and sternum
- 829 Fracture of unspecified bones

**Dislocation without fracture (830-839)**

- 830 Dislocation of jaw
- 831 Dislocation of shoulder
- 832 Dislocation of elbow

- 833 Dislocation of wrist
- 834 Dislocation of finger
- 835 Dislocation of hip
- 836 Dislocation of knee
- 837 Dislocation of ankle
- 838 Dislocation of foot
- 839 Other, multiple, and ill-defined dislocations

**Sprains and strains of joints and adjacent muscles (840-848)**

- 840 Sprains and strains of shoulder and upper arm
- 841 Sprains and strains of elbow and forearm
- 842 Sprains and strains of wrist and hand
- 843 Sprains and strains of hip and thigh
- 844 Sprains and strains of knee and leg
- 845 Sprains and strains of ankle and foot
- 846 Sprains and strains of sacroiliac region
- 847 Sprains and strains of other and unspecified parts  
of back
- 848 Other and ill-defined sprains and strains

**Intracranial injury (excluding those with skull fracture)  
(850-854)**

- 850 Concussion
- 851 Cerebral laceration and contusion
- 852 Subarachnoid, subdural and extradural hemorrhage, fol-  
lowing injury (without mention of cerebral laceration  
or contusion)
- 853 Other and unspecified intracranial hemorrhage following  
injury (without mention of cerebral laceration or con-  
tusion)
- 854 Intracranial injury of other and unspecified nature

**Internal injury of chest, abdomen, and pelvis (860-869)**

- 860 Traumatic pneumothorax and hemothorax
- 861 Injury to heart and lung
- 862 Injury to other and unspecified intrathoracic organs
- 863 Injury to gastrointestinal tract
- 864 Injury to liver
- 865 Injury to spleen
- 866 Injury to kidney
- 867 Injury to pelvic organs

- 868 Injury to other and unspecified intra-abdominal organs
- 869 Internal injury, unspecified, or involving intrathoracic and intra-abdominal organs

**Laceration and open wound of head, neck, and trunk (870-879)**

- 870 Open wound of eye and orbit
- 871 Enucleation of eye
- 872 Open wound of ear
- 873 Other and unspecified laceration of head
- 874 Open wound of neck
- 875 Open wound of chest (wall)
- 876 Open wound of back
- 877 Open wound of buttock
- 878 Open wound of genital organs (external) including traumatic amputation
- 879 Other, multiple, and unspecified open wounds of head, neck, and trunk

**Laceration and open wound of upper limb (880-887)**

- 880 Open wound of shoulder and upper arm
- 881 Open wound of elbow, forearm, and wrist
- 882 Open wound of hand except finger(s) alone
- 883 Open wound of finger(s)
- 884 Multiple and unspecified open wound of upper limb
- 885 Traumatic amputation of thumb (complete) (partial)
- 886 Traumatic amputation of other finger(s) (complete) (partial)
- 887 Traumatic amputation of arm and hand (complete) (partial)

**Laceration and open wound of lower limb (890-897)**

- 890 Open wound of hip and thigh
- 891 Open wound of knee, leg (except thigh), and ankle
- 892 Open wound of foot, except toe(s) alone
- 893 Open wound of toe(s)
- 894 Multiple and unspecified open wound of lower limb
- 895 Traumatic amputation of toe(s) (complete) (partial)
- 896 Traumatic amputation of foot (complete) (partial)
- 897 Traumatic amputation of leg(s) (complete) (partial)

**Laceration and open wound of multiple location (900-907)**

- 900 Multiple open wounds of both upper limbs
- 901 Multiple open wounds of both lower limbs
- 902 Multiple open wounds of upper with lower limb(s)
- 903 Multiple open wounds of both hands
- 904 Multiple open wounds of head with limb(s)
- 905 Multiple open wounds of trunk with limb(s)
- 906 Multiple open wounds of face with limb(s)
- 907 Multiple open wounds of other and unspecified location

