

APPENDIX III  
INTERNATIONAL CLASSIFICATION OF DISEASES  
9<sup>th</sup> Edition

Descriptive diagnoses relevant to functional psychoses from the 9<sup>th</sup> edition of the International Classification of Diseases (ICD-9) (Table 1).

Table 1

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Other Psychoses (295-299)

295. Schizophrenic psychoses

A group of psychoses in which there is a fundamental disturbance of personality, a characteristic distortion of thinking, often a sense of being controlled by alien forces, delusions which may be bizarre, disturbed perception, abnormal affect out of keeping with the real situation, and autism. Nevertheless, clear consciousness and intellectual capacity are usually maintained. The disturbance of personality involves its most basic functions which give the normal person his feeling of individuality, uniqueness and self-direction. The most intimate thoughts, feelings and acts are often felt to be known to or shared by others and explanatory delusions may develop, to the effect that natural or supernatural forces are at work to influence the schizophrenic person's thoughts and actions in ways that are often bizarre. He may see himself as the pivot of all that happens. Hallucinations, especially of hearing, are common and may comment on the patient or address him. Perception is frequently disturbed in other ways; there may be perplexity, irrelevant features may become all-important and, accompanied by passivity feelings, may lead the patient to believe that everyday objects and situations possess a special, usually sinister, meaning intended for him. In the characteristic schizophrenic disturbance of thinking, peripheral and irrelevant features of a total concept, which are inhibited in normal directed mental activity, are brought to the forefront and utilized in place of the elements relevant and appropriate to the situation. Thus thinking becomes vague, elliptical and obscure, and its expression in speech sometimes incomprehensible. Breaks and interpolations in the flow of consecutive thought are frequent, and the patient may be convinced that his thoughts are incongruous. Ambivalence and disturbance of volition may appear as inertia, negativism or stupor. Catatonia may be present. The diagnosis "schizophrenia" should not be made unless there is, or has been evident during the same illness, characteristic disturbance of thought, perception, mood, conduct, or personality-- preferably in at least two of these areas. The diagnosis should not be restricted to conditions running a protracted, deteriorating, or chronic course. In addition to making the diagnosis on the criteria just given, effort should be made to specify one of the following subdivisions of schizophrenia, according to the predominant symptoms.

Includes: schizophrenia of the types described in 295.0-295.9 occurring in children

Excludes: childhood type schizophrenia (299.9)  
infantile autism (299.0)

295. 0 Simple type

A psychosis in which there is insidious development of oddities of conduct, inability to meet the demands of society, and decline in total performance. Delusions and hallucinations are not in evidence and the condition is less obviously psychotic than are the hebephrenic, catatonic and paranoid types of schizophrenia. With increasing social impoverishment vagrancy may ensue and the patient becomes self-absorbed, idle and aimless. Because the schizophrenic symptoms are not clear-cut, diagnosis of this form should be made sparingly, if at all.

Schizophrenia simplex

Excludes: latent schizophrenia (295.5)

### 295.1 Hebephrenic type

A form of schizophrenia in which affective changes are prominent, delusions and hallucinations fleeting and fragmentary, behaviour irresponsible and unpredictable and mannerisms common. The mood is shallow and inappropriate, accompanied by giggling or self-satisfied, self-absorbed smiling, or by a lofty manner, grimaces, mannerisms, pranks, hypochondriacal complaints and reiterated phrases. Thought is disorganized. There is a tendency to remain solitary, and behaviour seems empty of purpose and feeling. This form of schizophrenia usually starts between the ages of 15 and 25 years.

Hebephrenia

### 295.2 Catatonic type

Includes as an essential feature prominent psychomotor disturbances often alternating between extremes such as hyperkinesia and stupor, or automatic obedience and negativism. **Constrained** attitudes may be maintained for long periods: if the patient's limbs are put in some unnatural position they may be held there for some time after the external force has been removed. Severe excitement may be a striking feature of the condition. Depressive or hypomanic concomitants may be present.

Catatonic:

agitation  
excitation  
stupor

Schizophrenic:

cataplexy  
catatonia  
flexibilitas cerea

### 295.3 Paranoid type

The form of schizophrenia in which relatively stable delusions, which may be accompanied by hallucinations, dominate the clinical picture. The delusions are frequently of persecution but may take other forms (for example of jealousy, exalted birth, Messianic mission, or bodily change). Hallucinations and erratic behaviour may occur; in some cases conduct is seriously disturbed from the outset, thought disorder may be gross, and affective flattening with fragmentary delusions and hallucinations may develop.

