

# ICD-10 Checklists—A Tool for Clinicians' Use of the ICD-10 Classification of Mental and Behavioral Disorders

A. Janca and W. Hiller

**The Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) checklists are a set of semistructured instruments designed for clinician assessment of mental and behavioral disorders according to ICD-10 criteria. The checklists have been produced as a package consisting of the ICD-10 Symptom Checklist and Glos-**

**sary and the International Diagnostic Checklists (IDCL) for ICD-10 and Manual. This report describes the main features of the newly released World Health Organization (WHO) instruments and specifies areas of possible application by clinicians.**

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**A**FTER A DECADE of development and testing, the World Health Organization (WHO) has recently produced and published a revised classification of the mental and behavioral disorders included as chapter V (categories F0 to F9) in the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).<sup>1</sup> To facilitate use of the classification in different cultures and settings and to enhance assessment of mental and behavioral disorders according to ICD-10 criteria, a set of standardized instruments has been produced by the WHO. The main WHO instruments are as follows: Composite International Diagnostic Interview (CIDI),<sup>2</sup> a highly structured interview schedule for use by trained lay interviewers in epidemiological studies of mental and behavioral disorders in general populations; Schedules for Clinical Assessment in Neuropsychiatry (SCAN),<sup>3</sup> a semistructured instrument for clinicians' assessment of adult psychopathology; and International Personality Disorder Examination (IPDE),<sup>4</sup> a clinician-administered interview schedule for assessment of behavior and life experiences relevant to the diagnosis of personality disorders. CIDI, SCAN, and IPDE have been tested in WHO-coordinated international field trials and were found to be cross-culturally acceptable and reliable diagnostic tools.<sup>5-11</sup>

Although highly standardized diagnostic instruments such as CIDI, SCAN, and IPDE

improve the precision of psychiatric assessment and increase the consistency and comparability of collected information, many clinicians consider them time-consuming, cumbersome, and inflexible for routine use in clinical settings. Clinicians generally prefer less structured diagnostic examinations that allow them to explore clinical hunches and offer more flexibility in adjusting the interview procedure to the level of the patient's intelligence, education, and clinical picture.<sup>12</sup>

To provide clinicians with an instrument suitable for use in routine clinical work, research, and training in clinical settings, the WHO has recently released a set of checklists based on ICD-10 clinical and research criteria for mental and behavioral disorders.<sup>13-14</sup> The checklists have been produced as a package consisting of two independently developed instruments, namely the ICD-10 Symptom Checklist and the International Diagnostic Checklists (IDCL) for ICD-10. Development and testing of ICD-10 checklists have been described elsewhere.<sup>15-17</sup> This article reviews the main features of the final versions of ICD-10 checklists and specifies possible applications by clinician users. Specific characteristics of the described instruments, such as diagnostic coverage, accompanying materials, and available translations, are summarized in Table 1.

## THE ICD-10 SYMPTOM CHECKLIST

The ICD-10 Symptom Checklist is a semistructured instrument designed for use by clinicians (i.e., psychiatrists or clinical psychologists) for assessment of the main psychiatric symptoms and syndromes in the F0 to F6 categories of ICD-10. The ICD-10 Symptom Checklist serves as a guide in the clinician's examination of the patient. It requires the clinician to examine the

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*From the Division of Mental Health, World Health Organization, Geneva, Switzerland; and Roseneck Clinic, Centre for Behavioural Medicine, Prien, Germany.*

*Address reprint requests to A. Janca, M.D., Division of Mental Health, World Health Organization, CH-1211 Geneva 27, Switzerland.*

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**Table 1. Specific Characteristics of ICD-10 Checklists**

Instrument	Diagnostic Coverage	Accompanying Materials	Languages
ICD-10 Symptom Checklist	Organic mental, psychoactive substance use, psychotic, affective, neurotic, behavioral, and personality disorders	Instruction sheet, glossary of ICD-10 symptoms	Chinese, English, Estonian, German, Italian, Japanese, Kannada, Portuguese, Russian, Spanish
Somatoform Disorders Symptom Checklist	Somatization disorder, undifferentiated somatoform disorder, somatoform autonomic dysfunction, persistent somatoform pain disorder, and neurasthenia	Scoring algorithm for ICD-10 diagnoses	English, Italian, Kannada, Portuguese, Shona
IDCL for ICD-10	Schizophrenia and related psychotic disorders, affective and related disorders, anxiety disorders, somatoform disorders, psychoactive substance use disorders, eating disorders, and organic mental disorders	User manual	German, English
IDCL-P	Personality disorders, paranoid, schizoid, dissocial (antisocial), emotionally unstable (impulsive, borderline), histrionic, anankastic, anxious (avoidant), and dependent	User manual	German, English
SIDAM	Dementia of the Alzheimer type, multiinfarct dementia, and dementias of other etiology	User manual	German, English

