

LEXICON OF PSYCHIATRIC AND MENTAL HEALTH TERMS

VOLUME 1



WORLD HEALTH ORGANIZATION
GENEVA



LEXICON OF PSYCHIATRIC AND MENTAL HEALTH TERMS

Volume 1



**World Health Organization
Geneva 1989**

ISBN 92 4 154242 X

© World Health Organization 1989

Publications of the World Health Organization enjoy copyright protection in accordance with the provisions of Protocol 2 of the Universal Copyright Convention. For rights of reproduction or translation of WHO publications, in part or *in toto*, application should be made to the Office of Publications, World Health Organization, Geneva, Switzerland. The World Health Organization welcomes such applications.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

TYPESET IN INDIA

PRINTED IN ENGLAND

87/7454—Macmillan/Clays—7000

Introduction

Volume 1 of the *Lexicon of psychiatric and mental health terms* is designed for use in conjunction with Chapter V (Mental disorders) of the ninth revision of the *International classification of diseases* (ICD-9). The lexicon is a step towards the development of an international nomenclature of mental disorders as part of the *International Nomenclature of Diseases* (IND).¹ Many of the terms defined in this volume will be used, as far as possible, in the tenth revision of the ICD (ICD-10).

The work to develop this lexicon has been partly an element of a joint project on diagnosis and classification of mental disorders and alcohol- and drug-related problems, co-sponsored by WHO and the US Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). Preparation of this first volume was recommended by a WHO/ADAMHA Scientific Working Group that met in April 1981 in Mannheim under the chairmanship of Professor E. Strömberg.

Relationship to ICD-9

This volume contains definitions of over 300 terms that appear in Chapter V of ICD-9, either as numbered diagnostic rubrics, already provided with glossary notes, or as inclusion or descriptive terms without definitions. For 125 terms, definitions are reproduced, with certain modifications, from the glossary in Chapter V of ICD-9, or other WHO sources. The remaining definitions have been prepared *de novo*.

Chapter V is the only section of ICD-9 that has a glossary. This glossary of mental disorders, prepared by an international group of experts for use with ICD-8, aims 'not to impose theoretical concepts upon users . . . but simply to guide them in classifying mental disorders for purposes of international coding and communication with others'.

The ICD-9 glossary has proved valuable, but experience in its use has shown the need to enlarge and supplement the material, which is confined to the principal categories of disease, and contains references to a variety of psychopathological concepts that are not themselves defined.

The WHO/ADAMHA Working Group identified, as a first priority, the need to tackle the terms in the ICD-9 glossary that called for further elaboration. By providing tentative definitions of these terms, and some additional ones, this publication complements the ICD-9 glossary.

¹ The IND is a joint project of the Council for International Organizations of Medical Sciences and the World Health Organization, which aims to provide a single recommended name for every morbid entity.

Drafting of definitions

Definitions were drafted by a small task force consisting of Professor M. Shepherd, Professor E. Strömberg, Professor E. Essen-Möller, and Dr A. Jablensky (WHO Project Coordinator), assisted by Dr J. Gallagher. The rules established for the *International nomenclature of diseases* (IND), and set forth in guidelines approved by the IND Technical Steering Committee, were followed as far as the current state of the 'common language' of psychiatry allowed. The draft definitions were circulated for comments to members of the WHO Expert Advisory Panel on Mental Health, the International Advisory Group of the Joint Project on Diagnosis and Classification of Mental Disorders and Alcohol- and Drug-related Problems, and other experts in various parts of the world, representing all the major schools of psychiatry.¹

The comments and suggestions were reviewed, and editorial changes incorporated into the text, by Professor M. Shepherd and Dr A. Jablensky.

For definitions originating in ICD-9, or other WHO sources, the following symbols are given in square brackets at the end of the quotation:

- [MDG] = *Mental disorders. Glossary and guide to their classification in accordance with the ninth revision of the International classification of diseases*. Geneva, World Health Organization, 1978.
- [ARD] = EDWARDS, G. ET AL., ed. *Alcohol-related disabilities*. Geneva, World Health Organization, 1977 (WHO Offset Publication, No. 32).
- [DE] = GASTAUT, H. (in collaboration with an international group of experts). *Dictionary of epilepsy. Part I. Definitions*. Geneva, World Health Organization, 1973.