Paraphrenic schizophrenia

Excludes: paraphrenia, involuntal paranoid state (297.2)  
paranoia (297.1)

### 295.4 Acute schizophrenic episode

Schizophrenic disorders, other than those listed above, in which there is a dream-like state with slight clouding of consciousness and perplexity. External things, people and events may become charged with personal significance for the patient. There may be ideas of reference and emotional turmoil. In many such cases remission occurs within a few weeks or months, even without treatment.

Oneirophrenia

Schizophreniform:  
attack  
psychosis, confusional type

Excludes: acute forms of schizophrenia of:

catatonic type (295.2)  
hebephrenia (296.1)  
paranoid type (295.3)  
simple type (295.0)

#### 295.5 Latent schizophrenia

It has not been possible to produce a generally acceptable description for this condition. It is not recommended for general use, but a description is provided for those who believe it to be useful, a condition of eccentric or inconsequent behavior and anomalies of affect which give the impression of schizophrenia though no definite and characteristics schizophrenic anomalies, present or past, have been manifest.

The inclusion terms indicate that this is the best place to classify some other poorly defined varieties of schizophrenia.

Latent schizophrenic reaction

Schizophrenia:

Borderline  
prepsychotic  
prodromal

Schizophrenia:

pseudoneurotic  
pseudopsychopathic

Excludes: schizoid personality (301.2)

#### 295.6 Residual schizophrenia

A chronic form of schizophrenia in which the symptoms that persists from the acute phase have mostly lost their sharpness. Emotional response is blunted and thought disorder, even when gross, does not prevent the accomplishment of routine work.

Chronic undifferentiated schizophrenia

Restzustand (schizophrenic)

Schizophrenic residual state

#### 295.7 Schizoaffective type

A psychosis in which pronounced manic or depressive features are intermingled with schizophrenic features and which tends towards remission without permanent defect, but which is prone to recur. The diagnosis should be made only when both the affective and schizophrenic symptoms are pronounced.

Cyclic schizophrenia  
Mixed schizophrenic and affective psychosis  
Schizoaffective psychosis  
Schizophreniform psychosis, affective type

#### 295.8 Other

Schizophrenia of specified type not classifiable under 295.0-295.7.

Acute (undifferentiated) schizophrenia	Atypical schizophrenia Coenesthopathic schizophrenia
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Excludes: infantile autism (299.0)

#### 295.9 Unspecified

To be used only as a last resort.

Schizophrenia NOS  
Schizophrenia reaction NOS  
Schizophreniform psychosis NOS

#### 296 Affective Psychoses

Mental disorders, usually recurrent, in which there is a severe disturbance of mood (mostly compounded of depression and anxiety but also manifested as elation and excitement) which is accompanied by one or more of the following delusions, perplexity, disturbed attitude to self, disorder of perception and behavior: these are all in keeping with the patient's prevailing mood (as are hallucinations when they occur). There is a strong tendency to suicide. For practical reasons, mild disorders of mood may also be included here if the symptoms match closely the descriptions given; this applies particularly to mild hypomania.

Excludes: reactive depressive psychosis (298.0)  
reactive excitation (298.1)  
neurotic depression (300.4)

#### 296.0 Manic-depressive psychosis, manic type

Mental disorders characterized by states of elation or excitement out of keeping with the patient's circumstances and varying from enhanced liveliness (hypomania) to violent, almost uncontrollable excitement. Aggression and anger, flight of ideas, distractibility, impaired judgment, and grandiose ideas are common.

Hypomania NOS	Manic psychosis
Hypomanic psychosis	Manic-depressive psychosis or
Manic (monopolar) NOS	reaction:
Manic disorder	hypomanic
	Manic

Excludes: circular type if there was a previous attack of depression  
(296.2)

### 296.1 Manic-depressive psychosis, depressed type

An affective psychosis in which there is a widespread depressed mood of gloom and wretchedness with some degree of anxiety. There is often reduced activity but there may be restlessness and agitation. There is a marked tendency to recurrence; in a few cases this may be at regular intervals.

Depressive psychosis  
Endogenous depression  
Involutional melancholia

Manic-depressive reaction, depressed  
Monopolar depression  
Psychotic depression

Excludes: circular type if previous attack was of manic type (296.3)  
depression NOS (311)

### 296.2 Manic-depressive psychosis, circular type but currently manic

An affective psychosis which has appeared in both the depressive and the manic form, either alternating or separated by an interval of normality, but in which the manic form is currently present. (The manic phase is far less frequent than the depressive).

Bipolar disorder, now manic

Excludes: brief compensatory or rebound mood swings (296.8)

### 296.3 Manic-depressive psychosis, circular type but currently depressed

Circular type (see 296.2) in which the depressive form is currently present.

Bipolar disorder, now depressed

Excludes: brief compensatory or rebound mood swings (296.8)

### 296.4 Manic-depressive psychosis, circular type, mixed

An affective psychosis in which both manic and depressive symptoms are present at the same time.

