MICHAEL SCHULTE-MARKWORT · KATHRIN MARUTT · PETER RIEDESSER (EDS.)

CROSS-WALKS

ICD-10 – DSM-IV-TR

A SYNOPSIS OF CLASSIFICATIONS OF MENTAL DISORDERS

ICD-10

DSM-IV-TR

FOREWORDS BY
HORST DILLING AND
HANS-ULRICH WITTCHEN

Hogrefe & Huber

Michael Schulte-Markwort / Kathrin Marutt / Peter Riedesser (Eds.)

Cross-walks ICD-10 – DSM-IV-TR

Michael Schulte-Markwort
Kathrin Marutt
Peter Riedesser
(Editors)

Cross-walks ICD-10 – DSM IV-TR

A Synopsis of Classifications of Mental Disorders

With Forewords by Horst Dilling and Hans-Ulrich Wittchen

Hogrefe & Huber

Library of Congress Cataloging-in-Publication Data
is now available via the Library of Congress Marc Database under the
LC Control Number 2003104138

National Library of Canada Cataloging-in-Publication Data

Cross-walks: ICD 10 - DSM IV-TR : a synopsis of classifications of mental disorders / Michael Schulte-Markwort, Kathrin Marutt, Peter Riedesser (eds.).

Includes bibliographical references.
ISBN 0-88937-268-3

1. Mental illness—Diagnosis. 2. Mental illness—Classification. 3. Diagnosis, Differential. 4. International statistical classification of diseases and related health problems. 5. Diagnostic and statistical manual of mental disorders.
I. Schulte-Markwort, Michael II. Marutt, Kathrin III. Riedesser, Peter

RC455.2.C4C76 2003 616.89'075 C2003-901950-0

PUBLISHING OFFICES
USA: Hogrefe & Huber Publishers, 44 Brattle Street, 4th Floor,
Cambridge, MA 02138,
Phone (866) 823-4726, Fax (617) 354-6875, E-mail info@hhpub.com
Europe: Hogrefe & Huber Publishers, Rohnsweg 25, D-37085 Göttingen, Germany,
Phone +49 551 496090, Fax +49 551 49609-88, E-mail hh@hhpub.com

SALES & DISTRIBUTION
USA: Hogrefe & Huber Publishers, Customer Service Department,
30 Amberwood Parkway, Ashland, OH 44805,
Phone (800) 228-3749, Fax (419) 281-6883, E-mail custserv@hhpub.com
Europe: Hogrefe & Huber Publishers, Rohnsweg 25, D-37085 Göttingen, Germany,
Phone +49 551 496090, Fax +49 551 49609-88, E-mail hh@hhpub.com

OTHER OFFICES
Canada: Hogrefe & Huber Publishers, 12 Bruce Park Avenue, Toronto, Ontario, M4P 2S3
Switzerland: Hogrefe & Huber Publishers, Länggass-Strasse 76, CH-3000 Bern 9

Hogrefe & Huber Publishers
Incorporated and Registered in the State of Washington, USA, and in Göttingen, Lower Saxony, Germany

Printed and bound in Germany
ISBN 0-88937-268-3

Forewords

In 1993, H.-J. Freyberger and E. Schulte-Markwort and I published the reference tables for the German version of ICD-9/ICD-10 Chapter V. Our work, which was published as part of a series called *Fortschritte der Psychiatrie und Neurologie [Progress in Psychiatry and Neurology]*, was still incomplete at that time because appropriate tables allowing for "conversions" between ICD-10 and DSM-IV were still lacking. Now, M. Schulte-Markwort, K. Marutt and P. Riedesser have prepared these *Cross-walks*, which is basically an annotated commentary on the classifications, based on ICD-10 and DSM-IV-TR. Numerous notes and comparison tables show where the two classifications differ –for instance, time criteria. Users can see at a glance which disorders are missing from each classification, or where the correspondence between the two is not 100%. At the same time, it is equally easy to identify where there are significant differences between ICD-10 and DSM-IV diagnoses, despite the same term being used. However, it also becomes clear that the majority of diagnoses can be readily transferred from one classification to the other – a welcome contrast to the vast differences that existed between ICD-9 and ICD-10.