**Superficial injury (910-918)**

- 910 Superficial injury of face, neck, and scalp
- 911 Superficial injury of trunk
- 912 Superficial injury of shoulder and upper arm
- 913 Superficial injury of elbow, forearm, and wrist
- 914 Superficial injury of hand(s), except finger(s) alone
- 915 Superficial injury of finger(s)
- 916 Superficial injury of hip, thigh, leg, and ankle
- 917 Superficial injury of foot and toe(s)
- 918 Superficial injury of other, multiple, and unspecified sites

**Contusion and crushing with intact skin surface (920-929)**

- 920 Contusion of face, scalp, and neck except eye(s)
- 921 Contusion of eye and orbit
- 922 Contusion of trunk
- 923 Contusion of shoulder and upper arm
- 924 Contusion of elbow, forearm, and wrist
- 925 Contusion of hand(s), except finger(s) alone
- 926 Contusion of finger(s)
- 927 Contusion of hip, thigh, leg, and ankle
- 928 Contusion of foot and toe(s)
- 929 Contusion of other, multiple, and unspecified sites

**Effects of foreign body, entering through orifice (930-939)**

- 930 Foreign body in eye and adnexa
- 931 Foreign body in ear
- 932 Foreign body in nose
- 933 Foreign body in pharynx and larynx
- 934 Foreign body in bronchus and lung
- 935 Foreign body in mouth, esophagus, and stomach

- 936 Foreign body in intestine and colon
- 937 Foreign body in anus and rectum
- 938 Foreign body in digestive system, unspecified
- 939 Foreign body in genitourinary tract

**Burn (940-949)**

- 940 Burn confined to eye
- 941 Burn confined to face, head, and neck
- 942 Burn confined to trunk
- 943 Burn confined to upper limb, except wrist and hand
- 944 Burn confined to wrist(s) and hand(s)
- 945 Burn confined to lower limb(s)
- 946 Burn involving face, head, and neck, with limb(s)
- 947 Burn involving trunk with limb(s)
- 948 Burn involving face, head, and neck, with trunk and limb(s)
- 949 Burn involving other and unspecified parts

**Injury to nerves and spinal cord (950-959)**

- 950 Injury to optic nerve(s)
- 951 Injury to other cranial nerve(s)
- 952 Injury to nerve(s) in upper arm
- 953 Injury to nerve(s) in forearm
- 954 Injury to nerve(s) in wrist and hand
- 955 Injury to nerve(s) in thigh
- 956 Injury to nerve(s) in lower leg
- 957 Injury to nerve(s) in ankle and foot
- 958 Spinal cord lesion without evidence of spinal bone injury
- 959 Other nerve injury including nerve injury in several parts

**Adverse effect of medicinal agents (960-979)**

- 960 Adverse effect of antibiotics
- 961 Adverse effect of other anti-infectives
- 962 Adverse effect of hormones and synthetic substitutes
- 963 Adverse effect of primarily systemic agents
- 964 Adverse effect of agents primarily affecting blood constituents
- 965 Adverse effect of analgesics and antipyretics
- 966 Adverse effect of anticonvulsants
- 967 Adverse effect of other sedatives and hypnotics

- 968 Adverse effect of other central nervous system depressants
- 969 Adverse effect of local anesthetics
- 970 Adverse effect of psychotherapeutics
- 971 Adverse effect of other central nervous system stimulants
- 972 Adverse effect of agents primarily affecting the autonomic nervous system
- 973 Adverse effect of agents primarily affecting cardiovascular system
- 974 Adverse effect of drugs primarily affecting gastrointestinal system
- 975 Adverse effect of diuretics
- 976 Adverse effect of agents acting directly upon musculoskeletal system
- 977 Adverse effect of other and unspecified drugs
- 978 Adverse effect of two or more medicinal agents in specified combinations
- 979 Alcohol in combination with specified medicinal agents

