

CLINICAL APPLICATION OF ICD - 11 AND ITS UNDERSTANDING AMONG THE PSYCHIATRISTS AND POSTGRADUATE PSYCHIATRIC RESIDENTS OF PAKISTAN

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ABSTRACT

OBJECTIVE

To find out the problems associated with the clinical utilization of Chapter 6 related to Mental & behavioural disorders of International Classification of Diseases 11(ICD-11) by the psychiatrists of Pakistan and also to understand the basic description of its utilization in clinical practice.

STUDY DESIGN

It is a cross-sectional descriptive study.

PLACE AND DURATION OF STUDY

The study was conducted through an online survey which was circulated to psychiatrists across the country during a period of two months.

SUBJECT AND METHOD:

A sample size of 130 Participants including psychiatrists and postgraduate trainees (psychiatry) responded to the e-mail and WhatsApp messages. The survey was on Google Docs, and it was an online survey with responses of "yes, no and don't know". The ethical approval for the survey was taken from the Pakistan psychiatric research centre(xxx).

RESULTS

Out of 130 psychiatrists, 65.4% were the residents who heard about ICD-11 mostly from academic activity conducted by the authors. 48.5% of psychiatrists believe that it is difficult to adjust to the new classification system.

CONCLUSION

ICD-11 is a new classification system. It requires training from the seniors and workshops related to its utility through the online mortality and morbidity statistics by WHO across various countries.

KEYWORDS

ICD-11, WHO, Pakistan

INTRODUCTION

International Classification of Diseases - 11 (ICD-11) was launched officially in January 2022. For the past four years or so, it has been in the process of finalisation, addition, and data collection. Most of the countries across the globe use ICD-10 WHO classification system which is 30 years old and some of the countries are even still using ICD-9 diagnostic classification system^{1,11}. After the launch of Diagnostic and Statistical Manual of Mental Disorders- 5 (DSM-5) in 2013, it became

more acceptable and was viewed as easier to understand. Most of the clinicians, if they required any help in the diagnostic classification, shifted from International Classification of Diseases (ICD) to Diagnostic and Statistical Manual of Mental Disorders (DSM).

ICD-11 is more comprehensive as compared to the previous classification systems. It has mortality and morbidity statistics (MMS) system that is accessible through the internet and has new additions and modifications in multiple domains. Most of these domains are acceptable to the clinicians ². However, the practical application and its implication will come over the period.

In Pakistan, most of the psychiatrists, although using DSM-5 were still able to quote ICD-10 due to the acceptance of most of the postgraduate examinations in psychiatry. We initiated teaching and training of the psychiatrists, including postgraduate residents on ICD-11 and described to them the ease of utility and its application. Whenever there is something new in the market, people have difficulty in accepting it and this is probably the case with ICD-11 and it is slowly paving its way among psychiatric fraternity ³. We conducted a survey so that we will be able to understand how many psychiatrists use it in the clinical setting and find it comfortable, applicable and worthwhile using it clinically.

Although WHO on its official website has given the description of utility of ICD-11, however, people still are unaware of the teaching videos available on the website to make them understand how to utilize this diagnostic tool ⁴. It is also difficult for people of various languages and backgrounds to understand the changes in ICD-11 that needs to be highlighted to the residents and other psychiatrists, as well, who are either not practicing in academic settings or are working in the peripheral and rural areas. The guidelines are easy to understand, however, people have difficulty in understanding the symptom etiology and correlating it to the physical and other domains in patients' diagnosis. Clinicians still believe that DSM-5 or ICD-10 are better diagnostic tools, as they haven't started using the online MMS system of ICD-11 ⁵.

SUBJECT AND METHOD

The ethical permission for the survey was taken from Pakistan Psychiatric Research Centre, PPRC, Fountain house, Lahore. The approval was given to us by the ethical committee involving psychiatrist, psychologist and social worker. After the ethical approval, a survey was drafted on Google Documents and a link was generated which led to the document designed by us. We circulated the survey, which was online to WhatsApp groups, the official group of Pakistan psychiatric society and to various other forums, where most of the psychiatrists are contributing, including the emails as well. Out of 400 and 32 people contacted, 130 responded back. The responses were given by psychiatrists across the country in all five provinces and the Capital Region.

Questionnaire:

We tried to keep the survey very targeted and short so that people would be able to fill up within a few minutes of reading it. This survey included 12 questions. Only one question was related to their position as a psychiatrist, psychologist or other mental health professional. 11 questions related to ICD-11 included about the know-how of ICD 11, whether most of the people were using

ICD-11 or not, their knowledge related to the changes in the classification system from the previous systems and about the online mortality morbidity statistics by WHO.

RESULTS

The results indicated that most of the responders were post graduate residents (65.4%). Around 97.7% of the people had heard about ICD-11 and only less than 2.3% of people were unaware of it. Among the respondents, 40.9% people came to know about ICD-11 through the workshop that was conducted by the authors. It came out that 22% of the people heard about ICD-11 from seniors, 17.3% from colleagues and only 19.7% people were able to study ICD-11 online.