How to use the lexicon

This volume is in three parts, corresponding to the three broad categories into which the technical terms of Chapter V of ICD-9 can be classified.

Part I — Names of diseases, syndromes, and other conditions or disorders that appear as diagnoses in psychiatry.

Part II — Names of symptoms or signs of disorders and other psychopathological terms used in the description or definition of various diseases, syndromes and conditions.

¹ A list of the people who made comments and suggestions, or helped in any way in the preparation of the manuscript, is given on page 66.

Part III — Terms for more abstract concepts that are used in the delimitation of major classes or categories of disorders, or that concern general rules and principles of classification of psychiatric conditions.

Alphabetical arrangement

An alphabetical arrangement has been chosen for each of the three parts, instead of following the current ICD-9 numerical sequence of rubrics, or attempting a thesaurus-like grouping of terms.

The entry word chosen for each composite term is the one that, in the judgement of the editors, is most likely to be used by the reader as an 'identifier' of a concept, or group of related concepts. For example, dementia was thought to be a convenient entry word for **presenile dementia** and **senile dementia**, but epileptic was considered a more appropriate entry word for **epileptic dementia** because it allowed the grouping of the latter concept with the closely related ones of **epileptic psychosis**, acute and chronic.

Entries

The code number of the ICD-9 rubric in which the term appears is given in brackets after each entry. For most of the terms, existing synonyms (or near synonyms) have been listed. The note 'deprecated' follows any term or synonym that should no longer be used.

Where it is recommended that the user consults a related term, there is the suggestion to 'See also: ...'. Some definitions include a historical or general comment that cannot be classed as part of the definition itself. These are listed under 'Comment: ...'.

Index

An alphabetical index of all entries and synonyms is given on page 69.

Acknowledgements

The preparation of this volume of the lexicon was supported partly by funds provided through the WHO/ADAMHA Joint Project on Diagnosis and Classification of Mental Disorders and Alcohol- and Drug-related Problems, and partly by funds provided by CIOMS through the joint CIOMS/WHO programme for the International Nomenclature of Diseases. These funds were granted to CIOMS by the Kuwait Foundation for the Advancement of Sciences and the Kuwait Ministry of Public Health.

Contents

Introduction	v
Acknowledgements	vii
Part I	1
Terms used in psychiatric diagnosis	1
Part II	45
Names for symptoms and signs	45
Part III	61
Terms for concepts	61
List of technical advisors	66
Index	69

Part I

Terms used in psychiatric diagnosis

Names of diseases, syndromes, and other conditions or disorders that appear as diagnoses in psychiatry

acute infective psychosis (ICD: 293.0) An acute, usually **confusional**, psychosis associated with infectious or parasitic disease.

See also: **symptomatic psychosis**.

acute reaction to stress (ICD: 308) Very transient disorders of any severity and nature which occur in individuals without any apparent pre-existing mental disorder in response to exceptional physical or mental **stress**, such as natural catastrophe or battle, and which usually subside within hours or days [MDG]. The acute reaction to stress may manifest a predominant disturbance of emotions, e.g., **panic states**, excitability, **fear**, **depression** or **anxiety**; a predominant disturbance of consciousness, e.g., **fugue**; or a predominant **psychomotor disturbance**, e.g., agitation or stupor.

Synonyms: catastrophic stress reaction; exhaustion delirium (deprecated); combat fatigue; post-traumatic stress disorder.

addiction (ICD: 303, 304) Surrender and devotion to the regular use of a medicinal or pleasurable substance for the sake of the relief, comfort, stimulation, or exhilaration that it affords; often with craving when the drug is absent, in addiction to opiates, barbiturates and morphine-like drugs, and perhaps in addiction to alcohol, cocaine, marijuana and amphetamine; together with apparently physical dependence in addiction to opiates and morphine-like analgesics, barbiturates, and possibly alcohol; together with increased tolerance (or adaptation) to opiates and morphine-like analgesics, barbiturates, and perhaps amphetamine and alcohol; and usually with psychotoxic effects during withdrawal in addiction to opiates, morphine-like analgesics, barbiturates and alcohol [ARD]. ICD-9 has expressed a preference for the replacement of the term 'addiction' by 'dependence'.

