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SYMPTOM GLOSSARY FOR MENTAL DISORDERS

DIVISION OF MENTAL HEALTH

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ICD-10

SYMPTOM GLOSSARY

FOR MENTAL DISORDERS

A glossary of symptoms used in the definition of criteria
for the classification of mental and behavioural disorders
in the 10th revision of the
International Classification of Diseases (ICD-10)

prepared by

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DIVISION OF MENTAL HEALTH
WORLD HEALTH ORGANIZATION
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INTRODUCTION

The ICD-10 Symptom Glossary for Mental Disorders provides brief definitions of the symptoms and terms used in the criteria listed in the F0-F6 categories of the ICD-10 Classification of Mental and Behavioural Disorders[1]. It has been developed as a companion to the ICD-10 Symptom Checklist for Mental Disorders[2,3], an instrument intended for clinicians' recording of the psychiatric symptoms and syndromes relevant to diagnoses in the F0-F6 categories of ICD-10. The ICD-10 Symptom Glossary for Mental Disorders can also be used independently as a quick reference guide to the definitions of symptoms in the ICD-10 criteria. The Glossary thus does not provide definitions of all the symptoms usually contained in textbooks of psychopathology. Its primary goals are to serve the users of the ICD-10 Classification of Mental and Behavioural Disorders in its various versions as well as the users of the ICD-10 Symptom Checklist for Mental Disorders.

Rather than in alphabetical order, the ICD-10 symptoms and their definitions are grouped according to F categories. In each of the F categories, the symptoms are given in the order in which they appear in the ICD-10 Symptom Checklist for Mental Disorders. A listing of the specific diagnoses to which the described symptoms refer is given at the end of each section of the Glossary.

The definitions of the symptoms in this Glossary are based on the Clinical Descriptions and Diagnostic Guidelines of ICD-10 Chapter V disorders and are in accordance with the definitions of

terms included in the Lexicon of Psychiatric and Mental Health Terms[4], Lexicon of Alcohol and Drug Terms[5] and SCAN Glossary[6].

The lexica are intended for a broad international audience and contain lexical descriptions of the syndromes and definitions of the terms used in ICD-10. SCAN is intended for use by clinicians and its Glossary provides definitions of the items to be assessed, with emphasis on the instructions for their rating. The terms in the ICD-10 Symptom Glossary for Mental Disorders which also appear in other WHO documents are indicated in superscript as follows: LP - Lexicon of Psychiatric and Mental Health Terms; AD - Lexicon of Alcohol and Drug Terms; SG - SCAN Glossary.

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ORGANIC MENTAL DISORDERS (FO)

Decline in memory

A decline in the registration, storage and retrieval of new information. Previously learned and familiar material may also be lost, particularly in the later stages of dementia.

Decline in other intellectual abilities

A deterioration of the higher cortical functions such as thinking, reasoning, comprehension, calculation, learning, language and judgement. The processing of incoming information is also impaired and the individual's capacity to respond to more than one stimulus at a time is limited.

Deterioration in emotional control

A decline in the ability to control emotions, resulting in unstable and fluctuating expressions of mood (e.g., euphoria may rapidly alternate with depression, or hostility with friendliness).

Impairment of consciousness

Impaired consciousness varying on a continuum from clouding to coma. *Clouding* is the mildest stage and is characterized by sleepiness and absence of spontaneous speech. From this state, the individual can easily be aroused by voice or physical contact and can obey simple instructions. In the state of *coma*, the individual cannot be aroused, there is no spontaneous movement and no response to external stimuli. Muscular tone is diminished and reflexes are progressively lost as coma becomes deeper. In the state of semi-coma,

partial, incomplete or non-purposive responses to stimuli, light and corneal reflexes are still present.

Impairment of attention

A reduced ability to direct, focus, sustain and shift attention.

Disturbances of perception

Disturbances of perception that accompany organic mental disorder are usually in the form of visual illusions and hallucinations. Illusions and misinterpretations in the visual field may take the form of distortions of the shape and position of objects or even the individual's own body. Visual hallucinations may be simple - flashes of light, geometrical patterns, colours or fully formed hallucinations of scenes, animals or people.