**Toxic effect of substances chiefly nonmedicinal as to source  
(980-989)**

- 980 Toxic effect of alcohol
- 981 Toxic effect of petroleum products
- 982 Toxic effect of industrial solvents
- 983 Toxic effect of corrosive aromatics, acids, and caustic alkalis
- 984 Toxic effect of lead and its components (including fumes)
- 985 Toxic effect of other metals, chiefly nonmedicinal as to source
- 986 Toxic effect of carbon monoxide
- 987 Toxic effect of other gases, fumes, or vapors
- 988 Toxic effect of noxious foodstuffs
- 989 Toxic effect of other substances chiefly nonmedicinal as to source

**Other adverse effects (990-999)**

- 990 Effects of radiation
- 991 Effects of reduced temperature and excessive dampness
- 992 Effects of heat
- 993 Effects of air pressures
- 994 Effects of other external causes



- 995 Certain early complications of trauma
- 996 Injury, other and unspecified
- 997 Complications peculiar to certain surgical procedures
- 998 Other complications of surgical procedures
- 999 Other complications of medical care

**E XVII. ACCIDENTS, POISONINGS, AND VIOLENCE  
(EXTERNAL CAUSE) (E800-E999)**

**Railway accidents (E800-E807)**

- E800 Railway accident involving collision with rolling stock
- E801 Railway accident involving collision with other object
- E802 Railway accident involving derailment without antecedent collision
- E803 Railway accident involving explosion, fire, burning
- E804 Fall in, on, or from train
- E805 Hit by rolling stock
- E806 Other specified railway accident
- E807 Railway accident of unspecified nature

**Motor vehicle traffic Accidents (E810-E819)**

- E810 Motor vehicle traffic accident involving collision with train
- E811 Motor vehicle traffic accident involving collision with street car
- E812 Motor vehicle traffic accident involving collision with another motor vehicle
- E813 Motor vehicle traffic accident involving collision with other vehicle
- E814 Motor vehicle traffic accident involved collision with pedestrian
- E815 Other motor vehicle traffic accident involving collision
- E816 Noncollision motor vehicle traffic accident due to loss of control
- E817 Noncollision motor vehicle traffic accident while boarding or alighting
- E818 Other noncollision motor vehicle traffic accident
- E819 Motor vehicle traffic accident of unspecified nature

**Motor Vehicle Nontraffic Accidents (E820-E823)**

- E820 Motor vehicle nontraffic accident involving collision with moving object
- E821 Motor vehicle nontraffic accident involving collision with stationary object
- E822 Motor vehicle nontraffic accident while boarding or alighting
- E823 Motor vehicle nontraffic accident of other and unspecified nature

**Other road vehicle accidents (E825-E827)**

- E825 Street car accident
- E826 Pedal cycle accident
- E827 Other nonmotor road vehicle accident

**Water transport accidents (E830-E838)**

- E830 Accident to watercraft causing submersion
- E831 Accident to watercraft causing other injury
- E832 Other accidental submersion or drowning in water transport
- E833 Fall on stairs or ladders in water transport
- E834 Other fall from one level to another in water transport
- E835 Other and unspecified fall in water transport
- E836 Machinery accident in water transport
- E837 Explosion, fire, burning and in water transport
- E838 Other and unspecified water transport accident

**Air and space transport accidents (E840-E845)**

- E840 Accident to powered aircraft at take-off or landing
- E841 Accident to powered aircraft, other and unspecified
- E842 Accident to unpowered aircraft
- E843 Fall in, on, or from aircraft
- E844 Other specified air transport accidents
- E845 Accident involving spacecraft

**Accidental poisoning by drugs and medicaments (E850-E859)**

- E850 Accidental poisoning by antibiotics and other anti-infectives
- E851 Accidental poisoning by hormones and synthetic substitutes

- E852 Accidental poisoning by primarily systemic and hematologic agents
- E853 Accidental poisoning by analgesics and antipyretics
- E854 Accidental poisoning by other sedatives and hypnotics
- E855 Accidental poisoning by autonomic nervous system and psychotherapeutic drugs
- E856 Accidental poisoning by other central nervous system depressants and stimulants
- E857 Accidental poisoning by cardiovascular drugs
- E858 Accidental poisoning by gastrointestinal drugs
- E859 Accidental poisoning by other and unspecified drugs and medicaments

