

第五章 精神〔心智〕與行為疾患 (F00-F99)

Chapter V Mental and behavioural disorders (F00-F99)

包 含：心理發展的疾患(障礙、病症)

排 除：症狀、徵候與臨床和實驗室異常發現，他處未歸類者 (R00-R99)

Includes: disorders of psychological development

Excludes: symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)

本章包含下列各節(組群)：

This chapter contains the following blocks:

F00-F09 器質性(包含症狀性)精神〔心智〕疾患(障礙、病症)

F10-F19 精神作用物質所致的精神〔心智〕和行為疾患(障礙、病症)

F20-F29 精神分裂(症)、準精神分裂(症)性和妄想性疾患(障礙、病症)

F30-F39 情緒〔情感(性)〕疾患(障礙、病症)

F40-F48 精神官能性、壓力有關性和擬身體疾患(障礙、病症)

F50-F59 (與)生理障礙(失調、紊亂、偏差)和身體因素相關的行為症候群

F60-F69 成人人格和行為疾患(障礙、病症)

F70-F79 智能不足

F80-F89 心理發展疾患(障礙、病症)

F90-F98 特發於孩(兒)童期和青少年期的行為和情緒疾患(障礙、病症)

F99 未特定的精神〔心智〕疾患(障礙、病症)

F00-F09 Organic, including symptomatic, mental disorders

F10-F19 Mental and behavioural disorders due to psychoactive substance use

F20-F29 Schizophrenia, schizotypal and delusional disorders

F30-F39 Mood [affective] disorders

F40-F48 Neurotic, stress-related and somatoform disorders

F50-F59 Behavioural syndromes associated with physiological disturbances and physical factors

F60-F69 Disorders of adult personality and behaviour

F70-F79 Mental retardation

F80-F89 Disorders of psychological development

F90-F98 Behavioural and emotional disorders with onset usually occurring in childhood and adolescence

F99 Unspecified mental disorder

本章所屬星號分類項範圍如下：

F00* 阿茲海默(氏)病(所致)的失智(癡呆)症

F02* 歸類於他處其他疾病(所致)的失智(癡呆)症

器質性(包含症狀性)精神[心智]疾患(障礙、病症) (F00-F09)

本章節所包含之精神疾患組群，其共同處在於皆可呈現腦(部)疾病、腦傷或其他傷害等，所導致的腦部功能不良(障礙、失調)。此功能不良(障礙、失調)可以是原發性者，就如直接或選擇性影響或作用於腦部的一些疾病、傷害與損傷；也可以是續發性者，如一些全身性疾病及疾患，其對腦(部)的侵襲僅是全身性多重器官或系統影響的一部份。

失智(癡呆)症(**F00-F03**)是由於腦(部)疾病造成的症候群，通常為慢性或進行性之本質，可造成多種高(層)級皮質功能之障礙(失調、紊亂、偏差)，包含記憶、思考、定向(感)、理解能力、計算、學習能力、語言及判斷能力；其意識狀態並未混淆，但其認知功能有所損傷(障礙、不全)，常伴有(合併或併發有)情緒控制、社會行為或動機等功能之退化，這些功能之退化，有時會比認知功能障礙更早出現。此症候群發生於阿茲海默(氏)病、腦血管疾病、以及其他原發或續發性影響腦(部)的種種病況。

必要時，可使用附加的診斷編碼，以確認既有的疾病。

Asterisk categories for this chapter are provided as follows:

F00* Dementia in Alzheimer's disease

F02* Dementia in other diseases classified elsewhere

Organic, including symptomatic, mental disorders (F00-F09)

This block comprises a range of mental disorders grouped together on the basis of their having in common a demonstrable etiology in cerebral disease, brain injury, or other insult leading to cerebral dysfunction. The dysfunction may be primary, as in diseases, injuries, and insults that affect the brain directly and selectively; or secondary, as in systemic diseases and disorders that attack the brain only as one of the multiple organs or systems of the body that are involved.

Dementia (F00-F03) is a syndrome due to disease of the brain, usually of a chronic or progressive nature, in which there is disturbance of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement. Consciousness is not clouded. The impairments of cognitive function are commonly accompanied, and occasionally preceded, by deterioration in emotional control, social behaviour, or motivation. This syndrome occurs in Alzheimer's disease, in cerebrovascular disease, and in other conditions primarily or secondarily affecting the brain.

Use additional code, if desired, to identify the underlying disease.

F00* 阿茲海默(氏)病(所致)的失智(癡呆) (G30.- †)

阿茲海默(氏)病是一種病因不明的原發性、退化性之腦(部)疾病，其有著特定的神經病理與神經化學表徵；此症通常在不知不覺間發病，且於數年之間緩慢而持續地進行發展。

F00.0* 早發型阿茲海默(氏)病(所致)的失智(癡呆)症 (G30.0†)

發生於阿茲海默(氏)病(所致)的失智(癡呆)症始於65歲之前發病，病程惡化較為快速，且伴有(合併或併發)多種高(層)級大腦皮質功能的明顯障礙(失調)。

阿茲海默(氏)病，Ⅱ型
初老期失智(癡呆)症，阿茲海默(氏)型
阿茲海默(氏)型的原發性退化性失智(癡呆)症，初老期發病者

F00.1* 晚發型阿茲海默(氏)病(所致)的失智(癡呆)症 (G30.1†)

阿茲海默(氏)病的失智(癡呆)症在臨床上可觀察到其於65歲之後發病，而通常為70多歲晚期或之後，病程進展緩慢，而且以記憶缺損(障礙、不全)為主要表徵。

阿茲海默(氏)病，Ⅰ型
阿茲海默(氏)型的原發性退化性的失智(癡呆)症，老年期發病者
老年期失智(癡呆)症，阿茲海默(氏)型

F00.2* 非典型或混合型阿茲海默(氏)病(所致)的失智(癡呆)症 (G30.8†)

非典型的失智(癡呆)症，阿茲海默(氏)型

F00.9* 阿茲海默(氏)病(所致)的失智(癡呆)症，未特定者 (G30.9†)

F01 血管性失智(癡呆)症

F00* Dementia in Alzheimer's disease (G30.- †)

Alzheimer's disease is a primary degenerative cerebral disease of unknown etiology with characteristic neuropathological and neurochemical features. The disorder is usually insidious in onset and develops slowly but steadily over a period of several years.

F00.0* Dementia in Alzheimer's disease with early onset (G30.0†)

Dementia in Alzheimer's disease with onset before the age of 65, with a relatively rapid deteriorating course and with marked multiple disorders of the higher cortical functions.

Alzheimer's disease, type 2
Presenile dementia, Alzheimer's type
Primary degenerative dementia of the Alzheimer's type, presenile onset

F00.1* Dementia in Alzheimer's disease with late onset (G30.1†)

Dementia in Alzheimer's disease with onset after the age of 65, usually in the late 70s or thereafter, with a slow progression, and with memory impairment as the principal feature.

Alzheimer's disease, type 1
Primary degenerative dementia of the Alzheimer's type, senile onset
Senile dementia, Alzheimer's type

F00.2* Dementia in Alzheimer's disease, atypical or mixed type (G30.8†)

Atypical dementia, Alzheimer's type

F00.9* Dementia in Alzheimer's disease unspecified (G30.9†)

F01 Vascular dementia

通常是血管性疾病導致腦部梗塞所致，包含高血壓性腦血管疾病；這些梗塞通常很小，但其效應(作用、影響)卻是累加起來者，故通常是在晚年發病。

包 含：動脈硬化性失智(癡呆)症

Vascular dementia is the result of infarction of the brain due to vascular disease, including hypertensive cerebrovascular disease. The infarcts are usually small but cumulative in their effect. Onset is usually in later life.

Includes: arteriosclerotic dementia

F01.0 急性血管性失智(癡呆)症

通常在一連續的腦血管血栓、栓塞或出血所造成之中風後迅速發展形成。極少數的個案可為一單獨之大梗塞所致。

F01.0 Vascular dementia of acute onset

Usually develops rapidly after a succession of strokes from cerebrovascular thrombosis, embolism or haemorrhage. In rare cases, a single large infarction may be the cause.

F01.1 多發梗塞性失智(癡呆)症

此型之發作屬漸進式者，為多次短暫輕度缺血發作之後，在腦實質內由多次梗塞累積所造成。

F01.1 Multi-infarct dementia

Gradual in onset, following a number of transient ischaemic episodes which produce an accumulation of infarcts in the cerebral parenchyma.

腦皮質性失智(癡呆)症為主者

Predominantly cortical dementia

F01.2 腦皮質下血管性失智(癡呆)症

可能有高血壓病史與大腦半球深部白質中之缺血性破壞病灶，其大腦皮質通常可保持完整，與阿茲海默(氏)病失智(癡呆)症的臨床狀況恰成對比。

F01.2 Subcortical vascular dementia

Includes cases with a history of hypertension and foci of ischaemic destruction in the deep white matter of the cerebral hemispheres. The cerebral cortex is usually preserved and this contrasts with the clinical picture which may closely resemble that of dementia in Alzheimer's disease.

F01.3 混合型腦皮質及腦皮質下血管性失智(癡呆)症

F01.3 Mixed cortical and subcortical vascular dementia

F01.8 其他血管性失智(癡呆)症

F01.8 Other vascular dementia

F01.9 血管性失智(癡呆)症，未特定者

F01.9 Vascular dementia, unspecified

F02* 歸類於他處其他疾病(所致)的失智(癡呆)症

由於，或被推定可能來自阿茲海默(氏)病或腦血管疾病以外原因所致的失智(癡呆)症個案，可以在生命中之

F02* Dementia in other diseases classified elsewhere

Cases of dementia due, or presumed to be due, to causes other than Alzheimer's disease or cerebrovascular disease. Onset

任何時刻發病，但極少發生在老年期。

may be at any time in life, though rarely in old age.

F02.0* Pick(氏)病(所致)的失智(癡呆)症 (G31.0†)

一種漸進式之失智(癡呆)症，始於中年[*可能界於50~60歲之間]，其特徵為緩慢進行性地改變性格與社會退化，繼發智力、記憶及語言功能缺損，伴有(合併或併發)或合併淡漠、欣快感、及偶有錐體外路(徑)現象。

F02.0* Dementia in Pick's disease (G31.0†)

A progressive dementia, commencing in middle age, characterized by early, slowly progressing changes of character and social deterioration, followed by impairment of intellect, memory, and language functions, with apathy, euphoria and, occasionally, extrapyramidal phenomena.

F02.1* Creutzfeldt-Jakob(氏)病(所致)的失智(癡呆)症 (A81.0†)

此症為一種漸進式且伴有(合併或併發)大範疇神經性徵候之失智(癡呆)症，推定為可能由一傳染性病原所致的特定性神經病理變化[如亞急性海綿型腦病變]而產生，通常在中年或更後期發病，但可能發生於任何之成人時期，病程為亞急性，可在一至二年間死亡。

F02.1* Dementia in Creutzfeldt-Jakob disease (A81.0†)

A progressive dementia with extensive neurological signs, due to specific neuropathological changes that are presumed to be caused by a transmissible agent. Onset is usually in middle or later life, but may be at any adult age. The course is subacute, leading to death within one to two years.

F02.2* Huntington(氏)病(所致)的失智(癡呆)症 (G10†)

此症之發生乃是腦部廣泛性退化之一部份，由單一常染色體之基因顯性遺傳，典型症狀出現於三、四十歲之際，進展緩慢，通常可在發病10~15年之間死亡。

F02.2* Dementia in Huntington's disease (G10†)

A dementia occurring as part of a widespread degeneration of the brain. The disorder is transmitted by a single autosomal dominant gene. Symptoms typically emerge in the third and fourth decade. Progression is slow, leading to death usually within 10 to 15 years.

Huntington(氏)舞蹈症(所致)的失智(癡呆)症

Dementia in Huntington's chorea

F02.3* 帕金森(氏)病(所致)的失智(癡呆)症 (G20†)

此症出現於確立之帕金森(氏)病[尤其是重度或嚴重型者]的病程中，尚無特殊可供鑑別之臨床表徵。

F02.3* Dementia in Parkinson's disease (G20†)

A dementia developing in the course of established Parkinson's disease. No particular distinguishing clinical features have yet been demonstrated.

下列(所致)的失智(癡呆)症：

Dementia in:

- 震顫性麻痺
- 帕金森(氏)症候群

- paralysis agitans
- parkinsonism

F02.4* 人類免疫缺乏病毒[HIV]疾病(所致)的失智(癡呆)症 (B22.0†)

此症在人類免疫缺乏病毒[HIV]疾病病程中出現，除了HIV感染外，並無其他同時存在的疾病或病況可供解釋此臨床表徵。

F02.4* Dementia in human immunodeficiency virus [HIV] disease (B22.0†)

Dementia developing in the course of HIV disease, in the absence of a concurrent illness or condition other than HIV infection that could explain the clinical features.

F02.8* 歸類於他處其他特定疾病(所致)的失智(癡呆)症

下列(所致)的失智(癡呆)症：

- 腦(類)脂肪貯積(沈積、沈著)症 (E75.-†)
- 癲癇 (G40.- †)
- 肝豆狀核退化(變性) (E83.0†)
- 高鈣血症 (E83.5†)
- 甲狀腺低能症，後天性 (E01, E03.-†)
- 中毒 (T36-T65†)
- 多發性硬化(症) (G35†)
- 神經性梅毒 (A52.1†)
- 菸鹼酸缺乏(症)[糙皮病] (E52†)
- 結節性多發性動脈炎 (M30.0†)
- 全身性紅斑性狼瘡(症) (M32.-†)
- 錐蟲(病)症 (非洲B56.-†, 美洲B57.-†)
- 維生素(維他命)B₁₂缺乏(症) (E53.8†)

Dementia in:

- cerebral lipidosis (E75.- †)
- epilepsy (G40.- †)
- hepatolenticular degeneration (E83.0†)
- hypercalcaemia (E83.5†)
- hypothyroidism, acquired (E01, E03.- †)
- intoxications (T36-T65†)
- multiple sclerosis (G35†)
- neurosyphilis (A52.1†)
- niacin deficiency [pellagra] (E52†)
- polyarteritis nodosa (M30.0†)
- systemic lupus erythematosis (M32.- †)
- trypanosomiasis (B56.-†, B57.-†)
- vitamin B₁₂ deficiency (E53.8†)

F03 未特定的失智(癡呆)症

*[符合失智(癡呆)症一般性之診斷標準，但卻無法確認屬於某一特定類型之失智(癡呆)症(F00.0-F02.9)者，則可適(選)用此診斷編碼]

(下列)初老期：

- 失智(癡呆)症，其他未特定者
- 精神病(症)，其他未特定者

原發性退化性失智(癡呆)症，其他未特定者

(下列)老年期：

- (下列)失智(癡呆)症：

F03 Unspecified dementia

Presenile:

- dementia NOS
- psychosis NOS

Primary degenerative dementia NOS

Senile:

- dementia:

- 其他未特定者
 - 憂鬱型或妄想型
 - 精神病(症)，其他未特定者
- 排除：**老年期的失智(癡呆)症伴有(合併或併發)譫妄或急性混亂狀態 (F05.1)
- 衰老[老邁]，其他未特定者 (R54)

F04 器質性失憶症候群，非酒精及其他精神作用物質所致者

此症為一近程及遠程記憶力明顯缺損的症候群，即時性回憶仍可保持，但學習新事務之能力明顯地降低，對時間之定向感障礙；虛談現象可為一明顯的表徵，但知覺及其他認知功能(包含智能)通常完整；其預後依其潛在病灶的病程而定。

Korsakov (氏)精神病(症)或症候群，非酒精性

排除： (下列)失憶症：

- 其他未特定者 (R41.3)
- 順行性 (R41.1)
- 解離性 (F44.0)
- 退行性 (R41.2)

Korsakov (氏)症候群：

- 酒精引發者[酒精性]或未特定者 (F10.6)
- 其他精神作用物質所致者 (F11-F19 中第 4 碼共同為 .6 者)

F05 譫妄，非因酒精及其他精神作用物質所致者

此症為病因學上非特定之腦症候群，其特徵為同時出現意識與注意力、知覺、思考、記憶、精神運動行為、情緒、以及睡眠－醒覺週期之失調(障礙、紊亂、偏差)。其持續期間則各有不同，且輕重程度不一。

- NOS
- depressed or paranoid type
- psychosis NOS

Excludes: senile dementia with delirium or acute confusional state (F05.1)

senility NOS (R54)

F04 Organic amnesic syndrome, not induced by alcohol and other psychoactive substances

A syndrome of prominent impairment of recent and remote memory while immediate recall is preserved, with reduced ability to learn new material and disorientation in time. Confabulation may be a marked feature, but perception and other cognitive functions, including the intellect, are usually intact. The prognosis depends on the course of the underlying lesion.

Korsakov's psychosis or syndrome, nonalcoholic

Excludes: amnesia:

- NOS (R41.3)
- anterograde (R41.1)
- dissociative (F44.0)
- retrograde (R41.2)

Korsakov's syndrome:

- alcohol-induced or unspecified (F10.6)
- induced by other psychoactive substances (F11-F19 with common fourth character .6)

F05 Delirium, not induced by alcohol and other psychoactive substances

An etiologically nonspecific organic cerebral syndrome characterized by concurrent disturbances of consciousness and attention, perception, thinking, memory, psychomotor behaviour, emotion, and the sleep-wake schedule. The duration is variable and the

包含：(下列)急性或亞急性：

- 腦症候群
- (非酒精性)混亂狀態
- 感染性精神病(症)
- 器質性反應
- 精神器質性症候群

排除：震顫性譫妄，酒精所致或未特定者 (F10.4)

F05.0 描述為非疊併於失智(癡呆)症的譫妄(症)

F05.1 疊併於失智(癡呆)症的譫妄(症)

符合上述的診斷要件(標準)，但發生於失智(癡呆)症(F00-F03)病程中之(譫妄)病況。

F05.8 其他譫妄(症)

混合性病因之譫妄(症)

F05.9 譫妄(症)，未特定者

F06 腦部損傷、機(功)能不良(障礙、失調、異常)及身體疾病所致的其他精神疾患(障礙、病症)

此分類項包含與腦部疾患具因果關係之種種病況。腦(部)疾患可由原發性腦(部)疾病、續發性地影響腦(部)之全身性疾病、外源性毒性物質或激素(荷爾蒙)、內分泌疾患，或其他身體疾病所致者。

排除：(下列)相關者：

- 譫妄(症) (F05.-)
- 歸類於 **F00-F03** 的失智(癡呆)症
- (因)使用酒精或其他精神作用物質所致者 (F10-F19)

F06.0 器質性幻覺症

degree of severity ranges from mild to very severe.

Includes: acute or subacute:

- brain syndrome
- confusional state (nonalcoholic)
- infective psychosis
- organic reaction
- psycho-organic syndrome

Excludes: delirium tremens, alcohol-induced or unspecified (F10.4)

F05.0 Delirium not superimposed on dementia, so described

F05.1 Delirium superimposed on dementia

Conditions meeting the above criteria but developing in the course of a dementia (F00-F03).

F05.8 Other delirium

Delirium of mixed origin

F05.9 Delirium, unspecified

F06 Other mental disorders due to brain damage and dysfunction and to physical disease

Includes miscellaneous conditions causally related to brain disorder due to primary cerebral disease, to systemic disease affecting the brain secondarily, to exogenous toxic substances or hormones, to endocrine disorders, or to other somatic illnesses.

Excludes: associated with:

- delirium (F05.-)
- dementia as classified in F00-F03

resulting from use of alcohol and other psychoactive substances (F10-F19)

F06.0 Organic hallucinosis

一種持續性或反覆性出現幻覺之疾患，通常為視覺或聽覺，在意識清醒狀態下發生，個案自己可能意識到其屬幻覺，也可能意識不到。病患可出現對其幻覺作妄想性解釋，但妄想並非臨床上明顯主導的表徵，仍可能保有病識感。

(非酒精性)器質性幻覺狀態

排除：酒精幻覺症 (F10.5)

精神分裂(症) (F20.-)

F06.1 器質性緊張性疾患

一種精神運動性活動減少(靜呆)或增加(興奮)相關的緊張性症狀疾患。這兩種極端的精神運動性障礙可以交互(替)出現。

排除：緊張型精神分裂(症) (F20.2)

(下列)靜呆：

- 其他未特定者 (R40.1)
- 解離性 (F44.2)

F06.2 器質性妄想性[似精神分裂症]疾患(障礙、病症)

一種以出現持續或反覆性妄想為主要臨床表徵的疾患，妄想可能伴有(合併或併發)幻覺。某些隱示性精神分裂(症)之特有表徵也可能存在，例如有怪異幻覺或思考障礙。

妄想及妄想—幻覺性器質性狀態

癲癇(所致)類似精神分裂(症)的精神病(症)

排除：(下列)疾患：

- 急性及短暫性精神病性 (F23.-)
- 持久妄想性 (F22.-)
- 精神病藥物引發的[精神病藥物性] (F11-F19中第4碼共

A disorder of persistent or recurrent hallucinations, usually visual or auditory, that occur in clear consciousness and may or may not be recognized by the subject as such. Delusional elaboration of the hallucinations may occur, but delusions do not dominate the clinical picture; insight may be preserved.

Organic hallucinatory state (nonalcoholic)

Excludes: alcoholic hallucinosis (F10.5)

schizophrenia (F20.-)

F06.1 Organic catatonic disorder

A disorder of diminished (stupor) or increased (excitement) psychomotor activity associated with catatonic symptoms. The extremes of psychomotor disturbance may alternate.

Excludes: catatonic schizophrenia (F20.2)

stupor:

- NOS (R40.1)
- dissociative (F44.2)

F06.2 Organic delusional [schizophrenia-like] disorder

A disorder in which persistent or recurrent delusions dominate the clinical picture. The delusions may be accompanied by hallucinations. Some features suggestive of schizophrenia, such as bizarre hallucinations or thought disorder, may be present.

Paranoid and paranoid-hallucinatory organic states

Schizophrenia-like psychosis in epilepsy

Excludes: disorder:

- acute and transient psychotic (F23.-)
- persistent delusional (F22.-)
- psychotic drug-induced (F11-F19 with common fourth

同為 .5者)
精神分裂(症) (F20.-)

character .5)
schizophrenia (F20.-)

F06.3 器質性情緒[情感]疾患(障礙、病症)

以情緒或情感改變為特徵的疾患，通常伴有(合併或併發)整體性活動量之改變、憂鬱、輕躁、躁症或雙相性等之情感變化(參照**F30-F32**)，但屬器質性疾患之影響[結果]。

排除：情緒性疾患，非器質性或未特定者 (F30-F39)

F06.4 器質性焦慮疾患(障礙、病症)

此症乃以泛焦慮疾患(**F41.1**)、恐慌疾患(**F41.0**)、或兩者合併出現為基本描述表徵之疾患，但屬器質性疾患之影響[結果]。

排除：焦慮疾患(障礙、病症)，非器質性或未特定者 (F41.-)

F06.5 器質性解離疾患(障礙、病症)

此疾患之特徵為部份或完全地喪失過去記憶、自我識別、瞬間感受及身體活動控制等之正常統合功能(參照**F44.-**)，但屬器質性疾患之影響[結果]。

排除：解離[轉化]疾患(障礙、病症)，非器質性或未特定者(F44.-)

F06.6 器質性情緒性不穩定[衰弱性]疾患

此症之特徵為情緒性失禁或不穩、易疲累、以及各種不愉快的身體感覺(例如頭暈)與疼痛，但屬器質性疾患之影響[結果]。

排除：擬身體障礙疾患(障礙、病症)，

F06.3 Organic mood [affective] disorders

Disorders characterized by a change in mood or affect, usually accompanied by a change in the overall level of activity, depressive, hypomanic, manic or bipolar (see F30-F32), but arising as a consequence of an organic disorder.

Excludes: mood disorders, nonorganic or unspecified (F30-F39)

F06.4 Organic anxiety disorder

A disorder characterized by the essential descriptive features of a generalized anxiety disorder (F41.1), a panic disorder (F41.0), or a combination of both, but arising as a consequence of an organic disorder.

Excludes: anxiety disorders, nonorganic or unspecified (F41.-)

F06.5 Organic dissociative disorder

A disorder characterized by a partial or complete loss of the normal integration between memories of the past, awareness of identity and immediate sensations, and control of bodily movements (see F44.-), but arising as a consequence of an organic disorder.

Excludes: dissociative [conversion] disorders, nonorganic or unspecified (F44.-)

F06.6 Organic emotionally labile [asthenic] disorder

A disorder characterized by emotional incontinence or lability, fatigability, and a variety of unpleasant physical sensations (e.g.dizziness) and pains, but arising as a consequence of an organic disorder.

Excludes: somatoform disorders, nonorganic

非器質性或未特定者
(F45.-)

or unspecified (F45.-)

F06.7 輕度認知疾患(障礙、病症)

此症之特徵為記憶損傷(障礙、缺陷、不全)，學習困難及注意力集中能力變差。心智活動時，會明顯感覺到心智疲乏(無力感)；學習新事務時，甚至在客觀上可學習得很好，但主觀上卻一直覺得學習得不好，因而有學習上的困難。所有這些症狀均不嚴重，所以無法作失智(癡呆)症(F00-F03)或譫妄(症)(F05.-)之診斷。只有當連帶有身體之疾患時才能作此診斷；若與F10-F99之種種精神疾患共存時，即不能作此診斷。此疾患可發生在種種感染性及身體疾患前後或同時發生，包含有腦及全身性疾患，但種種身體疾患不一定有直接證據顯現侵及腦(部)。此症應與腦炎後症候群(F07.1)及腦震盪後症候群(F07.2)做鑑別，其鑑別重點在於病因不同、症狀範圍狹窄且程度較輕、病程較短。

F06.7 Mild cognitive disorder

A disorder characterized by impairment of memory, learning difficulties, and reduced ability to concentrate on a task for more than brief periods. There is often a marked feeling of mental fatigue when mental tasks are attempted, and new learning is found to be subjectively difficult even when objectively successful. None of these symptoms is so severe that a diagnosis of either dementia (F00-F03) or delirium (F05.-) can be made. This diagnosis should be made only in association with a specified physical disorder, and should not be made in the presence of any of the mental or or behavioural disorders classified to F10-F99. The disorder may precede accompany, or follow a wide variety of infections and physical disorders, both cerebral and systemic, but direct evidence of cerebral involvement is not necessarily present. It can be differentiated from postencephalitic syndrome (F07.1) and postconcussional syndrome (F07.2) by its different etiology, more restricted range of generally milder symptoms, and usually shorter duration.