This comparative closeness between the international and American classifications gives me some hope that a global classification will be available one day. I wish this book, which is ideally suited for practical use, the success it deserves among those working in adult as well as child and adolescent psychiatry.

Lübeck, Germany, May 2003

Horst Dilling

Forewords

"What? Yet another book on the classification of mental disorders! To make matters worse, one on a topic that should have been clarified by the DSM-IV Manual, with its ICD-10-compatible codes, and by the various ICD-10 material books." This or similar reactions to the cross-walk book of Schulte-Markwort, Marutt, and Riedesser might be expected from those physicians who take the view that the field of mental disorder classification has finally come to rest.

As understandable as this reaction may be at first sight, the wish for an extended "time out" concerning our handling of diagnostic criteria that is expressed thereby is highly dangerous:

The classification of mental disorders and behavioral disturbances is and will remain an ongoing challenge, given the abundance of new neurobiological, neuropsychological, and epidemiological findings and advances that continue to emerge. These advances mean that we must continually reconsider our paradigms, and in particular re-examine our diagnostic "habits" and classifications and revise them if necessary. Diagnostic classification will always remain the central link between basic or applied research and clinical practice. Therefore, we can not allow idiosyncratic habits to develop on the basis of uncritical diagnostic classification, as often happened in the past. In the end, such habits will rapidly start to interfere once again with the diagnostic "communication" that we have worked so hard to improve over recent years, and will thus also interfere with scientific progress and, ultimately, patient welfare.

In view of this, this book of cross-walks is a valuable and practical resource, in the first place for colleagues in research and science. The complex distinctions and differences between ICD-10 and DSM-IV-TR are dealt with in a clear, appropriate, and differentiated manner, providing outstanding guidance for a more careful, critical and appropriate handling of diagnostic classification. At the same time, the cross-walks show on closer inspection how far away we still are from the goal of a globally recognized, uniform diagnostic classification system.

Personally, I believe such a goal is highly desirable but not immediately imperative, because I cannot see how such a globally uniform system could ever be sensibly implemented to the same extent in, for instance, developing countries with their relatively basic health system and highly industrialized areas with their highly differentiated and specialized care services. Similar doubts might be voiced with regard to the differing requirements of ophthalmologists, psychotherapists, and neurobiological researchers.

In any event, this book of cross-walks is without doubt an excellent support tool for all those planning research projects, whether this be in the basic or in the clinical field. In addition, it will both make a definite contribution towards a better handling of diagnostic classification systems, and at the same time encourage suggestions for appropriate revisions of the ICD and the DSM-IV classifications.

Dresden/Munich, Germany, May 2003

Hans-Ulrich Wittchen

Introduction

ICD-10 (WHO, 1992) and DSM-IV-TR (APA, 1994, 2000) are the two internationally established diagnostic manuals for mental disorders during adulthood as well as childhood and adolescence. Following a period of transition from the old manuals ICD-9 and DSM-III(-R), which was accompanied by various publications and cross-walks (for instance Cooper, 1988; Thompson & Pincus, 1989; Freyberger, Schulte-Markwort, & Dilling, 1993a, 1993b; Remschmidt & Schmidt, 1994), both new systems have now become broadly accepted and established. The predominantly held opinion is that the similarities between ICD-10 and DSM-IV are stronger than those between each classification and its respective predecessor (Pitzer & Schmidt, 2000). On closer inspection, however, it becomes apparent that there are sometimes significant differences, with comparatively little research on their consequences (First & Pincus, 1999). The American literature generally seems to proceed on the assumption that DSM-IV represents a "de facto standard" or has rule character (Maser et al., 1991, First & Pincus, 1999) while ICD-10, being the "European system" (First & Pincus, 1999), follows specific traditions of European psychiatry and has more of a guideline character (Thangavelu & Martin, 1995). This applies, for example, to the differences in the conception of the schizo-affective and some of the affective disorders. Further differences exist without any real rationale and have repeatedly been criticized as ethnocentric (Alarcon, 1995). The danger of ignoring phenomenological, intersubjective, and inherently historical key concepts in classification systems was pointed out by Jablensky (1999).