patient and/or case notes to be able to make a firm diagnosis in the ICD-10 system. The clinician is asked to phrase the necessary symptom questions and to assess the clinical significance of the positive answers, as in a routine clinical interview. The difference is that in the checklist-guided interview, chances for oversights are less and variabilities that typically contribute to the unreliability of unstructured clinical examinations are minimized.

No specific training in the use of the checklist is required for an experienced clinician. However, he or she should be familiar with the ICD-10 criteria and with the basic structure of the checklist. For that purpose, a brief description of the instrument and principles for its administration are given in the introduction to the checklist.

Symptoms in the checklist are grouped in the following sections: F0/F1 module (organic and psychoactive substance use syndromes), F2/F3 module (psychotic and affective syndromes),

F4/F5 module (neurotic and behavioral syndromes), and F6 module (personality disorders). Each module represents essentially a listing of relevant ICD-10 symptoms and characteristics according to the Clinical Descriptions and Diagnostic Guidelines of the ICD-10 Classification of Mental and Behavioural Disorders.<sup>13</sup> The modules also contain items for recording onset, severity, and duration of the syndrome, as well as the number of episodes (where applicable). To help the user in considering the presence of other possible syndromes and differential diagnoses, the modules list symptoms and states that, according to ICD-10 criteria, should be excluded or could be associated with the syndrome (e.g., alcohol abuse in patients with depression). Only those F0 to F6 modules for which the patient is screened positive will be used in the detailed clinical assessment. For easy use of the instrument, the screener and each of the modules are printed on different-colored paper. The coding boxes are on the

right margin of the modules, and the clinician user is asked to mark only those symptoms and items that are found to be positive.

The ICD-10 Symptom Checklist is accompanied by the ICD-10 Symptom Glossary,<sup>18</sup> which provides concise definitions of symptoms and terms used in the checklist. Rather than being in alphabetical order, symptoms in the glossary are grouped in F0 to F6 categories and are in the order in which they appear in the checklist. A listing of specific ICD-10 diagnoses to which the described symptoms refer is given at the end of each section of the glossary.

Definitions of symptoms in the glossary are based on ICD-10 Clinical Descriptions and Diagnostic Guidelines and are in accordance with the terms included in the WHO Lexicon of Psychiatric and Mental Health Terms,<sup>19</sup> Lexicon of Alcohol and Drug Terms,<sup>20</sup> and Glossary of Differential Definitions included in the SCAN system.<sup>21</sup>

Figure 1 shows a sample page in the ICD-10 Symptom Checklist. The instrument has been published in English<sup>22</sup> and is also available in German, Russian, Spanish, Italian, Portuguese, Chinese, Estonian, Japanese, and Kannada (India).

#### SOMATOFORM DISORDERS SYMPTOM CHECKLIST

The F4 module of the ICD-10 Symptom Checklist has been expanded and adapted for assessment of somatoform disorders according to ICD-10 criteria. This instrument, the Somatoform Disorders Symptom Checklist,<sup>23</sup> contains an extensive list of symptoms characteristic of ICD-10 somatoform disorders (i.e., somatization disorder, undifferentiated somatoform disorder, somatoform autonomic dysfunction, or persistent somatoform pain disorder) and neurasthenia. A number of symptoms that do not appear in the ICD-10 but are found to be frequent and characteristic of somatoform disorders in specific cultures (e.g., body odor in Japan, or loss of semen in India) have also been covered by the instrument. In addition to the list of 60 symptoms, the checklist also operationalizes ICD-10 criteria for somatoform disorders (e.g., persistent distress leading to  $\geq 3$  consultations or investigations, or persistent refusal to accept reassurance that there is no physical cause for the somatic symptoms). A simple

#### MANIA

##### A. Which of the following symptoms are present?

1. abnormally elevated or irritable mood
2. increased activity or physical restlessness
3. increased talkativeness ("pressure of speech")
4. distractibility or constant changes in activities or plans
5. decreased need for sleep
6. increased sexual energy or sexual indiscretions
7. foolhardy or other reckless or irresponsible behaviour
8. increased sociability or overfamiliarity
9. flight of ideas or thoughts racing
10. inflated self esteem or grandiosity
11. delusions
12. hallucinations

##### B. How severe is the syndrome?

- hypomanic
- manic

##### C. What is the duration of the syndrome?

- in days

##### D. How many episodes were there?

 

##### E. Which of the following states can be excluded?

1. precipitant endocrine disorder
2. precipitant drug treatment

Fig 1. Example of ICD-10 Symptom Checklist format.

algorithm is provided at the end of the instrument, enabling clinicians to score specific diagnostic categories of somatoform disorders according to ICD-10 criteria.

