Part I

Introduction

After more than a decade of intensive work, the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) [1] has been finalized and published by the World Health Organization (WHO). It has been produced as a response to recent changes in health service systems in different parts of the world incorporating significant new knowledge that has become available in the past decade [2]. The ICD-10 consists of 21 chapters covering the whole of medical practice. Chapter V of the ICD-10 deals with mental and behavioural disorders and has been produced in several versions, each of which is intended for a particular purpose and aimed at specific users. The main versions of the *ICD-10 Classification of Mental and Behavioural Disorders* are: *Clinical Descriptions and Diagnostic Guidelines* (CDDG) [3] – an assembly of detailed specifications of the main clinical features of mental and behavioural disorders intended for general clinical, educational and service use by psychiatrists and other mental health professionals; *Diagnostic Criteria for Research* (DCR) [4] – a set of specified, operational criteria and rules intended for diagnostic purposes in research on mental and behavioural disorders; *Multiaxial Presentations of the ICD-10* – classificatory systems for the assessment of different attributes of the patient's clinical condition, designed for use in adult psychiatry and child and adolescent psychiatry [5]; *ICD-10 Primary Health Care Version* (ICD-10 PHC) [6]– a simplified list of psychiatric conditions accompanied by guidelines about diagnosis and management for use in primary health care. The ICD-10 'family' of classifications have so far been produced in equivalent versions in 36 different languages.

The recently finalized multiaxial presentation of the ICD-10 for use in adult psychiatry (hereafter ICD-10 multiaxial system) is a new member of the ICD-10 'family' of classifications and is designed as a tool for clinicians' multiaspect assessment and comprehensive formulation of the psychiatric patient's clinical condition. The ICD-10 presented as a

multiaxial system uses the following axes: Axis I – Clinical diagnoses; Axis II – Disabilities; and Axis III – Contextual factors. Axis I of the outlined schema covers both the mental and physical disorders catalogued in Chapters I–XX (categories A00–Y98) of ICD-10. Axis II deals with disability due to impairments produced by the disorder(s) from which the patient suffers. It is accompanied by the WHO Short Disability Assessment Schedule (WHO DAS-S) – an instrument derived from the WHO Psychiatric Disability Assessment Schedule (WHO DAS) [7] and designed for the assessment of disabilities in the following areas of the patient's functioning: personal care; occupation; family and household; and the broader social context (e.g. leisure activities) [8]. Axis III of the system is intended for clinicians' reporting of contextual factors that influence the diagnosis, treatment or prognosis of disorders that are recorded on Axis I. It includes a selection of ICD-10 Z categories, i.e., Factors Influencing Health Status and Contact with Health Services (Chapter XXI of ICD-10) [9].

Between 1993 and 1995 the cross-cultural applicability and reliability of the ICD-10 multiaxial system were explored in two WHO-coordinated international field trials involving 274 clinicians from 20 countries spanning all the regions of the world (Africa, Asia, Europe, Latin America, North America and Oceania). About 90% of the clinicians belonging to different psychiatric schools and traditions found the ICD-10 multiaxial system to be easy to use, useful and applicable for use in their cultures and settings.

The field trials results of the ICD-10 multiaxial system indicated that there are a number of areas of its possible application across cultures and settings. The first of these areas is routine clinical work in which the ICD-10 multiaxial system could represent a useful tool for the efficient simultaneous assessment of different aspects of the patient's illness and thus better understanding of the patient's plight, impairment and surrounding circumstances. Research on mental disorders is the second area of possible application of the ICD-10 multiaxial system. The system allows more thorough, uniform and consistent collection of data and can improve the reliability and precision of the assessment and increase the consistency and comparability of the collected information. The systematic application of the ICD-10 multiaxial system could also generate a database useful in both routine clinical care and research. The extensive multiaspect coverage of the patient's illness makes the ICD-10 multiaxial system a useful teaching tool in the training of mental health professionals. The application of the system can teach a disciplined and

complete review of the different aspects of the patient's illness necessary for a thorough clinical examination. Modern information processing technology makes the retrieval, organization and communication of different diagnostic statements from the ICD-10 multiaxial system easy, thus ensuring its suitability for the coding and statistical reporting of morbidity. Properly used, the multiaxial classification can also provide valuable information for epidemiological studies and for the management of health services [10].

Dr A. Janca
Dr M. Kastrup
Dr H. Katschnig
Dr J.J. López-Ibor, Jr
Dr J.E. Mezzich
Dr N. Sartorius

Dr A. Bertelsen and Dr J.E. Cooper provided the authors of this book with the most valuable comments on the presentation of the ICD-10 multiaxial system.

