

Anxiety Disorders: ICD-10 / ICD-11 & DSM – V

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Introduction:

There is no cause in your problem that may be called anxiety. This is also called “psychoneurotic disorder” earlier causes of various psychological defense mechanisms such as depression, conversion and displacement etc. Differentiate the three diagnostic criteria in the chapters of anxiety disorders.

DSM – One, Two & Three:

There are factors like long lasting ailment, unique pressure in the problems, supercharged communicated feelings, forceful motivations as aggression and disdain. Here they referenced nervousness problems in different kinds a) tension response, b) separation response c) transformation response, d)phobic response, e)obsessive enthusiastic response, f) burdensome response, g) other psychoneurotic response and so on((1). Here it's sort of attributes of despondency causes straightforwardly and oblivious. Different sorts separated as a) uneasiness mental issues, b) insane despondency, c) insane depression transformation type, d) insane despondency dissociative sort, e) phobic hypochondria, f) over the top impulsive hypochondria, g) burdensome hypochondria f) neurasthenic despondency g) depersonalization despondency, h) hypochondrial hypochondria i)other and undefined anxiety (2). In the DSM III release uneasiness problems blended in with alarm confusion and finding of an Anxiety Disorder isn't made on the off chance that the nervousness is because of another issue, like Schizophrenia, an Affective Disorder, or an Organic Mental Disorder. Agoraphobia additionally referenced as independent classification and certain elements like time of beginning (mid 20's), Course (fluctuating), Impairment (individual and social), Complications (other mental circumstances, drugs), Predisposing factor (fear of abandonment from youth), most often determined to have ladies (3).

AGOROPHOBIA:

ICD -10 (F40.01)	ICD – 11 (6B02)	DSM – V (300.22)
<p>Criteria A: There is Marked and consistently manifest fear in or avoidance of at least two of the following situations 1) Crowds, 2)Public Places, 3)Travelling alone, 4)Travelling away from home. Criteria B: Two of the symptoms should present feared situation and presented jointly since the commencement of the disorder and one of the four symptoms should present in the following: Autonomic Arousal symptoms 1)Palpitations or pounding or accelerated heart rate, 2)Sweating, 3)Shaking, 4)Dry mouth</p>	<ul style="list-style-type: none"> Three important symptoms presented with the certain examples. 	<p>Criteria A : Being in enclosed Places symptom added no 5. Diagnosis: At least two of the following situation in Criterion A, Duration 6 months..</p> <ul style="list-style-type: none"> ❖ In the Medical condition like e.g. inflammatory disease or Parkinson disease anxiety symptoms more excessive ❖ It is not be added with another medical condition and another psychiatric conditions as per DSM V. <p>Diagnosis: At least two of the following</p>

<p>Chest and Abdomen side effects: Difficulty in breathing, Feeling of Choking, Chest torment or Discomfort, Nausea or Abdominal Stress (e.g: Churning in stomach) Symptoms including mental state: 1)Feeling dazed, Unsteady, Faint or Lightheaded 2) Feeling that articles are unreal(De-acknowledgment) or that oneself is far off or 'Not exactly here' (Depersonalization) 3)Fear of Losing Control, 4)Fear of Dying 5)Hot Flushes or Cold chills 6)Numbness or Tingling sensations</p> <p>Models C: Significant profound pressure brought about by might be tension side effects and individual concerned its unnecessary or irrational.</p> <p>Models D:Symptoms are limited to or prevail in the dreaded circumstances or consideration of the dreaded circumstances.</p> <p>Rejection: Criteria A side effects not the consequence of dreams and mind flights of different problems like Organic mental issues (F00 - F09), Schizophrenia and related messes (F20-F29), Mood (Affective problems (F30-F39), OCD and isn't optional to social convictions.</p> <p>The presence or nonattendance of frenzy issue and greater part of agoraphobic circumstances determined by utilizing a fifth person:</p> <p>F40. 00 Without alarm jumble (Severity might be counted by level of aversion and record of explicit social setting)</p> <p>F40.01 With Panic issue (Severity counted by number of Panic Attacks)</p>		<p>situation in Criterion A, Duration 6 months.</p> <p>Related Features Supporting Diagnosis: Most serious structures, people become totally home bound, incapable to leave their home, subject to different administrations, help to give even to essential necessities. Disheartening and burdensome side effects, as well as maltreatment of liquor and narcotic medicine as improper self-drug methodologies are normal.</p> <p>Predominance: 1.7% (US) youths and grown-ups have a finding of agoraphobia. Females are two times encountering agoraphobia. Its happen in youth later frequency tops created in adulthood.</p> <p>Advancement and course: Mean age of this problem at 17 years. Starting beginning before 30 years there is a gamble following 40 years, procedures regardless of frenzy problem 25-29 years.</p> <p>Risk Factors: Temperamental: Conduct restraint and masochist demeanor exceptionally related with agoraphobia. Ecological: Negative occasions in youth, distressing occasions, being gone after or robbed are related with agoraphobia. There is a diminish warmth and increment overprotection in the family.</p> <p>Hereditary: Heritability for agoraphobia is 61%.</p> <p>Orientation related symptomatic issues: Females have different co dismal problems and guys has higher paces of co sullen in substance use problems.</p>
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SOCIAL PHOBIA:

ICD – 10 (F40.10)	DSM – V (300.23)	ICD – 11 (Social Anxiety Disorder – 6B04)
<p>Either of the following symptom present:</p> <p>1) marked fear of being focus the attention, fear of behaving in a way that will be embarrassing or humiliating.</p> <p>2)Marked fear of being focus of attention or of situations which there is fear of behaving embarrassing or humiliating way.</p> <p>These fears are manifested in social situation such as eating, speaking in public, encountering known peoples in public, or entering or enduring small group situations.</p> <p>Two of the nervousness side effects present F40.0 standard B have been manifest some time since beginning of the issue, together no</p>	<p>Symptoms almost like the same social situations mentioned with the examples.</p> <p>Fear of anxiety persistent for 6 months causes for impairment in functioning, not attribute to physiological effects or substance</p> <p>Associated Features supporting diagnosis: People might be exorbitantly compliant, or less regularly high controlling during discussion, shows plainly unbending body pose, keep in touch, talk with delicate voice. They might look for work a potential open door, inhabit home longer, men might be deferred in wedding, self prescription with substances is normal or advanced age</p>	<p>Symptoms persist at least several months and are sufficiently severe to result significant distress or significant impairment in personal, social, educational, occupational or other important areas of functioning.</p>

<p>less than one of the accompanying side effects: 1) Blushing or shaking 2) Fear of Vomiting 3) Urgency or feeling of dread toward micturation or crap. Critical close to home pain brought about by the side effects or by the evasion, and the individual perceives that these are extreme or outlandish. Side effects are confined to or prevail in the dreaded circumstances or thoughts of the dreaded circumstances. Avoidance: Delusion or visualizations, natural mental issue, Schizophrenia related messes, state of mind problems, OCD.</p>	<p>worsening of clinical disease like expanded quake or tachycardia. Risk Factors: Traits that incline people like social hindrance, anxiety toward pessimistic assessment. Youth abuse and misfortune might be available. Youngsters with high conduct hindrance are more helpless to natural impacts like socially restless displaying by guardians. First degree family members two - multiple times having chances of social uneasiness issue. The condition of TAIJIN KYOFUSHO satisfying measures for social uneasiness problem. Social tension problem is related with raised paces of school dropout and with diminished prosperity, business, work environment efficiency, financial status, and personal satisfaction.</p>	
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SPECIFIC PHOBIAS:

ICD – 10 (F40.2)	DSM – V (300.29)	ICD – 11 (Social Anxiety Disorder – 6B03)
<p>Either of the following present: Marked fear of a specific object or situation not included in Agoraphobia (F40.0) and Social Phobia (F40.1) Marked avoidance of a specific situation or object not included in Agoraphobia (F40.0) and Social Phobia (F40.1) Among the most common objects situations are animals, birds, insects, heights, thunder, flying, small enclosed places, the sight of blood or injury, injections, dentists and hospitals. Symptoms of anxiety in the feared situation defined in F40.0 Criterion B, must have been manifest some time since the onset of the disorder Significant emotional distress caused by the symptoms or the avoidance, and individual recognizes that these are excessive or unreasonable. Symptoms are restricted to the feared situation or contemplation of the feared situation Specific Phobia may be subdivided as follows: -Animal type(insects, dogs) - Nature forces (E.g. Storms, water) - Blood, injection and injury type - Situational type (Elevators, tunnels) - Other type</p>	<ul style="list-style-type: none"> - The symptoms persist 6 months or more - Symptoms create impairment in social, occupational and other areas of functioning - Symptoms not present in other conditions <p>Criteria added related to Phobia: 300.29(40.218) Animal 300.29(40.228) Nature or environment 300.29(40.23X) Blood injection or Injury 300.29(40.248) Situational 300.29(40.298) Other Approximately 75% individuals with specific phobia fear more than one object Prevalence in US 7-9% Risk factors: Negative affectivity (Neuroticism) (TEMPERAMENTAL), Behavioral inhibition, Risk factors of other anxiety disorders , Parental over protectiveness (ENVIRONMENTAL), Parental loss and separation, Physical and sexual abuse, Traumatic events. Individuals with specific phobia are up to 60% more likely to make a suicide attempt than are individuals without the diagnosis .</p>	<p>Symptoms persist for at least several months and are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. Inclusions: Simple Phobia Acrophobia Claustrophobia Exclusions: Body dysmorphic disorder (6B21) Hypochondriasis (6B23)</p>