Disorientation[LP, SG]

Impairment in the understanding of temporal, topographical or personal relationships. The individual may be unable to identify time of day, place or people. In severe cases, the sense of personal identity may also be lost.

Psychomotor disturbances[SG]

Hypoactivity or hyperactivity, with unpredictable changes from one to the other, are often seen in organic mental disorders. In *hypoactivity*, there is diminished motor behaviour with apathy and little spontaneous activity. Actions are carried out in an automatic manner. There is also a diminished or absent response to external stimuli. Speech is slow, sparse, slurred and often incoherent with

perserverations. In *hyperactivity*, restlessness, noisy behaviour with excessive startle reaction, excitement, shouting, laughing or crying, and pressure of speech are present.

Disturbance of the sleep-wake cycle[SG]

Partial or complete sleep loss at night leading, in severe cases, to a total reversal of the sleep-wake cycle. During daytime there is drowsiness.

The symptoms above refer to the following F0 diagnostic categories: 1. Dementia (F01-F03); 2. Delirium (F05); 3. Organic personality disorder (F07); 4. Other organic mental disorders: Organic hallucinosis (F06.0), Organic catatonic disorder - stupor or excitement (F06.1), Organic delusional (schizophrenia-like) disorder (F06.2), Organic affective disorder (F06.3), Organic anxiety disorder (F06.4), Organic dissociative (conversion) disorder (F06.5), Organic emotionally labile disorder (F06.6).

PSYCHOACTIVE SUBSTANCE USE DISORDERS (F1)

Compulsion to use substance[AD]

A powerful urge to use a psychoactive substance. The user may recognise the urge as harmful to well-being and may consciously intend to refrain.

Craving[AD]

A strong desire for a psychoactive substance or its intoxicating effects. The desire is intense and can arise in response to the sight, smell or taste of the substance or other stimuli that have been associated with taking the substance in the past.

Impaired control ("loss of control")[AD, SG]

A loss of ability to modulate the amount and frequency of substance use. Also, an inability to stop using a substance once the initial effect has been experienced. This form of impairment of control over the use of a substance is also referred to as "inability to abstain".

Withdrawal state[LP, AD, SG]

A group of physical and psychological symptoms of variable clustering and degree of severity that occur on the cessation or reduction of use of a psychoactive substance that has been taken repeatedly, usually for a prolonged period and/or in high doses. Withdrawal state is one of the indicators of substance dependence. The onset and course of the syndrome are time-limited and are related to the type of substance and the dose being taken immediately prior to

the cessation or reduction of use.

Alcohol withdrawal syndrome is characterized by tremor, sweating, agitation, depression, nausea and malaise. It occurs 6-48 hours after cessation of alcohol consumption and, when uncomplicated, disappears after 2-5 days. It may be complicated by grand mal seizures and may progress to delirium lasting 2-3 weeks.

Sedative withdrawal syndrome has many features in common with alcohol withdrawal, but may also include postural hypotension and paranoid ideation.

Opioid withdrawal syndrome is accompanied by a running nose (rhinorrhea), excessive tear formation (lacrimation), aching muscles, gooseflesh, chills and, after 24-48 hours, muscle and abdominal cramps. Drug-seeking behaviour is prominent and lasts after physical symptoms have abated.

In *stimulant withdrawal syndrome*, depression is the prominent symptom and it is accompanied by malaise, inertia and instability.

Tolerance[LP, AD, SG]

A decrease in response to a dose of a psychoactive substance that occurs with continued use. Increased doses of the psychoactive substance are necessary to achieve the effects originally produced by lower doses. Both physiological and psychosocial factors may contribute to tolerance. Tolerance may be physical, behavioural or psychological.

Psychological harm because of psychoactive substance use[SG]

A wide variety of psychological and behavioural problems that result from (i) the direct effect of intoxication (e.g., aggressive

behaviour), (ii) the sequelae of intoxication (e.g., depression, delusional symptoms) or (iii) the cumulative effect of long-term use of psychoactive substances (e.g., sleeplessness, depression, paranoid thinking).

Physical harm because of psychoactive substance use[SG]

A wide variety of physical health problems that result from the direct toxic effects due to the pharmacological properties of the substance, the doses taken, or that are secondary to substance use (e.g., liver disease, pancreatitis, peripheral neuropathy, various infections, accidents, traumatic injury, perforated nasal septum).