There is a structural difference between ICD-10 and DSM-IV in that ICD-10 additionally defines research criteria (WHO, 1993: Dilling et al., 1994) whilst these only appear in DSM-IV as supplementary diagnoses described in the appendix. An important paradigmatic difference consists in the requirement of the DSM-IV that the patient concerned has to be restricted by the symptoms, whereas this criterion does not appear in ICD-10. The DSM-IV system generally follows more psychopathologic principles, while the chapters of ICD-10 are structured pathogenetically. In order to develop a sensible and practical cross-walk, one therefore has to proceed in both directions, coming from both ICD-10 and DSM-IV. So far, one cross-walk was published by van Drimmelen-Krabbe, Bertelsen and Pull (1999) and another with a special focus on child and adolescent psychiatric diagnoses by Pitzer and Schmidt (2000). The numerous publications dealing with diagnosis-specific differences cannot be considered here as they would be beyond the scope of this manual.

The possibility of coding co-morbid diagnoses is specific to ICD-10's child and adolescent psychiatric diagnoses and not available in this form in DSM-IV.

Multiaxial diagnosis within adult psychiatry is still at an early stage. While child and adolescent psychiatry has been diagnosing multiaxially since 1975 (Rutter et al.) and proceeds hexaxially today (Remschmidt & Schmidt, 1994), DSM-IV only provides for the possibility of multiaxial diagnosis without there being any agreement on its being binding (Saß, Wittchen and Zaudig, 1998).

The correspondence between ICD-10 and DSM-IV varies from 33% (criteria for disorders caused by abuse of psychotropic substances) to 87% (for dysthymia). The average correspondence is 68% (Andrews, Slade, &Peters, 1999). These figures demonstrate how necessary and appropriate a cross-walk is that allows readers quick access to the correspondences and differences. Even if Saß, Wittchen and Zaudig are of the opinion that "the two classifications ICD-10 and DSM-IV appear to be different dialects of the same language," the emphasis on

the correspondence between the two systems and on efforts at bringing them closer together (especially within the last decade) must not obscure the fact that sometimes different dialects are hard to understand. The differences also protect us from the danger of relying too easily on the supposed invariability of psychiatric classification systems, in clinical as well as research contexts, without fulfilling the essential function of thinking about improvements and adjustments (Kendell, 1991). A diagnosis can only be fully understood in the combination of syndromal diagnosis and nosologic factors (Bertelsen, 1999).

The tables presented here include all updates contained in DSM-IV-TR and are intended for clinical use as well as for research purposes. They are meant to help avoid complicated comparisons of the two manuals by listing the most important differences under the heading "cross-walk." Mere differences in phrasing or a specific choice of words are not taken into account as they would have necessitated printing both classifications in their entirety next to each other, which would have considerably lessened the practical usefulness of the book. This manual is not meant to replace or stifle scientific debate on the comparisons between ICD-10 and DSM-IV-TR, or indeed an adjustment of the classifications. Pitzer and Schmidt have good reason to warn of the "danger of superficial simplification of psychiatric matters instead of fully utilizing differentiated classification possibilities" due to an uncritical use of reference tables.

The present manual thus intends to

- Provide an overview of the comparability
- Represent a working basis for a faster translation of codings and
- Offer a basis for continuing research.

We hope that we can thereby contribute a little towards a continuing constructive globalization within the field of psychiatry and psychotherapy as well as child and adolescent psychiatry and psychotherapy. In this, we agree with H. Dilling (1998), who expressed his hope for a globally recognized system for the classification of mental disorders.

Like all publications of this kind, this cross-walk depends on the feedback of its readers. We would be especially grateful for indications of any mistakes — which we have of course striven to avoid!

Our special thanks go to Prof. H. Dilling and Prof. H.-U. Wittchen who did not hesitate to place their forewords in front of the manual.

Hamburg, Germany, May 2003

Michael Schulte-Markwort,
Katrin Marutt,
Peter Riedesser

Directions for Use of the Tables

The left-hand column of the first table lists all ICD-10 diagnoses of chapter V (mental disorders) according to the clinical-diagnostic guidelines. The right-hand column gives the matching diagnoses under DSM-IV-TR.

The second table presents the reverse relation. The left-hand column lists the diagnoses according to DSM-IV-TR. The corresponding ICD-10 diagnoses can be found in the right-hand column.