PANIC DISORDER:

ICD – 10 (F41.0) Episodic Paroxysmal Anxiety	DSM – V (300.01)	ICD – 11 (6B01)
<p>Individual experiences recurrent panic attacks that's not consistently related with specific situation but occur spontaneously. Panic attack characterized by: 1)Discrete episode of intense fear or discomfort 2)it starts abruptly 3)it reaches maximum within a few minutes and lasts at least some minutes. Four of the following symptoms must be present: (Autonomic Arousal Symptoms) a)palpitations or pounding heart or accelerated heart rate, Sweating, Trembling or shaking, Dry mouth (Not due to medication or dehydration). Chest & Abdomen symptoms: a)Difficulty in breathing, b)Feeling of Choking c)Chest pain or discomfort d)Nausea or abdominal distress. Symptoms involving mental state: a)Feeling dizzy, faint or light-headed b)Depersonalization or De-realization c)Feeling loss of control, going crazy or passed out d)Fear of dying General Symptoms: a) Hot flushes or cold chills b)numbness or tingling sensations Exclusions: Organic Mental disorder, Psychotic disorder, Mood disorder and somatoform disorder. F41.00 at least four panic attacks in a 4 week period (Panic disorder – Moderate) F41.01 at least four panic attacks per week over a 4 week period (Panic disorder-Severe)</p>	<p>Abrupt onset occur from calm state or an anxious state with following symptoms: 1)palpitations, pounding heart or accelerated heart rate 2)Sweating 3)Trembling or shaking 4)Sensations or shortness of breath or smothering 5)Feelings of choking 6)Chest pain or discomfort 7)Nausea or abdominal stress 8)Feeling dizzy, unsteady, light headed, or faint 9)Chills or heat sensations 10)De-realization or Depersonalization 11)Feeling of losing control or going crazy 12)Fear of dying Culture explicit side effects (e.g.tinnitus, neck touchiness, cerebral pain, wild shouting or crying) might be seen One of the accompanying assault has been trailed by multi month time span: 1) Persistent concern or stress over their extra fits of anxiety or their results. 2)Significant maladaptive changes in conduct connected with the assaults. Jumble not owing to another ailments (for example Hyperthyroidism and Cardio aspiratory issues) and substance misuse. Unsettling influence isn't better made sense of by another psychological problem (for example Social nervousness issue, phobic confusion, OCD, PTSD and Separation tension turmoil) Moderate: One assaults each week Serious: Daily (weeks or months) Less Frequent assaults - 2 every month with at least four a rundown of 13 physical or mental side effects. Related highlights supporting finding: Unexpected fit of anxiety is a nighttime fit of anxiety (waking from rest in the condition of frenzy, which varies from overreacting after completely waking from rest). In US this kind of fit of anxiety happen ones of every one quarter or 1/3 in people with alarm jumble. People with alarm jumble frequently expecting with horrendous result. There might be worries with stressors, substance use to control fits of anxiety, outrageous ways of behaving to control fits of anxiety, US and European nations commonness 2-3% in grown-ups and youths. Females more impacted than guys. Low in before 14 years steady expansion in females during adolescence and adulthood. Risk Factors: Temperamental: Negative affectivity, Anxiety awareness, History of unfortunate spells, Separation nervousness in youth. Natural: Childhood actual maltreatment, Smoking is a gamble factor, Interpersonal stressor, Stressors connected with the actual prosperity, pessimistic encounters with substances, illness or demise in the family. Hereditary: Multiple qualities present weakness to the frenzy problem, alarm jumble underscore the amyglada and related structures, off springs of guardians with uneasiness, respiratory aggravation (e.g.asthma) related with alarm jumble. Social Syndromes: ataque de nervios (Attack of Nerves) khyal assaults in latin americans and "Soul Loss" among cambodians. Further more allude to the "Glossary of Cultural Concepts of Distress" in the Appendix DSM-V</p>	<p>Symptoms such as Palpitations, increased heart rate, Sweating, trembling, shortness of breath, dizziness, chest pain, dizziness, lightheadedness, chills, hot flushes, fear of imminent death. Significant impairment persists personal, family, social, educational, occupational and other areas of functioning. Symptoms are not manifest in another health condition and substance abuse Exclusions : Panic attack (MB23.H)</p>