Synonym: substance dependence.

adjustment reaction (ICD: 309) Mild and transient disorders lasting longer than **acute reactions to stress**, which occur in individuals of any age without apparent pre-existing mental disorder. Such disorders are often relatively circumscribed or situation-specific, are generally reversible, and usually last only a few months. They are usually closely related in time and content to **stresses** such as bereavement, migration or separation experiences. Reactions to major stress that last longer than a few days are also included here. In children such disorders are associated with no significant distortion of development [MDG].

adjustment reaction with mixed disturbance of emotions and conduct (ICD: 309.4) Disorder fulfilling the general definition of adjustment

reactions in which both emotional disturbance, and disturbance of conduct are prominent features [MDG].

adjustment reaction with predominant disturbance of conduct (ICD: 309.3) Mild or transient disorder, fulfilling the general criteria for **adjustment reaction**, in which the main disturbance involves conduct. For example, an adolescent grief reaction resulting in aggressive or antisocial disorder would be included here [MDG].

affective psychoses (ICD: 296) 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 behaviour; 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 [MDG]. See also: bipolar disorder; depression; manic-depressive psychoses; depression, unipolar (monopolar); mania, unipolar (monopolar).

agoraphobia (ICD: 300.2) In current usage, abnormally intense dread of going out alone and of being in situations where there are many other people. Comment: The condition was first described by Westphal in 1872 as a morbid fear of large open spaces.

alcohol abuse, nondependent (ICD: 305.0) Noxious consumption of alcohol, including acute alcohol intoxication and 'hangover' effects [MDG], but without the other features of the **alcohol dependence syndrome**. Synonyms: inebriety; drunkenness.

alcohol dependence syndrome (ICD: 303) A state, psychic and usually also physical, resulting from taking alcohol, characterized by behavioural and other responses that always include a **compulsion** to take alcohol on a continuous or periodic basis in order to experience its psychic effects, and sometimes to avoid the discomfort of its absence; tolerance may or may not be present. A person may be dependent on alcohol and other drugs [MDG]. Dependence may be associated with **alcoholic psychosis** or with physical complications.

Synonyms: alcoholism (deprecated); chronic alcoholism (deprecated).

alcohol withdrawal syndrome (ICD: 291.8) A complex of symptoms ranging from hangover to **delirium tremens**, often occurring in severe forms when alcohol intake is stopped after a prolonged bout, sometimes beginning when the blood alcohol concentration is allowed to decline during a bout, and

sometimes manifested in mild forms after a brief session of heavy alcohol intake or a single intake of a large quantity of alcohol. The symptoms may include tremulousness, psychomotor and autonomic overactivity, gastric distress, headache, fever, sweating, hypertension, hyper-reflexia, nystagmus, seizures and **hallucinations** [ARD].

Synonym: abstinence syndrome.

alcoholic dementia (ICD: 291.2) Nonhallucinatory **dementia** occurring in association with the **alcohol dependence syndrome** but not characterized by the features of either **delirium tremens** or **Korsakov's psychosis** [MDG].

Synonyms: chronic alcoholic brain syndrome (deprecated); dementia associated with alcoholism (deprecated).

alcoholic hallucinosis (ICD: 291.3) A psychotic disorder usually of less than six months' duration, with slight or no **clouding of consciousness** and much anxious restlessness in which auditory **hallucinations**, mostly of voices uttering insults and threats, predominate [MDG].

alcoholic jealousy (ICD: 291.5) Chronic **paranoid** psychosis characterized by delusional **morbid jealousy** and associated with the **alcohol dependence syndrome** [MDG].