Persistent substance use after physical and/or psychological harm[SG]

The individual persists in the use of a psychoactive substance despite clear evidence of physical and/or psychological harm and awareness of the nature and extent of the harm. The persistence indicates that substance use is given a higher priority than other activities in spite of its negative consequences.

The symptoms above refer to the following F1 diagnostic categories: 1. Harmful use (F1x.1) and 2. Dependence syndrome (F1x.2).

Thought echo[LP, SG]

The experience of one's own thoughts being repeated or echoed (but not spoken aloud) with a few seconds' interval between the original and the echo. The repeated thought, though identical in content, may be changed in quality. This must be differentiated from auditory hallucinations of voices repeating one's thoughts. In thought echo, the repetition itself is perceived as a thought.

Thought insertion[LP, SG]

The experience of one's own thoughts being recognised as alien or being inserted into the mind from outside. Despite the conviction that the thoughts are not his/her own, the individual may not know where the alien thoughts came from. The conviction about the alien origin of the thought often arises simultaneously with the experience of thoughts being inserted.

Thought withdrawal[LP, SG]

The experience of one's own thoughts being taken away or otherwise appropriated by an external power, so that one has no thoughts. As in thought insertion, the individual is convinced of the alien origin of the interference and the conviction often arises simultaneously with the experience of thoughts being withdrawn.

Thought broadcasting[LP, SG]

The experience of one's thoughts diffusing out of one's mind so that they can be shared by other people or made public knowledge.

Delusion[LP, SG]

A false, unshakeable belief concerning self and/or environment that is out of keeping with reality and not shared by others with a similar sociocultural background to the individual. It is held with conviction despite evidence that contradicts it. This morbid belief may be about being followed, observed, victimised, persecuted, about one's spouse being unfaithful, about self-importance and superiority, or about one's own identity or appearance.

Delusional perception[LP, SG]

A correct sensory perception that suddenly acquires an entirely new meaning or special significance, usually of a revelational, mystical or threatening quality.

Hallucination[LP, SG]

A sensory perception of any modality occurring in the absence of the appropriate (external) stimulus. In addition to the sensory modality in which they occur (e.g., visual, auditory, tactile), hallucinations may be subdivided according to their intensity, complexity, clarity of perception and the subjective degree of their projection into the external environment.

Hallucinatory voices giving commands or a running commentary on the individual's behaviour, or other types of hallucinatory voices coming from a part of the body, occur in schizophrenia as well as in some other psychotic states such as psychotic depression.

Incoherence[LP, SG]

A disorder of speech (and thought) in which the main features are distortion of grammar, unexplained shifts from topic to topic and lack of logical connection between parts of speech.

Neologisms[SG]

Words not in the usual vocabulary that are made up by the individual and have no generally accepted meaning.

Catatonic behaviour[LP]

Behaviour characterized by marked psychomotor disturbances that may range and alternate from hyperactivity and excitement to hypoactivity and slowness. The hypoactivity may be total without any spontaneous movement or reaction to the environment (see also stupor). In such a case an uncomfortable posture may be assumed and maintained for long periods.

Apathy and blunting of emotional response[SG]

Grossly diminished or indifferent emotional response. The face and voice are expressionless and there is no emotional response to changing topics of conversation. This state is also referred to as "flatness of affect".

Incongruity of emotional response[SG]

The emotional response expressed is not in keeping with that expected. The individual may laugh while discussing a sad event or vice versa.

Poor non-verbal communication by facial expression

Limited use of facial movements and eye contact during verbal communication.

Decline in social performance

A decrease in the exercise of social roles and skills, i.e., functionally organized patterns of behaviour shared by most individuals occupying a defined social position and considered essential for maintenance of such a position.

Decline in occupational performance

A decrease in the exercise of occupational roles and skills, i.e., specific tasks and duties, knowledge and standards of occupational performance and its output (material goods, services, intellectual or artistic performance).

Social withdrawal

A pattern of behaviour characterized by a persistent tendency to retract from social interaction and communication. In the individual's culture such behaviour is usually regarded as deviance, signalling the presence of mental disorder or abnormal personality traits.