Extensive coverage of a single ICD-10 diagnostic category such as somatoform disorders precluded inclusion of the Somatoform Disorders Symptom Checklist in the ICD-10 checklists package. The instrument has been published separately and exists in English, Italian, Kannada, Portuguese, and Shona (Zimbabwe).

#### THE IDCL FOR ICD-10

The IDCL are semistructured instruments for clinician assessment of diagnostic criteria in the main F0 to F5 diagnostic categories of ICD-10. The difference between the ICD-10 Symptom Checklist and the IDCL is that the

latter, in addition to listing ICD-10 symptoms and their characteristics (i.e., bottom-up approach), also specify ICD-10 inclusion and exclusion criteria and provide decision rules necessary for the clinician to make specific diagnoses according to ICD-10 (i.e., top-down approach). In this regard, the two instruments can be used as complementary tools, i.e., the ICD-10 Symptom Checklist can serve as a quick screener for more elaborate diagnostic assessment with IDCL.

The IDCL represent a set of 32 pocket-sized and different-colored checklists covering the following ICD-10 F0 to F5 diagnostic categories. Schizophrenia and related psychotic disorders (F2): schizophrenia (F20), simple schizophrenia (F20.6), acute and transient psychotic disorders (F23), schizoaffective disorder (F25), delusional disorder (F22), and schizotypal disorder (F21); affective and related disorders (F3): depressive episode (F32 and F33), manic episode or hypomania (F30 and F31), dysthymia (F34.1), cyclothymia (F34.0), and adjustment disorder (F43.2); anxiety disorders (F4): panic disorder (F41.0), agoraphobia (F40.0), social phobias (F40.1), specific (isolated) phobias (F40.2), generalized anxiety disorder (F41.1), and obsessive-compulsive disorder (F42); organic mental disorders (F0 and F1): delirium (F05 and F1x.4), withdrawal state (F1x.3), acute intoxication (F1x.0), organic amnesic syndrome (F04 and F1x.6), organic mental disorders (F06), organic personality and behavioral disorders (F07), psychotic disorder induced by drugs or alcohol (F1x.5), and residual and late-onset psychotic disorder induced by drugs or alcohol (F1x.7); and other nonorganic and nonpsychotic disorders (parts of F1, F4, and F5): alcohol dependence and harmful use (F10.2 and F10.1), drug dependence and harmful use (F1x.2 and F1x.1), anorexia nervosa (F50.0), bulimia nervosa (F50.2), somatoform disorders (F45), hypochondriacal disorder (F45.2), and dissociative and conversion disorders (F44).

The design of the IDCL is illustrated in Fig 2, which shows the front page of the IDCL for ICD-10 diagnosis of schizophrenia. According to the ICD-10 definition of criterion G1, eight symptom clusters characteristic of schizophrenia should be assessed. The IDCL list each of the clusters (i.e., subcriteria 1a to 1d and 2a to 2d) and ask the clinician to rate them as “no”

(absent), “probably” (possibly present, cannot decide), or “yes” (present). The clinician is then asked to summarize the ratings and score whether criterion G1 as a whole is fulfilled (i.e., if  $\geq 1$  symptom in 1a to 1d or two symptoms in 2e to 2h were found to be present). The same type of rating and scoring procedure applies to remaining ICD-10 criteria for schizophrenia. If the symptoms of the patient are not limited to the clinical picture of schizophrenia (e.g., presence of harmful use of alcohol), the IDCL for other ICD-10 disorders are to be used.

As in the case with the ICD-10 Symptom Checklist, use of the IDCL is not restricted to face-to-face explorations. In administering the instruments, the clinician can consider other sources of information, such as family members or friends, medical documentation (e.g., case notes), or behavioral observations. In this regard, the IDCL can also be used to examine patients with acute symptomatology (e.g., delirium, withdrawal, or intoxication), uncommunicative patients (e.g., mutism), or malingers.