F06.8 腦部損傷、機(功)能不良(障礙、失調、異常)及身體疾病所致其他特定的精神疾患

癲癇性精神病(症)，其他未特定者

F06.8 Other specified mental disorders due to brain damage and dysfunction and to physical disease

Epileptic psychosis NOS

F06.9 腦部損傷、機(功)能不良(障礙、失調、異常)及身體疾病所致非特定的精神疾患(障礙、病症)

(下列)器質性：

- 腦症候群，其他未特定者
- 精神疾患(障礙、病症)，其他未特定者

F06.9 Unspecified mental disorder due to brain damage and dysfunction and to physical disease

Organic:

- brain syndrome NOS
- mental disorder NOS

F07 腦部疾病、損害及機(功)能不良(障礙、失調、異常)所致的人格及行為疾患(障礙、病症)

此症人格及行為的改變可以是腦部疾病、損害、或機(功)能不良(障礙、失調、異常)等之殘餘或共存之疾患。

F07.0 器質性人格疾患(障礙、病症)

此症之特徵為病前習性的明顯改變，涉及情緒、需求及衝動的表現；認知及思考功能的缺陷與性活動之變化也可能屬其臨床之表徵。

(下列)器質性：

- 假性精神病變性人格
- 假性遲滯性人格

(下列)症候群：

- 額葉
- 邊緣葉性癲癇人格
- 腦葉切斷術
- 腦白質切斷術後

排除：(下列)之後的持久性人格改變：

- 災難性經歷 (F62.0)
- 精神科病症(不適) (F62.1)
- 腦震盪後症候群 (F07.2)
- 腦炎後症候群 (F07.1)
- 特定的人格疾患(障礙、病症) (F60.-)

F07.1 腦炎後症候群

此症候群包含來自病毒性或細菌性腦炎復原後殘餘之非特定性且多樣性的行為改變。此疾患與器質性人格障礙疾患間主要的不同，即在於此症通常屬可回復者。

排除：器質性人格疾患(障礙、病症)

F07 Personality and behavioural disorders due to brain disease, damage and dysfunction

Alteration of personality and behaviour can be a residual or concomitant disorder of brain disease, damage or dysfunction.

F07.0 Organic personality disorder

A disorder characterized by a significant alteration of the habitual patterns of behaviour displayed by the subject premorbidly, involving the expression of emotions, needs and impulses. Impairment of cognitive and thought functions, and altered sexuality may also be part of the clinical picture.

Organic:

- pseudopsychopathic personality
- pseudoretarded personality

Syndrome:

- frontal lobe
- limbic epilepsy personality
- lobotomy
- postleucotomy

Excludes: enduring personality change after:

- catastrophic experience (F62.0)
- psychiatric illness (F62.1)
- postconcussional syndrome (F07.2)
- postencephalitic syndrome (F07.1)
- specific personality disorder (F60.-)

F07.1 Postencephalitic syndrome

Residual nonspecific and variable behavioural change following recovery from either viral or bacterial encephalitis. The principal difference between this disorder and the organic personality disorders is that it is reversible.

Excludes: organic personality disorder (F07.0)

F07.2 腦震盪後症候群

此症候群發生於頭部創傷(通常嚴重到造成意識喪失)之後,包含一些不同的症狀,諸如頭痛、頭暈(通常缺乏真正的眩暈現象)、疲倦、激燥性、專心操作心智事務困難、記憶缺損、失眠,以及對壓力、情緒興奮、或酒精的耐受力減低。

腦挫傷後症候群(腦病變)

創傷後腦症候群,非精神病性

F07.8 腦部疾病、損害及機(功)能不良(障礙、失調、異常)所致的其他器質性人格及行為疾患(障礙、病症)

右大腦半球器質性情感疾患(障礙、病症)

F07.9 腦部疾病、損傷及機(功)能不良(障礙、失調、異常)所致未特定的器質性人格及行為疾患(障礙、病症)

器質性精神症候群

F09 未特定的器質性或症狀性精神疾患(障礙、病症)

(下列)精神病(症):

- 器質性,其他未特定者
- 症狀性,其他未特定者

排除:精神病(症),其他未特定者 (F29)

精神作用物質使用所致的精神[心智]和行為疾患(障礙、病症) (F10-F19)

本節包含了多種不同嚴重程度與臨床型態的疾患,這些疾患均因使用一種或更多的精神作用物質所致者。這些精神作用物質可能經由或未經由醫師處方。本分類編碼使用第3碼位確認所涉之特定物質,第4碼位則標示臨床狀況。這些編碼可用來代表特定物質所造成的情

F07.2 Postconcussional syndrome

A syndrome that occurs following head trauma (usually sufficiently severe to result in loss of consciousness) and includes a number of disparate symptoms such as headache, dizziness, fatigue, irritability, difficulty in concentration and performing mental tasks, impairment of memory, insomnia, and reduced tolerance to stress, emotional excitement, or alcohol.

Postcontusional syndrome
(encephalopathy)

Post-traumatic brain syndrome, nonpsychotic

F07.8 Other organic personality and behavioural disorders due to brain disease, damage and dysfunction

Right hemispheric organic affective disorder

F07.9 Unspecified organic personality and behavioural disorder due to brain disease, damage and dysfunction

Organic psychosyndrome

F09 Unspecified organic or symptomatic mental disorder

Psychosis:

- organic NOS
- symptomatic NOS

Excludes: psychosis NOS (F29)

Mental and behavioural disorders due to psychoactive substance use (F10-F19)

This block contains a wide variety of disorders that differ in severity and clinical form but that are all attributable to the use of one or more psychoactive substances, which may or may not have been medically prescribed. The third character of the code identifies the substance involved, and the

況。這些編碼可用來代表特定物質所造成的情況，但須注意並非所有的第4碼位都可用於所有的物質(使用)上。

對於精神作用物質使用的確認須儘可能運用多種的臨床資訊來源，包含病患自我陳述的資料、血液及其他體液的客觀分析、特徵性之身心症狀、臨床徵候、行為表現、以及其他證據，如在病患身上發現藥物，或第三者(團體)提供的報告。許多藥物使用者服用不止一種的藥物。主要的診斷應儘可能依據導致或造成臨床狀況最相關的藥物(或同一類藥物)加以歸類。其他的診斷則須依序註碼，如精神作用物質使用中毒劑量(第4碼共同為 .0者)、引起傷害(第4碼共同為 .1者)、依賴(第4碼共同為 .2者)或其他疾患(第4碼共同為 .3-.9者)。

只有在精神作用物質的使用型態毫無秩序、雜亂無章、難以區分、或是使用不同精神作用物質混雜的個案，才得診斷為使用多種精神作用物質所致的精神疾患(F19.-)。

排除：非依賴性物質的濫用 (F55)

下列第 4 碼細分類可用於F10-F19之分類項者：

.0 急性中毒

係指使用精神作用物質後所產生的障礙(失調、紊亂、偏差)，包含意識、認知、知覺、情感或行為、或其他心理生理功能及反應等病況。這種障礙是藥物直接之急性藥理作用所致，除非有組織傷害或其他併發症出現，這種障礙(失調、紊亂、偏差)可隨著時間而消失、完全康復。可能的併發症包括創傷、嘔吐物吸入呼吸道、譫妄、昏

fourth character specifies the clinical state. The codes should be used, as required, for each substance specified, but it should be noted that not all fourth-character codes are applicable to all substances.

Identification of the psychoactive substance should be based on as many sources of information as possible. These include self-report data, analysis of blood and other body fluids, characteristic physical and psychological symptoms, clinical signs and behaviour, and other evidence such as a drug being in the patient's possession or reports from informed third parties. Many drug users take more than one type of psychoactive substance. The main diagnosis should be classified, whenever possible, according to the substance or class of substances that has caused or contributed most to the presenting clinical syndrome. Other diagnoses should be coded when other psychoactive substances have been taken in intoxicating amounts (common fourth character .0) or to the extent of causing harm (common fourth character .1), dependence (common fourth character .2) or other disorders (common fourth character .3-.9).

Only in cases in which patterns of psychoactive substance-taking are chaotic and indiscriminate, or in which the contributions of different psychoactive substances are inextricably mixed, should the diagnosis of disorders resulting from multiple drug use (F19.-) be used.

Excludes: abuse of non-dependence-producing substances (F55)

The following fourth-character subdivisions are for use with categories F10-F19:

.0 Acute intoxication

A condition that follows the administration of a psychoactive substance resulting in disturbances in level of consciousness, cognition, perception, affect or behaviour, or other psychophysiological functions and responses. The disturbances are directly related to the acute pharmacological effects of the substance and resolve with time, with complete

迷、抽搐(痙攣)與其他醫療併發症。這些併發症的性質端視所使用精神作用物質之藥理性質類別與使用之方式而定。

酒癮之急性醉酒(酒醉)

(藥物性)「噩」之旅(幻覺所致者)

醉酒，其他未特定者

病態中毒

精神作用物質中毒(所致)的朦朧(迷睡)症及附身症

.1 有害性使用

精神作用物質的使用方式足以造成對健康的損害，其可能是身體方面的(如自我注射精神作用物質導致肝炎)；或是精神[心智]方面的損害(如飲酒過量續發的(憂)鬱症)。

精神作用物質濫用

.2 依賴(成癮)症候群

係指精神作用物質重覆使用後所發展出的一組行為、認知及生理現象，包括強烈的慾望驅策使用此精神作用物質、難以克制其使用、即使已造成種種傷害結果仍繼續使用、罔顧應有的活動與責任而把精神作用物質的使用擺在較優先之地位、耐受力增加，有時還具身體戒斷之狀態等。

依賴(成癮)症候群可能針對某一特定的精神作用物質(如菸草、酒精或diazepam)，某一大類的物質(如鴉片類藥物)，或者是範圍更廣的種種藥理(學)上之精神作用物質。

recovery, except where tissue damage or other complications have arisen.

Complications may include trauma, inhalation of vomitus, delirium, coma, convulsions, and other medical complications. The nature of these complications depends on the pharmacological class of substance and mode of administration.

Acute drunkenness in alcoholism

"Bad trips" (drugs)

Drunkenness NOS

Pathological intoxication

Trance and possession disorders in psychoactive substance intoxication

.1 Harmful use

A pattern of psychoactive substance use that is causing damage to health. The damage may be physical (as in cases of hepatitis from the self-administration of injected psychoactive substances) or mental (e.g. episodes of depressive disorder secondary to heavy consumption of alcohol).

Psychoactive substance abuse

.2 Dependence syndrome

A cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

The dependence syndrome may be present for a specific psychoactive substance (e.g. tobacco, alcohol, or diazepam), for a class of substances (e.g. opioid drugs), or for a wider range of pharmacologically different psychoactive substances.

慢性酒癮[酒精中毒]

耽酒狂

用藥成癮[藥癮]

Chronic alcoholism

Dipsomania

Drug addiction

.3 戒斷狀態

持續使用精神作用物質後，絕對或相對戒斷時，會因而產生一群不同組合及不同嚴重程度的症狀。戒斷狀態的發作及病程有時間性，且和精神作用物質種類及戒斷前的最後使用(劑)量有關。戒斷狀態可能會併發抽搐(痙攣)。

.3 Withdrawal state

A group of symptoms of variable clustering and severity occurring on absolute or relative withdrawal of a psychoactive substance after persistent use of that substance. The onset and course of the withdrawal state are time-limited and are related to the type of psychoactive substance and dose being used immediately before cessation or reduction of use. The withdrawal state may be complicated by convulsions.

.4 伴有(合併或併發)譫妄的戒斷狀態

一種在第4碼共同為 .3 所界定的戒斷狀態之病況，併發F05.-所界定的譫妄，可能出現抽搐(痙攣)。若器質性因素亦被考慮列為其病因時，此病況應歸類於F05.8。

.4 Withdrawal state with delirium

A condition where the withdrawal state as defined in the common fourth character .3 is complicated by delirium as defined in F05.-. Convulsions may also occur. When organic factors are also considered to play a role in the etiology, the condition should be classified to F05.8.

(酒精引發的或酒精性)震顫性譫妄(症)

Delirium tremens (alcohol-induced)

.5 精神疾患(障礙、病症)

精神作用物質在使用中或剛用過後產生之一組精神病(性)現象，此情況非單獨之急性中毒可以解釋，也非戒斷狀態之部份。此症之特徵為幻覺(典型者為幻聽，但常常不止一種的感覺型式)、知覺扭曲、妄想(常常是偏執性妄想或被害妄想之色彩)、精神運動障礙(如激動或靜呆)、以及情感異常(如極度恐懼或激越狂喜)。感覺往往清晰，但也可能有某種程度的意識模糊，而尚不至於混亂。

.5 Psychotic disorder

A cluster of psychotic phenomena that occur during or following psychoactive substance use but that are not explained on the basis of acute intoxication alone and do not form part of a withdrawal state. The disorder is characterized by hallucinations (typically auditory, but often in more than one sensory modality), perceptual distortions, delusions (often of a paranoid or persecutory nature), psychomotor disturbances (excitement or stupor), and an abnormal affect, which may range from intense fear to ecstasy. The sensorium is usually clear but some degree of clouding of consciousness, though not severe confusion, may be present.

(下列)酒精性：

- 幻覺症
- 嫉妒症
- 偏執狂
- 精神病(症)，其他未特定者

排除：酒精或其他精神作用物質所致的殘留及晚發性精神疾患(障礙、病症) (F10-F19中第4碼共同為 .7者)

.6 失憶症候群

此症候群為近程或遠程記憶出現明顯的慢性衰退，但瞬間或即時性之回憶仍保持完整，且近程記憶要比遠程記憶之障礙更為明顯。時間感及安排事物的順序性常有顯著的障礙，學習新事物也會感到困難。虛談現象可能明顯，但卻不一定都會出現。其他認知功能經常尚能保持完好，惟其記憶之缺陷要比其他障礙更為突顯。

失憶性疾患(障礙、病症)，酒精或其他精神作用物質所致者

Korsakov (氏)精神病(症)或症候群，酒精或其他精神作用物質所致或未特定者

排除：非酒精性Korsakov (氏)精神病(症)或症候群 (F04)

.7 殘餘及晚發性精神疾患(障礙、病症)

此症乃因酒精或精神作用物質導致認知、情感、人格或行為的改變，此改變較原先精神作用物質之直接效應可推定作用持續更為長久。此症的發作必須與使用精神作用物質直接相關。對於初次使用這類精神作用物質之後發病的病例，只有在明確及強烈的證

Alcoholic:

- hallucinosis
- jealousy
- paranoia
- psychosis NOS

Excludes: alcohol- or other psychoactive substance-induced residual and late-onset psychotic disorder (F10-F19 with common fourth character .7)

.6 Amnesic syndrome

A syndrome associated with chronic prominent impairment of recent and remote memory. Immediate recall is usually preserved and recent memory is characteristically more disturbed than remote memory. Disturbances of time sense and ordering of events are usually evident, as are difficulties in learning new material. Confabulation may be marked but is not invariably present. Other cognitive functions are usually relatively well preserved and amnesic defects are out of proportion to other disturbances.

Amnesic disorder, alcohol- or drug-induced

Korsakov's psychosis or syndrome, alcohol- or other psychoactive substance-induced or unspecified

Excludes: nonalcoholic Korsakov's psychosis or syndrome (F04)

.7 Residual and late-onset psychotic disorder

A disorder in which alcohol- or psychoactive substance-induced changes of cognition, affect, personality, or behaviour persist beyond the period during which a direct psychoactive substance-related effect might reasonably be assumed to be operating. Onset of the disorder should be directly related to

據顯示因使用精神作用物質後之殘餘效應導致發作者方能歸類於此分類項。其重現現象與精神病症狀態有所區別，部份在於其發作性、短暫頻繁性、以及重覆先前酒精或其他精神作用物質相關之經驗。

酒精性癡呆(失智)症，其他未特定者
慢性酒精性腦症候群
失智(癡呆)症及其他輕型持久性認知功能損傷(不全、障礙)
重現現象
晚發性精神作用物質所致的精神疾患(障礙、病症)
幻覺劑使用後之知覺疾患(障礙、病症)
(下列)殘餘性：
• 情感性疾患(障礙、病症)
• 人格及行為疾患(障礙、病症)

排除：酒精或精神作用物質所致者：

- Korsakov (氏)症候群(F10-F19 第 4 碼共同為 .6 者)
- 精神病狀態(F10-F19 第 4 碼共同為 .5 者)

.8 其他精神[心智]及行為疾患(障礙、病症)

.9 未特定的精神[心智]及行為疾患(障礙、病症)

F10.- 使用酒精所致的精神[心智]及行為疾患(障礙、病症)

[參照第324~328頁之細分類]

the use of the psychoactive substance. Cases in which initial onset of the state occurs later than episode(s) of such substance use should be coded here only where clear and strong evidence is available to attribute the state to the residual effect of the psychoactive substance. Flashbacks may be distinguished from psychotic state partly by their episodic nature, frequently of very short duration, and by their duplication of previous alcohol- or other psychoactive substance-related experiences.

Alcoholic dementia NOS
Chronic alcoholic brain syndrome
Dementia and other milder forms of persisting impairment of cognitive functions
Flashbacks
Late-onset psychoactive substance-induced psychotic disorder
Posthallucinogen perception disorder
Residual:
• affective disorder
• disorder of personality and behaviour

Excludes: alcohol- or psychoactive substance-induced:
• Korsakov's syndrome (F10-F19 with common fourth character .6)
• psychotic state (F10-F19 with common fourth character .5)

.8 Other mental and behavioural disorders

.9 Unspecified mental and behavioural disorder

F10.- Mental and behavioural disorders due to use of alcohol

[See pages 324~328 for subdivisions]

F11.- 使用鴉片類所致的精神[心智]及行為疾患(障礙、病症)

[參照第324~328頁之細分類]

F12.- 使用大麻類所致的精神[心智]及行為疾患(障礙、病症)

[參照第324~328頁之細分類]

F13.- 使用鎮靜(藥)劑或安眠(藥)劑所致的精神[心智]及行為疾患(障礙、病症)

[參照第324~328頁之細分類]

F14.- 使用古柯鹼所致的精神[心智]及行為疾患(障礙、病症)

[參照第 324~328 頁之細分類]

F15.- 使用其他興奮(藥)劑[包含咖啡因在內]所致的精神[心智]及行為疾患(障礙、病症)

[參照第324~328頁之細分類]

F16.- 使用幻覺劑[致幻劑、幻覺原]所致的精神[心智]及行為疾患(障礙、病症)

[參照第 324~328 頁之細分類]

F17.- 使用菸草所致的精神[心智]及行為疾患(障礙、病症)

[參照第324~328頁之細分類]

F18.- 使用揮發性溶劑所致的精神[心智]及行為疾患(障礙、病症)

[參照第 324~328 頁之細分類]

F19.- 使用多種藥物及其他精神作用物質所致的精神[心智]及行為疾患(障礙、病症)

[參照第324~328頁之細分類]

此分類項應適用於涉及二種及以上的精神作用物質之使用，又難以區分那一種物質導致該疾患(障礙、病症)。當

F11.- Mental and behavioural disorders due to use of opioids

[See pages 324~328 for subdivisions]

F12.- Mental and behavioural disorders due to use of cannabinoids

[See pages 324~328 for subdivisions]

F13.- Mental and behavioural disorders due to use of sedatives or hypnotics

[See pages 324~328 for subdivisions]

F14.- Mental and behavioural disorders due to use of cocaine

[See pages 324~328 for subdivisions]

F15.- Mental and behavioural disorders due to use of other stimulants, including caffeine

[See pages 324~328 for subdivisions]

F16.- Mental and behavioural disorders due to use of hallucinogens

[See pages 324~328 for subdivisions]

F17.- Mental and behavioural disorders due to use of tobacco

[See pages 324~328 for subdivisions]

F18.- Mental and behavioural disorders due to use of volatile solvents

[See pages 324~328 for subdivisions]

F19.- Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances

[See pages 324~328 for subdivisions]

This category should be used when two or more psychoactive substances are known to be involved, but it is impossible to assess which

所使用之種種精神作用物質中有些或全部未特定或未知時，亦須使用此項，因為諸多之多種精神作用物質使用者往往不知所使用物質的詳細情況。

包 含：藥物錯用，其他未特定者

精神分裂(症)、準精神分裂(症)性和妄想性疾患(障礙、病症) (F20-F29)

本節包含精神分裂(症)(為此類疾病中之最重要者)、準精神分裂(症)、持久性妄想性疾患(障礙、病症)、以及更大組群的急性與短暫性精神病性疾患(障礙、病症)。分裂情感性疾患(障礙、病症)本質雖尚有爭論，仍保留於此分類項中。

F20 精神分裂(症)

精神分裂性疾患(障礙、病症)之一般特徵在於思考及知覺的根本、獨特的歪(扭)曲現象、以及不適當或遲鈍的情感。雖然一些特定之認知缺陷可在病程中呈現出來，但通常可維持清楚的意識及心智能力。最重要的精神病理現象包含有思維回響、思想被插入或剝奪、思想被廣播、妄想性知覺、被控制妄想、被影響或被動等妄想、以第三人稱批評或討論病患的幻聽、思考疾患(障礙、病症)與負向之症狀。

精神分裂性疾患(障礙、病症)的病程，有的是持續性者、有的是發作性伴有(合併或併發)進行性或穩定性之缺損、或是一次或多次發作性且伴有(合併或併發)完全或不完全之緩解者。若同時有顯著的憂鬱或躁症症狀，除非精神分裂症狀先於情感障礙發生，否則不作此精神分裂(症)的診斷。若病患有明显腦(部)疾病或正處

substance is contributing most to the disorders. It should also be used when the exact identity of some or even all the psychoactive substances being used is uncertain or unknown, since many multiple drug users themselves often do not know the details of what they are taking.

Includes: misuse of drugs NOS

Schizophrenia, schizotypal and delusional disorders (F20-F29)

This block brings together schizophrenia, as the most important member of the group, schizotypal disorder, persistent delusional disorders, and a larger group of acute and transient psychotic disorders. Schizoaffective disorders have been retained here in spite of their controversial nature.

F20 Schizophrenia

The schizophrenic disorders are characterized in general by fundamental and characteristic distortions of thinking and perception, and affects that are inappropriate or blunted. Clear consciousness and intellectual capacity are usually maintained although certain cognitive deficits may evolve in the course of time. The most important psychopathological phenomena include thought echo; thought insertion or withdrawal; thought broadcasting; delusional perception and delusions of control; influence or passivity; hallucinatory voices commenting or discussing the patient in the third person; thought disorders and negative symptoms.

The course of schizophrenic disorders can be either continuous, or episodic with progressive or stable deficit, or there can be one or more episodes with complete or incomplete remission. The diagnosis of schizophrenia should not be made in the presence of extensive depressive or manic symptoms unless it is clear that schizophrenic symptoms antedate the

於藥物中毒或戒斷時期，亦不作此精神分裂(症)之診斷。若有出現於癲癇或其他腦部疾病之類似疾患時，應歸類於**F06.2**，還有由精神作用物質所致者，則歸類於**F10-F19**中第4碼共同為**.5**者。

排除：精神分裂(症)：

- 急性(未分化型) (F23.2)
- 循環性 (F25.2)

精神分裂(症)性反應 (F23.2)

準精神分裂(症)性疾患 (F21)

F20.0 妄想型精神分裂(症)

妄想型精神分裂(症)最主要的臨床表徵為固著的妄想，通常是被害妄想，常伴隨幻覺，特別是幻聽及其他知覺障礙。情感、意志、語言障礙及緊張症狀則不會出現，或若出現時亦相對不明顯。

老年妄想型精神分裂(症)

排除：更年期妄想狀態 (F22.8)
偏執狂 (F22.0)

F20.1 青春型精神分裂(症)

為精神分裂(症)的一型，其情感變化顯著，妄想與幻覺變化不定且片片斷斷，行為不負責任且無法預測，常有作態現象，情緒表淺且不恰當，思想零亂、語言失序，病患有孤獨傾向。因為其負向性症狀迅速產生，特別是情感平淡及意志力喪失，通常預後不好。一般而言，初次下此診斷時，應於青春期或成年初期。

affective disturbance. Nor should schizophrenia be diagnosed in the presence of overt brain disease or during states of drug intoxication or withdrawal. Similar disorders developing in the presence of epilepsy or other brain disease should be classified under F06.2, and those induced by psychoactive substances under F10-F19 with common fourth character .5.

Excludes: schizophrenia:

- acute (undifferentiated) (F23.2)
- cyclic (F25.2)

schizophrenic reaction (F23.2)

schizotypal disorder (F21)

F20.0 Paranoid schizophrenia

Paranoid schizophrenia is dominated by relatively stable, often paranoid delusions, usually accompanied by hallucinations, particularly of the auditory variety, and perceptual disturbances. Disturbances of affect, volition and speech, and catatonic symptoms, are either absent or relatively inconspicuous.

Paraphrenic schizophrenia

Excludes: involutional paranoid state (F22.8)
paranoia (F22.0)

F20.1 Hebephrenic schizophrenia

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, thought is disorganized, and speech is incoherent. There is a tendency to social isolation. Usually the prognosis is poor because of the rapid development of "negative" symptoms, particularly flattening of affect and loss of volition. Hebephrenia should normally be diagnosed only in adolescents or young adults.

解組型精神分裂(症)

青春型精神分裂(症)

Disorganized schizophrenia

Hebephrenia

F20.2 緊張型精神分裂(症)

本症最主要的臨床表徵為顯著的精神運動障礙，常在過動現象與靜呆狀態兩極間變換，或是有自動性屈從與拒絕現象。不自然的態度或姿勢可以維持很久。發作性的暴力性激動可能是其最突出的表徵之一。這些緊張性狀態可能伴有(合併或併發)似夢藝般之狀態，視覺上並有鮮明風景般的幻覺。

緊張性靜呆

精神分裂性：

- 僵強(僵直)症
- 緊張症
- 蠟屈現象

F20.2 Catatonic schizophrenia

Catatonic schizophrenia is dominated by prominent psychomotor disturbances that may alternate between extremes such as hyperkinesis and stupor, or automatic obedience and negativism. Constrained attitudes and postures may be maintained for long periods. Episodes of violent excitement may be a striking feature of the condition. The catatonic phenomena may be combined with a dream-like (oneiroid) state with vivid scenic hallucinations.