Synonyms: alcoholic paranoia; paranoid state in an alcohol-dependent person.

alcoholic psychoses (ICD: 291) **Organic** psychotic states due mainly to excessive consumption of alcohol; defects of nutrition are thought to play an important role. In some of these states, withdrawal of alcohol can be of etiological significance [MDG].

alcoholism (ICD: 303) (deprecated) In view of the loss of precision in usage of the term 'alcoholism', and its confusion with 'problem drinking' and other behaviours not definable as addictive or dependent, the term **alcohol dependence syndrome** is to be preferred in diagnostic usage and to define a disease.

Synonyms: alcohol dependence syndrome; chronic alcoholism (deprecated).

Alzheimer's disease (ICD: 290.1, 331.0) A primary degenerative **polioencephalopathy** of unknown etiology and pathogenesis, characterized morphologically by cortical atrophy with neurofibrillary tangles and senile plaques, with onset usually in the **presenium** or **early senium**. The course is progressive, leading terminally to profound dementia. The boundaries of the disease and its relation to other dementing conditions are still unclear.

See also: senile dementia, simple type, and presenile dementia.

Comment: The condition was first described by Alzheimer (1864-1915).

Synonym: morbus Alzheimer.

animal phobia (ICD: 300.2) A morbid fear of animals, most commonly small animals, e.g. mice and spiders.

Synonym: zoophobia.

anorexia nervosa (ICD: 307.1) A disorder in which the main features are persistent active refusal to eat and marked loss of weight. The level of activity and alertness is characteristically high in relation to the degree of emaciation. Typically the disorder begins in teenage girls but it may sometimes begin before puberty. Amenorrhoea is usual and there may be a variety of other physiological changes including slow pulse and respiration, low body temperature and dependent oedema. Unusual eating habits and attitudes towards food are typical and sometimes starvation follows or alternates with periods of overeating (see also bulimia). The accompanying psychiatric symptoms are diverse. Occasionally the disorder occurs in males [MDG].

Synonym: mental anorexia (deprecated).

anxiety hysteria (ICD: 300.2) (deprecated) A psychoanalytical concept introduced by Freud to describe a form of **hysteria** in which **anxiety** is manifest as a **phobic state**. The term has also been used for conditions characterized by a mixture of anxiety and **conversion** symptoms.

anxiety states (ICD: 300.0) Various combinations of physical and mental manifestations of **anxiety** not attributable to real danger and occurring either in attacks or as a persisting state. The anxiety is usually diffuse and may extend to **panic**. Other neurotic features such as obsessional or hysterical symptoms may be present but do not dominate the clinical picture [MDG].
Synonyms: anxiety neurosis; anxiety reaction.

arithmetical retardation, specific (ICD: 315.1) Disorders in which the main feature is serious impairment in the development of arithmetical **skills** which is not explicable in terms of general **mental retardation** or of inadequate schooling [MDG].

Synonyms: dyscalculia; developmental arithmetic disorder.

autism, infantile (ICD: 299.0) A rare syndrome that in most cases is present from birth or begins in the first 30 months. Responses to auditory and sometimes to visual stimuli are abnormal and there are usually severe problems in the understanding of spoken language. Speech is delayed and, if it develops, is characterized by **echolalia**, the reversal of pronouns, immature grammatical structure, and inability to use abstract terms. There is generally an impairment in the social use of both verbal and gestural language. Problems in social relationships are most severe before the age of five years and include an impairment in the development of eye-to-eye gaze, social attachments, and cooperative play. Ritualistic behaviour is usual and may include abnormal routines, resistance to change, attachment to odd objects

and stereotyped patterns of play. The capacity for abstract or symbolic thought and for imaginative play is diminished. **Intelligence** ranges from severely subnormal to normal or above. Performance is usually better on tasks involving rote memory or visuospatial **skills** than on those requiring symbolic or linguistic skills [MDG]. The cause is probably a biologically based form of cognitive **defect** affecting the development of language. The prognosis is generally poor and related most closely to the level of intelligence.

Comment: This syndrome was reported originally by Kanner in 1943, who described most of the accepted features of the condition.

Synonyms: childhood autism; Kanner's syndrome; infantile psychosis (deprecated).