**Accidental poisoning by other solid and liquid substances (E860-E869)**

- E860 Accidental poisoning by alcohol
- E861 Accidental poisoning by cleansing and polishing agents
- E862 Accidental poisoning by disinfectants
- E863 Accidental poisoning by paints and varnishes
- E864 Accidental poisoning by petroleum products and other solvents
- E865 Accidental poisoning by pesticides, fertilizers, or plant food
- E866 Accidental poisoning by heavy metals and their fumes
- E867 Accidental poisoning by corrosives and caustics, not elsewhere classified
- E868 Accidental poisoning by noxious foodstuffs and poisonous plants
- E869 Accidental poisoning by other and unspecified solid and liquid substances

**Accidental poisoning by gases and vapors (E870-E877)**

- E870 Accidental poisoning by gas distributed by pipeline
- E871 Accidental poisoning by liquefied petroleum gas distributed in mobile containers
- E872 Accidental poisoning by other utility gas
- E873 Accidental poisoning by motor vehicle exhaust gas
- E874 Accidental poisoning by carbon monoxide from incomplete combustion of domestic fuels
- E875 Accidental poisoning by other carbon monoxide

- E876 Accidental poisoning by other gases and vapors
- E877 Accidental poisoning by unspecified gases and vapors

#### **Accidental falls (E880-E887)**

- E880 Fall on or from stairs or steps
- E881 Fall on or from ladders or scaffolding
- E882 Fall from or out of building or other structure
- E883 Fall into hole or other opening in surface
- E884 Other fall from one level to another
- E885 Fall on same level from slipping, stumbling, or tripping
- E886 Fall on same level from collision, pushing, or shoving by or with other person
- E887 Other and unspecified fall

#### **Accidents caused by fires and flames (E890-E899)**

- E890 Accident caused by conflagration in private dwelling
- E891 Accident caused by conflagration in other building or structure
- E892 Accident caused by conflagration not in building or structure
- E893 Accident caused by ignition of clothing
- E894 Accident caused by ignition of highly inflammable material
- E895 Accident caused by controlled fire in private dwelling
- E896 Accident caused by controlled fire in other building or structure
- E897 Accident caused by controlled fire not in building or structure
- E898 Accident caused by other specified fires or flames
- E899 Accident caused by unspecified fire

#### **Accidents due to natural and environmental factors (E900-E909)**

- E900 Excessive heat
- E901 Excessive cold
- E892 High and low air pressure
- E903 Effects of travel and motion
- E904 Hunger, thirst, exposure, and neglect
- E905 Bites and stings of venomous animals and insects
- E906 Other accidents caused by animals

- E907 Lightning
- E908 Cataclysm
- E909 Accident due to other natural environmental factors

**Other accidents (E910-E929)**

- E910 Accidental drowning and submersion
- E911 Inhalation and ingestion of food causing obstruction or suffocation
- E912 Inhalation and ingestion of other object causing obstruction or suffocation
- E913 Accidental mechanical suffocation
- E914 Foreign body accidentally entering eye and adnexa
- E915 Foreign body accidentally entering other orifice
- E916 Struck accidentally by falling object
- E917 Striking against or struck accidentally by objects
- E918 Caught accidentally in or between objects
- E919 Overexertion and strenuous movements
- E920 Accidents caused by cutting or piercing instruments
- E921 Accidents caused by explosion of pressure vessel
- E922 Accident caused by firearm missiles
- E923 Accident caused by explosive material
- E924 Accident caused by hot substance, corrosive liquid, and steam
- E925 Accident caused by electric current
- E926 Accident caused by radiation
- E927 Vehicle accidents not elsewhere classifiable
- E928 Machinery accidents not elsewhere classifiable
- E929 Other and unspecified accidents

**Surgical and medical complications and misadventures (E930-E936)**

- E930 Complications and misadventures in operative therapeutic procedures
- E931 Complications and misadventures in other and unspecified therapeutic procedures
- E932 Complications and misadventures in diagnostic procedures
- E933 Complications and misadventures in prophylaxis with bacterial vaccines
- E934 Complications and misadventures in prophylaxis with other vaccines