Catatonic stupor

Schizophrenic:

- catalepsy
- catatonia
- flexibilitas cerea

F20.3 未分化型精神分裂(症)

符合精神分裂(症)診斷要件的精神病況(參照F20)，但無法將其歸類於F20.0-F20.2之任何亞型，或是同時具有二個以上的亞型特徵且又無法分辨哪一個為主者。

非典型精神分裂(症)

排除：急性類精神分裂(症)精神病性疾患 (F23.2)

慢性未分化型精神分裂(症)
(F20.5)

精神分裂後(憂)鬱症 (F20.4)

F20.3 Undifferentiated schizophrenia

Psychotic conditions meeting the general diagnostic criteria for schizophrenia but not conforming to any of the subtypes in F20.0-F20.2, or exhibiting the features of more than one of them without a clear predominance of a particular set of diagnostic characteristics.

Atypical schizophrenia

Excludes: acute schizophrenia-like psychotic disorder (F23.2)

chronic undifferentiated schizophrenia
(F20.5)

post-schizophrenic depression (F20.4)

F20.4 精神分裂後(憂)鬱症

一種精神分裂症後之延長性(憂)鬱症發作，仍保有某些正向或負向性精神分裂性症狀，但已不明顯。此(憂)鬱

F20.4 Post-schizophrenic depression

A depressive episode, which may be prolonged, arising in the aftermath of a schizophrenic illness. Some schizophrenic

症與自殺風險升高相關。若病患已無精神分裂性症狀，則應診斷為(憂)鬱症發作(F32.-)；若仍有精彩而明顯的精神分裂性症狀，即應將其歸類於合適的精神分裂症亞型(F20.0-F20.3)。

symptoms, either "positive" or "negative", must still be present but they no longer dominate the clinical picture. These depressive states are associated with an increased risk of suicide. If the patient no longer has any schizophrenic symptoms, a depressive episode should be diagnosed (F32.-). If schizophrenic symptoms are still florid and prominent, the diagnosis should remain that of the appropriate schizophrenic subtype (F20.0-F20.3) .

F20.5 殘留型精神分裂(症)

一種精神分裂症的慢性期，自早期到後期有明顯的進展，以長期性且不一定是不可回復性負向症狀為主要之臨床表徵，包括精神運動性遲緩、少活動、平淡遲鈍、被動及缺乏動機，言談之量與內容貧乏，缺乏非語言性溝通表達，如臉部表情、眼神接觸、聲調及姿態變化，還有自我照料及社交表現差。

F20.5 Residual schizophrenia

A chronic stage in the development of a schizophrenic illness in which there has been a clear progression from an early stage to a later stage characterized by long-term, though not necessarily irreversible, "negative" symptoms, e.g. psychomotor slowing; underactivity; blunting and lack of initiative; poverty of quantity or content of speech; poor nonverbal communication by facial expression, eye contact, voice modulation and posture; poor self-care and social performance.

慢性未分化型精神分裂(症)
(精神分裂性)殘留狀態
精神分裂性殘留狀態

Chronic undifferentiated schizophrenia
Restzustand (schizophrenic)
Schizophrenic residual state

F20.6 單純型精神分裂(症)

一種潛隱性之精神疾患，可緩慢進行發展出怪異之行為舉止，無法應付社會的要求，且一切能力之展現均降低變差。典型殘留型的負向表徵(如情感平淡、意志力喪失)出現前並無任何明顯的精神病性症狀。

F20.6 Simple schizophrenia

A disorder in which there is an insidious but progressive development of oddities of conduct, inability to meet the demands of society, and decline in total performance. The characteristic negative features of residual schizophrenia (e.g. blunting of affect and loss of volition) develop without being preceded by any overt psychotic symptoms.

F20.8 其他精神分裂(症)

病覺倒錯性精神分裂(症)
(下列)擬精神分裂(症)的：

F20.8 Other schizophrenia

Cenesthopathic schizophrenia
Schizophreniform:

- 疾患(障礙、病症)，其他未特定者
 - 精神病(症)，其他未特定者
- 排除：**短暫擬精神分裂(症)疾患 (F23.2)

F20.9 精神分裂(症)，未特定者

F21 準精神分裂(症)性疾患

此疾患通常以怪異行為、異常思考及情感為主要特徵，與精神分裂(症)所見者類似，但始終沒有明確而特徵性之精神分裂性異常出現。此症之症狀可包含淡漠或不適當情感、沒有快樂感、怪異行為、孤獨傾向，妄想(偏執)性或怪異離奇之念頭但未真的形成妄想、強迫性反芻式思考，偶見思考障礙與知覺障礙之短暫性準精神病性發作，伴隨明顯錯覺、幻聽或其他幻覺，也有類似妄想的想法，且常在沒有任何外界刺激下產生。沒有明確的初次發病現象及演變，病程類似一種人格疾患(障礙、病症)。

潛隱(伏)型精神分裂(症)性反應

(下列)精神分裂(症)：

- 邊際(緣)型
- 潛伏型
- 前精神病性[潛隱型]
- 前驅性
- 假性精神官能性
- 假性精神病變性

準精神分裂(症)性人格疾患(障礙、病症)

排除：Asperger (氏)症候群 (F84.5)
分裂型人格疾患(障礙、病症)
(F60.1)

F22 持久性妄想性疾患(障礙、病症)

此症為包含多樣性之疾患，以長期存

- disorder NOS
- psychosis NOS

Excludes: brief schizophreniform disorders
(F23.2)

F20.9 Schizophrenia, unspecified

F21 Schizotypal disorder

A disorder characterized by eccentric behaviour and anomalies of thinking and affect which resemble those seen in schizophrenia, though no definite and characteristic schizophrenic anomalies occur at any stage. The symptoms may include a cold or inappropriate affect; anhedonia; odd or eccentric behaviour; a tendency to social withdrawal; paranoid or bizarre ideas not amounting to true delusions; obsessive ruminations; thought disorder and perceptual disturbances; occasional transient quasi-psychotic episodes with intense illusions, auditory or other hallucinations, and delusion-like ideas, usually occurring without external provocation. There is no definite onset and evolution and course are usually those of a personality disorder.

Latent schizophrenic reaction

Schizophrenia:

- borderline
- latent
- prepsychotic
- prodromal
- pseudoneurotic
- pseudopsychopathic

Schizotypal personality disorder

Excludes: Asperger's syndrome (F84.5)
schizoid personality disorder (F60.1)

F22 Persistent delusional disorders

Includes a variety of disorders in which

有之妄想為單一或顯著的臨床特徵，而又無法歸類於器質性、精神分裂性或情感性之病況。妄想性疾患(障礙、病症)病程在幾個月以內者，應歸類於**F23.-**之下(至少暫時須如此)。

F22.0 妄想性疾患(障礙、病症)

此症之特徵乃為單一或一組有關妄想之發展為主，常為持續性，甚至可能是終身性者。妄想內容呈現多樣性，若有清楚而持續的幻(聽)覺或精神分裂性症狀，如被控制妄想、表情顯著平淡遲鈍，以及確定的腦(部)疾病者，均不能下此診斷。然而，特別是老年病患，只要其在非典型的精神分裂(症)中幻聽只佔其整體臨床表徵之一小部份，出現偶發或短暫的幻聽並不足以排除此一診斷。

偏執狂

(下列)妄想型(性)：

- 精神病(症)
- 狀態

(晚發型)妄想性精神病(症)

[*常指老年期功能性精神病(症)]

敏感性關係妄想

排除：妄想型(性)：

- 人格疾患(障礙症) (F60.0)
- 精神病(症)，心因性 (F23.3)
- 反應 (F23.3)
- 精神分裂(症) (F20.0)

F22.8 其他持久性妄想性疾患(障礙、病症)

妄想症狀伴有(合併或併發)持久幻聽或精神分裂性症狀，但不足以確立為精神分裂(症)(**F20.-**)診斷之疾患。

long-standing delusions constitute the only, or the most conspicuous, clinical characteristic and which cannot be classified as organic, schizophrenic or affective. Delusional disorders that have lasted for less than a few months should be classified, at least temporarily, under F23.-.

F22.0 Delusional disorder

A disorder characterized by the development either of a single delusion or of a set of related delusions that are usually persistent and sometimes lifelong. The content of the delusion or delusions is very variable. Clear and persistent auditory hallucinations (voices), schizophrenic symptoms such as delusions of control and marked blunting of affect, and definite evidence of brain disease are all incompatible with this diagnosis. However, the presence of occasional or transitory auditory hallucinations, particularly in elderly patients, does not rule out this diagnosis, provided that they are not typically schizophrenic and form only a small part of the overall clinical picture.

Paranoia

Paranoid:

- psychosis
- state

Paraphrenia (late)

Sensitiver Beziehungswahn

Excludes: paranoid:

- personality disorder (F60.0)
- psychosis, psychogenic (F23.3)
- reaction (F23.3)
- schizophrenia (F20.0)

F22.8 Other persistent delusional disorders

Disorders in which the delusion or delusions are accompanied by persistent hallucinatory voices or by schizophrenic symptoms that do not justify a diagnosis of schizophrenia

妄想性畸形畏懼症
更年期妄想(偏執)狀態
好爭辯的偏執狂

(F20.-).
Delusional dysmorphophobia
Involutional paranoid state
Paranoia querulans

F22.9 持久性妄想性疾患，未特定者

F22.9 Persistent delusional disorder, unspecified

F23 急性及短暫性精神病性疾患(障礙、病症)

此類群為高度異質性之疾患，其特徵為精神病性症狀如妄想、幻覺、知覺障礙等之急性發作，對日常之行為舉止造成嚴重干擾。急性發作則界定為二星期以內明確異常臨床表徵之漸進性發展。此類疾患缺乏器質性病因證據，常有迷惘或迷惑之症狀，但對人、時、地間之定向感障礙並不持續或嚴重至足以確立譫妄(F05.-)之診斷。一般在幾個月、幾星期或甚至幾天內即可完全恢復；若症狀持續，則須重新歸類。此疾患不一定與發病前一、二星期內發生之急性壓力事件相關。

F23 Acute and transient psychotic disorders

A heterogeneous group of disorders characterized by the acute onset of psychotic symptoms such as delusions, hallucinations, and perceptual disturbances, and by the severe disruption of ordinary behaviour. Acute onset is defined as a crescendo development of a clearly abnormal clinical picture in about two weeks or less. For these disorders there is no evidence of organic causation. Perplexity and puzzlement are often present but disorientation for time, place and person is not persistent or severe enough to justify a diagnosis of organically caused delirium (F05.-). Complete recovery usually occurs within a few months, often within a few weeks or even days. If the disorder persists, a change in classification will be necessary. The disorder may or may not be associated with acute stress, defined as usually stressful events preceding the onset by one to two weeks.

F23.0 急性多態性精神病性疾患(障礙、病症)未伴有(未合併或未併發)精神分裂症狀

一種急性精神病性疾患(障礙、病症)，其幻覺、妄想或知覺障礙都十分明顯，但卻顯著多樣化，其變化轉換快速，可以天天不同，甚或時時不同，也常常可出現情緒騷動伴隨強烈而短暫的快樂或激越(狂喜)，或焦慮及躁動。這種多態性、不穩定性之臨床表徵相當具特異性，但其精神病性表徵不足以確立精神分裂(症)(F20.-)之診

F23.0 Acute polymorphic psychotic disorder without symptoms of schizophrenia

An acute psychotic disorder in which hallucinations, delusions or perceptual disturbances are obvious but markedly variable, changing from day to day or even from hour to hour. Emotional turmoil with intense transient feelings of happiness or ecstasy, or anxiety and irritability, is also frequently present. The polymorphism and instability are characteristic for the overall

斷。這些疾患往往突然發作，幾天內快速發展，且常常很快消失不再復發；若症狀持續過久者(*例如超過三個月)，則診斷須更改為持續性妄想症(F22.-)。

Bouffée délirante (氏)症未伴有(未合併或未併發)精神分裂(症)或未特定的症狀
循環性精神病(症)未伴有(未合併或未併發)精神分裂(症)或未特定的症狀

F23.1 急性多態性精神疾患(障礙、病症)伴有(合併或併發)精神分裂性症狀

一種急性精神病性疾患(障礙、病症)，其多態性及不穩定之臨床表徵如F23.0所述。儘管不穩定，但大部份時間均存在有某些典型的精神分裂症狀。若精神分裂性症狀持續者(*例如超過一個月)，則診斷應更改為精神分裂(症)(F20.-)。

Bouffée délirante (氏)症伴有(合併或併發)精神分裂(症)之症狀
循環性精神病(症)伴有(合併或併發)精神分裂(症)之症狀

F23.2 急性類精神分裂(症)性精神病性疾患(障礙、病症)

一種急性精神疾患(障礙、病症)，有相對比較穩定的精神病性症狀，可確立為精神分裂(症)之診斷，但病程短於一個月，也沒有F23.0的多態性及不穩定性之臨床表徵。若精神分裂性症狀持續過久者，則診斷應更改為精神分裂(症)(F20.-)。

急性(未分化型)精神分裂(症)
(下列)短暫性擬精神分裂性：

clinical picture and the psychotic features do not justify a diagnosis of schizophrenia (F20.-). These disorders often have an abrupt onset, developing rapidly within a few days, and they frequently show a rapid resolution of symptoms with no recurrence. If the symptoms persist the diagnosis should be changed to persistent delusional disorder (F22.-).

Bouffée délirante without symptoms of schizophrenia or unspecified
Cycloid psychosis without symptoms of schizophrenia or unspecified

F23.1 Acute polymorphic psychotic disorder with symptoms of schizophrenia

An acute psychotic disorder in which the polymorphic and unstable clinical picture is present, as described in F23.0; despite this instability, however, some symptoms typical of schizophrenia are also in evidence for the majority of the time. If the schizophrenic symptoms persist the diagnosis should be changed to schizophrenia (F20.-).

Bouffée délirante with symptoms of schizophrenia
Cycloid psychosis with symptoms of schizophrenia

F23.2 Acute schizophrenia-like psychotic disorder

An acute psychotic disorder in which the psychotic symptoms are comparatively stable and justify a diagnosis of schizophrenia, but have lasted for less than about one month; the polymorphic unstable features, as described in F23.0, are absent. If the schizophrenic symptoms persist the diagnosis should be changed to schizophrenia (F20.-).

Acute (undifferentiated) schizophrenia
Brief schizophreniform:

- 疾患(障礙症)
- 精神病(症)

夢性精神病(症)

精神分裂性反應

排除：器質性妄想性[類精神分裂(症)性]疾患(障礙、病症) (F06.2)

擬精神分裂性疾患(障礙、病症)，其他未特定者 (F20.8)

- disorder
- psychosis

Oneirophrenia

Schizophrenic reaction

Excludes: organic delusional [schizophrenia-like] disorder (F06.2)

schizophreniform disorder NOS (F20.8)

F23.3 以妄想為主的其他急性精神病性疾患(障礙、病症)

一種急性精神病性疾患(障礙、病症)，以比較穩定的妄想或幻覺為其主要之臨床表徵，但不足以確立精神分裂(症)(F20.-)之診斷。若妄想症狀持續，則診斷應更改為持久性妄想症(F22.-)。

妄想性反應

心因性妄想性精神病(症)

F23.3 Other acute predominantly delusional psychotic disorders

Acute psychotic disorders in which comparatively stable delusions or hallucinations are the main clinical features, but do not justify a diagnosis of schizophrenia (F20.-). If the delusions persist the diagnosis should be changed to persistent delusional disorder (F22.-).

Paranoid reaction

Psychogenic paranoid psychosis

F23.8 其他急性及短暫性精神病性疾患(障礙、病症)

未有器質性病因證據且無法確認歸類於F23.0-F23.3之任何其他特定的急性精神病性疾患(障礙、病症)。

F23.8 Other acute and transient psychotic disorders

Any other specified acute psychotic disorders for which there is no evidence of organic causation and which do not justify classification to F23.0-F23.3.

F23.9 急性及短暫性精神病性疾患(障礙、病症)，未特定者

短暫性反應性精神病(症)，其他未特定者

反應性精神病(症)

F23.9 Acute and transient psychotic disorder, unspecified

Brief reactive psychosis NOS

Reactive psychosis

F24 感應性妄想性疾患(障礙、病症)

一種二個以上具有親密情感連帶的人，共同罹患相同妄想的妄想性疾患(障礙、病症)，但只有其中之一屬真正的精神病性疾患，其餘者則為感應(或誘發)而來者，將其分離時，通常妄想性疾患即會消失。

雙人妄想狀態

F24 Induced delusional disorder

A delusional disorder shared by two or more people with close emotional links. Only one of the people suffers from a genuine psychotic disorder; the delusions are induced in the other(s) and usually disappear when the people are separated.

Folie à deux

(下列)感應(或誘發)性：

- 妄想性疾患(障礙、病症)
- 精神病性疾患(障礙、病症)

Induced:

- paranoid disorder
- psychotic disorder

F25 分裂情感性疾患(障礙、病症)

此乃發作性疾患(障礙、病症)，在同一次發作中同時或合併出現明顯的情感性及精神分裂性症狀，但均不足以確立精神分裂(症)、(憂)鬱症或躁症的發作診斷。其他之病況若其情感性症狀疊併於先前既有的精神分裂(症)或與持久性妄想疾患共存或交替出現，則仍歸類於**F20-F29**。與情緒不一致的精神病性症狀若存在於情感性疾患中，亦不能確立診斷為分裂情感性疾患(障礙、病症)。

F25.0 分裂情感性疾患(障礙、病症)，躁型

一種疾患(障礙、病症)，其在同一次發作中，同時或合併出現明顯的精神分裂性及躁性症狀，以致於不能確認為精神分裂(症)或躁症發作之個別診斷。此分類項應適用於單次發作及復發(反覆)性疾患，其大多數之發作屬躁型之分裂情感性疾患(障礙、病症)。

分裂情感性精神病(症)，躁型
擬精神分裂性精神病(症)，躁型

F25.1 分裂情感性疾患(障礙、病症)，鬱型

一種疾患(障礙、病症)，其在同一次發作中，同時或合併出現明顯的精神分裂性及(憂)鬱性症狀，以致於不能確立為精神分裂(症)或憂鬱症發作之個別診斷。此分類項應適用於單次發作及復發(反覆)性疾患，其大部分發作屬鬱型分裂情感性疾患(障礙、病症)。

分裂情感性精神病(症)，鬱型
擬精神分裂性精神病(症)，鬱型

F25 Schizoaffective disorders

Episodic disorders in which both affective and schizophrenic symptoms are prominent but which do not justify a diagnosis of either schizophrenia or depressive or manic episodes. Other conditions in which affective symptoms are superimposed on a pre-existing schizophrenic illness, or co-exist or alternate with persistent delusional disorders of other kinds, are classified under F20-F29.

Mood-incongruent psychotic symptoms in affective disorders do not justify a diagnosis of schizoaffective disorder.

F25.0 Schizoaffective disorder, manic type

A disorder in which both schizophrenic and manic symptoms are prominent so that the episode of illness does not justify a diagnosis of either schizophrenia or a manic episode. This category should be used for both a single episode and a recurrent disorder in which the majority of episodes are schizoaffective, manic type.

Schizoaffective psychosis, manic type
Schizophreniform psychosis, manic type

F25.1 Schizoaffective disorder, depressive type

A disorder in which both schizophrenic and depressive symptoms are prominent so that the episode of illness does not justify a diagnosis of either schizophrenia or a depressive episode. This category should be used for both a single episode and a recurrent disorder in which the majority of episodes are schizoaffective, depressive type.

Schizoaffective psychosis, depressive type
Schizophreniform psychosis, depressive type

F25.2 分裂情感性疾患(障礙、病症)，混合型

循環性精神分裂(症)

混合型精神分裂性及情感性精神病(症)

F25.8 其他分裂情感性疾患(障礙、病症)

F25.9 分裂情感性疾患(障礙、病症)，未特定者

分裂情感性精神病(症)，其他未特定者

F28 其他非器質性精神病性疾患(障礙、病症)

一種妄想性或幻覺性疾患(障礙、病症)，其臨床表徵不足以確立為精神分裂(症)(F20.-)、持久性妄想性疾患(F22.-)、急性及短暫性精神病性疾患(F23.-)、躁症發作精神病型(F30.2)或重度鬱症發作(F32.3)等之診斷。

慢性幻覺性精神病(症)

F29 未特定的非器質性精神病(症)

精神病(症)，其他未特定者

排除：精神[心智]疾患，其他未特定者 (F99)

器質性或症狀性精神病(症)，其他未特定者 (F09)

情緒[情感(性)]疾患(障礙、病症)(F30-F39)

本節包含基本障礙(失調、紊亂、偏差)為情感或情緒改變之疾患，情緒憂鬱(伴有或未伴有相關之焦慮)或高昂。情緒改變往往伴有(合併或併發)整體活動量之改變，其他大多數症狀則都屬情緒及活動之續發性變化而來或易於在其範疇中了解。此些疾患大多數有復發的傾向，每次之發作常與壓力事件或情境有關。

F25.2 Schizoaffective disorder, mixed type

Cyclic schizophrenia

Mixed schizophrenic and affective psychosis

F25.8 Other schizoaffective disorders

F25.9 Schizoaffective disorder, unspecified

Schizoaffective psychosis NOS

F28 Other nonorganic psychotic disorders

Delusional or hallucinatory disorders that do not justify a diagnosis of schizophrenia (F20.-), persistent delusional disorders (F22.-), acute and transient psychotic disorders (F23.-), psychotic types of manic episode (F30.2), or severe depressive episode (F32.3).

Chronic hallucinatory psychosis

F29 Unspecified nonorganic psychosis

Psychosis NOS

Excludes: mental disorder NOS (F99)

organic or symptomatic psychosis NOS (F09)

Mood [affective] disorders (F30-F39)

This block contains disorders in which the fundamental disturbance is a change in affect or mood to depression (with or without associated anxiety) or to elation. The mood change is usually accompanied by a change in the overall level of activity; most of the other symptoms are either secondary to, or easily understood in the context of, the change in mood and activity. Most of these disorders tend to be recurrent and the onset of individual episodes can often be related to stressful events or situations.

F30 躁症發作

此分類項之所有細分類只適用於單一之發作。罹患有輕躁或躁症發作之任何人，若有先前一或多次之情感(性)發作(鬱症、躁症、輕躁症或混合型)，都必須歸類於雙相型情感性疾患(障礙、病症) (F31.-)。

包含：雙相型情感疾患(障礙、病症)，單次躁症(性)發作

F30.0 輕躁症

此一種疾患(障礙、病症)之特徵為持續的情緒輕微上揚(如至少持續數天)，活力與活動量均增加，通常感覺一切都安適順利，身心效力良好；其社交增加、愛說話、過度親密、性慾增強、睡眠需求減少等，但其程度尚不致於干擾其工作或社交上被排斥。時而呈現易激怒、自負自傲及莽撞行為取代常見欣快溢樂性之社交行為。這些情感及行為障礙並未伴有(未合併或未併發)幻覺或妄想。

F30.1 躁症未伴有(未合併或未併發)精神病性症狀

情緒高昂之變動與所處的環境不協調，可從無憂無慮的快樂感到幾乎無法控制的激動(激越)狀態。情緒高揚伴隨活動力增加，造成活動過度、說話急迫、睡眠需求減少。注意力不能持續、常明顯地易於分心、自尊膨脹、誇大或過於自信。正常社交抑制能力消失導致輕率、魯莽，或顯出與社會情境不適宜或不相稱的行為。

F30 Manic episode

All the subdivisions of this category should be used only for a single episode. Hypomanic or manic episodes in individuals who have had one or more previous affective episodes (depressive, hypomanic, manic, or mixed) should be coded as bipolar affective disorder (F31.-).

Includes: bipolar disorder, single manic episode

F30.0 Hypomania

A disorder characterized by a persistent mild elevation of mood, increased energy and activity, and usually marked feelings of well-being and both physical and mental efficiency. Increased sociability, talkativeness, over-familiarity, increased sexual energy, and a decreased need for sleep are often present but not to the extent that they lead to severe disruption of work or result in social rejection. Irritability, conceit, and boorish behaviour may take the place of the more usual euphoric sociability. The disturbances of mood and behaviour are not accompanied by hallucinations or delusions.

F30.1 Mania without psychotic symptoms

Mood is elevated out of keeping with the patient's circumstances and may vary from carefree joviality to almost uncontrollable excitement. Elation is accompanied by increased energy, resulting in overactivity, pressure of speech, and a decreased need for sleep. Attention cannot be sustained, and there is often marked distractibility. Self-esteem is often inflated with grandiose ideas and overconfidence. Loss of normal social inhibitions may result in behaviour that is reckless, foolhardy, or inappropriate to the circumstances, and out of character.

F30.2 躁症伴有(合併或併發)精神病性症狀

除了F30.1所述之臨床表徵以外，存有妄想(通常是誇大的)或幻覺(通常是直接與病患說話之聲音)，或有極嚴重之激動(激越)、運動過度及極度之意念飛躍，致一般之溝通變得無法理解或難以接近。

躁症伴有(合併或併發)：

- (與)情緒協調的精神病性症狀
- (與)情緒不協調的精神病性症狀

躁性靜呆

F30.8 其他躁症(性)發作

F30.9 躁症(性)發作，未特定者

躁症，其他未特定者

F31 雙相型情感(性)疾患(障礙、病症)

一種疾患(障礙、病症)，其特徵為二次或多次的發作，對病患的情緒及活動量造成顯著干擾，包含一些情緒高昂、活動量及活力增加的發作(輕躁症或躁症)，以及一些情感低迷、活動量及活力降低(鬱症)的發作。只有反覆性輕躁症或躁症發作歸類為雙相型情感症之一 (F31.8)。

包 含：躁鬱性：

- 病症(不適)
- 精神病(症)
- 反應

排 除：雙相型情感(性)疾患(障礙、病症)，單一躁症發作 (F30.-)
循環型情感障礙(症) (F34.0)

F31.0 雙相型情感(性)疾患(障礙、病症)，目前為輕躁期發作

目前為輕躁症，且過去至少有一次以上的其他情感性(輕躁症、躁症、鬱症、或混合型)障礙發作。

F30.2 Mania with psychotic symptoms

In addition to the clinical picture described in F30.1, delusions (usually grandiose) or hallucinations (usually of voices speaking directly to the patient) are present, or the excitement, excessive motor activity, and flight of ideas are so extreme that the subject is incomprehensible or inaccessible to ordinary communication.