'bad trip' (ICD: 305.3) A colloquialism for an acute **panic** reaction occurring as an unwanted adverse effect of hallucinogenic drugs, usually characterized by fear of death and of insanity and by various other abnormal experiences, e.g., distortions of body image, or sensations of breathlessness or paralysis. The reaction is extremely unpleasant but usually short-lived and varies in intensity, occasionally leading to accidents and suicide attempts.
See also: hallucinogens abuse.

barbiturate and tranquillizer abuse (ICD: 305.4) Taking of such drugs to the detriment of one's health or social functioning, in doses above, or for periods beyond, those normally regarded as therapeutic [MDG].

bestiality (ICD: 302.1) Sexual intercourse with animals.

bipolar disorder (ICD: 296.2; 296.3) A form of phasic affective illness with both **manic** and **depressive** phenomena, in contrast to the **unipolar (monopolar)** form of affective illnesses. Since the introduction of the terms monopolar and bipolar by Leonhard in 1957, the clinical, genetic and biological features underlying this distinction have been regarded by many as justifying an independent status for each of the two syndromes, monopolar and bipolar disorder, replacing the term **manic-depressive psychosis**. This contention remains to be firmly established.

See also: manic-depressive psychosis, circular type but currently manic, and manic-depressive psychosis, manic type.

borderline state (ICD: 295.5) A poorly defined term employed with reference to three groups of mental aberration. These are (1) an incomplete form of **schizophrenia**, virtually synonymous with **schizoid personality disorder**; (2) a general category of personality or character disorder, construed in psychoanalytical terms as a disturbance of ego function; (3) a more specific form of **personality disorder** characterized by defective affectional relationships, a deficient self-identity, feelings of depressive loneliness and a tendency

to outbursts of anger. None of these categories has been established as a valid clinical syndrome.

bouffée délirante (ICD: 298.3) A term used to designate acute psychotic episodes originally thought to occur in **psychopathic personalities** (dégénérés). The original description of the clinical picture contained five cardinal characteristics: abruptness of onset, a variety of fully formed **delusions** with occasional **hallucinoses**, some **clouding of consciousness** associated with emotional instability, an absence of physical signs, and a rapid complete remission. More recently, other features have been emphasized: the possibility of precipitation by psychosocial stressors; the high incidence or recurrence of episodes after asymptomatic intervals; the nosological independence of the episode from **schizophrenia**, though a chronic schizophrenic state may develop after one or more relapses.

Comment: The term was first introduced in 1886 by Légrain and adopted by Magnan.

See also: schizophrenic episode, acute; reactive psychosis; schizophreniform psychosis.

Briquet's disorder (ICD: 300.8) According to DSM-III¹, a syndrome characterized by polysymptomatology and frequent unnecessary medicosurgical contacts without evidence of organic disease, commencing before the age of 30 and thought to occur principally in genetically predisposed women of lower socioeconomic class. The nosological status of the syndrome and its relations to **hysteria** with **conversion** reaction, on the one hand, and to **hypochondriasis**, on the other, have still to be established.

Comment: The term is named (incorrectly) after Pierre Briquet (1796-1881), who wrote a classical monograph on hysteria in all its manifestations.

bulimia (ICD: 307.5) An irresistible urge to consume large quantities of food, occasionally attributable to an endocrine disturbance but most frequently associated with a functional eating disorder. Characteristically, the episode of 'binge eating' is followed by self-induced vomiting or purging, and by self-deprecation.

See also: anorexia nervosa.

cardiac neurosis (ICD: 306.2) (deprecated) A group of cardiovascular symptoms, frequently associated with dysfunctions in other physiological systems, presenting as autonomic manifestations of an **anxiety** state. Common complaints like palpitations, thoracic apical pain, breathlessness, dizzi-

¹ [DSM III] = *Diagnostic and statistical manual of mental disorders*, 3rd ed. Washington, DC, Amer. can Psychiatric Association, 1980.

ness on postural change or effort, sweating and flushes, and fatigue, may mask the underlying anxiety and **panic** attacks.