### 296.5 Manic-depressive psychosis, circular type, current condition not specified

Circular type (see 296.2) in which the current condition is not specified as either manic or depressive

### 296.6 Manic-depressive psychosis, other and unspecified

Use this code for cases where no other information is available, except the unspecified term, manic-depressive psychosis, or for syndromes corresponding to the descriptions of depressed (296.1) or manic (296.0) types but which for other reasons cannot be classified under 296.0-296.5.

Manic-depressive psychosis:  
NOS  
Mixed type

Manic-depressive:  
reaction NOS  
syndrome NOS

### 296.7 (missing or doesn't exist)

## 296.8 Other

Excludes: psychogenic affective psychoses (298.-)

## 296.9 Unspecified

Affective psychosis NOS

Melancholia NOS

## 297 Paranoid States

Excludes: acute paranoid reaction (298.3)

alcoholic jealousy (291.5)

paranoid schizophrenia (295.3)

### 297.0 Paranoid state, simple

A psychosis, acute or chronic, not classifiable as schizophrenia or affective psychosis, in which delusion, especially of being influenced, persecuted or treated in some special way, are the main symptoms. The delusions are of a fairly fixed, elaborate and systematized kind.

### 297.1 Paranoia

A rare chronic psychosis in which logically constructed systematized delusions have developed gradually without concomitant hallucinations or the schizophrenic type of disordered thinking. The delusions are mostly of grandeur (the paranoiac prophet or inventor), persecution or somatic abnormality.

Excludes: paranoid personality disorder (301.0)

### 297.2 Paraphrenia

Paranoid psychosis in which there are conspicuous hallucinations, often in several modalities. Affective symptoms and disordered thinking, if present, do not dominate the clinical picture and the personality is well preserved.

Involitional paranoid state

Late paraphrenia

### 297.3 Induced psychosis

Mainly delusional psychosis, usually chronic and often without florid features, which appears to have developed as a result of a close, if not dependent, relationship with another person who already has an established similar psychosis. The delusions are at least partly shared. The rare cases in which several persons are affected should also be included here.

Foile a deux

Induced paranoid disorder

## 297.8 Other

Paranoid states which, though in many was akin to schizophrenic or affective states, cannot readily be classified under any of the preceding rubrics, nor under 298.4

Paranoia querulans

Sensitiver Beziehungswahn

Excludes: senile paranoid state (297.2)

## 297.9 Unspecified

Paranoid:

psychosis NOS

reaction NOS

state NOS

## 298 Other nonorganic psychoses

Categories 298.0-298.8 should be restricted to the small group of psychotic conditions that are largely or entirely attributable to a recent life experience. They should not be used for the wider range of psychoses in which environmental factors play some (but not the major) part in aetiology.

### 298.0 Depressive type

A depressive psychosis which can be similar in its symptoms to manic-depressive psychosis, depressed type (296.1) but is apparently provoked by saddening stress such as bereavement, or a severe disappointment or frustration. There may be less diurnal variation of symptoms than 296.1, and the delusions more often understandable in the context of the life experience. There is usually a serious disturbance of behavior, e.g., major suicidal attempt.

Reactive depressive psychosis

Psychogenic depressive psychosis

Excludes: manic-depressive psychosis, depressed type (296.1)  
neurotic depression (300.4)

### 298.1 Excitative type

An affective psychosis similar in its symptoms to manic-depressive psychosis, manic type, but apparently provoked by emotional stress.

Excludes: manic-depressive psychosis, manic type (296.0)

### 298.2 Reactive confusion

Mental disorders with clouded consciousness, disorientation (though less marked than in organic confusion) and diminished accessibility often accompanied by excessive activity and apparently provoked by emotional stress.

Psychogenic confusion

Psychogenic twilight state

Excludes: acute confusional state (293.0)

### 298.3 Acute paranoid reaction

Paranoid states apparently provoked by some emotional stress. The stress is often misconstrued as an attack or threat. Such states are particularly prone to occur in prisoners or as acute reactions to a strange and threatening environment, e.g., in immigrants.

Bouffée délirante

Excludes: paranoid states (297,-)

### 298.4 Psychogenic paranoid psychosis

Psychogenic or reactive paranoid psychosis of any type which is more protracted than the acute reactions covered in 298.3. Where there is a diagnosis of psychogenic paranoid psychosis which does not specify "acute" this coding should be made.

Protracted reactive paranoid psychosis

Table 1 (continued)

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### 298.8 Other and unspecified reactive psychosis

Hysterical psychosis

Psychogenic stupor

Psychogenic psychosis NOS

### 298.9 Unspecified psychosis

To be used only as a last resort, when no other term can be used.

Psychosis NOS

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Descriptive ICD-9 diagnoses relevant to functional psychoses.