Whenever the classification system on the right does not provide for the diagnosis given on the left, instructions as to how to code the disorder are given in italics. Only in a few instances is it impossible to give definite coding instructions without additional information; this is marked accordingly.

For a quick overview, the column "cross-walk" contains information on the correspondence between the two systems of diagnosis, indicated by arrows:

- ⟷ A double arrow indicates complete correspondence.
- ← An arrow pointing to the left indicates that this diagnosis or differentiation is only provided for in this system.

Significant differences in the diagnostic criteria between ICD-10 and DSM-IV-TR, in spite of otherwise matching diagnoses (e.g., statements on symptom duration), are pointed out in the cross-walk.

DSM-IV-TR allows for further differentiation of various diagnoses without separate coding. The respective references can also be found in the cross-walk.

Whenever additional codings or differentiations are stated at the beginning of a chapter, they apply to all diagnoses within that chapter. Otherwise they appear directly with the respective diagnosis. The indenting of the diagnoses and additional differentiations in the respective columns provides for an easy and quick overview of the matches.

Note
The last part of the second table (DSM-IV-TR – ICD-10) contains the section on "other clinically relevant problems." In this chapter, the correspondence relations are mostly based on the information given in DSM-IV-TR as far as **non-psychiatric** diagnoses are concerned. These are included in the table for completeness' sake; however, the correspondence relations have not been examined further. This can be seen from the lack of entries in the cross-walk column.

ICD-10 – DSM-IV-TR

	ICD-10	cross-walk		DSM-IV-TR
F0	**Organic, Including Symptomatic, Mental Disorders**			**Delirium, Dementia, Amnestic and Other Cognitive Disorders**
	F0x.x0 Without additional symptoms F0x.x1 With additional symptoms, predominantly delusional F0x.x2 With additional symptoms, predominantly hallucinatory F0x.x3 With additional symptoms, predominantly depressive F0x.x4 Other mixed symptoms	Codes on the 5th character of the ICD-10 for F00 to F03. The corresponding categories of the DSM can be found in the respective sections. Duration of the disorder ≥ 6 months in the ICD-10, no time periods given in the DSM.		
F00	**Dementia in Alzheimer's Disease**		294.10 294.11	**Dementia of the Alzheimer's Type** ... Without Behavioral Disturbance ... With Behavioral Disturbance
F00.0	With early onset	⟷		With Early Onset
F00.1	With late onset	⟷		With Late Onset *Differentiation in the DSM without separate code. In case it is impossible to definitely classify as 294.10 or 294.11, code as 294.8 Dementia NOS.*
F00.2	Atypical or mixed type	←	*In case it is impossible to definitely classify as 294.10 or 294.11 code as 294.8 Dementia NOS.*	
F00.9	Unspecified	←		
F01	**Vascular Dementia**	⟷	**290.4**	**Vascular Dementia**
F01.0	Vascular dementia of acute onset	*No directly corresponding categories in the DSM.*		
F01.1	Multi-infarct dementia			Vascular Dementia...
F01.2	Subcortical vascular dementia			
F01.3	Mixed (cortical and subcortical) vascular dementia	← Cf. 5th character of the ICD-10 or F05 Delirium	290.4 290.41 290.42 290.43	Uncomplicated With Delirium With Delusions With Depressed Mood
F01.8	Other vascular dementia			
F01.9	Vascular dementia, unspecified			