Mania with:

- mood-congruent psychotic symptoms
- mood-incongruent psychotic symptoms

Manic stupor

F30.8 Other manic episodes

F30.9 Manic episode, unspecified

Mania NOS

F31 Bipolar affective disorder

A disorder characterized by two or more episodes in which the patient's mood and activity levels are significantly disturbed, this disturbance consisting on some occasions of an elevation of mood and increased energy and activity (hypomania or mania) and on others of a lowering of mood and decreased energy and activity (depression). Repeated episodes of hypomania or mania only are classified as bipolar (F31.8).

Includes: manic-depressive:

- illness
- psychosis
- reaction

Excludes: bipolar disorder, single manic episode (F30.-)
cyclothymia (F34.0)

F31.0 Bipolar affective disorder, current episode hypomanic

The patient is currently hypomanic, and has had at least one other affective episode (hypomanic, manic, depressive, or mixed) in

the past.

**F31.1 雙相型情感(性)疾患(障礙、病症)，
目前為未伴有(未合併或未併發)精神病性症狀的躁期發作**

目前為未伴有(未合併或未併發)精神病性症狀的躁症(F30.1)，且過去至少有一次以上的其他情感性(輕躁症、躁症、鬱症、或混合型)障礙發作。

F31.1 Bipolar affective disorder, current episode manic without psychotic symptoms

The patient is currently manic, without psychotic symptoms (as in F30.1), and has had at least one other affective episode (hypomanic, manic, depressive, or mixed) in the past.

**F31.2 雙相型情感(性)疾患(障礙、病症)，
目前為伴有(合併或併發)精神病性症狀的躁期發作**

目前為有精神病性躁症(F30.2)，過去至少有一次以上的其他情感性(輕躁症、躁症、鬱症、或混合型)障礙發作。

F31.2 Bipolar affective disorder, current episode manic with psychotic symptoms

The patient is currently manic, with psychotic symptoms (as in F30.2), and has had at least one other affective episode (hypomanic, manic, depressive, or mixed) in the past.

**F31.3 雙相型情感(性)疾患(障礙、病症)，
目前為伴有(合併或併發)中度或輕度的鬱期發作**

目前為(憂)鬱症，屬輕度或中度(鬱症)之發作(F32.0或F32.1)，且過去至少有一次經證實的輕躁症、躁症、或混合型情感性障礙發作。

F31.3 Bipolar affective disorder, current episode mild or moderate depression

The patient is currently depressed, as in a depressive episode of either mild or moderate severity (F32.0 or F32.1), and has had at least one authenticated hypomanic, manic, or mixed affective episode in the past.

**F31.4 雙相型情感(性)疾患(障礙、病症)，
目前為未伴有(未合併或未併發)精神病性症狀之重度鬱期發作**

目前為(憂)鬱症，屬未伴有(未合併或未併發)精神病性症狀之重度鬱期發作(F32.2)，且過去至少有一次經證實的輕躁症、躁症、或混合型情感性障礙發作。

F31.4 Bipolar affective disorder, current episode severe depression without psychotic symptoms

The patient is currently depressed, as in severe depressive episode without psychotic symptoms (F32.2), and has had at least one authenticated hypomanic, manic, or mixed affective episode in the past.

**F31.5 雙相型情感(性)疾患(障礙、病症)，
目前為伴有(合併或併發)精神病性症狀之重度鬱期發作**

目前為(憂)鬱症，屬伴有(合併或併發)精神病性症狀之重度鬱期發作

F31.5 Bipolar affective disorder, current episode severe depression with psychotic symptoms

The patient is currently depressed, as in severe depressive episode with psychotic

(F32.3)，且過去至少有一次經證實的輕躁症、躁症、或混合型情感性障礙發作。

F31.6 雙相型情感(性)疾患(障礙、病症)，目前為混合期發作

過去至少有一次經證實的輕躁症、躁症、(憂)鬱症、或混合型情感性障礙發作，目前則呈現混合型或快速交替之躁鬱症狀。

排除：單一混合型情感(性)發作 (F38.0)

F31.7 雙相情感(性)疾患(障礙、病症)，目前為緩解期

過去至少有一次經證實的輕躁症、躁症、或混合型情感性障礙發作，且至少還有一次其他情感性障礙(輕躁症、躁症、鬱症、或混合型)發作，但目前至少幾個月以上並無任何明確的情緒障礙(失調、紊亂、偏差)。因接受預防性治療而緩解之期間，亦編碼於此。

F31.8 其他雙相型情感(性)疾患(障礙、病症)

雙相 II 型疾患(障礙、病症)

反覆性躁症(性)發作

F31.9 雙相情感(性)疾患(障礙、病症)，未特定者

F32 (憂)鬱症發作

典型的輕度、中度或重度鬱症發作，病患通常有情緒(心境)低落、活力下降、活動性降低；快樂感、興趣、注意力均減退，即使從事輕微工作即常明顯感到疲倦感；睡眠障礙、食慾減低、自尊與自信減低，亦常有罪惡感與無用感的意念，甚至在輕症時亦

symptoms (F32.3), and has had at least one authenticated hypomanic, manic, or mixed affective episode in the past.

F31.6 Bipolar affective disorder, current episode mixed

The patient has had at least one authenticated hypomanic, manic, depressive, or mixed affective episode in the past, and currently exhibits either a mixture or a rapid alteration of manic and depressive symptoms.

Excludes: single mixed affective episode (F38.0)

F31.7 Bipolar affective disorder, currently in remission

The patient has had at least one authenticated hypomanic, manic, or mixed affective episode in the past, and at least one other affective episode (hypomanic, manic, depressive, or mixed) in addition, but is not currently suffering from any significant mood disturbance, and has not done so for several months. Periods of remission during prophylactic treatment should be coded here.

F31.8 Other bipolar affective disorders

Bipolar II disorder

Recurrent manic episodes

F31.9 Bipolar affective disorder, unspecified

F32 Depressive episode

In typical mild, moderate, or severe depressive episodes, the patient suffers from lowering of mood, reduction of energy, and decrease in activity. Capacity for enjoyment, interest, and concentration is reduced, and marked tiredness after even minimum effort is common. Sleep is usually disturbed and

然。每天情緒持續低潮的變化不大，不受生活情境影響，常伴有(合併或併發)「**身體性**」症狀，如喪失興趣或愉快感覺，早晨比平日更早幾個小時醒來，早上之憂鬱最為嚴重，精神運動遲滯、激越、食慾喪失、體重減輕及性慾喪失等。依據上述症狀數目與嚴重度，則(憂)鬱症發作可以特定為輕度、中度及重度者。

包 含：下列單一發作：

- (憂)鬱性反應
- 心因性(憂)鬱症
- 反應性(憂)鬱症

排 除：適應疾患(障礙、病症) (F43.2)

反覆性(憂)鬱性疾患(障礙、病症) (F33.-)

(與)F91.-之行為疾患(障礙、病症)相關者 (F92.0)

appetite diminished. Self-esteem and self-confidence are almost always reduced and, even in the mild form, some ideas of guilt or worthlessness are often present. The lowered mood varies little from day to day, is unresponsive to circumstances and may be accompanied by so-called "somatic" symptoms, such as loss of interest and pleasurable feelings, waking in the morning several hours before the usual time, depression worst in the morning, marked psychomotor retardation, agitation, loss of appetite, weight loss, and loss of libido. Depending upon the number and severity of the symptoms, a depressive episode may be specified as mild, moderate or severe.

Includes: single episodes of:

- depressive reaction
- psychogenic depression
- reactive depression

Excludes: adjustment disorder (F43.2)

recurrent depressive disorder (F33.-)

when associated with conduct disorders in F91.- (F92.0)

F32.0 輕度(憂)鬱症發作

上述症狀通常出現有二、三項，病患通常會因這些症狀感到困擾，但可能持續進行大部份的日常活動。

F32.0 Mild depressive episode

Two or three of the above symptoms are usually present. The patient is usually distressed by these but will probably be able to continue with most activities.

F32.1 中度(憂)鬱症發作

上述症狀通常出現有四項或更多，病患可能在持續進行其日常活動上有很大的困難。

F32.1 Moderate depressive episode

Four or more of the above symptoms are usually present and the patient is likely to have great difficulty in continuing with ordinary activities.

F32.2 重度(憂)鬱症發作未伴有(未合併或未併發)精神病性症狀

F32.2 Severe depressive episode without psychotic symptoms

一種(憂)鬱症發作，出現有多項上述之症狀，且症狀顯著而感到痛苦，有典型的喪失自尊及自覺無用感或罪惡感；自殺意念與行動常見，且通常會有幾種「身體性」症狀出現。

激越性(憂)鬱症	}	未伴有(未合併或未併發) 精神病性症狀之 單一發作
重(憂)鬱症		
致命性(憂)鬱症		

F32.3 伴有(合併或併發)精神病性症狀的重度(憂)鬱症發作

符合F32.2之(憂)鬱症發作病況，含幻覺、妄想、精神運動遲滯或靜呆。這些症狀很嚴重，導致無法執行日常活動；還有，會有因自殺、脫水、飢餓而死亡之可能。其幻覺及妄想與其情緒可能一致或不一致。

下列單一發作：

- 重(憂)鬱症伴有(合併或併發)精神病性症狀
- 心因性(憂)鬱性精神病(症)
- 精神病性(憂)鬱症
- 反應性(憂)鬱性精神病(症)

F32.8 其他(憂)鬱症發作

非典型(憂)鬱症

「隱匿性」(憂)鬱症單一發作，其他未特定者

F32.9 (憂)鬱症發作，未特定者

(憂)鬱症，其他未特定者

(憂)鬱性疾患(障礙、病症)，其他未特定者

F33 反覆性(憂)鬱性疾患(障礙、病症)

一種疾患(障礙、病症)，主要特徵為反覆發作的(憂)鬱症(F32.-)，未伴有(未合併或未併發)躁症如情緒高昂、活力增加(躁症)之任何病史。然而，

An episode of depression in which several of the above symptoms are marked and distressing, typically loss of self-esteem and ideas of worthlessness or guilt. Suicidal thoughts and acts are common and a number of "somatic" symptoms are usually present.

Agitated depression	}	single episode without psychotic symptoms
Major depression		
Vital depression		

F32.3 Severe depressive episode with psychotic symptoms

An episode of depression as described in F32.2, but with the presence of hallucinations, delusions, psychomotor retardation, or stupor so severe that ordinary social activities are impossible; there may be danger to life from suicide, dehydration, or starvation. The hallucinations and delusions may or may not be mood-congruent.

Single episodes of:

- major depression with psychotic symptoms
- psychogenic depressive psychosis
- psychotic depression
- reactive depressive psychosis

F32.8 Other depressive episodes

Atypical depression

Single episodes of "masked" depression NOS

F32.9 Depressive episode, unspecified

Depression NOS

Depressive disorder NOS

F33 Recurrent depressive disorder

A disorder characterized by repeated episodes of depression as described for depressive episode (F32.-), without any history of independent episodes of mood

在一次(憂)鬱症發作後立即出現短暫輕微高昂情緒與過度活動(輕躁症)之發作，有時是因抗鬱劑治療所誘發者。反覆性(憂)鬱症較嚴重的類型(F33.2及F33.3)與早先之躁鬱性鬱症、憂鬱症、致命性(憂)鬱症及內因性(憂)鬱症之概念相同。從孩(兒)童期到老年期之任何年齡層均可能出現初次發作，其發作或急性或隱襲性，病程可從幾個星期到幾個月。無論經歷多少次的(憂)鬱性發作，反覆性(憂)鬱症發生躁症發作的危險性不會完全消失，若確實發生了躁症發作，則應將診斷更改為雙相型情感性疾患(障礙、病症)(F31.-)。

包 含：下列反覆性發作：

- (憂)鬱性反應
- 心因性(憂)鬱症
- 反應性(憂)鬱症
- 季節性(憂)鬱性疾患(障礙、病症)

排 除：反覆性短暫性(憂)鬱症(性)發作(F38.1)

F33.0 反覆性(憂)鬱性疾患(障礙、病症)，目前為輕度發作

一種特徵為反覆性(憂)鬱性發作疾患(障礙、病症)，目前之發作屬輕度者，如F32.0，且未伴有(未合併或未併發)任何躁症病史。

F33.1 反覆性(憂)鬱性疾患(障礙、病症)，目前為中度發作

一種特徵為反覆性(憂)鬱性發作疾患(障礙、病症)，目前之發作屬中等嚴重程度者，如F32.1，且未伴有(未合

elevation and increased energy (mania). There may, however, be brief episodes of mild mood elevation and overactivity (hypomania) immediately after a depressive episode, sometimes precipitated by anti-depressant treatment. The more severe forms of recurrent depressive disorder (F33.2 and F33.3) have much in common with earlier concepts such as manic-depressive depression, melancholia, vital depression and endogenous depression. The first episode may occur at any age from childhood to old age, the onset may be either acute or insidious, and the duration varies from a few weeks to many months. The risk that a patient with recurrent depressive disorder will have an episode of mania never disappears completely, however many depressive episodes have been experienced. If such an episode does occur, the diagnosis should be changed to bipolar affective disorder (F31.-).

Includes: recurrent episodes of:

- depressive reaction
- psychogenic depression
- reactive depression
- seasonal depressive disorder

Excludes: recurrent brief depressive episodes (F38.1)

F33.0 Recurrent depressive disorder, current episode mild

A disorder characterized by repeated episodes of depression, the current episode being mild, as in F32.0, and without any history of mania.

F33.1 Recurrent depressive disorder, current episode moderate

A disorder characterized by repeated episodes of depression, the current episode being of moderate severity, as in F32.1, and

併或未併發)任何躁症病史。

without any history of mania.

**F33.2 反覆性(憂)鬱性疾患(障礙、病症)，
目前為未伴有(未合併或未併發)精神
病性症狀之重度發作**

一種特徵為反覆性(憂)鬱症發作的疾患(障礙、病症)，目前之發作屬重度未伴有(未合併或未併發)精神病性症狀，如**F32.2**，且未伴有(未合併或未併發)任何躁症病史。

內因性(憂)鬱症未伴有(未合併或未併發)
精神病性症狀

重(憂)鬱症，反覆性(型)未伴有(未合併或
未併發)精神病性症狀

躁鬱性精神病(症)，鬱型未伴有(未合併或
未併發)精神病性症狀

致命性(憂)鬱症，反覆性(型)未伴有(未合
併或未併發)精神病性症狀

**F33.2 Recurrent depressive disorder, current
episode severe without psychotic
symptoms**

A disorder characterized by repeated episodes of depression, the current episode being severe without psychotic symptoms, as in F32.2, and without any history of mania.

Endogenous depression without psychotic
symptoms

Major depression, recurrent without psychotic
symptoms

Manic-depressive psychosis, depressed type
without psychotic symptoms

Vital depression, recurrent without psychotic
symptoms

**F33.3 反覆性(憂)鬱性疾患(障礙、病症)，
目前為伴有(合併或併發)精神病性
症狀之重度發作**

一種特徵為反覆性(憂)鬱症發作的疾患(障礙、病症)，且當前之發作為伴有(合併或併發)精神病性症狀之重度發作，如**F32.3**，且先前未有任何之躁症發作。

內因性(憂)鬱症伴有(合併或併發)精神病
性症狀

躁鬱性精神病(症)，鬱型伴有(合併或併
發)精神病性症狀

下列反覆性重度發作：

- 重(憂)鬱症伴有(合併或併發)精神病性
症狀
- 心因性(憂)鬱性精神病(症)
- 精神病性(憂)鬱症
- 反應性(憂)鬱性精神病(症)

**F33.3 Recurrent depressive disorder, current
episode severe with psychotic symptoms**

A disorder characterized by repeated episodes of depression, the current episode being severe with psychotic symptoms, as in F32.3, and with no previous episodes of mania.

Endogenous depression with psychotic
symptoms

Manic-depressive psychosis, depressed type with
psychotic symptoms

Recurrent severe episodes of:

- major depression with psychotic symptoms
- psychogenic depressive psychosis
- psychotic depression
- reactive depressive psychosis

**F33.4 反覆性(憂)鬱性疾患(障礙、病症)，
目前為緩解期**

病患過去有二或多次如**F33.0-F33.3**所

**F33.4 Recurrent depressive disorder, currently
in remission**

The patient has had two or more depressive

述之(憂)鬱性發作，但已有幾個月沒有(憂)鬱性症狀。

episodes as described in F33.0-F33.3, in the past, but has been free from depressive symptoms for several months.

F33.8 其他反覆性(憂)鬱性疾患(障礙、病症)

F33.8 Other recurrent depressive disorders

F33.9 反覆性(憂)鬱性疾患(障礙、病症)，未特定者

F33.9 Recurrent depressive disorder, unspecified

單相型(憂)鬱症，其他未特定者

Monopolar depression NOS

F34 持久性情緒[情感(性)]疾患(障礙、病症)

F34 Persistent mood [affective] disorders

持續性且通常會變動起伏之情緒疾患(障礙、病症)，但每次發作多數很少嚴重到可被描述為輕躁症或輕度(憂)鬱性發作。因為持續數年且占有成年期之大部分時間，並涉及相當之困擾與失能。在某些病例上，反覆或單一性之躁性或(憂)鬱性發作可疊併於持續性情感性疾患(障礙、病症)。

Persistent and usually fluctuating disorders of mood in which the majority of the individual episodes are not sufficiently severe to warrant being described as hypomanic or mild depressive episodes. Because they last for many years, and sometimes for the greater part of the patient's adult life, they involve considerable distress and disability. In some instances, recurrent or single manic or depressive episodes may become superimposed on a persistent affective disorder.

F34.0 循環型情感障礙(症)

F34.0 Cyclothymia

一種持續的情緒不穩定，涉及多次(憂)鬱期及輕度高張期，但其嚴重度或持續時間都不足以確立雙相型情感性疾患(障礙、病症)(F31.-)或反覆型(憂)鬱性疾患(障礙、病症)(F33.-)之診斷。此疾患常見於雙相型情感性疾患(障礙、病症)(F31.-)病患之親屬中。有些循環型情感障礙(症)病患最終亦可發展成雙相型情感性疾患(障礙、病症)。

A persistent instability of mood involving numerous periods of depression and mild elation, none of which is sufficiently severe or prolonged to justify a diagnosis of bipolar affective disorder (F31.-) or recurrent depressive disorder (F33.-). This disorder is frequently found in the relatives of patients with bipolar affective disorder. Some patients with cyclothymia eventually develop bipolar affective disorder.

情感性人格疾患(障礙、病症)

Affective personality disorder

循環性人格

Cycloid personality

循環情感性人格

Cyclothymic personality

F34.1 輕鬱情感障礙(症)

F34.1 Dysthymia

一種慢性之憂鬱情緒，可至少持續數年以上，其嚴重度或單一發作之持續時間並不足以確立為重度、中度或輕度反覆型(憂)鬱性疾患(障礙、病症)(F33.-)之診斷。

(下列)(憂)鬱性：

- 精神官能症
- 人格疾患(障礙、病症)

精神官能性(憂)鬱症

[*病程超過二年以上者]

持久性焦慮性(憂)鬱症

排除：(輕度或不持續的)焦慮性憂鬱症 (F41.2)

F34.8 其他持久性情緒[情感(性)]疾患(障礙、病症)

F34.9 持久性情緒[情感(性)]疾患(障礙、病症)，未特定者

F38 其他情緒[情感(性)]疾患(障礙、病症)

嚴重度或持續性不足以歸類於F30-F34(分類範圍)之任何其他情緒(心境、情感)疾患(障礙、病症)。

F38.0 其他單一情緒[情感(性)]疾患(障礙、病症)

混合性(型)情感發作

F38.1 其他反覆性情緒[情感(性)]疾患(障礙、病症)

反覆性(型)短暫性(憂)鬱性發作

F38.8 其他特定的情緒[情感(性)]疾患(障礙、病症)

F39 未特定的情緒[情感(性)]疾患(障礙、病症)

情感性精神病(症)，其他未特定者

精神官能性、壓力有關性和擬身體疾患(障礙、病症) (F40-F48)

A chronic depression of mood, lasting at least several years, which is not sufficiently severe, or in which individual episodes are not sufficiently prolonged, to justify a diagnosis of severe, moderate, or mild recurrent depressive disorder (F33.-).

Depressive:

- neurosis
- personality disorder

Neurotic depression

Persistent anxiety depression

Excludes: anxiety depression (mild or not persistent) (F41.2)

F34.8 Other persistent mood [affective] disorders

F34.9 Persistent mood [affective] disorder, unspecified

F38 Other mood [affective] disorders

Any other mood disorders that do not justify classification to F30-F34, because they are not of sufficient severity or duration.

F38.0 Other single mood [affective] disorders

Mixed affective episode

F38.1 Other recurrent mood [affective] disorders

Recurrent brief depressive episodes

F38.8 Other specified mood [affective] disorders

F39 Unspecified mood [affective] disorder

Affective psychosis NOS

Neurotic, stress-related and somatoform disorders (F40-F48)

排除：(與)F91.-行為舉止疾患(障礙、病症)相關者 (F92.8)

Excludes: when associated with conduct disorders in F91.- (F92.8)

F40 畏懼性焦慮疾患(障礙、病症)[畏懼性焦慮症]

一組(群)單純或主要由某些界定明確且目前並無危險性質情境所誘發的焦慮性疾患(障礙、病症)。其結果為病患以無法忍受而規避這些景況為此症之特徵。病患顧慮可能集中在諸如心悸或昏倒感覺等個別之症狀上，而且常伴有(合併或併發)續發性的害怕死亡的恐懼、失控或發瘋(狂)等現象。一旦設想進入恐懼情境即產生預期性之焦慮，畏懼性焦慮症常與(憂)鬱症並存，畏懼性焦慮症與(憂)鬱性發作兩種診斷究竟均有必要，抑或將兩者合而為一，可取決於兩種病況之病程，或照會時的治療性考量。

F40.0 懼曠症

一組(群)界定清楚的畏懼症，包含害怕離家、進入商店、人群及公共場所，或單獨乘坐火車、汽車或飛機等。恐慌性疾患(恐慌症)為現在與過去發作頻繁之表徵；(憂)鬱性、強迫性症狀及社交畏懼亦常同時呈現為次要表徵。欲避開畏懼之情境非常突顯，某些懼曠症病患會因為能夠規避其懼曠之情境而少感到焦慮。

懼曠症未伴有(未合併或未併發)恐慌性疾患[恐慌症]病史

恐慌性疾患[恐慌症]伴有(合併或併發)懼曠症

F40.1 社交畏懼症

害怕被他人注視導致規避社交情境。較廣泛社交畏懼症通常與低自尊及害怕被批評相關。病患可能會抱怨臉紅、手抖、噁心或尿急等，病患有時

F40 Phobic anxiety disorders

A group of disorders in which anxiety is evoked only, or predominantly, in certain well-defined situations that are not currently dangerous. As a result these situations are characteristically avoided or endured with dread. The patient's concern may be focused on individual symptoms like palpitations or feeling faint and is often associated with secondary fears of dying, losing control, or going mad. Contemplating entry to the phobic situation usually generates anticipatory anxiety. Phobic anxiety and depression often coexist. Whether two diagnoses, phobic anxiety and depressive episode, are needed, or only one, is determined by the time course of the two conditions and by therapeutic considerations at the time of consultation.

F40.0 Agoraphobia

A fairly well-defined cluster of phobias embracing fears of leaving home, entering shops, crowds and public places, or travelling alone in trains, buses or planes. Panic disorder is a frequent feature of both present and past episodes. Depressive and obsessional symptoms and social phobias are also commonly present as subsidiary features. Avoidance of the phobic situation is often prominent, and some agoraphobics experience little anxiety because they are able to avoid their phobic situations.

Agoraphobia without history of panic disorder

Panic disorder with agoraphobia

F40.1 Social phobias

Fear of scrutiny by other people leading to avoidance of social situations. More pervasive social phobias are usually associated with low self-esteem and fear of

會深信此等續發性焦慮表徵之其一為其主要問題徵結所在；症狀可能發展成為恐慌發作。

懼人(畏懼他人)症

社交(性)精神官能症

criticism. They may present as a complaint of blushing, hand tremor, nausea, or urgency of micturition, the patient sometimes being convinced that one of these secondary manifestations of their anxiety is the primary problem. Symptoms may progress to panic attacks.

Anthropophobia

Social neurosis

F40.2 特定(孤立)的畏懼症

畏懼症之發生侷限於極特定具體之情境，如接近某種動物、高處、打雷、黑暗、飛翔、密閉空間、於公廁大小便、食用某些食物、牙科診療、或是見到流血或受傷等。儘管與這些觸動畏懼症的情境毫無關連，但接觸時可引發如懼曠症或社交畏懼症般的恐慌。

懼高症(高空畏懼症)

動物畏懼症

禁閉(幽閉、閉室)畏懼症

單純性畏懼症

排除：(非妄想性)畸形畏懼症 (F45.2)

畏病症 (F45.2)

F40.2 Specific (isolated) phobias

Phobias restricted to highly specific situations such as proximity to particular animals, heights, thunder, darkness, flying, closed spaces, urinating or defecating in public toilets, eating certain foods, dentistry, or the sight of blood or injury. Though the triggering situation is discrete, contact with it can evoke panic as in agoraphobia or social phobia.