References

1. World Health Organization (1992) *International Statistical Classification of Diseases and Related Health Problems, tenth revision (ICD-10)*. Geneva: World Health Organization.
2. Sartorius, N. (1995) *Understanding the ICD-10 Classification of Mental Disorders: A Pocket Reference*. London: Science Press.
3. World Health Organization (1992) *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines*. Geneva: World Health Organization.
4. World Health Organization (1993) *The ICD-10 Classification of Mental and Behavioural Disorders: Diagnostic Criteria for Research*. Geneva: World Health Organization.
5. World Health Organization (1996) *Multiaxial Classification of Child and Adolescent Psychiatric Disorders*. Cambridge: Cambridge University Press.
6. World Health Organization (1996) *Diagnostic and Management Guidelines for Mental Disorders in Primary Care: ICD-10*. Chapter V Primary Care Version. Göttingen: WHO/Hogrefe and Huber Publishers.
7. World Health Organization (1988) *WHO Psychiatric Disability Assessment Schedule (WHO/DAS)*. Geneva: World Health Organization.

8. Janca, A., Kastrup, M., Katschnig, H., López-Ibor, J.J. Jr, Mezzich, J.E., Sartorius, N. (1996) The World Health Organization's short disability assessment schedule (WHO DAS-S): a tool for the assessment of difficulties in selected areas of functioning of patients with mental disorders. *Social Psychiatry and Psychiatric Epidemiology*, **31**, 349–54.
9. Janca, A., Kastrup, M., Katschnig, H., López-Ibor, J.J. Jr, Mezzich, J.E., Sartorius, N. (1996) Contextual aspects of mental disorders: a proposal for axis III of the ICD-10 multiaxial system. *Acta Psychiatrica Scandinavica*, **94**, 31–6.
10. Janca, A., Kastrup, M., Katschnig, H., López-Ibor, J.J. Jr, Mezzich, J.E., Sartorius, N. (1996) The ICD-10 multiaxial system for use in adult psychiatry: structure and applications. *Journal of Nervous and Mental Disease*, **184** (3), 191–2.

Acknowledgements

Following is a listing of the individuals and centres participating in various activities related to the development and testing of the Multiaxial Presentation of ICD-10.

Overall coordination: Dr A. Janca and Dr N. Sartorius, Geneva, Switzerland.

Members of the expert advisory committee: Dr M. Kastrup, Hvidovre, Denmark; Dr H. Katschnig, Vienna, Austria; Dr J.J. López-Ibor, Jr, Madrid, Spain; Dr J.E. Mezzich, New York (formerly Pittsburgh), USA.

Field trials data analysis: Dr L. Kirisci, Pittsburgh, USA.

Axis III definitions: Dr S. Saxena, New Delhi, India.

Directors of the field trials coordinating centres: Dr A. Bertelsen, Aarhus, Denmark; Dr D. Caetano, Campinas, Brazil; Dr S.M. Channabasavanna, Bangalore, India; Dr H. Dilling, Lübeck, Germany; Dr M. Gelder, Oxford, UK; Dr J.J. López-Ibor Jr, Madrid, Spain; Dr G. Mellsop, Wellington, New Zealand; Dr Y. Nakane, Nagasaki, Japan; Dr A. Okasha, Cairo, Egypt; Dr Ch. Pull, Luxembourg; Dr D. Regier, Rockville, USA (coordinator Dr J.E. Mezzich, Pittsburgh, USA); Dr Xu Tao-Yuan, Shanghai, China.

Field trials participants reporting to coordinating centres in:

Aarhus, Denmark: Dr A. Bertelsen, Aarhus; Dr R. Giel, Groningen, Netherlands; Dr A. de Jong, Groningen, Netherlands; Dr Dehelean, Timosoara, Romania; Dr O.J.K. Larsen, Frederiksberg; Dr M. Kastrup, Hvidovre.

Bangalore, India: Dr A.K. Agarwal, Lucknow; Dr L.N. Gupta, Udaipur; Dr S. Saxena, New Delhi; Dr R.S. Murthy, Bangalore; Dr M. Varwaese, Bangalore; Dr C. Shamasundar, Bangalore; Dr L.N. Sharma, Ranchi;

Dr V. K. Varma, Chandigarh; Dr C.R. Chandrashekar, Bangalore; Dr U. Maung Ko, Yangon, Myanmar.

Cairo, Egypt: Dr A. Okasha, Cairo; Dr Bahjat Abdel Rahim, Al Fhais, Jordan.

Campinas, Brazil: Dr M. Jorge, Sao Paulo; Dr E.D. Busnello, Porto Alegre.

Luxembourg: Dr J.D. Guelfi, Paris, France; Dr van Amerongen, St Germain, France; Dr Dollfus, Rouen, France.

Lübeck, Germany: Dr H. Biehl, Frankfurt am Main; Dr M. von Cranach, Kaufbeuren; Dr H. Dilling, Lübeck; Dr V. Dittmann, Basel, Switzerland; Dr H. Helmchen, Berlin; Dr W. Schneider, Dortmund; Dr S. Tonscheidt, Donaueschingen; Dr R.D. Stieglitz, Freiburg/Breisgau; Dr P. Hoff, München; Dr H. Katschnig, Dr M. Amering, Dr C. Klier, Dr C. Holzinger, Dr C. Müler, Dr J. Wancata, Dr J. Windhab, Dr B. Fink, Dr E. Etzesdorfer, Vienna, Austria; Dr M. Poustka, Frankfurt/Main; Dr W. Mombour, München; Dr M. Zaudig, Windach.