The IDCL are accompanied by a manual that explains the concept and construction of the checklists, as well as their practical use. It also summarizes field test results of the instrument obtained so far.<sup>24</sup>

Because of the specific characteristics of the ICD-10 section on personality disorders (12 diagnostic categories, with six general and five to nine specific criteria for each of the categories) and the frequent co-occurrence of personality disorders in multiple combinations, a checklist for personality disorders—the IDCL-P—has been produced as a separate instrument. A manual explaining the use of the instrument, as well as criteria and diagnostic decision rules for diagnosis of personality disorders, accompany the IDCL-P.<sup>25</sup>

An IDCL-related instrument that allows more detailed neuropsychological assessment necessary for ICD-10 diagnoses of various types of dementias has also been developed and published separately. This instrument—the Structured Interview for Diagnosis of Dementia of the Alzheimer Type, Multi-Infarct Dementia and Dementias of Other Etiology (SIDAM)<sup>26</sup>—is accompanied by a user manual that gives details about its characteristics and administration.<sup>27</sup>

The IDCL had first been introduced under

<b>IDCL</b>	<i>International Diagnostic Checklist for ICD-10</i>							
<b>Schizophrenia</b>								
Name: _____								
Age: _____ Date: _____								
<b>G1</b>	<ul style="list-style-type: none"> <li>• Define the pattern of psychotic symptomatology</li> <li>• <u>Time criteria for all symptoms</u>: most of the time during an episode of psychotic illness lasting for at least 1 month (or at some time during most of the days)</li> </ul>							
	<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">Probably</td> <td></td> </tr> <tr> <td style="text-align: center;">No</td> <td style="text-align: center;"> </td> <td style="text-align: center;">Yes</td> </tr> </table>		Probably		No		Yes	
	Probably							
No		Yes						
<b>1 a</b>	Thought echo, thought insertion or withdrawal, or thought broadcasting.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
<b>b</b>	Delusions of control, influence, or passivity, clearly referred to body or limb movements or specific thoughts, actions, or sensations; delusional perception.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
<b>c</b>	Hallucinatory voices, <ul style="list-style-type: none"> <li>♦ giving a running commentary on the patient's behaviour,</li> <li>♦ or discussing the patient among themselves,</li> <li>♦ or other types of hallucinatory voices coming from some part of the body.</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
<b>d</b>	Persistent delusions of other kinds that are culturally inappropriate and completely impossible e.g. being able to control the weather, or being in communication with aliens from another world.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
<b>2 a</b>	Persistent hallucinations in any modality, when occurring every day for at least 1 month, <ul style="list-style-type: none"> <li>♦ accompanied by delusions (which may be fleeting or half-formed) without clear affective content,</li> <li>♦ or accompanied by persistent over-valued ideas.</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
<b>b</b>	Neologisms, breaks, or interpolations in the train of thought, resulting in incoherence or irrelevant speech.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
<b>c</b>	Catatonic behaviour e.g., excitement, posturing, waxy flexibility, negativism, mutism, stupor.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
<b>d</b>	"Negative" symptoms, not due to depression or to neuroleptic medication e.g., marked apathy, paucity of speech, blunting or incongruity of emotional responses.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
	<b>Criterion G1 is fulfilled</b> <ul style="list-style-type: none"> <li>• if at least 1 item from 1a to 1d is met</li> <li>• or if at least 2 items from 2a to 2d are met</li> </ul>	<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">Probably</td> <td></td> </tr> <tr> <td style="text-align: center;">No</td> <td style="text-align: center;"> </td> <td style="text-align: center;">Yes</td> </tr> </table> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Probably		No		Yes
	Probably							
No		Yes						
Stop ←								

Fig 2. Example of IDCL format.

the label "MDCL" (Munich Diagnostic Checklists), and independent versions of this instrument exist for the DSM-III-R<sup>28</sup> and DSM-IV<sup>29</sup> classification systems. The IDCL, IDCL-P, and SIDAM are available in English and German. The Spanish translation of the IDCL is being prepared.