- E935 Complications and misadventures in other prophylactic procedures
- E936 Complications and misadventures in other nontherapeutic procedures

**Late effects of accidental injury (E940-E949)**

- E940 Late effect of motor vehicle accident
- E941 Late effect of other transport accident
- E942 Late effect of accidental poisoning
- E943 Late effect of accidental fall
- E944 Late effect of accident caused by fire
- E945 Late effect of accident due to natural and environmental factors
- E946 Late effect of other accident
- E947 Late effect of surgical operation
- E948 Late effect of irradiation
- E949 Late effect of other surgical and medical procedures

**Suicide and self-inflicted injury (E950-E959)**

- E950 Suicide and self-inflicted poisoning by solid or liquid substances
- E951 Suicide and self-inflicted poisoning by gases in domestic use
- E952 Suicide and self-inflicted poisoning by other gases
- E953 Suicide and self-inflicted injury by hanging, strangulation, and suffocation
- E954 Suicide and self-inflicted injury by submersion (drowning)
- E955 Suicide and self-inflicted injury by firearms and explosives
- E956 Suicide and self-inflicted injury by cutting and piercing instruments
- E957 Suicide and self-inflicted injury by jumping from high place
- E958 Suicide and self-inflicted injury by other and unspecified means
- E959 Late effect of self-inflicted injury

**Homicide and injury purposely inflicted by other persons (E960-E969)**

- E960 Fight, brawl, or rape

- E961 Assault by corrosive or caustic substances, except poisoning
- E962 Assault by poisoning
- E963 Assault by hanging and strangulation
- E964 Assault by submersion (drowning)
- E965 Assault by firearms and explosives
- E966 Assault by cutting and piercing instruments
- E967 Assault by pushing from high place
- E968 Assault by other and unspecified means
- E969 Late effect of injury purposely inflicted by other person

**Legal intervention (E970-E978)**

- E970 Injury due to legal intervention by firearms
- E971 Injury due to legal intervention by explosives
- E972 Injury due to legal intervention by gas
- E973 Injury due to legal intervention by blunt object
- E974 Injury due to legal intervention by cutting and piercing instruments
- E975 Injury due to legal intervention by other specified means
- E976 Injury due to legal intervention by unspecified means
- E977 Late effect of injuries due to legal intervention
- E978 Legal execution

**Injury undetermined whether accidentally or purposely inflicted (E980-E989)**

- E980 Poisoning by solid or liquid substances, undetermined whether accidentally or purposely inflicted
- E981 Poisoning by gases in domestic use, undetermined whether accidentally or purposely inflicted
- E982 Poisoning by other gases, undetermined whether accidentally or purposely inflicted
- E983 Hanging and strangulation, undetermined whether accidentally or purposely inflicted
- E984 Submersion (drowning), undetermined whether accidentally or purposely inflicted
- E985 Injury by firearms and explosives, undetermined whether accidentally or purposely inflicted
- E986 Injury by cutting and piercing instruments, undetermined whether accidentally or purposely inflicted
- E987 Falling from high place, undetermined whether accidentally or purposely inflicted

- E988 Injury by other and unspecified means, undetermined whether accidentally or purposely inflicted
- E989 Late effect of injury, undetermined whether accidentally or purposely inflicted

**Injury resulting from operations of war (E990-E999)**

- E990 Injury due to war operations by fires and conflagrations
- E991 Injury due to war operations by bullets and fragments
- E992 Injury due to war operations by explosion of marine weapons
- E993 Injury due to war operations by other explosion
- E994 Injury due to war operations by destruction of aircraft
- E995 Injury due to war operations by other and unspecified forms of conventional warfare
- E996 Injury due to war operations by nuclear weapons
- E997 Injury due to war operations by other forms of unconventional warfare
- E998 Injury due to war operations but occurring after cessation of hostilities
- E999 Late effect of injury due to war operations