Majority of the participants, approximately 43.8%, were using ICD-10 as the classification system, 37.7% were using DSM-5 and less than 17.7% had started using the latest system of ICD-11. There was a wish among 76.9% of the responders to use ICD-11 but they were not completely aware of the details related to its application and clinical practice. A figure of 18.5% of the people were not sure if they will be able to use ICD-11 in their clinical setup. Regarding the knowledge of ICD-11 and its scientific basis and the evidence-based practice in psychiatry, only 27.7 % were unaware of this factual scientific literature. Majority of the responders had knowledge about the evidence-based practice and utilization of ICD-11. Surprisingly 46.9% of the people expressed their incapability of assessing if ICD-11 corresponds accurately to patients' presentations. Only 8.5% of the people felt that it is not aligned with the clinical presentations while 44.6% of the people believed that clinical presentations are actually correlating with ICD-11 diagnostic guidelines.

A large proportion of the respondents i.e. 71.5% had no idea about mortality and morbidity statistics (MMS) of ICD-11 which is available online to interpret patients' diagnosis and also to highlight various important statistics related to the clinical utilization of this new classification system. Only 21.5% of the responders were aware of this MMS system of ICD-11. Interestingly, 71.5% of the participants had an idea about the changes as well as new diagnostic categories which were incorporated in ICD-11 and these changes which are related to catatonia, schizophrenia, PTSD, impulse control disorders and other related disorders were significantly understandable by the majority of the participants. We assume that over the period people were able to read ICD-10 and its modifications which were about to be released, so the majority of the psychiatrists were expecting changes in the new classification system.

Only 33.8% of the responders felt that understanding of the new categories was difficult, however, it was surprising because this is not correlating with the previous responses. So far what we achieved in this survey, a strong correlation should be present in understanding and implementation of ICD-11 as far as the newer diagnostic categories are concerned. So, there are multiple possibilities of this contrast and we have to discuss in detail each one of them separately.

In the context of adjustment with the new system, 48.5% of the individuals believe that adjustment with the previous classification system was relatively easier than ICD-11. Results revealed that 26.2% people feel they are too occupied to learn the new system, and it is difficult for them to incorporate the new system into their clinical utilization. This trend was seen more in the consultant psychiatrists. We saw that 15.4% of participants were of the view that DSM-5 is a better system of classification despite the academic sessions which were taken to make them learn and understand ICD-11 and only 10% of the people feel that it is hard to use the ICD-11 MMS system.

DISCUSSION

ICD-11 is a remarkable classification system, but until and unless a clear emphasis is made to make people understand its utility and clinical implications, things won't be as good as they should be regarding its acceptability⁶. Although WHO has mentioned and provided a number of videos, data sheets and other statistics related to ICD-11, people don't feel comfortable in using the website and understanding it until they are exposed to this system a little more closely. There is discrepancy among the responders who are trying to communicate about their feelings and their responses related to ICD-11. On one hand, they feel that ICD-11 is a good classification system, it's evidenced based, and it is also practical while on the other hand, they have difficulty in its application and usage into the clinical practice and they feel that the practical application of ICD-11 cannot be used in Pakistani setup⁷. The trend of consultant psychiatrists in showing reluctance towards using the system clinically is significant and needs to be probed further.⁸ This can be linked to the fact that adjustment with previous classification and treating patients successfully according to that and no pressure to clear certain exams can hinder the pathway of learning the new system, especially if a person is not working in an academic setting. A lot of people feel that this classification system should have been discussed more before it would have been launched officially⁹.

It is the experience that over the period of time when people know more and more about any literature, things do get improved gradually. As far as the new classification system is concerned, although it is Internet based, multifaceted, it is simple and has incorporated many culture backgrounds, but some of the cultural references from Pakistan and related countries probably are still not incorporated in ICD-11¹⁰. There are various worldwide sites where the experimentation took place and data collection was done specifically from the developing countries, but not all the representative data from most of the countries were taken.

The best thing about the ICD-11 is MMS (Mortality and Morbidity Statistics) and its availability on the Internet for better clinical application. So any clinician whosoever is practicing anywhere across the globe they can fill up the MMS sheet and submit to WHO and over the period the data gathered can improve the classification system furthermore in times to come. The clinician has to understand that all the classification systems so far developed had no such online access and this is the first one with such innovation¹¹. The best part is that the online system is available as a mobile application as well. A further simplification is made based on the data collection, hopefully ICD-12 and maybe ICD-11 revised version could be a better option for more clinical entities which are more prevalent in developing countries like Pakistan. We require more data to further enhance our conviction related to ICD-11.

The idea of performing this survey was to ensure that people can understand ICD-11, use it clinically, fill up the MMS data and help other clinicians as well to understand the diagnostic entities. We encourage more workshops, more interactions, more knowledge and more discussions of the clinicians with the experts in ICD-11 across the globe. Furthermore, if all this can be recorded and uploaded on WHO website in various languages, it will help the clinicians understand it even more accurately.

CONCLUSION

ICD-11 is scientific, evidence based, rational, involving very significant aspects of culture, genetics, molecular imaging and other related new technologies in the healthcare delivery system. There is a lot that needs to be done in the field of understanding and implementation of this new classification system that is quite evident from the results of the survey conducted above. The utility of MMS should be more generalized and encouraged across the globe to gather more data and improve the classification system further. In Pakistan and countries like that we need more workshops, seminars and lectures to make psychiatrists understand the ICD-11 classification system.

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