Acrophobia

Animal phobias

Claustrophobia

Simple phobia

Excludes: dysmorphophobia (nondelusional) (F45.2)

nosophobia (F45.2)

F40.8 其他畏懼性焦慮疾患(障礙、病症)[其他畏懼性焦慮症]

F40.9 畏懼性焦慮疾患(障礙、病症)[畏懼性焦慮症]，未特定者

畏懼症，其他未特定者

畏懼狀態，其他未特定者

F40.8 Other phobic anxiety disorders

F40.9 Phobic anxiety disorder, unspecified

Phobia NOS

Phobic state NOS

F41 其他焦慮疾患(障礙、病症)[其他焦慮症]

焦慮表現為主要症狀之疾患(障礙、病症)，但不侷限於任何特殊之情境。憂鬱及強迫性症狀，甚至有些畏懼性焦

F41 Other anxiety disorders

Disorders in which manifestation of anxiety is the major symptom and is not restricted to any particular environmental situation.

慮的成份均可能存在，但這些症狀顯然是續發性，或較不嚴重者。

Depressive and obsessional symptoms, and even some elements of phobic anxiety, may also be present, provided that they are clearly secondary or less severe.

F41.0 恐慌性疾患(障礙、病症)[陣發性焦慮發作]

基本表徵為嚴重焦慮(恐慌)的反覆性發作，不侷限於任何特殊情境或環境，所以不可預期。與其他焦慮症一樣，主要的症狀包括突發之心悸、胸痛、哽塞感、頭暈及不真實感覺(自我感喪失或現實感喪失)等；尚有續發性的害怕死亡、失控或發瘋(狂)。若恐慌性疾患(恐慌症)發作開始時有(憂)鬱症存在，則不應診斷為恐慌症，因為此際之恐慌發作可能屬(憂)鬱症的續發情況。

恐慌(性)：

- 發作
- 狀態

排除：恐慌性疾患(障礙、病症)伴有(合併或併發)懼曠症 (F40.0)

F41.0 Panic disorder [episodic paroxysmal anxiety]

The essential feature is recurrent attacks of severe anxiety (panic), which are not restricted to any particular situation or set of circumstances and are therefore unpredictable. As with other anxiety disorders, the dominant symptoms include sudden onset of palpitations, chest pain, choking sensations, dizziness, and feelings of unreality (depersonalization or derealization). There is often also a secondary fear of dying, losing control, or going mad. Panic disorder should not be given as the main diagnosis if the patient has a depressive disorder at the time the attacks start; in these circumstances the panic attacks are probably secondary to depression.

Panic:

- attack
- state

Excludes: panic disorder with agoraphobia (F40.0)

F41.1 (廣)泛焦慮疾患(障礙、病症)[泛焦慮症]

F41.1 Generalized anxiety disorder

主要表徵為廣泛且持續性焦慮，但並不侷限或突顯地發生於任何特殊之環境(即「浮動性」)。主要症狀表現變異性很大，但可包括持續神經緊張、顫抖、肌肉緊張、出汗、頭重腳輕、心悸、頭暈及上腹不適等之病訴。常有害怕自己或親屬即將生病或發生意外之表現。

焦慮(性)：

- 精神官能症
- 反應
- 狀態

排除：神經衰弱 (F48.0)

Anxiety that is generalized and persistent but not restricted to, or even strongly predominating in, any particular environmental circumstances (i.e. it is "free-floating"). The dominant symptoms are variable but include complaints of persistent nervousness, trembling, muscular tensions, sweating, lightheadedness, palpitations, dizziness, and epigastric discomfort. Fears that the patient or a relative will shortly become ill or have an accident are often expressed.

Anxiety:

- neurosis
- reaction
- state

Excludes: neurasthenia (F48.0)

F41.2 混合性焦慮及(憂)鬱性疾患(障礙、病症)

本分類項適用於焦慮及憂鬱症狀並存且二者之中並沒有任何一項較為突顯，但若分開來考慮也沒有任何一項之程度可達到確立其各自之診斷。當焦慮及(憂)鬱性症狀均存在且嚴重到足以確立個別之診斷時，則兩個診斷應該都分別列記，即不再使用本分類項。

(輕度或不持續性)焦慮性(憂)鬱症

F41.3 其他混合性焦慮疾患(障礙、病症)

焦慮症狀與**F42-F48**(分類範圍)中其他之疾患表徵混合存在。若分開考慮，任一類之症狀均不夠嚴重到足以確立其個別單一之診斷。

F41.8 其他特定的焦慮疾患(障礙、病症)[其他特定的焦慮症]

F41.2 Mixed anxiety and depressive disorder

This category should be used when symptoms of anxiety and depression are both present, but neither is clearly predominant, and neither type of symptom is present to the extent that justifies a diagnosis if considered separately. When both anxiety and depressive symptoms are present and severe enough to justify individual diagnoses, both diagnoses should be recorded and this category should not be used.

Anxiety depression (mild or not persistent)

F41.3 Other mixed anxiety disorders

Symptoms of anxiety mixed with features of other disorders in F42-F48. Neither type of symptom is severe enough to justify a diagnosis if considered separately.

F41.8 Other specified anxiety disorders

焦慮性歇斯底里症

F41.9 焦慮疾患(障礙、病症)[焦慮症]，未特定者

焦慮(症)，其他未特定者

Anxiety hysteria

F41.9 Anxiety disorder, unspecified

Anxiety NOS

F42 強迫性疾患(障礙、病症)[強迫症]

基本特徵為反覆性強迫(性)思考或舉動(動作)。強迫性思考乃指意念、心象或衝動以刻板型式一次又一次的進入病患心中。這些通常是造成痛苦(或困擾)，病患通常嘗試加以抵制，但都未能成功。縱使是非志願或厭惡的，這些意念一向被病患認定屬於自己的思考。強迫性行動或儀式是一種刻板的行為，被一而再、再而三地重複不已。這些並不令人感到愉快，也不能達成有用的任務，其作用在於防範客觀上不可能發生之事項，常涉及危害到病患，或由病患所引起，病患害怕其發生之事件。這些行為舉止通常被病患認為是沒有意義或毫無作用的，且屢次試圖加以抵制。焦慮幾乎總是存在著，若試圖抵制此強迫性舉動，則焦慮更會加重。

包 含：強迫性精神官能症

強迫性精神官能症

排 除：強迫性人格(疾患、障礙、病症)
(F60.5)

F42.0 以強迫或反芻性思考為主

這些型式為意念、心像或想做事的衝動，對病患幾乎總會造成痛苦(困擾)。有時這些意念猶疑未決，會無止盡思考可能的替代方案，使病患在日常生活當中無法做一些細微但卻必要的決定。強迫性的反芻與(憂)鬱症關連性特別密切，因此強迫性疾患(障礙、病症)的診斷只有在(憂)鬱性發作不存在而出現或持續反芻性思考時才予以優先考慮。

F42 Obsessive-compulsive disorder

The essential feature is recurrent obsessional thoughts or compulsive acts. Obsessional thoughts are ideas, images, or impulses that enter the patient's mind again and again in a stereotyped form. They are almost invariably distressing and the patient often tries, unsuccessfully, to resist them. They are, however, recognized as his or her own thoughts, even though they are involuntary and often repugnant. Compulsive acts or rituals are stereotyped behaviours that are repeated again and again. They are not inherently enjoyable, nor do they result in the completion of inherently useful tasks. Their function is to prevent some objectively unlikely event, often involving harm to or caused by the patient, which he or she fears might otherwise occur. Usually, this behaviour is recognized by the patient as pointless or ineffectual and repeated attempts are made to resist. Anxiety is almost invariably present. If compulsive acts are resisted the anxiety gets worse.

Includes: anankastic neurosis

obsessive-compulsive neurosis

Excludes: obsessive-compulsive personality
(disorder) (F60.5)

F42.0 Predominantly obsessional thoughts or ruminations

These may take the form of ideas, mental images, or impulses to act, which are nearly always distressing to the subject. Sometimes the ideas are an indecisive, endless consideration of alternatives, associated with an inability to make trivial but necessary decisions in day-to-day living. The relationship between obsessional ruminations and depression is particularly close and a diagnosis of

予以優先考慮。

obsessive-compulsive disorder should be preferred only if ruminations arise or persist in the absence of a depressive episode.

F42.1 強迫性舉動(動作)[強迫性儀式]為主

多數的強迫性舉動(動作)都涉及清洗(特別是洗手)，反覆地檢視以確保潛在危險情況不致發生，或保有其秩序及整齊。隱藏在此種明顯行為之下乃基於害怕，通常為對病患自己的危險或病患本身所造成之危險而害怕，而(強迫性)儀式乃為了規避這種危險而做出無效或象徵性之嘗試。

F42.1 Predominantly compulsive acts [obsessional rituals]

The majority of compulsive acts are concerned with cleaning (particularly handwashing), repeated checking to ensure that a potentially dangerous situation has not been allowed to develop, or orderliness and tidiness. Underlying the overt behaviour is a fear, usually of danger either to or caused by the patient, and the ritual is an ineffectual or symbolic attempt to avert that danger.

F42.2 混合性強迫性思考及舉動(動作)

F42.2 Mixed obsessional thoughts and acts

F42.8 其他強迫性疾患(障礙、病症)

F42.8 Other obsessive-compulsive disorders

F42.9 強迫性疾患(障礙、病症)，未特定者

F42.9 Obsessive-compulsive disorder, unspecified

F43 嚴重壓力反應，以及適應疾患(障礙、病症)

本分類項與其他不同者，在於要確認此種病況，不僅要基於症狀及病程，而且也要基於一兩個影響原因(病因)：包含一個非比尋常的生活壓力事件產生急性壓力反應，或是一個顯著的生活改變導致持續不適意的環境進而引發適應疾患(障礙、病症)。雖然較不嚴重的心理社會壓力(生活事件)會發生或促發在本章中他處所歸類範圍較廣的疾患表現，然而在病因學上的重要性並不一定明朗，每一個個案須取決於個別之特異性、脆弱性，即生活事件既不必要也不足以解釋疾患(障礙、病症)的發生與型態。反過來看時，本項疾患一起歸於此被認為是直接源自急性嚴重壓力或持續創傷之直接影響(結果)。此種壓力事件或持續不愉快的情境是主要或具決定性的因子，如果沒有此種衝擊疾病必然不會發生。本節疾患可認定為對嚴重或持續壓力之調適不良反應，干擾到成功因應事情之機轉，從而導致社會功能問題之出現。

F43 Reaction to severe stress, and adjustment disorders

This category differs from others in that it includes disorders identifiable on the basis of not only symptoms and course but also the existence of one or other of two causative influences: an exceptionally stressful life event producing an acute stress reaction, or a significant life change leading to continued unpleasant circumstances that result in an adjustment disorder. Although less severe psychosocial stress ("life events") may precipitate the onset or contribute to the presentation of a very wide range of disorders classified elsewhere in this chapter, its etiological importance is not always clear and in each case will be found to depend on individual, often idiosyncratic, vulnerability, i.e. the life events are neither necessary nor sufficient to explain the occurrence and form of the disorder. In contrast, the disorders brought together here are thought to arise always as a direct consequence of acute severe stress or continued trauma. The stressful

events or the continuing unpleasant circumstances are the primary and overriding causal factor and the disorder would not have occurred without their impact. The disorders in this section can thus be regarded as maladaptive responses to severe or continued stress, in that they interfere with successful coping mechanisms and therefore lead to problems of social functioning.

F43.0 急性壓力反應

為一種短暫的疾患，發生於原無其他明顯精神疾患之個案，而於遭遇嚴重的身體或精神壓力時發作，但可於數小時或數天內消逝。個體的脆弱性或適應能力在急性壓力反應的發作及嚴重度扮演重大角色。典型的臨床表現為混合性與多變性症狀，包含一開始出現的昏眩伴隨意識領域的緊縮，注意力窄化，失去理解刺激能力及定向感障礙等。接下來則可能發生從周遭環境退縮(甚至到達解離性靜呆狀態的程度—F44.2)或是變得激動與過度躁動[規(逃)避反應或解離性迷走(神遊)]，常出現有恐慌焦慮之自主神經徵候(心搏過速、出汗、潮紅)。這些症狀在壓力刺激或事件的衝擊後數分鐘內即可出現，而在二至三天消失(通常在數小時內)，對此事件可能發生部分或完全失憶(參照F44.0)。若症狀持續者，則須考慮改變診斷。

(下列)急性：

- 危機反應
- 壓力反應

戰鬥衰竭症

危機狀態

精神性休克

F43.0 Acute stress reaction

A transient disorder that develops in an individual without any other apparent mental disorder in response to exceptional physical and mental stress and that usually subsides within hours or days. Individual vulnerability and coping capacity play a role in the occurrence and severity of acute stress reactions. The symptoms show a typically mixed and changing picture and include an initial state of "daze" with some constriction of the field of consciousness and narrowing of attention, inability to comprehend stimuli, and disorientation. This state may be followed either by further withdrawal from the surrounding situation (to the extent of a dissociative stupor-F44.2), or by agitation and over-activity (flight reaction or fugue). Autonomic signs of panic anxiety (tachycardia, sweating, flushing) are commonly present. The symptoms usually appear within minutes of the impact of the stressful stimulus or event, and disappear within two to three days (often within hours). Partial or complete amnesia (F44.0) for the episode may be present. If the symptoms persist, a change in diagnosis should be considered.

Acute:

- crisis reaction
- reaction to stress

Combat fatigue

Crisis state

Psychic shock

F43.1 創傷後壓力疾患(障礙、病症)[PTSD]

源自於對某一壓力事件或某種長、短期存在之壓力情境而以遲緩或拖延的反應來表現。這類事件或情境具有異於平常之威脅性或是大災難的性質，它幾乎可造成任何人廣泛性的痛苦。如果有某一些傾向因素(如人格特質)存在者，如較強迫性或柔弱之人格特質，或是過去有精神官能症病史，可能會使發展出(發生、發作)此種症候的臨界點降低或使其病程惡化，但仍不必要也不足以解釋此症候的發生。典型的表徵包含：過去創傷情節會一再活化侵入記憶[即重現(flashbacks)]，常出現相關創傷之夢或夢魘，在感覺“麻木”及情感遲鈍之持續背景下，發生與別人疏離，對環境沒有反應，快樂感缺失，以及規避會使其憶及(聯想)創傷的種種活動和情境。經常有自主神經過度激發狀態並伴有(合併或併發)過度警覺、易有驚嚇反應及失眠。憂鬱及焦慮常與以上的症狀、徵候相關，自殺的念頭也不少見。創傷之後到疾病發生之間的潛伏期有數週到數月之久(*但很少超過六個月)。病程起起伏伏，但大部分個案都可望恢復，不過少部分個案病況會轉為慢性化而持續多年，終可造成人格之永久改變(F62.0)。

創傷性精神官能症

F43.2 適應疾患(障礙、病症)[適應障礙症]

為主觀的苦惱或情緒困擾狀態，通常對社會功能及表現造成妨礙，出現於對某一重大生活改變或生活壓力事件後的調適期間。此壓力事件可能已影

F43.1 Post-traumatic stress disorder

Arises as a delayed or protracted response to a stressful event or situation (of either brief or long duration) of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone. Predisposing factors, such as personality traits (e.g. compulsive, asthenic) or previous history of neurotic illness, may lower the threshold for the development of the syndrome or aggravate its course, but they are neither necessary nor sufficient to explain its occurrence. Typical features include episodes of repeated reliving of the trauma in intrusive memories ("flashbacks"), dreams or nightmares, occurring against the persisting background of a sense of "numbness" and emotional blunting, detachment from other people, unresponsiveness to surroundings, anhedonia, and avoidance of activities and situations reminiscent of the trauma. There is usually a state of autonomic hyperarousal with hypervigilance, an enhanced startle reaction, and insomnia. Anxiety and depression are commonly associated with the above symptoms and signs, and suicidal ideation is not infrequent. The onset follows the trauma with a latency period that may range from a few weeks to months. The course is fluctuating but recovery can be expected in the majority of cases. In a small proportion of cases the condition may follow a chronic course over many years, with eventual transition to an enduring personality change (F62.0).

Traumatic neurosis

F43.2 Adjustment disorders

States of subjective distress and emotional disturbance, usually interfering with social functioning and performance, arising in the period of adaptation to a significant

響到一個人社會網路的完整狀態(如生離、死別經驗)，或影響到更寬廣的社會支持及價值系統(如移民、難民狀態)，或代表一種發展主要的轉型或危機(如上學、初為人父母、未能達成人生既定目標、退休)。個別體質及脆弱性對此疾病發生的危險性及適應障礙疾患表現的型式扮有重要的角色，但假定沒有此壓力事件，就不會發生此病況。臨床表現上有各式各樣，包含憂鬱、焦慮、煩惱(或以上之混合)，感覺無法去應付、事前規劃或難以維持現況，而每天的例行處事表現也有某種程度的損害。行為舉止(品行)障礙可能是連帶的表現，尤其在青少年。最顯著的表現可能是短期或長期憂鬱或其他情緒及行為舉止(品行)障礙。

life change or a stressful life event. The stressor may have affected the integrity of an individual's social network (bereavement, separation experiences) or the wider system of social supports and values (migration, refugee status), or represented a major developmental transition or crisis (going to school, becoming a parent, failure to attain a cherished personal goal, retirement). Individual predisposition or vulnerability plays an important role in the risk of occurrence and the shaping of the manifestations of adjustment disorders, but it is nevertheless assumed that the condition would not have arisen without the stressor. The manifestations vary and include depressed mood, anxiety or worry (or mixture of these), a feeling of inability to cope, plan ahead, or continue in the present situation, as well as some degree of disability in the performance of daily routine. Conduct disorders may be an associated feature, particularly in adolescents. The predominant feature may be a brief or prolonged depressive reaction, or a disturbance of other emotions and conduct.

文化休克

Culture shock

悲傷反應

Grief reaction

孩(兒)童住院症(症候群)

Hospitalism in children

排除：孩(兒)童期分離焦慮疾患 (F93.0)

Excludes: separation anxiety disorder of childhood (F93.0)

F43.8 其他嚴重壓力反應

F43.8 Other reactions to severe stress

F43.9 嚴重壓力反應，未特定者

F43.9 Reaction to severe stress, unspecified

F44 解離(性)[轉化]疾患(障礙、病症)

F44 Dissociative [conversion] disorders

[解離症]

解離或轉化症，最常論及的主題是過去的記憶、個人認同、即時性的感覺和身體動作控制間正常統合功能之部份性或完全性的喪失。所有類型的解

The common themes that are shared by dissociative or conversion disorders are a partial or complete loss of the normal integration between memories of the past,

離狀態均傾向於數週或數月內恢復，特別是那些在發生時和創傷性生活事件有密切相關連者。較慢性的疾患，也可能因為無解的難題或人際關係困難而發生，尤其是運動癱瘓及知覺麻痺者。這些疾病過去被歸類為不同類型的“轉化型歇斯底里症”。這裏所描述的解離症，推定為“心因性”，與所受衝擊的事件、無法解決或無法忍受的難題、或困擾的人際關係，在時間上緊密關連。症狀的表現代表病患觀念中所相信疾病應有之呈現。醫療檢查及診察未能發現任何身體或神經學上之疾患。此外，有證據可以說明，身體功能之喪失是情緒衝突或需求的表現。此類症狀之發生與心理壓力緊密相關，且常常突然發作。此處所包含者只限於能隨意控制之身體功能疾患與感覺功能之喪失。疼痛與自主神經所生複雜之身體感覺，則歸類於身體化症(F45.0)。有一點需隨時謹記在心者，為此病情中有可能會出現嚴重的身體或精神疾患。

包 含： 轉化(症)

• (轉化型)歇斯底里症

• (轉化型)反應

歇斯底里症

歇斯底里性精神病(症)

排 除： 偽病[意識操作] (Z76.5)

awareness of identity and immediate sensations, and control of bodily movements. All types of dissociative disorders tend to remit after a few weeks or months, particularly if their onset is associated with a traumatic life event. More chronic disorders, particularly paralyses and anaesthesias, may develop if the onset is associated with insoluble problems or interpersonal difficulties. These disorders have previously been classified as various types of "conversion hysteria". They are presumed to be psychogenic in origin, being associated closely in time with traumatic events, insoluble and intolerable problems, or disturbed relationships. The symptoms often represent the patient's concept of how a physical illness would be manifest. Medical examination and investigation do not reveal the presence of any known physical or neurological disorder. In addition, there is evidence that the loss of function is an expression of emotional conflicts or needs. The symptoms may develop in close relationship to psychological stress, and often appear suddenly. Only disorders of physical functions normally under voluntary control and loss of sensations are included here. Disorders involving pain and other complex physical sensations mediated by the autonomic nervous system are classified under somatization disorder (F45.0). The possibility of the later appearance of serious physical or psychiatric disorders should always be kept in mind.

Includes: conversion:

• hysteria

• reaction

hysteria

hysterical psychosis

Excludes: malingering [conscious simulation] (Z76.5)

F44.0 解離性失憶(症)

主要之特徵為喪失記憶，尤其是新近發生的事件，其並非由器質性腦疾患所引起者，而且其嚴重度也無法以一般的記憶力不好或疲勞來解釋。失憶內容通常針對受創傷的事件如意外事故或不預期的死別事件，並且通常是部份性或選擇性者。完整或廣泛性的失憶情況罕見，常屬一般遊走症(F44.1)之部份；果真如是者，則應列屬之(即F44.1)。若有器質性精神疾患時，則不應下此診斷。

排除：酒精或其他精神作用物質引發的失憶性疾患 [F10-F19，伴有(合併或併發)第4共同碼為 .6者]

(下列)失憶(症)：

- 其他未特定者 (R41.3)
- 順行性 (R41.1)
- 退行性 (R41.2)

非酒精性器質性失憶性症候群 (F04)

癲癇發作後失憶(症) (G40.-)

F44.1 解離性遊走(症)

遊走症包含所有解離性失憶症的特徵，再加上超越日常生活範圍具有目的性之漫遊。雖然在遊走期間有失憶的存在，但是從獨立之旁觀者眼光看來，病患之行為舉止可能完全正常。

排除：癲癇(所致)之發作後遊走(症) (G40.-)

F44.2 解離性靜呆(症)

F44.0 Dissociative amnesia

The main feature is loss of memory, usually of important recent events, that is not due to organic mental disorder, and is too great to be explained by ordinary forgetfulness or fatigue. The amnesia is usually centred on traumatic events, such as accidents or unexpected bereavements, and is usually partial and selective. Complete and generalized amnesia is rare, and is usually part of a fugue (F44.1). If this is the case, the disorder should be classified as such. The diagnosis should not be made in the presence of organic brain disorders, intoxication, or excessive fatigue.

Excludes: alcohol- or other psychoactive substance-induced amnesic disorder (F10-F19 with common fourth character .6)

amnesia:

- NOS (R41.3)
- anterograde (R41.1)
- retrograde (R41.2)

nonalcoholic organic amnesic syndrome (F04)

postictal amnesia in epilepsy (G40.-)

F44.1 Dissociative fugue

Dissociative fugue has all the features of dissociative amnesia, plus purposeful travel beyond the usual everyday range. Although there is amnesia for the period of the fugue the patient's behaviour during this time may appear completely normal to independent observers.

Excludes: postictal fugue in epilepsy (G40.-)

F44.2 Dissociative stupor

解離性靜呆(症)之診斷基礎為明顯減少，甚至喪失自主性運動，對外界刺激如光線、聲雜音及觸碰，仍有正常之反應。身體檢查及診察無法發現身體病因之證據。此外，卻有以最近發生壓力事件或問題之正面證據明確顯示其源自心理之(致)病因。

排除：器質性緊張性疾患(障礙、病症)
(F06.1)

(下列)靜呆：

- 其他未特定者 (R40.1)
- 緊張性 (F20.2)
- (憂)鬱性 (F31-F33)
- 躁性 (F30.2)

F44.3 迷矇及附身疾患(障礙、病症)

此類疾患有暫時性之自我認同喪失，但環境辨識能力尚完好，此處僅指包含在宗教或文化上不被接受的非自主或非所欲狀況下發生的迷矇障礙。

排除：(與)下列相關之狀態：

- 急性及短暫性精神病性疾患(障礙、病症) (F23.-)
- 器質性人格疾患(障礙、病症) (F07.0)
- 腦震盪後症候群 (F07.2)
- 精神作用性物質中毒
[F10-19，伴有(合併或併發)第4碼共同為 .0者]
- 精神分裂(症) (F20.-)

F44.4 解離性動作疾患(障礙、病症)

最常見的表現為失去一肢或多肢全部或部分肢體的運動能力，也可能有極類似下列各種類型的障礙(症)如運動協同、共濟失調、運用不能(失用症)、失動症、失聲、口齒不清、運動不良、抽搐(痙攣)、或麻痺癱瘓等表現。

Dissociative stupor is diagnosed on the basis of a profound diminution or absence of voluntary movement and normal responsiveness to external stimuli such as light, noise, and touch, but examination and investigation reveal no evidence of a physical cause. In addition, there is positive evidence of psychogenic causation in the form of recent stressful events or problems.

Excludes: organic catatonic disorder (F06.1)

stupor:

- NOS (R40.1)
- catatonic (F20.2)
- depressive (F31-F33)
- manic (F30.2)

F44.3 Trance and possession disorders

Disorders in which there is a temporary loss of the sense of personal identity and full awareness of the surroundings. Include here only trance states that are involuntary or unwanted, occurring outside religious or culturally accepted situations.

Excludes: states associated with:

- acute and transient psychotic disorders (F23.-)
- organic personality disorder (F07.0)
- postconcussional syndrome (F07.2)
- psychoactive substance intoxication (F10-F19 with common fourth character .0)
- schizophrenia (F20.-)

F44.4 Dissociative motor disorders

In the commonest varieties there is loss of ability to move the whole or a part of a limb or limbs. There may be close resemblance to almost any variety of ataxia, apraxia, akinesia, aphonia, dysarthria, dyskinesia, seizures, or paralysis.

(下列)心因性：

- 失聲
- 發聲困難

Psychogenic:

- aphonia
- dysphonia

F44.5 解離性痙攣(症)

解離痙攣(症)[假性痙攣發作]在動作的表現可能很像癲癇之抽搐發作，但在解離性痙攣(症)中，很少發生咬舌、跌傷、或尿失禁，也不會失去意識，或可為靜呆或迷朦所取代。

F44.5 Dissociative convulsions

Dissociative convulsions may mimic epileptic seizures very closely in terms of movements, but tongue-biting, bruising due to falling, and incontinence of urine are rare, and consciousness is maintained or replaced by a state of stupor or trance.