	ICD-10	cross-walk		DSM-IV-TR
F02	**Dementia in Other Diseases Classified Elsewhere**			**Dementia Due to Other General Medical Conditions**
F02.0	Dementia in Pick's disease	⟷	294.10	Dementia Due to Pick's disease
F02.1	Dementia in Creutzfeldt-Jakob disease	⟷	294.10	Dementia Due to Creutzfeldt-Jakob Disease
F02.2	Dementia in Huntington's disease	⟷	294.1	Dementia Due to Huntington's Disease
F02.3	Dementia in Parkinson's disease	⟷	294.1	Dementia Due to Parkinson's Disease
F02.4	Dementia in human immunodeficiency virus (HIV) disease	⟷	294.9	Dementia Due to HIV Disease
F02.8	Dementia in other specified diseases classified elsewhere	⟷	294.1	Dementia Due to ... [Indicate the General Medical Condition]
F03	**Unspecified Dementia**	⟷	**294.8**	**Dementia NOS**
F04	**Organic Amnesic Syndrome, Not Induced by Alcohol and Other Psychoactive Substances**	⟷	**294.0**	**Amnestic Disorder Due to a General Medical Condition**
F05	**Delirium, Not Induced By Alcohol and Other Psychoactive Substances**			**Delirium Due to a General Medical Condition**
F05.0	Delirium, not superimposed on dementia	⟷	293.0	Delirium Due to ...
F05.1	Delirium, superimposed on dementia	⟷ ⟷ ⟷	*290.11 / 290.3 / 290.41*	*Cf. above (F00 and F01)*
F05.8	Other delirium	⟷	293.0	Delirium Due to ...
F05.9	Delirium, unspecified	⟷	780.09	Delirium NOS
F06	**Other Mental Disorders Due to Brain Damage and Dysfunction and to Physical Disease**			**Psychotic Disorders Due to a General Medical Condition**
F06.0	Organic hallucinosis	⟷	293.82	Psychotic Disorders Due to ... With Hallucinations
F06.1	Organic catatonic disorder	⟷	293.89	Catatonic Disorder Due to ...
F06.2	Organic delusional (schizophrenia-like) disorder	⟷	293.81	Psychotic Disorder Due to... With Delusions
F06.3	Organic mood (affective) disorders	⟷	293.83	Mood Disorder Due to ...
F06.30	Organic manic disorder	⟷		With Manic Features
F06.31	Organic bipolar disorder	←	*No corresponding differentiation.*	

	ICD-10	cross-walk		DSM-IV-TR
F06	**Other Mental Disorders Due to Brain Damage and Dysfunction and to Physical Disease**	**Continuation**		**Mental Disorders Due to a General Medical Condition**
F06.32	Organic depressive disorder	↔ Classification in the DSM depends on whether or not all the criteria for Major Depression Episode are fulfilled.		With Major Depression-Like Episode With Depressed Features
F06.33	Organic mixed affective disorder	↔		With Mixed Features
F06.4	Organic anxiety disorder	↔	293.84	Anxiety Disorder Due to ...
F06.5	Organic dissociative disorder		*No corresponding category for F06. to F06.8, code as 294.9 Cognitive Disorder NOS.* *For F06.7 cf. Appendix B – Mild Neurocognitive Disorder.* *For F06.8 possibly also codes for Sexual Dysfunction or Sleep Disorder Due to a General Medical Condition, see below.*	
F06.6	Organic emotionally labile (asthenic) disorder			
F06.7	Mild cognitive disorder			
F06.70 F06.71	Nonorganic Organic	←		
F06.8	Other specified mental disorders due to brain damage and dysfunction and to physical disease			
F06.9	Unspecified mental disorders due to brain damage and dysfunction and to physical disease	↔	239.9	Psychotic Disorder NOS Due to ...
F07	**Personality and Behavioral Disorders Due to Brain Disease, Damage and Dysfunction**	↔	**310.1**	**Personality Change Due to a General Medical Condition**
F07.0	Organic personality disorder		*No corresponding category, code as 310.1 Personality Change Due to ...* **[Indicate the General Medical Condition]** . *For F07.1and F07.2 maybe also 294.9 Cognitive Disorder NOS.* *For F07.2 cf. Appendix B – Postconcussional Disorder.*	
F07.1	Postencephalitic syndrome			
F07.2	Postconcussional syndrome			
F07.8	Other organic personality and behavioral disorders due to brain disease, damage and dysfunction	←		
F07.9	Unspecified organic personality and behavioral disorders due to brain disease, damage and dysfunction			
F09	**Unspecified Organic or Symptomatic Mental Disorder**		**293.9**	**Mental Disorder NOS Due to ...**