	<p>Orientation Related: Some proof tracked down connected with sexual dimorphism, related between alarm jumble and Catecol - O - methyltransferase (COMT) quality in females as it were. Alarm jumble with a year history risk variables of self destruction. None of the lab discoveries considered determination of frenzy problem. Alarm jumble related with elevated degrees of individual, social, word related weakness, most grounded with agoraphobia. People with these issue found results missing from school, exiting from school, word related results joblessness, disability in obligations. Extreme circumstances related with less fortunate personal satisfaction, greater handicap.</p>	
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SELECTIVE MUTISM:

ICD -11 (6B06)	DSM – V (313.23)
<p>Particular mutism is portrayed reliable selectivity in talking, to such an extent that a kid shows satisfactory language skill in unambiguous social circumstances, commonly at home, yet reliably neglects to talk in others, ordinarily at school. The aggravation goes on for somewhere around one month, isn't restricted to the principal month of school, and is of adequate seriousness to slow down instructive or word related accomplishment or with social correspondence.</p>	<p>A. A. Consistent inability to talk in unambiguous social circumstances in which there is an assumption for talking (e.g., at school) in spite of talking in different circumstances.</p> <p>B. B. The aggravation obstructs instructive or word related accomplishment or with social correspondence.</p> <p>C. C. The length of the unsettling influence is somewhere around multi month (not restricted to the principal month of school).</p> <p>D. The inability to talk isn't owing to an absence of information on, or solace with, the communicated in language expected in the social circumstance. E. The unsettling influence isn't better made sense of by a correspondence problem (e.g., youth beginning familiarity issue) and doesn't happen only throughout mental imbalance range turmoil, schizophrenia, or another maniacal problem.</p>

IMPORTANT POINTS:

- ❖ Symptomatic changes in the each disorder as per ICD and DSM – V
- ❖ DSM – V Only focusing on the American residents population rather than world population prevalence in each disorders
- ❖ ICD-11 similarly followed the DSM –V diagnostic criteria but not mentioned the other aspects clinical features, epidemiology, and medical diagnosis
- ❖ New chapters were added in the ICD 11 after DSM – V
- ❖ Using the criteria may be seen in correlation as per ICD-10/ICD-11 and DSM-V
- ❖ Medical codes also different in the three diagnostic criteria
- ❖ Family factors not added
- ❖ social factors not added in the ICD -11

GENERALIZED ANXIETY DISORDER:

ICD – 10 (F41.1)	DSM – V (300.02)	ICD – 11 (6B00)
<p>There must be at least 6 months symptoms of prominent tension, worry, and feelings of apprehension about everyday events and problems. At least four of the following symptoms must be present at least one from (1) to (4) Autonomic Arousal symptoms: Palpitations, Sweating, Trembling, Dry mouth Symptoms involving chest and Abdomen: Difficulty in breathing, feeling of choking, Chest pain, Nausea Symptoms involving mental state: Feeling of dizzy, De-realization or De-personalization, Fear of losing control, Fear of dying. General Symptoms: Hot flushes or cold chills, numbness or tingling sensations. Symptoms of Tension: Muscle tension or aches and pains, restlessness and inability to relax, Feelings keyed up, A sensation of lump in the throat or difficulty in swallowing. Other Non-Specific symptoms: Exaggerated response to minor surprises being started, Difficulty in concentration may be going blank, Persistent irritability and difficulty in getting to sleep because of worrying.</p>	<p>Following 6 Symptoms (Anxiety or stress) endure in days not so much for no less than a half year. Aftereffects of disability in friendly, word related and other significant areas of working Not inferable from other ailments as well as substance misuse Not connected with another psychological issue Numerous people with GAD likewise insight in substantial side effects and overstated alarm reaction. Different circumstances might be related with pressure (Irritable gut disorder, Headaches) 0.9 % among youths and 2.9% Prevalence in US Side effects in GAD might be come and go across the life expectancy. Paces of full abatement extremely low. Might be over determined to have kids. Risk Factors: Temperamental: Behavioral hindrance, Negative affectivity and mischief aversion. Natural: Parental overprotection, generally no ecological elements, Genetic: 1/3 of the gamble in GAD is hereditary cross-over with the gamble of neuroticism. Culture Related: Somatic side effects prevail in the declaration of the problem. Orientation Related: Frequently in Females than guys they were bound with unipolar despondency though guys comorbidity substance use.</p>	<p>Symptoms persists at least several months manifest by either general apprehension (e.g. Free floating anxiety) or excessive worry (Everyday events). Symptoms result significant distress personal, social, family, social, educational, occupational and other important areas of functioning. Not manifest in another medical conditions and substance abuse</p>

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