F44.6 解離性失覺(症)

麻痺的皮膚區域有其界限，可清楚反應出病患對身體功能的觀念，而非醫學上的知識。其感覺模式間之障礙區隔形成無法以神經學病灶來解釋。感覺喪失也可能伴隨感覺異樣的表現。至於視覺或聽覺，在解離症很少是完全喪失者。

F44.6 Dissociative anaesthesia and sensory loss

Anaesthetic areas of skin often have boundaries that make it clear that they are associated with the patient's ideas about bodily functions, rather than medical knowledge. There may be differential loss between the sensory modalities which cannot be due to a neurological lesion. Sensory loss may be accompanied by complaints of paraesthesia. Loss of vision and hearing are rarely total in dissociative disorders.

心因性耳聾

Psychogenic deafness

F44.7 混合性解離(性)[轉化]疾患(障礙、病症) * [混合型解離(性)轉化症]

F44.0-F44.6分類項中特定組合(合併、聯合)之疾患(障礙、病症)

F44.7 Mixed dissociative [conversion] disorders

Combination of disorders specified in F44.0-F44.6

F44.8 其他解離(性)[轉化]疾患(障礙、病症)

Ganser (氏)症候群

多重人格

(下列)心因性：

- 混亂
- 朦朧狀態

F44.8 Other dissociative [conversion] disorders

Ganser's syndrome

Multiple personality

Psychogenic:

- confusion
- twilight state

F44.9 解離(性)[轉化]疾患(障礙、病症)，未特定者

F44.9 Dissociative [conversion] disorder, unspecified

F45 擬身體化疾患(障礙、病症)[擬身體化症]

主要表徵為重複地表現出身體症狀，也一併要求做醫療之身體診察，雖然診察不出什麼結果，且醫師亦已保證非身體原因所致者。即使存在有身體之疾患，也仍無法解釋病患症狀之本質及程度，或解釋其痛苦及此症先入為主之部份。

排除：解離性疾患(障礙、病症) (F44.-)

拔毛髮(症、癖) (F98.4)

言語[舌構音]不清 (F80.0)

言語[口齒構音]不清 (F80.8)

咬指甲 (F98.8)

(與)已歸類於他處疾患或疾病相關之心理或行為因素 (F54)

非器質性疾患或疾病所致之性機(功)能不良(障礙、失調) (F52.-)

吸吮拇指 (F98.8)

[孩(兒)童及青少年期之]抽動疾患(障礙、病症) (F95.-)

Tourette (氏)症候群 (F95.2)

拔毛髮症(癖) (F63.3)

F45.0 身體化疾患(障礙、病症)[身體化症]

F45 Somatoform disorders

The main feature is repeated presentation of physical symptoms together with persistent requests for medical investigations, in spite of repeated negative findings and reassurances by doctors that the symptoms have no physical basis. If any physical disorders are present, they do not explain the nature and extent of the symptoms or the distress and preoccupation of the patient.

Excludes: dissociative disorders (F44.-)

hair-plucking (F98.4)

lalling (F80.0)

lisp (F80.8)

nail-biting (F98.8)

psychological or behavioural factors associated with disorders or diseases classified elsewhere (F54)

sexual dysfunction, not caused by organic disorder or disease (F52.-)

thumb-sucking (F98.8)

tic disorders (in childhood and adolescence) (F95.-)

Tourette's syndrome (F95.2)

trichotillomania (F63.3)

F45.0 Somatization disorder

主要特徵是至少持續兩年以上之多重、反覆發作、且頻繁變化的身體症狀。大多數病患在基層或專科醫療照護服務中作過許多無異常結果的診察或是毫無成果建樹的手術，有一個既長又複雜的病史。在身體的任何部位都可能出現症狀，病程慢性化且起伏不定，經常伴有(合併或併發)社會、人際間及家庭生活上的阻隔。較短暫(例如少於兩年)症狀與較不明顯的類型應歸類於未分化擬身軀疾患(障礙、病症) (F45.1)。

The main features are multiple, recurrent and frequently changing physical symptoms of at least two years' duration. Most patients have a long and complicated history of contact with both primary and specialist medical care services, during which many negative investigations or fruitless exploratory operations may have been carried out. Symptoms may be referred to any part or system of the body. The course of the disorder is chronic and fluctuating, and is often associated with disruption of social, interpersonal, and family behaviour. Short-lived (less than two years) and less striking symptom patterns should be classified under undifferentiated somatoform disorder (F45.1).

Briquet (氏)疾患(障礙、病症)[障礙症]
多重心身性疾患(障礙、病症)[多重心身症]

Briquet's disorder
Multiple psychosomatic disorder

排除：詐病(裝病)[蓄意模擬] (Z76.5)

Excludes: malingering [conscious simulation] (Z76.5)

F45.1 未分化的擬身軀化疾患(障礙、病症)[未分化的擬身軀化症]

當擬身軀化主訴是多重、變動及持續者，但又未完全符合身軀化症的臨床特徵時，即就可考慮此診斷。

F45.1 Undifferentiated somatoform disorder

When somatoform complaints are multiple, varying and persistent, but the complete and typical clinical picture of somatization disorder is not fulfilled, the diagnosis of undifferentiated somatoform disorder should be considered.

未分化的心身性疾患(障礙、病症)[未分化的心身症]

Undifferentiated psychosomatic disorder

F45.2 慮病性疾患(障礙、病症)[慮病症]

F45.2 Hypochondriacal disorder

主要的表徵為病患一直認為可能得了一種或更多種嚴重且日益惡化的身體疾病先入為主觀念，特別是藉由不斷抱怨身體的不適或一直專注的身體外貌來表示。正常或平常的感覺和外貌常被病患解釋為不正常的，令他至感困擾。注意的焦點常集中於身體的一、二個器官或系統上。病患常有顯著的憂鬱及焦慮現象，而且可能符合這些疾病的診斷。

身體畸形性疾患

(非妄想性)畸形恐懼症

慮病性精神官能症

慮病症

畏病症

排除：妄想性畸形恐懼症 (F22.8)

身體功能或形狀的固著妄想
(F22.-)

The essential feature is a persistent preoccupation with the possibility of having one or more serious and progressive physical disorders. Patients manifest persistent somatic complaints or a persistent preoccupation with their physical appearance. Normal or commonplace sensations and appearances are often interpreted by patients as abnormal and distressing, and attention is usually focused upon only one or two organs or systems of the body. Marked depression and anxiety are often present, and may justify additional diagnoses.

Body dysmorphic disorder

Dysmorphophobia (nondelusional)

Hypochondriacal neurosis

Hypochondriasis

Nosophobia

Excludes: delusional dysmorphophobia (F22.8)

fixed delusions about bodily functions
or shape (F22.-)

F45.3 擬身體化自主神經性機(功)不良(失調、異常)(症)

病患症狀的呈現似大多或完全由自主神經控制系統或器官產生的身體疾患，例如心臟血管、胃腸、呼吸系統及泌尿生殖系統。這些症狀常可分成兩型，均非標示身體器官系統之器質性疾患：(一)、自主神經亢表現之客觀身體徵候，如心悸、盜汗、潮紅、顫抖及表現害怕與困擾等病訴，這些症狀被認定為有身體疾患之可能；(二)、非特定性或本質變化的主觀病訴症狀，如短暫的疼痛感、發燒感、沉重感、緊繃及膨脹擴大感；而病患大多會指出某一特定器官或系統所致者。

F45.3 Somatoform autonomic dysfunction

Symptoms are presented by the patient as if they were due to a physical disorder of a system or organ that is largely or completely under autonomic innervation and control, i.e. the cardiovascular, gastrointestinal, respiratory and urogenital systems. The symptoms are usually of two types, neither of which indicates a physical disorder of the organ or system concerned. First, there are complaints based upon objective signs of autonomic arousal, such as palpitations, sweating, flushing, tremor, and expression of fear and distress about the possibility of a physical disorder. Second, there are subjective complaints of a nonspecific or changing nature such as fleeting aches and pains, sensations of burning, heaviness, tightness, and feelings of being bloated or distended, which are referred by the patient

心臟(性)精神官能症

Da Costa (氏)症候群

胃精神官能症

神經循環虛弱

(下列)心因性：

- 吞氣症
- 咳嗽
- 下痢
- 消化不良
- 排尿困難
- 腸脹氣
- 打嗝
- 過度換氣
- 頻尿
- 激躁性腸症候群
- 幽門痙攣

排除：(與)已歸類於他處疾患或疾病相關之心理或行為因素 (F54)

F45.4 持久性擬身體化疼痛疾患(障礙、病症)

病患主訴持續、嚴重且難過的疼痛，無法完全以生理機轉或身體疾患來解釋，而主要是確定是由情緒衝突或心理社會問題所致者，其結果往往因此而顯著獲取增加他人或醫療上的支持與注意。但由(憂)鬱症或精神分裂(症)病程中所發生推定為心因性之疼痛不應包含在內。

心因性疼痛

(下列)心因性：

- 背痛
- 頭痛

擬身體化疼痛疾患(障礙、病症)

to a specific organ or system.

Cardiac neurosis

Da Costa's syndrome

Gastric neurosis

Neurocirculatory asthenia

Psychogenic forms of:

- aerophagy
- cough
- diarrhoea
- dyspepsia
- dysuria
- flatulence
- hiccough
- hyperventilation
- increased frequency of micturition
- irritable bowel syndrome
- pylorospasm

Excludes: psychological and behavioural factors associated with disorders or diseases classified elsewhere (F54)

F45.4 Persistent somatoform pain disorder

The predominant complaint is of persistent, severe, and distressing pain, which cannot be explained fully by a physiological process or a physical disorder, and which occurs in association with emotional conflict or psychosocial problems that are sufficient to allow the conclusion that they are the main causative influences. The result is usually a marked increase in support and attention, either personal or medical. Pain presumed to be of psychogenic origin occurring during the course of depressive disorders or schizophrenia should not be included here.

Psychalgia

Psychogenic:

- backache
- headache

Somatoform pain disorder

排除：背痛，其他未特定者 (M54.9)

(下列)疼痛：

- 其他未特定者 (R52.9)
- 急性 (R52.0)
- 慢性 (R52.2)
- 頑固性 (R52.1)

緊張性頭痛 (G44.2)

Excludes: backache NOS (M54.9)

pain:

- NOS (R52.9)
- acute (R52.0)
- chronic (R52.2)
- intractable (R52.1)

tension headache (G44.2)

F45.8 其他擬身體化疾患(障礙、病症)[其他擬身體化症]

包含任何其他非身體性的感覺、機能與行為舉止之疾患。這些症狀非透過自主神經系統產生，只侷限於身體某特定器官系統或部位，而且其在時間上與壓力事件或問題密切關聯。

(下列)心因性：

- 痛經、經痛(症)
- 吞嚥困難，包含歇斯底里性噎球症
- 搔癢
- 斜頸(症)

磨牙

Any other disorders of sensation, function and behaviour, not due to physical disorders, which are not mediated through the autonomic nervous system, which are limited to specific systems or parts of the body, and which are closely associated in time with stressful events or problems.

Psychogenic:

- dysmenorrhoea
- dysphagia, including "globus hystericus"
- pruritus
- torticollis

Teeth-grinding

F45.9 擬身體化疾患(障礙、病症)[擬身體化症]，未特定者

心身疾患(障礙、病症)，其他未特定者

F45.9 Somatoform disorder, unspecified

Psychosomatic disorder NOS

F48 其他精神官能(性)疾患(障礙、病症)[其他精神官能症]

F48 Other neurotic disorders

F48.0 神經衰弱(症)

此疾患之表徵有相當的文化背景(差異)因素，可分為兩類，而其重疊性高；一類主要表現在抱怨增加精神(或心智)活動之後的疲憊感，常伴隨(或合併)工作表現或日常生活效率的減低；典型的精神疲憊狀況可能以不愉快且不相干聯想的干擾、注意力集中困難及完全無效率的思考等來描述。另一類強調只要稍事活動之後，即發生身體衰弱及耗竭感，並伴隨(合併或併發)肌肉疼痛及無法放鬆。這兩類病

F48.0 Neurasthenia

Considerable cultural variations occur in the presentation of this disorder, and two main types occur, with substantial overlap. In one type, the main feature is a complaint of increased fatigue after mental effort, often associated with some decrease in occupational performance or coping efficiency in daily tasks. The mental fatigability is typically described as an unpleasant intrusion of distracting associations or recollections, difficulty in

況常會伴隨(合併或併發)出現其他各種身體不舒服的感覺，如頭暈、緊張性頭痛及全身違和的感覺。擔憂身心健康會持續下降、易怒、快樂感缺失、及輕微程度的焦慮與憂鬱等都是常見的表現。睡眠的初期及中期也常出現障礙，但可能也有過度睡眠之情況。

疲勞症候群

必要時，可使用附加的診斷編碼，以確認先前的身體病症(不適)。

排除：衰弱(無力)，其他未特定者 (R53)

身心耗竭(過勞) (Z73.0)

倦怠不適及疲勞 (R53)

病毒(感染)後疲勞症候群 (G93.3)

精神衰弱(症) (F48.8)

concentrating, and generally inefficient thinking. In the other type, the emphasis is on feelings of bodily or physical weakness and exhaustion after only minimal effort, accompanied by a feeling of muscular aches and pains and inability to relax. In both types a variety of other unpleasant physical feelings is common, such as dizziness, tension headaches, and feelings of general instability. Worry about decreasing mental and bodily well-being, irritability, anhedonia, and varying minor degrees of both depression and anxiety are all common. Sleep is often disturbed in its initial and middle phases but hypersomnia may also be prominent.

Fatigue syndrome

Use additional code, if desired, to identify previous physical illness.

Excludes: asthenia NOS (R53)

burn-out (Z73.0)

malaise and fatigue (R53)

postviral fatigue syndrome (G93.3)

psychasthenia (F48.8)

F48.1 失我[自我感消失]—失實症候群

一種罕見之疾患，病患會自發地抱怨在他自己精神活動、身體及或周遭環境的性質有改變，變得失真、變遙遠或自動變換。此症候群之眾多徵兆中，最常呈現之症狀是情緒喪失，與思考、身體、周邊真實世界隔離感或疏遠之感覺。雖然此經驗是戲劇性性質，病患明知此變化之非真實性，其意識清醒、情緒表現正常。失我[自我感消失]—失實症狀可發生於(憂)鬱症、恐懼症、強迫症或精神分裂(症)，此時後者須列為主要疾患之診斷。

F48.1 Depersonalization-derealization syndrome

A rare disorder in which the patient complains spontaneously that his or her mental activity, body, and surroundings are changed in their quality, so as to be unreal, remote, or automatized. Among the varied phenomena of the syndrome, patients complain most frequently of loss of emotions and feelings of estrangement or detachment from their thinking, their body, or the real world. In spite of the dramatic nature of the experience, the patient is aware of the unreality of the change. The sensorium is normal and the capacity for emotional expression intact. Depersonalization-derealization symptoms may occur as part of a diagnosable schizophrenic, depressive, phobic, or

obsessive-compulsive disorder. In such cases the diagnosis should be that of the main disorder.

F48.8 其他特定的精神官能性疾患(障礙、病症)[其他特定的精神官能症]

Briquet (氏)疾患(障礙、病症)

Dhat (氏)症候群

職業性精神官能症，包含書寫時痛性痙攣
精神衰弱(症)

精神衰弱性精神官能症

心因性暈厥

F48.8 Other specified neurotic disorders

Briquet's disorder

Dhat syndrome

Occupational neurosis, including writer's cramp

Psychasthenia

Psychasthenic neurosis

Psychogenic syncope

F48.9 精神官能性疾患(障礙、病症)[精神官能症]，未特定者

精神官能症，其他未特定者

F48.9 Neurotic disorder, unspecified

Neurosis NOS

(與)生理障礙(失調、紊亂、偏差)和身體因素相關的行為症候群 (F50-F59)

Behavioural syndromes associated with physiological disturbances and physical factors (F50-F59)

F50 飲(進)食疾患(障礙、病症)

排除：厭食(症)，其他未特定者 (R63.0)

(下列)餵食(問題)：

- 餵食困難及處理不當

(R63.3)

- 嬰兒期或孩(兒)童期之餵食疾患(障礙、病症) (F98.2)

多食 (R63.2)

F50 Eating disorders

Excludes: anorexia NOS (R63.0)

feeding:

- difficulties and mismanagement (R63.3)

- disorder of infancy or childhood (F98.2)

polyphagia (R63.2)

F50.0 神經性[心因性]厭食(症)

此疾患之特徵在於出現由病患所主動引發且蓄意要繼續下去的減輕體重。它最常出現在青少年期女孩及年輕成年女性，但青少年期男孩及年輕成年男性，甚至接近青春期的孩(兒)童及年紀較大接近停經年齡之女性也可能出現。此種疾患與特定精神病理，也就是病態的害怕身體體態發胖及鬆弛變形意念，因而強迫自己的體重必須到達極低限的程度。往往病患會出現不等程度的營養不良，伴隨(合併或

F50.0 Anorexia nervosa

A disorder characterized by deliberate weight loss, induced and sustained by the patient. It occurs most commonly in adolescent girls and young women, but adolescent boys and young men may also be affected, as may children approaching puberty and older women up to the menopause. The disorder is associated with a specific psychopathology whereby a dread of fatness and flabbiness of body contour persists as an intrusive overvalued idea, and

併發)有續發性及內分泌與(新陳)代謝上的改變以及身體功能的障礙。病患表現的症狀還包含有自我限制飲食的選擇性、過度運動、自己引發的嘔吐和吃瀉藥，以及使用食慾抑制劑及利尿劑等。

排除：食慾喪失 (R63.0)

• 心因性 (F50.8)

the patients impose a low weight threshold on themselves. There is usually undernutrition of varying severity with secondary endocrine and metabolic changes and disturbances of bodily function. The symptoms include restricted dietary choice, excessive exercise, induced vomiting and purgation, and use of appetite suppressants and diuretics.

Excludes: loss of appetite (R63.0)

• psychogenic (F50.8)

F50.1 非典型神經性[心因性]厭食(症)

作此診斷的病患符合部份神經性[心因性]厭食(症)的表徵。但整體說來，其臨床表現並不符合神經性[心因性]厭食(症)的診斷，例如，病患可能有明顯的體重減輕，與引發體重減輕的行為，但缺少一些厭食症的關鍵症狀，例如無月經或明顯地恐懼肥胖。如果已知存在有身體疾病伴隨(或合併)體重降低時則不可作此診斷。

F50.1 Atypical anorexia nervosa

Disorders that fulfil some of the features of anorexia nervosa but in which the overall clinical picture does not justify that diagnosis. For instance, one of the key symptoms, such as amenorrhoea or marked dread of being fat, may be absent in the presence of marked weight loss and weight-reducing behaviour. This diagnosis should not be made in the presence of known physical disorders associated with weight loss.

F50.2 神經性[心因性]暴食(症)

一種症候群其特徵為病患會反覆地吃下過多的食物，但對於體重的控制又過份地重視，以至於在每次暴食之後會以嘔吐或使用瀉劑來控制體重。此疾患和神經性[心因性]厭食(症)有許多共同的心理病徵，包含過度重視身體體態與體重，其反覆地催吐則可能會導致電解質失調和身體方面併發症的出現。此疾患在早期常會出現神經性[心因性]厭食(症)之發作，但非必然出現，之後到出現神經性[心因性]暴食(症)的時間間隔可能從幾個月到幾年不等。

暴食(症)，其他未特定者

神經性過度飲(進)食症(食慾亢進)

F50.2 Bulimia nervosa

A syndrome characterized by repeated bouts of overeating and an excessive preoccupation with the control of body weight, leading to a pattern of overeating followed by vomiting or use of purgatives. This disorder shares many psychological features with anorexia nervosa, including an overconcern with body shape and weight. Repeated vomiting is likely to give rise to disturbances of body electrolytes and physical complications. There is often, but not always, a history of an earlier episode of anorexia nervosa, the interval ranging from a few months to several years.

Bulimia NOS

Hyperorexia nervosa

F50.3 非典型神經性[心因性]暴食(症)

此疾患具有某些部份之神經性[心因性]暴食(症)病徵，但整體臨床表相(表徵)並無法確認神經性[心因性]暴食(症)的診斷。例如，病患可能反覆地吃下過多食物及過度使用瀉劑，卻無明顯的體重變化，或缺乏對身體體態及體重過份關注的典型症狀。

F50.4 (與)其他心理障礙(失調、紊亂、偏差)相關的暴食(症)

重大壓力事件所致的過度飲(進)食，例如失去親人、遭逢意外、或生育小孩等。

心因性過度飲(進)食

排除：肥胖(症) (E66.-)

F50.5 (與)其他心理障礙(失調、紊亂、偏差)相關的嘔吐(症)

重覆嘔吐可出現在解離症(F44.-)及慮病症(F45.2)的病患，以及不僅僅止於本章以外病況等所致者。當情緒因素是妊娠期中反覆噁心、嘔吐的主因時，此細分類項可適用於O21.-(妊娠中的過度孕吐)附加之診斷編碼。

心因性嘔吐

排除：噁心 (R11)

嘔吐，其他未特定者 (R11)

F50.8 其他飲(進)食疾患(障礙、病症)

成年人異食症(癖)

心因性食慾喪失

排除：嬰兒期及孩(兒)童期異食症(癖) (F98.3)

F50.9 飲(進)食疾患(障礙、病症)，未特定者

F50.3 Atypical bulimia nervosa

Disorders that fulfil some of the features of bulimia nervosa, but in which the overall clinical picture does not justify that diagnosis. For instance, there may be recurrent bouts of overeating and overuse of purgatives without significant weight change, or the typical overconcern about body shape and weight may be absent.

F50.4 Overeating associated with other psychological disturbances

Overeating due to stressful events, such as bereavement, accident, childbirth, etc.

Psychogenic overeating

Excludes: obesity (E66.-)

F50.5 Vomiting associated with other psychological disturbances

Repeated vomiting that occurs in dissociative disorders (F44.-) and hypochondriacal disorder (F45.2), and that is not solely due to conditions classified outside this chapter. This subcategory may also be used in addition to O21.- (excessive vomiting in pregnancy) when emotional factors are predominant in the causation of recurrent nausea and vomiting in pregnancy.

Psychogenic vomiting

Excludes: nausea (R11)

vomiting NOS (R11)

F50.8 Other eating disorders

Pica in adults

Psychogenic loss of appetite

Excludes: pica of infancy and childhood (F98.3)

F50.9 Eating disorder, unspecified

F51 非器質性睡眠疾患(障礙、病症)

在許多病例個案中，無論是精神或身體的疾病，睡眠障礙(失調、紊亂、偏差)常是他種疾患的症狀表現之一。不論病患的睡眠疾患是獨自出現之病況，或是歸類他處另一疾患表徵之一，無論是在本章或其他章節，診斷時必須取決於其臨床表現、病程發展、治療考慮、以及照會時臨床問題的優先順序。一般來說，如果睡眠障礙是病患一個主訴，同時在本質上被接受視為一病況時，那麼**F51**這個編碼應用於搭配其他能描述病例個案之精神病理及病態生理的適當診斷。此分類項只包含主要是由情緒因素所引起之睡眠障礙，非由其他歸類他處而可確認之身體疾患所致者。

排除：(器質性)睡眠疾患(障礙、病症)
(G47.-)

F51.0 非器質性失眠(症)

此病況為在一段可觀之時間內持續有睡眠之質或量的問題，包含難以入睡、難以維持睡眠或早醒。失眠常為許多精神及身體疾患之共同症狀，在其基本疾患之外，只有在失眠作為主要之臨床表徵時才能歸類於此。

排除：(器質性)失眠(症) (G47.0)

F51.1 非器質性嗜睡(症)

F51 Nonorganic sleep disorders

In many cases, a disturbance of sleep is one of the symptoms of another disorder, either mental or physical. Whether a sleep disorder in a given patient is an independent condition or simply one of the features of another disorder classified elsewhere, either in this chapter or in others, should be determined on the basis of its clinical presentation and course as well as on the therapeutic considerations and priorities at the time of the consultation. Generally, if the sleep disorder is one of the major complaints and is perceived as a condition in itself, the present code should be used along with other pertinent diagnoses describing the psychopathology and pathophysiology involved in a given case. This category includes only those sleep disorders in which emotional causes are considered to be a primary factor, and which are not due to identifiable physical disorders classified elsewhere.

Excludes: sleep disorders (organic) (G47.-)

F51.0 Nonorganic insomnia

A condition of unsatisfactory quantity and/or quality of sleep, which persists for a considerable period of time, including difficulty falling asleep, difficulty staying asleep, or early final waking. Insomnia is a common symptom of many mental and physical disorders, and should be classified here in addition to the basic disorder only if it dominates the clinical picture.

Excludes: insomnia (organic) (G47.0)

F51.1 Nonorganic hypersomnia

嗜睡(症)可界定為於白天過份的睡眠和昏昏欲睡(非起因於睡眠不足者)，或必須在很長的時間才能從睡眠完全清醒過來。在不存在器質性因素解釋嗜睡的發生或出現情況下，此嗜睡病況往往與精神疾患相關。

排除：(器質性)嗜睡症 (G47.1)
發作性睡症 (G47.4)

F51.2 非器質性睡眠－醒覺節律疾患(障礙、病症)

病患的睡眠－醒覺(節律)時間表與其個別所處環境之睡眠－醒覺(節律)時間表不同步，從而導致失眠或嗜睡之病訴。

下列心因性之倒置：

- 一日週期的
 - 晝夜的
 - 睡眠
- } (生理)節律

排除：(器質性)睡眠－醒覺節律疾患 (G47.2)

F51.3 睡遊(症)

睡遊症是一種睡眠與醒覺組合而成的意識變化狀態。在睡遊症發作時，病患自床上起身，通常是在夜眠的前三分之一階段，然後四處遊走，表現出低度之覺察力、反應性(度)及運動技能。當病患醒來時，通常無法回憶(追憶)其曾經發生過之事件經驗。

F51.4 睡驚(症)[夜驚(症)]

病患在夜眠中發作出現極度之驚駭及恐慌，伴隨有強烈地嘶喊、活動力、以及自主神經系統之高度運作。病患通常在夜眠前三分之一時期，帶著恐慌尖叫而醒來坐起。病患常衝到門邊

Hypersomnia is defined as a condition of either excessive daytime sleepiness and sleep attacks (not accounted for by an inadequate amount of sleep) or prolonged transition to the fully aroused state upon awakening. In the absence of an organic factor for the occurrence of hypersomnia, this condition is usually associated with mental disorders.