Odd, eccentric or peculiar appearance[SG]

A strange or bizarre appearance, considering the individual's socioeconomic and cultural background. Such an appearance may be due to clothes, ornaments, posture, gait or expressions.

Poor self-care[SG]

A marked lack of attention to one or more of the various aspects of personal appearance and hygiene (e.g., cleanliness, state of hair, make-up and clothes, shaven face, etc.,). In the assessment, the individual's sociocultural background should be taken into consideration.

Depersonalization[LP, SG]

A state of disordered self-perception in which self-awareness may be heightened, but all or part of the self (including body-self) seems unreal, remote or artificial. Such perceptual changes occur in the presence of a normal sensorium. The experience is a feeling of the self being unreal, distant, veiled, acting a part. Instead of being spontaneous and natural, the individual feels a shadow of a real person ("as if" feeling). Insight into the abnormal nature of the phenomenon is usually retained.

Depersonalization may occur as an isolated phenomenon in otherwise normal people, in a state of severe fatigue, hunger or an intense emotional reaction (e.g., recalling rape, incest, abuse).

Derealization[LP, SG]

A subjective experience of alienation of the external world. The surroundings seem to lack colour and life and appear distant, artificial, or as a stage upon which people are acting contrived roles.

Perplexity[SG]

A feeling that familiar surroundings and/or self have changed in a puzzling and threatening way. Disorientation in clear

consciousness may be present.

The symptoms above refer to the following F2 diagnostic categories: 1. Schizophrenia (F20); 2. Schizotypal disorder (F21); 3. Delusional disorder (F22); 4. Acute and transient psychotic disorder (F23); 5. Schizoaffective disorder (F25).

MOOD AND AFFECTIVE DISORDERS (F3)

Elevated (expansive) mood[SG]

A state of elation of mood and an exaggerated feeling of physical and emotional wellbeing, often with an infectious quality and out of proportion to the individual's life circumstances. An element of irritability is often present.

Increased physical activity (restlessness)[SG]

Purposeless movements of the limbs and body resulting in fidgeting, shifting, fiddling, inability to sit or stand still, etc.

Increased talkativeness ("pressure of speech")[LP, SG]

Talking too much, too fast, often in a loud voice and adding unnecessary words. There is undue pressure to get the words out.

Distractibility[SG]

Trivial events and stimuli that otherwise go unnoticed take up the individual's attention and interfere with his/her ability to sustain attention on anything.

Decreased need for sleep[SG]

A diminution of sleeping as a reflection of the individual's overactivity. Some of those affected exhaust themselves in their daytime activities; others go to bed in the small hours, wake early feeling refreshed after a short sleep, and are eager to begin another overactive day.

Sexual indiscretions

Behaviour in which the individual makes sexual suggestions or advances without any social restraint or observance of the prevailing social conventions.

Foolhardy, reckless or irresponsible behaviour

Behaviour in which the individual embarks on extravagant or impractical schemes, spends money recklessly, or takes up foolish enterprises without recognising their risks.

Increased sociability and overfamiliarity

A lack of the appropriate interpersonal distance and loss of normal social inhibitions manifested in increased sociability and overfamiliarity.

Flight of ideas (thoughts racing)[LP, SG]

A disordered form of thinking, experienced subjectively as a flow of ideas or as "pressure of thought". Talk is rapid, incessant and, due to increased distraction, loses its aim and wanders far from the original theme. There is frequent rhyming and punning.

Inflated self-esteem (grandiosity)[LP, SG]

Exaggerated ideas of one's own capacities, possessions, greatness, superiority or self-importance. When these ideas attain delusional form, they are referred to as "delusions of grandeur".

Depressed mood[LP, SG]

A low mood that may be expressed in a number of ways -

sadness, misery, low spirits, inability to enjoy anything, gloom, dejection, feeling blue, etc. It becomes pathological when it is persistent, pervasive, unresponsive, painful or out of proportion to the individual's life circumstances.

Loss of interest[SG]

A diminution or loss of interest or pleasure in normally enjoyable activities. Either some interests have been dropped or their importance to the individual has decreased. The extent of the diminution must be measured in the context of the range and depth of the individual's usual activities.