Madrid, Spain: Dr J.J. López-Ibor, Jr., Dr C. Carbonell, Dr M. Henández-Herreros, Dr A. Fernández-Liria, Dr B. Viar, Dr J. Santo-Domingo, Dr M. Delgado, Dr J.F. Durán, Dr T. Palomo, Dr C. Leal, Valencia; Dr T. Angosto, Vigo; Dr J.F. Diez-Manrique, Santander; Dr A. Medina, Córdoba; Dr J. Bobes, Oviedo; Dr S. Cervera, Pamplona; Dr F.J. Vaz, Badajoz; Dr J. Pérez de los Cobos, Barcelona; Dr M. Ruiz, Málaga; Dr J.L. González de Rivera, Tenerife; Dr J. Vallejo, Barcelona; Dr A. Rodríguez, Santiago de Compostela; Dr J.M. Mongil, Sevilla; Dr E. Peñuelas, Oviedo; Dr F. Rivas, Málaga; Dr J. Sama, Córdoba; Dr F. Lolas, Santiago de Chile; Dr A. Otero, Havana, Cuba; Dr P. Valdés, Havana, Cuba; Dr D. Warthon, Lima, Peru; Dr O. Alonso-Betancourt, Camaguey, Cuba.

Nagasaki, Japan: Dr Y. Nakane, Nagasaki; Dr Y. Honda, Tokyo; Dr M. Nishizono, Fukuoka; Dr Y. Okubo, Tokyo; Dr T. Takahashi, Chiba; Dr I. Yamashita, Sapporo; Dr M. Asai, Tokyo; Dr N. Yamaguchi, Kanazawa.

Oxford, UK: Dr M. Gelder, Oxford; Dr J. Corbett, Birmingham; Dr G.W. Fenton, Dundee; Dr J. Lucey, Beckenham; Dr V.M. Mathew, Leicester; Dr G. Milner, Worcester; Dr R. Peveler, Southampton; Dr M.A. Reveley, Leicester; Dr P. Smolik, Prague, Czech Republic; Dr P. Tyrer, London; Dr P. Wright, Beckenham.

Rockville/Pittsburgh, USA: Dr J.E. Mezzich, Pittsburgh, PA; Dr P. Garrido, Cambridge, MA; Dr A.F. Lehman, Baltimore, MD; Dr A. Gruenberg, Philadelphia, PA; Dr Keh-Ming Lin, Torrance, CA.

Shanghai, China: Dr Xu Tao-Yuan, Shanghai; Dr Shen Yu-Cun, Beijing.

Wellington, New Zealand: Dr G. Mellsop, Wellington; Dr E. Chiu, Melbourne, Australia; Dr P. Ellis, Wellington; Dr G. Ungvari, Rosanna, Australia; Dr P. McGorry, Melbourne, Australia.

The Axis I and Axis III glossaries in Part II of this volume are based on the World Health Organization (1992) *The Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10)*, published by WHO, Geneva, reproduced with permission.

Development of the ICD-10 multiaxial system

The first multiaxial system developed under WHO auspices was a multiaxial classification of mental disorders in childhood. This classification, originally produced as a companion to the ICD-8, currently uses ICD-10 diagnoses and places them in the following multiaxial framework: Axis I – Clinical psychiatric syndromes; Axis II – Specific disorders of psychological development; Axis III – Intellectual level; Axis IV– Medical conditions; Axis V – Associated abnormal psychosocial situations; and Axis VI – Global assessment of psychosocial disability.

Another multiaxial system produced and tested in the framework of a WHO study in primary care settings is a triaxial classification of problems frequently presenting in primary health care. The system was developed to facilitate and stimulate the recording of psychosocial problems in primary health care and requires that general practitioners record for each patient: (a) psychological problem(s); (b) social problem(s); (c) physical problem(s). The fact that the system was not linked to the main body of the ICD–10 made its use sporadic and less attractive.

Since a WHO meeting on the diagnosis and classification of mental disorders held in Moscow in 1969, there has been a number of recommendations regarding the development of a multiaxial classification of mental disorders in old age. The axes were to serve for the recording of the clinical psychiatric syndrome, of the type of (cognitive) impairment and of the severity of the patient's condition in general (i.e., dependence on others for survival). These proposals were not field tested because of the shortage of funds and the fact that the mental (and general) health of the elderly was until recently seen as a problem mainly concerning industrialized countries with which they can deal without involvement of WHO.

The work on the development of the ICD-10 multiaxial system for use in adult psychiatry started in the mid-1980s with the production of a preliminary draft of the schema, which was reviewed by a number of WHO experts and collaborators in different countries. Valuable suggestions

were also obtained through the World Psychiatric Association (WPA) and from consultations with national psychiatric societies on ICD-10 proposals. Most of the experts suggested that the multiaxial presentation of ICD-10 should be constructed so as to be simple and easy to use in a variety of countries, cultures and settings, and by clinicians and researchers belonging to different psychiatric schools and traditions.