Excludes: hypersomnia (organic) (G47.1)
narcolepsy (G47.4)

F51.2 Nonorganic disorder of the sleep-wake schedule

A lack of synchrony between the sleep-wake schedule and the desired sleep-wake schedule for the individual's environment, resulting in a complaint of either insomnia or hypersomnia.

Psychogenic inversion of:

- circadian
 - nyctohemeral
 - sleep
- } rhythm

Excludes: disorder of the sleep-wake schedule (organic) (G47.2)

F51.3 Sleepwalking [somnambulism]

A state of altered consciousness in which phenomena of sleep and wakefulness are combined. During a sleepwalking episode the individual arises from bed, usually during the first third of nocturnal sleep, and walks about, exhibiting low levels of awareness, reactivity, and motor skill. Upon awakening, there is usually no recall of the event.

F51.4 Sleep terrors [night terrors]

Nocturnal episodes of extreme terror and panic associated with intense vocalization, motility, and high levels of autonomic discharge. The individual sits up or gets up, usually during the first third of nocturnal

似乎企圖要逃離，然而很少真的離開房間。事後病患很少能完整回憶相關之一切(通常只能回憶或追憶起一至二個片斷之精神心理印象)。

sleep, with a panicky scream. Quite often he or she rushes to the door as if trying to escape, although very seldom leaves the room. Recall of the event, if any, is very limited (usually to one or two fragmentary mental images).

F51.5 夢魘(症)[夢驚(症)]

合併焦慮或恐懼的夢境體驗。病患常能仔細地回憶整個做夢境內容。夢的內容相當鮮明且包含威脅到生存、安全或自尊的主題。經常會反覆出現內容相同或相似威脅性之夢魘主題。在典型的發作中，常常會有一定程度的自主神經運作，但並未有相當之嘶喊或身體活動出現。病患在清醒之後很快就恢復警醒和方向感。

F51.5 Nightmares

Dream experiences loaded with anxiety or fear. There is very detailed recall of the dream content. The dream experience is very vivid and usually includes themes involving threats to survival, security, or self-esteem. Quite often there is a recurrence of the same or similar frightening nightmare themes. During a typical episode there is a degree of autonomic discharge but no appreciable vocalization or body motility. Upon awakening the individual rapidly becomes alert and oriented.

夢焦慮疾患(障礙、病症)

Dream anxiety disorder

F51.8 其他非器質性睡眠疾患(障礙、病症)

F51.8 Other nonorganic sleep disorders

F51.9 非器質性睡眠疾患(障礙、病症)，未特定者

F51.9 Nonorganic sleep disorder, unspecified

情緒性睡眠疾患(障礙、病症)，其他未特定者

Emotional sleep disorder NOS

F52 性機(功)能不良(障礙、失調)，非器質性疾患或疾病所致者

F52 Sexual dysfunction, not caused by organic disorder or disease

性機(功)能不良(障礙、失調)涵蓋有各種不同的型式，舉凡病患無法如願地參與進行完成所期許的性關係者皆屬之。性反應屬心身共同參與之過程，所以性機(功)能不良(障礙、失調)之病因常涉及心理和身體的運作過程。

Sexual dysfunction covers the various ways in which an individual is unable to participate in a sexual relationship as he or she would wish. Sexual response is a psychosomatic process and both psychological and somatic processes are usually involved in the causation of sexual dysfunction .

~~排除~~：Dhat (氏)症候群 (F48.8)

Excludes: Dhat syndrome (F48.8)

F52.0 性慾缺乏或喪失(症)

F52.0 Lack or loss of sexual desire

性慾的喪失是此症的主要問題，且非由其他如勃起不能或性交疼痛之性問題所續發者。

性冷感(症)

性慾低下疾患(障礙、病症)

Loss of sexual desire is the principal problem and is not secondary to other sexual difficulties, such as erectile failure or dyspareunia.

Frigidity

Hypoactive sexual desire disorder

F52.1 厭性症及性樂缺乏(症)

此類病患對性交感到恐懼或焦慮，因而避免性活動[厭性症]，或是雖然有性交方面的正常反應，性交也有到達高潮，但並未感受到適當的愉悅[乏性樂症]。

(性方面的)無興緻症

F52.1 Sexual aversion and lack of sexual enjoyment

Either the prospect of sexual interaction produces sufficient fear or anxiety that sexual activity is avoided (sexual aversion) or sexual responses occur normally and orgasm is experienced but there is a lack of appropriate pleasure (lack of sexual enjoyment).

Anhedonia (sexual)

F52.2 性器乏應症

主要的問題在男性為勃起困難(難以勃起或勃起之程度難以維持進行滿意的性交)；在女性主要的問題則在於陰道過於乾燥或缺乏潤滑。

女性性興奮疾患(障礙、病症)[女性性興奮障礙症]

男性勃起疾患(障礙、病症)[男性勃起障礙症]

心因性性無能[陽痿]

排除：源於器質性的性無能[陽痿]
(N48.4)

F52.2 Failure of genital response

The principal problem in men is erectile dysfunction (difficulty in developing or maintaining an erection suitable for satisfactory intercourse). In women, the principal problem is vaginal dryness or failure of lubrication.

Female sexual arousal disorder

Male erectile disorder

Psychogenic impotence

Excludes: impotence of organic origin (N48.4)

F52.3 性高潮機(功)能不良(障礙、失調、異常)[性高潮障礙症]

性高潮不發生(無法達到)或明顯地延遲

(男性)(女性)受抑制之性高潮

心因性無高潮[高潮缺失]

F52.3 Orgasmic dysfunction

Orgasm either does not occur or is markedly delayed.

Inhibited orgasm (male)(female)

Psychogenic anorgasm

F52.4 早洩(症)

F52.4 Premature ejaculation

無法完整控制射精，而使性伴侶雙方均未感受到性交樂趣。

The inability to control ejaculation sufficiently for both partners to enjoy sexual interaction.

F52.5 非器質性陰道痙攣(症)

指圍繞在陰道四周的骨盆腔底肌肉痙攣，造成陰道口閉塞，使得陰莖的進入變得不可能或造成疼痛。

心因性陰道痙攣(症)

排除：(器質性)陰道痙攣(症) (N94.2)

F52.5 Nonorganic vaginismus

Spasm of the pelvic floor muscles that surround the vagina, causing occlusion of the vaginal opening. Penile entry is either impossible or painful.

Psychogenic vaginismus

Excludes: vaginismus (organic) (N94.2)

F52.6 非器質性性交疼痛(症)

性交疼痛(或在性交時疼痛)可發生在女性和男性身上，其常可歸因於(性器官)局部的病理狀況，即應在病理性之病況下適切歸類。本分類項只適用於未有原發性非器質原因之性機(功)能不良(障礙、失調)者(如陰道痙攣症或陰道乾躁症)。

心因性性交疼痛症

排除：(器質性)性交疼痛症 (N94.1)

F52.6 Nonorganic dyspareunia

Dyspareunia (or pain during sexual intercourse) occurs in both women and men. It can often be attributed to local pathology and should then properly be categorized under the pathological condition. This category is to be used only if there is no primary nonorganic sexual dysfunction (e.g. vaginismus or vaginal dryness).

Psychogenic dyspareunia

Excludes: dyspareunia (organic) (N94.1)

F52.7 性衝動(性慾)過度(亢進)症

女性色情狂(症)

男性色情狂(症)

F52.7 Excessive sexual drive

Nymphomania

Satyriasis

F52.8 其他性功(機)能不良(障礙、失調、異常)，非因器質性疾患或疾病導致者

F52.8 Other sexual dysfunction, not caused by organic disorder or disease

F52.9 未特定的性功(機)能不良(障礙、失調、異常)，非因器質性疾患或疾病導致者

F52.9 Unspecified sexual dysfunction, not caused by organic disorder or disease

F53 (與)產褥期相關的精神[心智]及行為疾患(障礙、病症)，他處未歸類者

本分類項僅包含(與)產褥期(分娩後六週內)精神疾患(障礙、病症)，而不能符合本章歸類他處種種疾患(障礙、病症)的要件，或因資料不足，或因有存

F53 Mental and behavioural disorders associated with the puerperium, not elsewhere classified

This category includes only mental disorders associated with the puerperium (commencing within six weeks of delivery) that do not meet the criteria for disorders

在有另外特殊之臨床表徵，使得歸類於他處有所不當。

classified elsewhere in this chapter, either because insufficient information is available, or because it is considered that special additional clinical features are present that make their classification elsewhere inappropriate.

F53.0 產褥期相關的輕度精神[心智]及行為疾患(障礙、病症)，他處未歸類者

F53.0 Mild mental and behavioural disorders associated with the puerperium, not elsewhere classified

(下列)(憂)鬱症：

Depression:

- 嬰兒出生後，其他未特定者
- 產後，其他未特定者

- postnatal NOS
- postpartum NOS

F53.1 (與)產褥期相關的重度精神[心智]及行為疾患(障礙、病症)，他處未歸類者

F53.1 Severe mental and behavioural disorders associated with the puerperium, not elsewhere classified

產褥期精神病(症)，其他未特定者

Puerperal psychosis NOS

F53.8 (與)產褥期相關的其他精神[心智]及行為疾患(障礙、病症)，他處未歸類者

F53.8 Other mental and behavioural disorders associated with the puerperium, not elsewhere classified

F53.9 產褥期精神[心智]疾患(障礙、病症)，未特定者

F53.9 Puerperal mental disorder, unspecified

F54 (與)歸類於他處疾患(障礙、病症)或疾病相關的心理及行為因素

F54 Psychological and behavioural factors associated with disorders or diseases classified elsewhere

本分類項應適用於記錄心理或行為影響(因素)的存在，這些影響(因素)被認為可歸類於(ICD-10)其他章節身體疾患的病因(學)上居主要部份。所導致的精神(心理)障礙(失調、紊亂、偏差)通常輕微，且時間拖延較長久(如擔心、情緒衝突、掛慮疑懼等)，而其本身並不適用於本章之任何分類項。

This category should be used to record the presence of psychological or behavioural influences thought to have played a major part in the etiology of physical disorders which can be classified to other chapters. Any resulting mental disturbances are usually mild, and often prolonged (such as worry, emotional conflict, apprehension) and do not of themselves justify the use of any of the categories in this chapter.

影響身體病況之心理因素

Psychological factors affecting physical conditions

本分類項之適用實例：

Examples of the use of this category are:

- 氣喘F54加上J45.-

- asthma F54 and J45.-

- 皮膚炎F54加上L23-L25
- 胃潰瘍F54加上K25.-
- 黏液性結腸炎F54加上K58.-
- 潰瘍性結腸炎F54加上K51.-
- 蕁麻疹F54加上L50.-

必要時，可使用附加的診斷編碼，以確認相關的身體疾患。

排除：緊張型頭痛 (G44.2)

- dermatitis F54 and L23-L25
- gastric ulcer F54 and K25.-
- mucous colitis F54 and K58.-
- lcerative colitis F54 and K51.-
- urticaria F54 and L50.-

Use additional code, if desired, to identify the associated physical disorder.

Excludes: tension-type headache (G44.2)

F55 非依賴(成癮)性物質的濫用

可廣泛包含藥劑和民俗用藥，但較特別重要的幾類藥物為：(a)不造成依賴(成癮)性的精神藥物，如抗(憂)鬱劑；(b)輕瀉劑；(c)不需醫師處方即可購得的止痛劑，如阿斯匹靈(aspirin)及普拿疼(paracetamol)。

持續使用這類物質，常涉及與醫療專業人員或支持的工作人員作非必要的接觸，有時也一併涉及該物質的有害身體效應(作用、影響)。嘗試勸戒或禁止使用這些物質常會遭遇抵制(或阻抗)；使用輕瀉劑及止痛劑者可能不顧對(出現)身體傷害的警告，比如將會造成腎機(功)能不良(障礙、異常)或電解質不平衡等。雖然病患有強烈動機去使用這些物質，並不致有像F10-F19中精神作用物質般發展出依賴(成癮)或戒斷症狀。

下列之藥物濫用：

- 制酸劑
- 草藥及民俗用藥
- 類固醇或荷爾蒙

F55 Abuse of non-dependence-producing substances

A wide variety of medicaments and folk remedies may be involved, but the particularly important groups are: (a) psychotropic drugs that do not produce dependence, such as antidepressants, (b) laxatives, and (c) analgesics that may be purchased without medical prescription, such as aspirin and paracetamol.

Persistent use of these substances often involves unnecessary contacts with medical professionals or supporting staff, and is sometimes accompanied by harmful physical effects of the substances. Attempts to dissuade or forbid the use of the substance are often met with resistance; for laxatives and analgesics this may be in spite of warnings about (or even the development of) physical harm such as renal dysfunction or electrolyte disturbances. Although it is usually clear that the patient has a strong motivation to take the substance, dependence or withdrawal symptoms do not develop as in the case of the psychoactive substances specified in F10-F19.

Abuse of:

- antacids
- herbal or folk remedies
- steroids or hormones

• 維生素(維他命)

傾瀉劑習慣

排除：精神作用物質之濫用 (F10-F19)

• vitamins

Laxative habit

Excludes: abuse of psychoactive substances
(F10-F19)

**F59 (與)生理障礙(失調、紊亂、偏差)
及身體因素相關的未特定行為症
候群**

心因性生理功能不良(障礙、失調、異常)，
其他未特定者

**F59 Unspecified behavioural syndromes
associated with physiological
disturbances and physical factors**

Psychogenic physiological dysfunction NOS

**成人人格和行為疾患(障礙、病症)
(F60-F69)**

此一章節包含了各種較具有臨床意義之病況及行為模式，其傾向於持續性，表現出個人生活型態之特徵，以及個人與他人之應對模式。此組(群)病況及行為模式有些是在個別發展過程早期即浮現，可說是體質因素及社會經驗之雙重結果；然而其他則是在個人生命後期方形塑而成者，無論是特定人格疾患(障礙、病症)(F60.-)、混合型與其他人格疾患(障礙、病症)(F61.-)及長久人格變異症(F62.-)等，均屬根深蒂固之持續行為模式，顯示出其對廣泛之個人及對社會情境採取較無彈性之僵化反應，此與特定文化背景中一般大眾之感知、思維、感受，特別是待人接物方式上顯示出極大且明顯的偏離。如此之行為模式傾向於穩定，且對多面向之行為及心理功能均有能涵蓋。此情況經常會(但不總是)造成個案主觀上不等程度的痛苦(苦惱)，以及其社會功能表現上的問題。

F60 特定的人格疾患(障礙、病症)

指個人人格與行為傾向有嚴重障礙(失調、紊亂、偏差)，且非直接由於

**Disorders of adult personality and behaviour
(F60-F69)**

This block includes a variety of conditions and behaviour patterns of clinical significance which tend to be persistent and appear to be the expression of the individual's characteristic lifestyle and mode of relating to himself or herself and others. Some of these conditions and patterns of behaviour emerge early in the course of individual development, as a result of both constitutional factors and social experience, while others are acquired later in life. Specific personality disorders (F60.-), mixed and other personality disorders (F61.-), and enduring personality changes (F62.-) are deeply ingrained and enduring behaviour patterns, manifesting as inflexible responses to a broad range of personal and social situations. They represent extreme or significant deviations from the way in which the average individual in a given culture perceives, thinks, feels and, particularly, relates to others. Such behaviour patterns tend to be stable and to encompass multiple domains of behaviour and psychological functioning. They are frequently, but not always, associated with various degrees of subjective distress and problems of social performance.

F60 Specific personality disorders

These are severe disturbances in the personality and behavioural tendencies of

疾病、損害、或其他腦(部)之傷病、或另外之精神疾患(障礙、病症)所致者；通常涉及個人人格之數個層面，幾乎總是引起個人相當的痛苦(苦惱)及與社會割裂，通常自孩(兒)童或青少年時期即顯現出來而且持續至成年人時期。

F60.0 妄想性人格疾患(障礙、病症)[妄想性人格障礙症]

此妄想性人格障礙症之特徵即對挫折過度的敏感，無法寬宥別人的侮辱；猜疑且傾向於將他人中性或友善的行動扭曲誤解為敵意或輕蔑，而藉此扭曲其個人之體驗。另外，毫無根據而反覆的懷疑配偶或性伴侶在性方面的忠誠，也因頑固執著於其個人權利之維護而好鬥。這些人通常較過度看重自己，並常有過度自我援引之傾向。

(下列)人格(疾患、障礙、病症)[人格障礙症]：

- 誇大偏執型
- 狂熱性
- 好爭辯(訴訟)性
- 妄想性
- 敏感性妄想性人格障礙(症)

排除：偏執狂 (F22.0)

- 好爭辯(訴訟)性[易怒型妄想症] (F22.8)

妄想性(妄想型、偏執型)：

- 精神病(症) (F22.0)
- 精神分裂(症) (F20.0)
- 狀態 (F22.0)

F60.1 類精神分裂性人格疾患(障礙、病症)[類精神分裂性人格障礙症]

類精神分裂性人格障礙症的特徵為從與他人之情感的、社交的及其他方面

the individual; not directly resulting from disease, damage, or other insult to the brain, or from another psychiatric disorder; usually involving several areas of the personality; nearly always associated with considerable personal distress and social disruption; and usually manifest since childhood or adolescence and continuing throughout adulthood.

F60.0 Paranoid personality disorder

Personality disorder characterized by excessive sensitivity to setbacks, unforgiveness of insults; suspiciousness and a tendency to distort experience by misconstruing the neutral or friendly actions of others as hostile or contemptuous; recurrent suspicions, without justification, regarding the sexual fidelity of the spouse or sexual partner; and a combative and tenacious sense of personal rights. There may be excessive self-importance, and there is often excessive self-reference.

Personality (disorder):

- expansive paranoid
- fanatic
- querulant
- paranoid
- sensitive paranoid

Excludes: paranoia (F22.0)

- querulans (F22.8)

paranoid:

- psychosis (F22.0)
- schizophrenia (F20.0)
- state (F22.0)

F60.1 Schizoid personality disorder

Personality disorder characterized by withdrawal from affectional, social and

的接觸退縮，而寧偏愛幻想、單獨活動及內省，在表露感受及體驗愉悅能力上有所限制。

排除：Asperger (氏)症候群 (F84.5)
妄想性疾患(障礙、病症) (F22.0)
孩(兒)童期類精神分裂性疾患
(障礙、病症) (F84.5)
精神分裂(症) (F20.-)
準精神分裂(症)性疾患 (F21)

F60.2 異規性人格疾患(障礙、病症)[異規性人格障礙症]

此異規性人格障礙症之特徵為漠視社會義務、漠視他人的感受，其行為和一般社會大眾規範之間有很大的差異，而且其行為並不會經由不利之經驗(包括懲罰)等方式而輕易地修飾改正。對挫折之耐受力低，少許刺激即引發攻擊，甚至包含暴力行為；傾向於指責他人或對於自己行為與社會相衝突之處提出似是而非的合理化辯解。

(下列)人格(疾患、障礙、病症)[人格障礙症]：

- 反道德性(型)
- 反社會性(型)
- 非社會性(型)
- 精神病變性(型)
- 社會病變性(型)

排除：行為舉止規範(品行)疾患(障礙、病症) (F91.-)
情緒不穩定性人格疾患(障礙、病症)[情緒不穩定性人格障礙症] (F60.3)

F60.3 情緒不穩定性人格疾患(障礙、病症)[情緒不穩定性人格障礙症]

other contacts with preference for fantasy, solitary activities, and introspection. There is a limited capacity to express feelings and to experience pleasure.

Excludes: Asperger's syndrome (F84.5)
delusional disorder (F22.0)
schizoid disorder of childhood (F84.5)
schizophrenia (F20.-)
schizotypal disorder (F21)

F60.2 Dissocial personality disorder

Personality disorder characterized by disregard for social obligations, and callous unconcern for the feelings of others. There is gross disparity between behaviour and the prevailing social norms. Behaviour is not readily modifiable by adverse experience, including punishment. There is a low tolerance to frustration and a low threshold for discharge of aggression, including violence; there is a tendency to blame others, or to offer plausible rationalizations for the behaviour bringing the patient into conflict with society.

Personality (disorder):

- amoral
- antisocial
- asocial
- psychopathic
- sociopathic

Excludes: conduct disorders (F91.-)

emotionally unstable personality disorder (F60.3)

F60.3 Emotionally unstable personality disorder

此情緒不穩定性人格障礙症的特徵為行為衝動而不計後果之明確趨向，其心境(情緒)呈不可預測而多變，易傾向情緒宣洩且無自我掌控行為爆發之能力；常有與他人爭吵與衝突之傾向，尤其是當衝動行為受阻或受到批評之際。此症可區分成兩種類型：**衝動型**(impulsive type)，其主要之特徵為情緒不穩定及缺乏衝動之控制；**邊緣型**(borderline type)，主要特徵除上述之外，還加上有對自我形象、目標及內心偏好之障礙(失調、紊亂、偏差)，常有持續的空虛感，陷於強烈而不穩定的人際關係，以及包含自殺態勢與企圖自傷之行為。

(下列)人格(疾患、障礙、病症)[人格障礙症]：

- 攻擊性(型)
- 邊緣性(型)
- 爆發性(型)

排除：異規性人格疾患(障礙、病症)[異規性人格障礙症](F60.2)

F60.4 表演性人格疾患(障礙、病症)[表演性人格障礙症]

此表演性人格障礙症之特徵為具膚淺而易變不穩定的情感、自我戲劇化且誇張的情緒表現、易受到暗示、自我中心、自我放任、不為他人著想，其感受易遭傷害，持續渴望受到讚賞、刺激與注意。

(下列)人格(疾患、障礙、病症)[人格障礙症]：

- 歇斯底里型
- 精神幼稚型

Personality disorder characterized by a definite tendency to act impulsively and without consideration of the consequences, the mood is unpredictable and capricious. There is a liability to outbursts of emotion and an incapacity to control the behavioural explosions. There is a tendency to quarrelsome behaviour and to conflicts with others, especially when impulsive acts are thwarted or censored. Two types may be distinguished: the impulsive type, characterized predominantly by emotional instability and lack of impulse control, and the borderline type, characterized in addition by disturbances in self-image, aims, and internal preferences, by chronic feelings of emptiness, by intense and unstable interpersonal relationships, and by a tendency to self-destructive behaviour, including suicide gestures and attempts.

Personality (disorder):

- aggressive
- borderline
- explosive

Excludes: dissocial personality disorder (F60.2)

F60.4 Histrionic personality disorder

Personality disorder characterized by shallow and labile affectivity, self-dramatization, theatricality, exaggerated expression of emotions, suggestibility, egocentricity, self-indulgence, lack of consideration for others, easily hurt feelings, and continuous seeking for appreciation, excitement and attention.

Personality (disorder):

- hysterical
- psychoinfantile

F60.5 完美性(強迫性)人格疾患(障礙、病症)[完美性(強迫性)人格障礙症]

此完美性(強迫性)人格障礙症的特徵為具疑慮感、要求完美、對良心道德感過度謹慎忠誠、反覆檢查核對事物且專注於細節、頑固不屈、謹慎小心、而且刻板堅持；或有強加、不受歡迎的思想或衝動，但尚未達到強迫性疾患(障礙、病症)或強迫症的程度。

(下列)人格(疾患、障礙、病症)[人格障礙症]：

- 強迫型
- 強制型
- 強迫—強制型

排除：強迫性疾患(障礙、病症)[強迫症]
(F42.-)

F60.6 敏感[迴避]性人格疾患(障礙、病症)[敏感[迴避]性人格障礙症]

此敏感[迴避]性人格障礙症之特徵為緊張及掛慮疑懼、不安全及自卑感。總是渴望自己能被喜歡及接受；過度敏感於別人的拒絕及批評，因而限定了個人的活動範圍，並且趨於藉著習慣性誇大日常生活中潛藏的危險及風險來避開某些活動。

F60.7 依賴性人格疾患(障礙、病症)[依賴性人格障礙症]

此依賴性人格障礙症之特徵為依賴他人為自己日常生活重大事項和細微內容做決策、深恐遭到遺棄、感到無助及無法勝任事情之無能感覺、被動地順從長者或他人的期望，還有對日常生活需求之反應力差。在智力或情緒方面常表現出缺乏精力，常有將責任轉移到別人身上之傾向。

F60.5 Anankastic personality disorder

Personality disorder characterized by feelings of doubt, perfectionism, excessive conscientiousness, checking and preoccupation with details, stubbornness, caution, and rigidity. There may be insistent and unwelcome thoughts or impulses that do not attain the severity of an obsessive-compulsive disorder.

Personality (disorder):

- compulsive
- obsessional
- obsessive-compulsive

Excludes: obsessive-compulsive disorder
(F42.-)

F60.6 Anxious [avoidant] personality disorder

Personality disorder characterized by feelings of tension and apprehension, insecurity and inferiority. There is a continuous yearning to be liked and accepted, a hypersensitivity to rejection and criticism with restricted personal attachments, and a tendency to avoid certain activities by habitual exaggeration of the potential dangers or risks in everyday situations.

F60.7 Dependent personality disorder

Personality disorder characterized by pervasive passive reliance on other people to make one's major and minor life decisions, great fear of abandonment, feelings of helplessness and incompetence, passive compliance with the wishes of elders and others, and a weak response to the demands of daily life. Lack of vigour may show itself in the intellectual or emotional spheres; there is often a tendency to transfer responsibility to others.