Loss of energy[SG]

A feeling of being tired, weak or exhausted. Also, a feeling of having lost one's get-up-and-go or one's vigour. Initiating a task, whether physical or mental, seems particularly difficult or even impossible.

Loss of self-confidence and self-esteem[SG]

A loss of faith in one's abilities and skills and the anticipation of discomfort and failure in matters that depend upon self-confidence, particularly in social relationships. There is also a feeling of inferiority to others and even of worthlessness.

Unreasonable self-reproach or inappropriate guilt

Over-concern with some past action that is painful, out of proportion and beyond control. The individual may blame him/herself too much for some minor failure or fault that most people would not

take very seriously. The individual realizes that the guilt is exaggerated or unduly prolonged but cannot help feeling it all the same. Sometimes, the guilt may concern actions or deficiencies that have some basis in fact. However, the sense of guilt experienced is excessive. In the more intense form, the individual generalises the feeling of self-blame to almost anything that goes wrong in his/her environment. When the guilt is of delusional proportion, the individual feels he/she is to blame for all the sins of the world.

Suicidal thoughts or behaviour[SG]

Persistent thoughts about self-harm with deliberate consideration or planning of possible techniques of self-harm. Seriousness of intent can be judged from the individual's awareness of how lethal the method was, attempts to avoid being discovered and behaviour indicating a belief that the attempt would be successful, e.g., leaving a suicide note.

Trouble thinking or concentrating

An inability to think clearly. The individual afflicted complains that his/her brain is working less efficiently than normal. He/she is unable to reach decisions easily even about simple matters, being unable to maintain the necessary elements of information in his/her consciousness at the same time. Trouble concentrating refers to the inability to focus mental energy or pay attention to matters that require it.

Sleep disturbances[LP]

Disturbing changes of sleeping patterns. *Middle insomnia*

includes periods of wakefulness between an initial and a final period of sleep. *Early waking* refers to the time of waking after the final period of sleep during the night, i.e., the individual does not sleep again afterwards. *Disturbance of the sleep-wake cycle* - the individual potters about all night and sleeps during the day. *Hypersomnia* refers to sleeping at least two hours longer than usual, representing a definite change from the usual pattern of sleep.

Change in appetite and weight

Decreased or increased appetite resulting in weight loss or gain of 5% or more of the usual body weight.

Loss of capacity for pleasure (anhedonia)[LP, SG]

A loss of the ability to enjoy normally pleasurable activities. Often, the individual is not capable of pleasurable anticipation.

Depression worse in the morning[SG]

A low or depressed mood that is worse in the early part of the day. Characteristically, the individual wakes early and lies awake feeling that he/she cannot get up and face the day. As the day progresses, depression diminishes.

Often in tears[SG]

Frequent periods of weeping without understandable provocation.

Inability to cope with routine responsibilities

An impairment in carrying out everyday activities and roles.

Pessimistic about future[SG]

A bleak view of the future, irrespective of the true circumstances. Personal and social affairs may be neglected because of hopelessness about the future. Pessimism about the future may be an apparent cause of suicidal thoughts and behaviour.

Stupor[LP, SG]

A state characterized by an absence, profound diminution or blocking of spontaneous or reactive movements, mutism and psychomotor unresponsiveness. Consciousness may be disturbed. Stuporous states occur in association with organic cerebral disease, schizophrenia, depressive illness and acute reaction to stress.

The symptoms above refer to the following F3 diagnostic categories: 1. Hypomania (F30.0); 2. Mania without psychotic symptoms (F30.1); 3. Mania with psychotic symptoms (F30.2); 4. Mild depressive episode (F32.0); 5. Moderate depressive episode (F32.1), Severe depressive episode without psychotic symptoms (F32.2), Severe depressive episode with psychotic symptoms (F32.3), Recurrent depressive episode (F33), Cyclothymia (F34.0), Dysthymia (F34.1), Bipolar affective disorder (F31).

NEUROTIC AND BEHAVIOURAL DISORDERS (F4/F5)

Panic attacks[LP, SG]

Episodes of overwhelming anxiety with a sudden onset and rapid build-up to a climax. The episodes last from a few minutes to one hour and are unpredictable, i.e., they are not restricted to any particular situation or set of circumstances. Other dominant symptoms include palpitations, chest pain, choking sensations, dizziness and feelings of unreality (depersonalization and/or derealization). Often, there is also a secondary fear of dying, losing control or going crazy.