Comment: The syndrome was first described during military campaigns in the 19th and early 20th centuries, and has been known under a variety of names, e.g., 'irritable heart' (Da Costa, 1871), 'effort syndrome' (Lewis, 1917), and 'neurocirculatory asthenia' (Oppenheimer, 1918).

Synonyms (deprecated): cardiovascular neurosis; Da Costa's syndrome; effort phobia; effort syndrome; irritable heart; neurocirculatory asthenia; soldier's heart.

catastrophic stress (ICD: 308) A reaction to exceptionally severe physical or mental **stress**, characterized by a breakdown of coping behaviour, intense **anxiety** and shock. The term has also been applied to the state of **agitation** and helplessness exhibited by patients with cerebral damage when confronted with tasks beyond their competence (Goldstein, 1878-1965).

See also: acute reactions to stress.

character neurosis (ICD: 301) (deprecated) A psychoanalytical concept derived from a typology constructed from the interpretation of character traits as either derivations of phases of development, or the analogues of particular symptoms. Thus the former would include the oral or anal character; the latter would include the hysterical or obsessional character. According to this concept, the manifestations of character neurosis are intermediate between normal character traits and neurotic symptoms (Jones, 1938).

See also: personality disorders.

childhood psychosis, atypical (ICD: 299.8) A variety of infantile psychotic disorders which may show some, but not all of the features of **infantile autism**. Symptoms may include **stereotyped repetitive movements**, **hyperkinesis**, self-injury, retarded speech development, **echolalia** and impaired social relationships. Such disorders may occur in children of any level of **intelligence** but are particularly common in those with **mental retardation** [MDG].

cognitive or personality change following organic brain damage, other than frontal lobe syndrome (ICD: 310.1) Chronic, mild states of memory disturbance and intellectual deterioration, often accompanied by increased **irritability**, querulousness, lassitude and complaints of physical weakness. These states are often associated with old age, and may precede more severe states due to brain damage classifiable under **dementia** of any type [MDG].

Synonyms: mild memory disturbance; organic psychosyndrome of non-psychotic severity.

compensation neurosis (ICD: 310.2) An ill-defined, heterogeneous assortment of neurotic symptoms with a marked somatic tint (**anxiety**, **irritability**, postural dizziness, headache, poor concentration, visual difficulties, sleep disturbances, sexual problems, intractable pain), all attributed by the patient to the effects of an accident or other injury (especially involving the head) and presented as a motive for litigation aimed at compensation. The condition, first described by Charcot (1873) and by Oppenheim (1889), has been claimed to occur more frequently in men, in the less educated and less skilled occupational groups, and in people with pre-existing emotional difficulties. Although the 'secondary gain' motive often features prominently as a unifying theme for the variable symptomatology, the psychological causation of the complaints may be overinterpreted and the possible contribution of organic factors overlooked. The nosological status of the condition remains, therefore, uncertain.

Synonyms: accident neurosis; litigation neurosis; traumatic neurosis; post-traumatic neurosis.

confusional state, acute (ICD: 293.0) Short-lived transient psychotic condition, lasting hours or days [MDG]. Unless specified as 'reactive' confusion, the term refers to **organic** states, e.g. **delirium** or **twilight** state.

Synonyms: acute psycho-organic syndrome; acute organic reaction (deprecated).

confusional state, subacute (ICD: 293.1) Transient organic psychotic condition in which the symptoms, usually less florid than the acute state, last for several weeks or longer, during which time they may show marked fluctuations in intensity [MDG].

Synonyms: amentia (deprecated); subacute delirium; subacute psycho-organic syndrome.

confusion, reactive (ICD: 298.2) 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** [MDG].

Synonyms: psychogenic confusion; psychogenic twilight state.

conversion reaction (ICD: 300.1) The manifestation of an essentially psychological complex of ideas, wishes and feelings in terms of somatic (motor and/or sensory) dysfunction which represents an intrapsychic symbolic conflict or wish fulfilment. The phenomena are most characteristically features of hysterical states. In psychoanalytical theory it is the affect associated with a complex set of ideas that is converted into physical symptoms.