	ICD-10	cross-walk		DSM-IV-TR
F1	**Mental and Behavioral Disorders Due to Psychoactive Substance Use**			**Substance-Related Disorders**
	F10 Disorders due to use of alcohol F11 Disorders due to use of opioids F12 Disorders due to use of cannabinoids F13 Disorders due to use of sedatives or hypnotics F14 Disorders due to use of cocaine F15 Disorders due to use of other stimulants, including caffeine F16 Disorders due to use of hallucinogens F17 Disorders due to use of tobacco F18 Disorders due to use of volatile solvents F19 Disorders due to multiple drug use and use of other psychoactive substances	Codes on the 3rd character of ICD-10 for classification of substances. For classification of substances under DSM refer to the respective diagnoses. (Code phencyclidine under F19 in ICD-10).		
F1x.0	Acute Intoxication ...	⟷ Classification of substances in ICD-10 see above.	303.0 292.89 305.90	... Intoxication Alcohol Amphetamine, Cannabis, Hallucinogen, Inhalants, Cocaine, Opioid, Phencyclidine, Sedative, Hypnotic or Anxiolytic, Other (or Unknown) Substance Caffeine
F1x.00	Uncomplicated			
F1x.01	With trauma or other bodily injury	←	*No corresponding differentiation.*	
F1x.02	With other medical complications			
F1x.04	With perceptual distortions	⟷		... With Perceptual Disturbances
F1x.05	With coma			
F1x.06	With convulsions	←	*No corresponding differentiation.*	
F1x.07	Pathological intoxication			
F1x.03	With delirium	⟷ Classification of substances in ICD-10 see above.	291.0 292.81	... Intoxication Delirium Alcohol Amphetamine, Cannabis, Hallucinogen, Inhalants, Cocaine, Opioid, Phencyclidine, Sedative, Hypnotic or Anxiolytic, Other (or Unknown) Substance

	ICD-10	cross-walk		DSM-IV-TR
F1x.1	Harmful use	⟷ Classification of substances ín ICD-10 see above.	305.x	... Abuse 00 – Alcohol ; 70 – Amphetamine; 20 – Cannabis; 90 – Hallucinogen ; 90 – Inhalant ; 60 – Cocaine; 50 – Opioid ; 90 – Phencyclidine ; 90 – Sedative, Hypnotic or Anxiolytic ; 90 – Other (or Unknown) Substance
F1x.2	Dependence syndrome	⟷ Symptoms ≥ 1month in the ICD-10 or repeatedly within 12 months. No duration given in the DMS for an observation period of 12 months. Classification of substances in ICD-10 see above.	303.90 304.x	... Dependence Alcohol 40 – Amphetamine ; 30 – Cannabis ; 50 – Hallucinogen ; 60 – Inhalant ; 20 – Cocaine; 10 – Nicotine ; 00 – Opiate ; 90 – Phencyclidine ; 10 – Sedative, Hypnotic or Anxiolytic ; 90 – Other (or Unknown) Substance
F1x.20	Currently abstinent *No directly corresponding category*	⟵ All additional differentiation in the DSM for substance dependence without separate codes.	*No directly corresponding category.*	Early Full Remission Early Partial Remission Sustained Full Remission Sustained Partial Remission
F1x.21	Currently abstinent, but in a protected environment	⟷		In a Controlled Environment
F1x.22	Currently on a clinically supervised maintenance or replacement regime	⟷		On Agonist Therapy
F1x.23	Currently abstinent, but receiving treatment with aversive or blocking drugs	⟵	*No corresponding differentiation.*	
F1x.24	Currently using the substance	⟵		
F1x.25	Continuous use	⟵	*No corresponding differentiation.*	
F1x.26	Episodic use (dipsomania)	⟵		
F1x.3	Withdrawal state	⟷	291.81 292.0	... Withdrawal Alcohol Amphetamine, Cocaine, Nicotine, Opiate, Sedative, Hypnotic, or Anxiolytic Other (or Unknown) Substance
F1x.30	Uncomplicated	⟵	*No corresponding differentiation.*	
F1x.31	With convulsions	⟵	*No corresponding differentiation.*	