Worry[SG]

Unpleasant or uncomfortable thoughts that cannot be consciously controlled by trying to turn the attention to other subjects. The worrying is often persisting, repetitive and out of proportion to the topic worried about (it can even be about a triviality).

Autonomic anxiety[LP, SG]

Anxiety manifested by various autonomic symptoms such as palpitations or pounding heart, wet palms, dry mouth, dizziness, lightheadedness, trembling of hands or limbs, hot or cold sweats or flushes, difficulty in breathing, tightness or pain in the chest, difficulty in swallowing ("lump in throat"), frequent urination, tingling sensations, churning ("butterflies") in the stomach and nausea. Fears such as a fear of dying, going crazy, losing emotional control or fears of great misfortune are usually associated with the above autonomic symptoms. Feelings that objects are unreal (derealization) or that the self is distant or "not really here" (depersonalization) may be present.

Obsessional thoughts[LP, SG]

Ideas, images or impulses that enter the individual's mind repetitively and insistently in a stereotyped form. They are variable in content but always distressing, and the individual tries unsuccessfully to resist them. These thoughts are recognized as the individual's own thoughts, even though they are involuntary and often repugnant.

Compulsive acts[LP, SG]

Repetitive, stereotyped behaviour and rituals recognised by the individual as pointless or ineffectual so that he/she makes repeated attempts to resist them. The majority of compulsive acts or rituals are concerned with cleaning (particularly hand-washing), orderliness, tidiness or repeated checking. Such behaviour results from a fear of dangerous events that can happen to or be caused by the individual. The rituals represent an attempt to prevent the danger. Compulsive acts and rituals may occupy many hours every day and are sometimes associated with marked indecisiveness and slowness. If compulsive acts are resisted, the individual's anxiety increases.

Exceptional physical, mental or social stressor[LP]

An overwhelming traumatic experience (e.g., a natural catastrophe) involving a serious threat to the physical, emotional or social integrity of the individual and requiring an adjustment by the individual to the new circumstances.

"Reliving" the stressor

Episodes of repeated reliving of a trauma in intrusive memories

("flashbacks") or dreams occurring in an individual exposed to an exceptionally stressful event or situation. These episodes occur against the persistent background of a sense of numbness, emotional blunting, detachment from other people and unresponsiveness to surroundings.

Avoidance of stress-related circumstances

A tendency to avoid cues, activities and situations that remind the individual of a stressful event experienced.

Dissociative (conversion) symptoms[LP, SG]

A partial or complete loss of integration between memories of the past, awareness of identity, immediate sensations and control of bodily movements. Conscious control over which memories and sensations can be selected for immediate attention, and what movements can be carried out, is impaired. Dissociative symptoms are presumed to be psychogenic in origin and associated closely in time with traumatic events, insoluble and intolerable problems or disturbed relationships. An individual with dissociative symptoms often denies problems that are obvious to others.

Multiple and variable physical complaints not explained by any physical disorder

Long-lasting, numerous, recurrent and frequently changing somatic symptoms without any detectable organic basis. If any physical disorder is present, it does not explain the nature and extent of the symptoms, distress or preoccupation of the individual.

Repeated consultation with (medical) professionals

A long and complicated history of contacts with medical or other alternative health services, during which many unnecessary investigations may have been carried out.

Persistent refusal to accept (medical) advice

A refusal to accept advice and reassurances by doctors or other health professionals that symptoms have no organic basis, in spite of repeated negative findings in various investigations. Even when the onset and continuation of the symptoms bear a close relationship to unpleasant life events, difficulties or conflicts, the individual resists attempts to accept the possibility of a psychological causation of the symptoms.

Persistent mental fatigue

Excessive and long-lasting mental exhaustion after even minor mental efforts. It is often accompanied by an unpleasant intrusion of distracting associations or recollections, difficulty in concentrating, focusing and sustaining attention, and generally inefficient thinking. The condition is usually associated with decreased efficiency in coping with daily tasks.

Persistent physical fatigue

Feelings of bodily weakness and exhaustion after minimal physical exertion, sometimes accompanied by feelings of muscular aches and pains.