**PRELIMINARY FIELD TEST RESULTS**

The ICD-10 Symptom Checklist was preliminarily tested at the St Louis site in the course of its use in the field trials of ICD-10 Diagnostic Criteria for Research.<sup>14</sup> The instrument was administered by two clinicians on a sample of 30

psychiatric patients undergoing day-hospital treatment at the Washington University Medical Center (Barnes Hospital). Following the WHO protocol, checklist assessments were conducted as joint interviews, with one clinician serving as interviewer and the other as observer. At the end of each interview, the observer was allowed to repeat and recode, in a different-color ink, those ICD-10 symptoms for which, according to his or her clinical standards, the first part of the interview produced incomplete or ambiguous results. The interviewer and observer alternated their roles at random and derived and reported their checklist assess-

ments independently of each other. The  $\kappa$  for overall agreement between the two clinicians on main ICD-10 diagnoses was 0.77, indicating very good interrater reliability of the instrument. A more detailed description of preliminary field test results of the ICD-10 Symptom Checklist can be found elsewhere.<sup>17</sup>

The ICD-10 Symptom Checklist and Somatoform Disorders Symptom Checklist have been tested in phase I of the WHO International Study of Somatoform Disorders.<sup>30</sup> The main goals of this project were to assess rates and characteristics of somatoform disorders in different cultures and to develop instruments for their assessment. The checklists were tested for cross-cultural applicability in five different countries (Brazil, India, Italy, United States, and Zimbabwe) and found to be acceptable diagnostic tools for use by clinicians belonging to different psychiatric schools and traditions.<sup>31</sup>

The IDCL were evaluated in two studies conducted at the Max-Planck Institute of Psychiatry in Munich. In the first trial, test-retest reliability was investigated using the DSM-III-R version of the checklists on a sample of 60 psychiatric outpatients, each of whom was examined and diagnosed independently by two clinicians. The  $\kappa$  values obtained were comparable to those of more structured and standardized interviews, i.e., 0.73 for major depression, 0.85 for bipolar disorder, 0.88 for panic disorder, and 0.80 for alcohol dependence.<sup>32</sup> In the second study, interrater reliability for major affective and psychotic disorders was determined from IDCL-based diagnostic assessments of four independent clinicians who had rated 100 case histories. The overall agreement on ICD-10 diagnoses was satisfactory ( $\kappa = 0.59$ );  $\kappa$  values for individual ICD-10 diagnoses were 0.65 for schizophrenia, 0.74 for acute and transient psychotic disorder, 0.24 for schizoaffective disorder, 0.82 for depressive episode and recurrent depressive disorder, and 0.53 for bipolar disorder. Further analysis of this data set showed that the reliability of ICD-10 diagnoses was superior as compared with corresponding categories of DSM-III-R, with the exception of bipolar disorder.<sup>33</sup> A more detailed comparison of IDCL-based diagnoses according to ICD-10 and DSM-III-R criteria was published elsewhere.<sup>34,35</sup>

## AREAS OF APPLICATION

The ICD-10 checklists have been developed to facilitate the clinician's use of the ICD-10 Classification of Mental and Behavioural Disorders. There are three main areas of psychiatric investigation in which the checklists could be particularly useful companions to the ICD-10. The first of these areas is routine clinical work in inpatient and outpatient psychiatric settings, where the main advantages of the instrument—flexibility, efficiency, and ease of use—can be an asset. In routine clinical examinations, ICD-10 checklists could serve as useful guides through the complex criteria and rules for making ICD-10 diagnoses, and their use would ensure collection of more complete data about the patient, thus making clinicians feel more confident about their diagnoses. Clinician-administered ICD-10 checklists could be included in standard medical documentation about patients, allowing more uniform and consistent collection of clinical data. ICD-10 checklist-based information about patients could also generate a database useful in both routine clinical care and research.

Clinical research on diagnosis, comorbid conditions, and key symptom patterns of mental and behavioral disorders represents the second area of possible application of ICD-10 checklists. One of the main purposes of the checklists is to ensure that, in a psychiatric assessment, all relevant ICD-10 symptoms and criteria are considered and diagnostic rules for their integration are applied. In such a way, the ICD-10 checklists could enhance diagnostic precision, reduce examiner bias in collection and interpretation of information, and eventually improve diagnostic agreement between clinicians and replicability of psychiatric diagnoses across studies and settings.

The systematic and comprehensive coverage of ICD-10 symptoms and criteria makes the ICD-10 checklists a useful teaching tool for students and residents of psychiatry. The simple design and illustrative presentation of ICD-10 diagnoses can be particularly helpful in learning and incorporating the criteria into the diagnostic thinking of psychiatric beginners. Administration of the ICD-10 checklists can teach students and residents of psychiatry a disciplined and complete review of the psychiatric symptoms necessary for a thorough clinical examination. Use of the ICD-10 checklists could also educate students and residents in the importance of not making an early

diagnosis, no matter how compelling the chief complaint and history of the present illness.

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