	ICD-10	cross-walk		DSM-IV-TR
F1x.4	Withdrawal state with delirium	⟷ Classification of the substances in the ICD-10 see above.	291.0 292.81 292.81	... Withdrawal Delirium Alcohol - Sedative, Hypnotic, or Anxiolytic Other (or Unknown) Substance
F1x.40	Uncomplicated	←	*No corresponding differentiation.*	
F1x.41	With convulsions	←	*No corresponding differentiation.*	
F1x.5	Psychotic disorder ...			Psychotic or Mood Disorder
F1x.50	Schizophrenia-like	←	*No corresponding category, code as 291.9 or 292.9 (cf. F1x.9).*	
F1x.51	Predominantly delusional	⟷ Classification of the substances in the ICD-10 see above.	291.5 292.11	... Psychotic Disorder with Delusions Alcohol-Induced Persisting Amphetamine-, Cannabis-, Hallucinogen-, Inhalant-, Cocaine-, Opioid-, Phencyclidine-, Sedative-, Hypnotic-, or Anxiolytic-Induced, Other (or Unknown) Substance-Induced
F1x.52	Predominantly hallucinatory	⟷ Classification of the substances in the ICD-10 see above.	291.3 292.12	... Psychotic Disorder With Hallucinations Alcohol-Induced Persisting Amphetamine-, Cannabis-, Hallucinogen-, Inhalant-, Cocaine-, Opioid-, Phencyclidine-, Sedative-, Hypnotic-, or Anxiolytic-Induced Other (or Unknown) Substance-Induced
F1x.53	Predominantly polymorphic	←	*No corresponding category, code as 291.9 or 292.9 (cf. F1x.9).*	
F1x.5	Psychotic disorder ...	Classification of substances in ICD-10 see above. Additional differentiation in the DSM without separate codes.	291.89 292.84	Psychotic or Mood Disorder ... Mood Disorder Alcohol-Induced Amphetamine-, Hallucinogen-, Inhalant-, Cocaine-, Opioid-, Phencyclidine-, Sedative-, Hypnotic-, or Anxiolytic-Induced Other (or Unknown) Substance-Induced
F1x.54	Predominantly depressive symptoms	⟷		With Depressed Features
F1x.55	Predominantly manic symptoms	⟷		With Manic Features
F1x.56	Mixed	⟷		With Mixed Features
F1x.6	Amnesic syndrome	⟷ Classification of substances in ICD-10 see above.	291.1 292.83	... Persisting Amnestic Disorder Alcohol-Induced Inhalant-, Sedative-, Hypnotic-, or Anxiolytic-Induced Other (or Unknown) Substance-Induced

	ICD-10	cross-walk		DSM-IV-TR
F1x.7	Residual and late-onset psychotic disorder			
F1x.70	Flashbacks	⟷	292.89	Hallucinogen Persisting Perception Disorder (flashback)
F1x.71	Personality or behavior disorder	⟵	*No corresponding category, code as 291.9 or 292.9 (cf. F1x.9).*	
F1x.72	Residual affective disorder			
F1x.73	Dementia	⟷ Classification of substances in ICD-10 see above.		... Persisting Dementia
			291.2	Alcohol-Induced
			292.82	Inhalant-, Sedative-, Hypnotic-, or Anxiolytic-Induced
				Other (or Unknown) Substance-Induced
F1x.74	Other persisting cognitive impairment	⟵	*No corresponding category, code as 291.9 or 292.9 (cf. F1x.9).*	
F1x.75	Late-onset psychotic disorder			
F1x.8	Other mental and behavioral disorders			
F1x.9	Unspecified mental and behavioral disorder	⟷ Classification of substances in ICD-10 see above.		... -Related Disorder NOS
			291.9	Alcohol
			292.9	Amphetamine-, Cannabis-, Hallucinogen-, Inhalant-, Caffeine-, Cocaine-, Nicotine-, Opioid-, Phencyclidine-, Sedative-, Hypnotic-, or Anxiolytic-, Other (or Unknown) Substance
F2	**Schizophrenia, Schizotypal and Delusional Disorders**			**Schizophrenia and Other Psychotic Disorders**
		The 5th character of the ICD-10 encodes onset patterns. Differentiation without separate code in the DSM.		
	F20.x0 Continuous	⟷		Continuous
	F20.x1 Episodic with progressive deficit	⟵ ⟶		Episodic With Interepisode Residual Symptoms
	F20.x2 Episodic with stable deficit	⟵		
	F20.x3 Episodic remittent	⟷		Episodic With No Interepisode Residual Symptoms
	F20.x4 Incomplete remission	⟷		Single Episode, In Full Remission
	F20.x5 Complete remission	⟷		Single Episode, In Partial Remission