Self-induced weight loss

Weight loss achieved by alterations in the diet, including the avoidance of high-calorie foods ("fattening foods") and severe restriction of total food intake. Self-induced vomiting or purging, excessive exercise, appetite suppressants or diuretics are often used to achieve weight loss.

Binge eating episodes[SG]

Episodes of recurrent, impulsive consumption of large quantities of food in a short space of time.

Dread of fatness[SG]

A fear or worry about being or becoming fat or overweight. This persisting and over-valued idea may exist at a time when the individual is underweight.

Disturbance of quantity, quality or timing of sleep[LP]

Changes in sleeping patterns which include difficulty in falling and staying asleep, periods of wakefulness between an initial and a final period of sleep, or early waking. Sleep disturbances can also manifest as irresistible sleepiness or sleeping at least two hours longer than usual.

Unintentional rising from bed during sleep and walking (sleep-walking)[SG]

This occurs during the first third of the sleep period; the individual exhibits low levels of awareness, reactivity and motor skills. Sometimes he/she leaves the bedroom and at times may actually walk

out of the house. Most often, he/she returns quietly to bed. Upon waking, there is usually no recollection of the event.

Waking from sleep with panicky scream and anxiety manifestations (night terror)[LP, SG]

This is often accompanied by intense autonomic anxiety and disorientation. If woken, the individual usually has no recollection of the event.

Woken from sleep by frightening dreams and with vivid recall (nightmare)[LP, SG]

The themes of the frightening dreams involve threats to survival, security or self-esteem. Quite often there is a recurrence of the same or similar frightening dreams. Upon waking, the individual is able to communicate fully with others and give a detailed account of the dream.

The symptoms above refer to the following F4 and F5 diagnostic categories: 1. Phobias (F.40.0-F40.2), 2. Panic disorder (F41.0), 3. Generalized anxiety disorder (F41.1), 4. Mixed and other anxiety disorders (F41.2-F41.3), 5. Obsessive-compulsive disorder (F42), 6. Acute stress reaction (F43.0), 7. Post-traumatic stress disorder (F43.1), 8. Adjustment disorders (F43.2), 9. Dissociative (conversion) disorders (F44), 10. Somatoform disorders (F45.0-F45.4), 11. Neurasthenia (F48.0).

PERSONALITY DISORDERS (F6)

Paranoid[LP]

As a personality trait it refers to the individual who is suspicious, distrustful, hypersensitive, envious, jealous and has an exaggerated sense of self-importance.

Schizoid[LP]

As a personality trait it refers to the individual who is introverted, shy, aloof, and withdrawn from affectionate and social contacts.

Dissocial[LP]

As a personality trait it refers to the individual who is irresponsible, aggressive and often performs antisocial acts that are grounds for arrest.

Emotionally unstable[LP]

As a personality trait it refers to the individual whose mood is unstable and who often acts impulsively regardless of the consequences.

Histrionic[LP]

As a personality trait it refers to the individual who is vain, egocentric, coquettish, graceful, sexually provocative and prone to dramatic and attention-seeking behaviour.

Anankastic[LP]

As a personality trait it refers to the individual who is overconscientious, rigid, pedantic, indecisive and a perfectionist.

Anxious (avoidant)[LP]

As a personality trait it refers to the individual who has constant feelings of tension and apprehension, insecurity and inferiority, is hypersensitive to criticism and has a tendency to avoid certain activities because of exaggeration of the potential risks or dangers.

Dependent[LP]

As a personality trait it refers to the individual with a pervasive reliance on other people to make any life decisions. Such an individual has a great fear of abandonment, feels helpless and incompetent, often complies with the wishes of others and has a weak response to the demands of everyday life.

The symptoms above refer to the following F6 diagnostic categories: 1. Paranoid personality disorder (F60.0), 2. Schizoid personality disorder (F60.1), 3. Dissocial personality disorder (F60.2), 4. Emotionally unstable personality disorder - impulsive type (F60.30), - borderline type (F60.31), 5. Histrionic personality disorder (F60.4), 6. Anankastic personality disorder (F60.5), 7. Anxious (avoidant) personality disorder (F60.6), 8. Dependent personality disorder (F.60.7), 9. Other specified personality disorder (F60.8).

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