(下列)人格(疾患、障礙、病症)[人格障礙症]：

- 無力型
- 不當型
- 被動型
- 自我挫敗型

F60.8 其他特定的人格疾患(障礙、病症)[其他特定的人格障礙症]

(下列)人格(疾患、障礙、病症)[人格障礙症]：

- 偏離型
- 脫韁[無常]型
- 不成熟型
- 自戀型
- 被動攻擊型
- 神經質型

F60.9 人格疾患(障礙、病症)[人格障礙症]，未特定者

精神官能症性格[神經質]，其他未特定者
病態性人格，其他未特定者

F61 混合型(性)及其他人格疾患(障礙、病症)

本分類項旨在表現常常令人煩擾，但並不似**F60.-**中所述疾患之特徵所具特定類型症狀顯示的人格障礙症。因此，此類要比**F60.-**中之疾患更難以下定診斷。

包含以下實例：

- 混合幾種**F60.-**中人格障礙症之表徵，但並無較為突出之一組症狀足以歸納於更為特定之診斷。
- 較麻煩困擾之人格改變，不能歸類列屬於**F60.-**或**F62.-**，並可視為

Personality (disorder):

- asthenic
- inadequate
- passive
- self-defeating

F60.8 Other specific personality disorders

Personality (disorder):

- eccentric
- "hiltlose" type
- immature
- narcissistic
- passive-aggressive
- psychoneurotic

F60.9 Personality disorder, unspecified

Character neurosis NOS

Pathological personality NOS

F61 Mixed and other personality disorders

This category is intended for personality disorders that are often troublesome but do not demonstrate the specific pattern of symptoms that characterize the disorders described in F60.-. As a result they are often more difficult to diagnose than the disorders in F60.-.

Examples include:

- mixed personality disorders with features of several of the disorders in F60.- but without a predominant set of symptoms that would allow a more specific diagnosis.
- troublesome personality changes, not classifiable to F60.- or F62.-, and

續發於併存的主要情感(性)或
焦慮疾患(障礙、病症)之診斷。

排除：突顯性人格特質 (Z73.1)

**F62 持久性人格改變[人格變異症]，
非歸因於腦(部)損傷及疾病者**

無既往人格障礙症之個人，在經過暴露於災難，或過度長期之壓力，或重度精神科病症(不適)之後所發作之成年人人格與行為障礙症。除非有具體證據顯示，個人對環境及自我的感知、相互之關係、以及思維之方式有確定而持久的改變時，方做此診斷。其人格的改變必需是具體明顯者，且伴隨(或合併)僵化而相關之適應不良行為，而此種現象在此病態經驗之前不曾出現過。而此一改變並非屬另一種精神疾患(障礙、病症)之直接臨床表現，亦非屬任何先前既存精神疾患之殘餘症狀。

排除：腦(部)疾病、損傷及機(功)能不良(障礙、失調)所致的人格及行為疾患(障礙、病症) (F07.-)

F62.0 災難經驗後持久性人格改變[人格變異症]

在經歷災難壓力之暴露後，續發持久性之人格改變至少持續兩年以上。此災難構成的壓力須極大，以致於不須考慮到個人的脆弱性，來解釋此壓力對人格所造成之深重效應(作用、影響)。此種人格障礙症之特徵為對世界抱持敵意或不信任之態度，具有空虛或絕望之社會退縮感，似乎總是處於持續受到威脅之長期“緊張不安及疏離感”。在發生此種人格改變類型之前可能有創傷後壓力症候群(F43.1)之存在。

在(下列事件)之後的人格改變：

regarded as secondary to a main diagnosis of a coexisting affective or anxiety disorder.

Excludes: accentuated personality traits (Z73.1)

F62 Enduring personality changes, not attributable to brain damage and disease

Disorders of adult personality and behaviour that have developed in persons with no previous personality disorder following exposure to catastrophic or excessive prolonged stress, or following a severe psychiatric illness. These diagnoses should be made only when there is evidence of a definite and enduring change in a person's pattern of perceiving, relating to, or thinking about the environment and himself or herself. The personality change should be significant and be associated with inflexible and maladaptive behaviour not present before the pathogenic experience. The change should not be a direct manifestation of another mental disorder or a residual symptom of any antecedent mental disorder.

Excludes: personality and behavioural disorder due to brain disease, damage and dysfunction (F07.-)

F62.0 Enduring personality change after catastrophic experience

Enduring personality change, present for at least two years, following exposure to catastrophic stress. The stress must be so extreme that it is not necessary to consider personal vulnerability in order to explain its profound effect on the personality. The disorder is characterized by a hostile or distrustful attitude towards the world, social withdrawal feelings of emptiness or hopelessness, a chronic feeling of "being on edge" as if constantly threatened, and estrangement. Post-traumatic stress disorder (F43.1) may precede this type of personality change.

Personality change after:

- 集中營經歷
 - 災難
 - 長久或持續的：
 - 被監禁且隨時可能被處死
 - 暴露在生命受威脅之處境下，如恐怖主義的受害者
 - 酷刑折磨
- 排除：**創傷後壓力疾患（障礙、病症）（F43.1）

- concentration camp experiences
- disasters
- prolonged:
 - captivity with an imminent possibility of being killed
 - exposure to life-threatening situations such as being a victim of terrorism
 - torture

Excludes: post-traumatic stress disorder (F43.1)

F62.1 精神科病症(不適)後持久性人格改變[人格變異症]

在罹患嚴重的精神科病症的創傷性經歷所致的人格改變，至少持續兩年以上。此種改變無法以先前既存的人格障礙症來解釋，也必須與殘留型之精神分裂(症)及先前之精神[心智]疾患未完全恢復的其他狀態做鑑別(區隔)。此種人格障礙症之特徵為對他人過度依賴且過度要求，堅信自己因病而改變或因病而污名化，導致無法與他人建立、維持密切及相互信賴的人際關係，並造成社會孤立(隔離)；被動性、休閒活動參與興趣變低落、減少休閒活動，且不斷抱怨處於罹患病症，可能附帶慮病性的要求及罹病行為；其低落情緒或不穩定之情緒，並非源自當下存在之精神[心智]疾患或先前之精神[心智]疾患伴有(合併或併發)殘留之情感(性)症狀所致者，還有長期存在之社會功能及職業功能之問題。

F62.1 Enduring personality change after psychiatric illness

Personality change, persisting for at least two years, attributable to the traumatic experience of suffering from a severe psychiatric illness. The change cannot be explained by a previous personality disorder and should be differentiated from residual schizophrenia and other states of incomplete recovery from an antecedent mental disorder. This disorder is characterized by an excessive dependence on and a demanding attitude towards others; conviction of being changed or stigmatized by the illness, leading to an inability to form and maintain close and confiding personal relationships and to social isolation; passivity, reduced interests, and diminished involvement in leisure activities; persistent complaints of being ill, which may be associated with hypochondriacal claims and illness behaviour; dysphoric or labile mood, not due to the presence of a current mental disorder or antecedent mental disorder with residual affective symptoms; and longstanding problems in social and occupational functioning.

F62.8 其他持久性人格改變[人格變異症]

慢性疼痛之人格症候群

F62.9 非器質性持久性人格改變[人格變異症]，未特定者

F62.8 Other enduring personality changes

Chronic pain personality syndrome

F62.9 Enduring personality change, unspecified

F63 習慣及衝動疾患(障礙、病症)

F63 Habit and impulse disorders

本分類項包含某些難以歸類在其他分類項之行為疾患(障礙、病症)，其特徵為在沒有合理動機下，會反覆出現自己不能控制而傷害別人或自己利益的行為。病患自述此種行為之出現乃與強烈之衝動相關。造成如此疾患之原因，尚不十分了解，其所以會被集中置於此診斷分類項的原因，只是單純地因為其主要的描述上較為相似而已，並非由於其共同具有任何其他之重要特徵。

排除：習慣性過度使用酒精或精神作用藥物 (F10-F19)
涉及性行為的衝動及習慣之疾患(障礙、病症) (F65.-)

F63.0 病態性賭博(症)

此疾患為經常、一再反覆地賭博行為，成為病患生活中的主要部份，而對社會、職業、資產及家庭價值觀念及義務造成損害。

強迫性賭博(症)

排除：躁症病患之過度賭博行為 (F30.-)
賭博及打賭，其他未特定者 (Z72.6)
異規性人格疾患(障礙、病症)[異規性人格障礙症]的賭博行為 (F60.2)

F63.1 病態性縱火(症)[縱火狂]

此疾患之特徵為在沒有明顯動機下，一再重覆地出現多次縱火或企圖縱火焚毀財物或其他物品之行為舉止；而且對火與燃燒有關之事物經常在盤旋。縱火前會逐漸地感受強烈的緊張度壓力，縱火後則會有高度的愉悅、滿足及解脫感。

This category includes certain disorders of behaviour that are not classifiable under other categories. They are characterized by repeated acts that have no clear rational motivation, cannot be controlled, and generally harm the patient's own interests and those of other people. The patient reports that the behaviour is associated with impulses to action. The cause of these disorders is not understood and they are grouped together because of broad descriptive similarities, not because they are known to share any other important features.

Excludes: habitual excessive use of alcohol or psychoactive substances (F10-F19)
impulse and habit disorders involving sexual behaviour (F65.-)

F63.0 Pathological gambling

The disorder consists of frequent, repeated episodes of gambling that dominate the patient's life to the detriment of social, occupational, material, and family values and commitments.

Compulsive gambling

Excludes: excessive gambling by manic patients (F30.-)
gambling and betting NOS (Z72.6)
gambling in dissocial personality disorder (F60.2)

F63.1 Pathological fire-setting [pyromania]

Disorder characterized by multiple acts of, or attempts at, setting fire to property or other objects, without apparent motive, and by a persistent preoccupation with subjects related to fire and burning. This behaviour is often associated with feelings of increasing tension before the act, and intense excitement immediately afterwards.

排除：發生在(以下)之縱火行為：

- 異規性人格疾患(障礙、病症)[異規性人格障礙症]之成人 (F60.2)
- 酒精或精神作用物質中毒 (F10-F19, 具有第 4 碼共同為 .0 者)
- 疑似精神疾患(障礙、病症)之觀察理由 (Z03.2)
- 行為舉止規範(品行)疾患(障礙、病症) (F91.-)
- 器質性精神疾患(障礙、病症) (F00-F09)
- 精神分裂(症) (F20.-)

F63.2 病態偷竊(症)[竊盜癖、偷竊狂]

此疾患之特徵為反覆一再無法克制之偷竊物品衝動而行竊，但其目的並非為了個人使用之需要，亦非為獲得錢財。疾患通常會將其所竊得之物品丟棄、送人或收藏囤積起來。此症之病患通常會描述，在從事偷竊前會感受逐漸升高的緊張壓力，還有偷竊中及偷竊後即刻會有高度的滿足(愉悅及解脫之感)。

排除：(憂)鬱性疾患(障礙、病症)伴有(合併或併發)偷竊(症) (F31-F33)
器質性精神疾患(障礙、病症) (F00-F09)
須觀察之疑似精神疾患(障礙、病症)進入商店行竊 (Z03.2)

F63.3 拔毛髮症(癖)

此疾患之特徵為因反覆而無法克制拔毛髮的衝動，故有明顯的毛髮喪失現象。通常在發生之前，病患會感受逐漸上揚的緊張壓力，以及事後會有高度的解脫或滿足(愉悅)感。若是有既存之皮膚(發)炎症，或是拔毛髮為反映妄想或幻覺所致者，如此則此診斷不能成立。

Excludes: fire-setting (by)(in):

- adult with dissocial personality disorder (F60.2)
- alcohol or psychoactive substance intoxication (F10-F19, with common fourth character .0)
- as the reason for observation for suspected mental disorder (Z03.2)
- conduct disorders (F91.-)
- organic mental disorders (F00-F09)
- schizophrenia (F20.-)

F63.2 Pathological stealing [kleptomania]

Disorder characterized by repeated failure to resist impulses to steal objects that are not acquired for personal use or monetary gain. The objects may instead be discarded, given away, or hoarded. This behaviour is usually accompanied by an increasing sense of tension before, and a sense of gratification during and immediately after, the act.

Excludes: depressive disorder with stealing (F31-F33)
organic mental disorders (F00-F09)
shoplifting as the reason for observation for suspected mental disorder (Z03.2)

F63.3 Trichotillomania

A disorder characterized by noticeable hair-loss due to a recurrent failure to resist impulses to pull out hairs. The hair-pulling is usually preceded by mounting tension and is followed by a sense of relief or gratification. This diagnosis should not be made if there is a pre-existing inflammation of the skin, or if the hair-pulling is in response to a delusion or a hallucination.

排除：刻板性動作疾患(障礙、病症)伴有(或合併有)拔毛髮 (F98.4)

Excludes: stereotyped movement disorder with hair-plucking (F98.4)

F63.8 其他習慣及衝動疾患(障礙、病症)

其他種類的持久而重覆性之適應不良行為，非續發於已經認定之精神科症候群，並表現為病患反覆一再地無法克制其行為之衝動，其有動作前驅(先兆)期之緊張及動作後之鬆弛釋放之感。

F63.8 Other habit and impulse disorders

Other kinds of persistently repeated maladaptive behaviour that are not secondary to a recognized psychiatric syndrome, and in which it appears that the patient is repeatedly failing to resist impulses to carry out the behaviour. There is a prodromal period of tension with a feeling of release at the time of the act.

間歇性暴發性疾患(障礙、病症)

Intermittent explosive disorder

F63.9 習慣及衝動疾患(障礙、病症)，未特定者

F63.9 Habit and impulse disorder, unspecified

F64 性別認同疾患(障礙、病症)

F64 Gender identity disorders

F64.0 變性症

強烈地渴望能像異性那樣生活，並被接受為其中之一員，通常伴有對自身解剖構造上之性別感到不舒服及不相稱，並希望以外科手術及荷爾蒙治療的方式，盡可能變成與自己所偏好的性別一致。

F64.0 Transsexualism

A desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one's anatomic sex, and a wish to have surgery and hormonal treatment to make one's body as congruent as possible with one's preferred sex.

F64.1 雙重角色異裝症

為了扮演異性角色而穿著異性服裝打扮，以求暫時性成為異性之體驗，但並未有永久改變性別，或透過外科手術改變性別的慾望。在雙重角色異裝症中打扮成異性並未伴有(未合併或未併發)達到性激動興奮之目的。

F64.1 Dual-role transvestism

The wearing of clothes of the opposite sex for part of the individual's existence in order to enjoy the temporary experience of membership of the opposite sex, but without any desire for a more permanent sex change or associated surgical reassignment, and without sexual excitement accompanying the cross-dressing.

青少年期或成年期的性別認同疾患(障礙、病症)，非變性症型

Gender identity disorder of adolescence or adulthood, nontranssexual type

排除：戀物性異裝症 (F65.1)

Excludes: fetishistic transvestism (F65.1)

F64.2 孩(兒)童期性別認同疾患(障礙、病症)

通常發作於孩(兒)童期早期之性別認同疾患(障礙、病症)，(在青春期前已充分表露)，其特徵主要為對自己天生的性別感到持續而強烈的痛苦(苦惱)望成為異性之一員(或如此自我堅持)；持續地專注於異性的服裝與活動，而否認自身既有之性別。只有當正常之性別認同深度失調(紊亂、障礙)時方作此診斷；若僅止於單純的「男性娘娘腔」或「女性男性化」並不足以構成此診斷。已達到或進入青春期之個人，其性別角色有認同疾患(障礙、病症)者，不應歸類於此，而是應歸類於F66.-。

排除：自我不協調之性取向 (F66.1)

性成熟疾患(障礙、病症)
(F66.0)

F64.8 其他性別認同疾患(障礙、病症)

F64.9 性別認同疾患(障礙、病症)，未特定者

性別－角色疾患(障礙、病症)，其他未特定者

F65 性癖好疾患(障礙、病症)[性癖症]

包含：性變態(症)

F65.0 戀物症

利用無生命之物質做為達到性刺激及性滿足的對象。戀物(症)病患喜歡之對象常為人體的延伸物，如衣物、鞋襪等，其他常見實例則包含特殊材質之物品，如橡膠(橡皮)、塑膠或皮革製品等，其重要性因各人喜好而有所不同。在某些個案所戀之物只是被用來幫助增加性激動興奮的一種方式(如要求性伴侶穿著特殊之衣物)。

F64.2 Gender identity disorder of childhood

A disorder, usually first manifest during early childhood (and always well before puberty), characterized by a persistent and intense distress about assigned sex, together with a desire to be (or insistence that one is) of the other sex. There is a persistent preoccupation with the dress and activities of the opposite sex and repudiation of the individual's own sex. The diagnosis requires a profound disturbance of the normal gender identity; mere tomboyishness in girls or girlish behaviour in boys is not sufficient. Gender identity disorders in individuals who have reached or are entering puberty should not be classified here but in F66.-.

Excludes: egodystonic sexual orientation (F66.1)

sexual maturation disorder (F66.0)

F64.8 Other gender identity disorders

F64.9 Gender identity disorder, unspecified

Gender-role disorder NOS

F65 Disorders of sexual preference

Includes: paraphilias

F65.0 Fetishism

Reliance on some non-living object as a stimulus for sexual arousal and sexual gratification. Many fetishes are extensions of the human body, such as articles of clothing or footwear. Other common examples are characterized by some particular texture such as rubber, plastic or leather. Fetish objects vary in their importance to the individual. In some cases they simply serve to enhance sexual excitement achieved in ordinary ways (e.g. having the partner wear a particular

garment).

F65.1 戀物性異裝症

穿著異性之衣物，做為達到性激動興奮之主要方式，尚且塑造異性人員之外表裝扮。此症與變性症扮異性之區別在於如此之打扮只為求激發性慾，一旦達到高潮之目的且性喚起消褪，便有取下裝扮之強烈欲求。一般而言，戀物性扮異性症常為變性症之初期表現，也許可視為是變性症發展過程之一。

異裝性戀物症

F65.1 Fetishistic transvestism

The wearing of clothes of the opposite sex principally to obtain sexual excitement and to create the appearance of a person of the opposite sex. Fetishistic transvestism is distinguished from transsexual transvestism by its clear association with sexual arousal and the strong desire to remove the clothing once orgasm occurs and sexual arousal declines. It can occur as an earlier phase in the development of transsexualism.

Transvestic fetishism

F65.2 暴露症

反覆或持續地在陌生人(通常是異性)或公共場合之人群暴露個人性器之傾向，但並未有勾引或進一步密切接觸之意圖。此舉動於暴露之際經常但非總是達到性激動興奮之目的，且繼之進行以自慰之行為。

F65.2 Exhibitionism

A recurrent or persistent tendency to expose the genitalia to strangers (usually of the opposite sex) or to people in public places, without inviting or intending closer contact. There is usually, but not invariably, sexual excitement at the time of the exposure and the act is commonly followed by masturbation.

F65.3 偷窺症

反覆或持續地在窺視他人從事性行為或親暱隱密(如更衣)行為之傾向，其乃在被窺視者未能察覺下進行，並藉此以求達到性興奮及進行自慰行為。

F65.3 Voyeurism

A recurrent or persistent tendency to look at people engaging in sexual or intimate behaviour such as undressing. This is carried out without the observed people being aware, and usually leads to sexual excitement and masturbation.

F65.4 戀童症

針對男童或女童或兩者之孩(兒)童為性對象之癖好，通常為青春前期或青春初期之年齡。

F65.4 Paedophilia

A sexual preference for children, boys or girls or both, usually of prepubertal or early pubertal age.

F65.5 施虐受虐症

一種涉及將施加痛苦、羞辱或捆綁縛或造成痛苦帶入性活動之癖好。若病

F65.5 Sadomasochism

A preference for sexual activity which involves the infliction of pain or

患樂於接受這些之刺激者，則稱為受虐症(masochism)；反之則稱為施虐症(sadism)。個人常可藉由施虐與受虐兩種活動(過程)中獲致性之激動興奮。

受虐症

施虐症

humiliation, or bondage. If the subject prefers to be the recipient of such stimulation this is called masochism; if the provider, sadism. Often an individual obtains sexual excitement from both sadistic and masochistic activities.

Masochism

Sadism

F65.6 多重性癖疾患(障礙、病症)

一個人有時可出現多種異常之性癖好，其中並未有任一種占有優勢，最常見者為戀物症、異裝症及施虐受虐症之組合(合併、聯合)。

F65.6 Multiple disorders of sexual preference

Sometimes more than one abnormal sexual preference occurs in one person and there is none of first rank. The most common combination is fetishism, transvestism and sadomasochism.

F65.8 其他性癖疾患(障礙、病症)[其他性癖症]

性偏好及性活動之各種其他類型，包含打猥褻淫穢之電話、在擁擠之公共場所與人群磨擦身體以獲致性刺激、與動物進行性活動、使用絞勒或缺氧方式增強性激動興奮、[或僅偏愛於身體之一部分(如截肢)的性癖好]等。

F65.8 Other disorders of sexual preference

A variety of other patterns of sexual preference and activity, including making obscene telephone calls, rubbing up against people for sexual stimulation in crowded public places, sexual activity with animals, and use of strangulation or anoxia for intensifying sexual excitement.

觸磨症

戀屍症

Frotteurism

Necrophilia

F65.9 性癖好疾患(障礙、病症)[性癖症]，未特定者

性偏差，其他未特定者

F65.9 Disorder of sexual preference, unspecified

Sexual deviation NOS

F66 (與)性發展及性取向相關的心理及行為疾患(障礙、病症)

註：『性』取向本身不視為是一種疾患(障礙、病症)

F66 Psychological and behavioural disorders associated with sexual development and orientation

Note: Sexual orientation by itself is not to be regarded as a disorder.

F66.0 性成熟疾患(障礙、病症)[性成熟障礙症]

病患因為性別認同或性取向未定而感

F66.0 Sexual maturation disorder

The patient suffers from uncertainty about

到痛苦，從而產生焦慮或憂鬱。此病況經常發生於對自身屬同性、異性或雙性取向不確定之青少年；或是個人在經過一段相當穩定的性取向(常為一長久的關係)之後，發現其性取向正在改變。

his or her gender identity or sexual orientation, which causes anxiety or depression. Most commonly this occurs in adolescents who are not certain whether they are homosexual, heterosexual or bisexual in orientation, or in individuals who, after a period of apparently stable sexual orientation (often within a longstanding relationship), find that their sexual orientation is changing.

F66.1 自我不協調的性取向

性別認同或性偏好(異性的、同性的、雙性的或青春期前的)確定無疑，但因為相關的心理及行為疾患(障礙、病症)而尋求治療，希望加以改變。

F66.1 Egodystonic sexual orientation

The gender identity or sexual preference (heterosexual, homosexual, bisexual, or prepubertal) is not in doubt, but the individual wishes it were different because of associated psychological and behavioural disorders, and may seek treatment in order to change it.

F66.2 性關係疾患(障礙、病症)[性關係障礙症]

性別認同或性取向(異性的、同性的、雙性的)，導致與性伴侶形成(建立)或維持關係困難。

F66.2 Sexual relationship disorder

The gender identity or sexual orientation (heterosexual, homosexual, or bisexual) is responsible for difficulties in forming or maintaining a relationship with a sexual partner.

F66.8 其他性心理發展疾患(障礙、病症)[其他性心理發展障礙症]

F66.8 Other psychosexual development disorders

F66.9 性心理發展疾患(障礙、病症)[性心理發展障礙症]，未特定者

F66.9 Psychosexual development disorder, unspecified

F68 其他成人人格及行為疾患(障礙、病症)

F68 Other disorders of adult personality and behaviour

F68.0 因心理原因(病因)而加重身體症狀

F68.0 Elaboration of physical symptoms for psychological reasons

身體症狀確定由原有的身體疾患、疾病或失能所致者，可因病患之心理狀態而誇大或延伸。病患常為其疼痛或失能所困擾，並為其失能或疼痛之延伸或進展之可能性而憂心忡忡。

Physical symptoms compatible with and originally due to a confirmed physical disorder, disease or disability become exaggerated or prolonged due to the psychological state of the patient. The patient is commonly distressed by this pain or disability, and is often preoccupied with worries, which may be justified, of the possibility of prolonged or progressive disability or pain.

代償性精神官能症

Compensation neurosis

F68.1 有意製造或偽裝身體或心理症狀或失能[人為(矯作)性疾患]

F68.1 Intentional production or feigning of symptoms or disabilities, either physical or psychological [factitious disorder]

在沒有明顯理由情況下，病患一再偽裝症狀，甚至為了製造症狀或徵候而自傷。其動機不明，且有採行生病角色的渴望。此疾患常伴有(合併或併發)明顯人格及人際關係方面之疾患。

The patient feigns symptoms repeatedly for no obvious reason and may even inflict self-harm in order to produce symptoms or signs. The motivation is obscure and presumably internal with the aim of adopting the sick role. The disorder is often combined with marked disorders of personality and relationships.

醫院蝗蟲[打游擊]症候群

Hospital hopper syndrome

Münchhausen (氏)症候群

Münchhausen's syndrome

遊走(到處求診)的病患

Peregrinating patient

排除：人為(矯作)性皮膚炎 (L98.1)

Excludes: factitial dermatitis (L98.1)

詐病者[裝病者](具明顯動機)

person feigning illness (with obvious motivation) (Z76.5)

(Z76.5)

F68.8 其他特定的成人人格及行為疾患(障礙、病症)

F68.8 Other specified disorders of adult personality and behaviour

性格疾患(障礙、病症)[性格障礙症]，其他未特定者

Character disorder NOS

關係疾患(障礙、病症)[關係障礙症]，其他未特定者

Relationship disorder NOS

F69 成人人格及行為未特定的疾患(障礙、病症)

F69 Unspecified disorder of adult personality and behaviour

智能不足 (F70-F79)

智能(心智功能)不足乃是心智停滯(受阻)或不完全發展之一種病況，其主要特徵在於發展階段操作技能(技巧)方面的缺陷(障礙、不全)。操作技能(技巧)則包含了智能之整體水平，即認知、語言、運動及社交能力等。此(智能)不足可發生於伴有(合併或併發)或未伴有(未合併或未併發)其他任何心智(精神)或身體之病況。

智能(心智功能)不足的程度在傳統上是透過標準化的智商測驗來評估，再經由特定環境下之社會適應評量表來加以補充。這些測量方法提供一個智能不足程度的趨近指標。其診斷有賴於嫺熟幹練之診斷專家作智能(心智功能)之整體評估。

智能(心智功能)及社會適應可能隨時間而改變，雖然不盡理想，但可經由訓練與復健來加以改善。其診斷必須是基於目前的功能水平。

下列第 4 碼細分類併用於F70-F79之分類項，以確認其行為缺陷(障礙、不全)之程度：

- .0 沒有，或輕微，行為缺陷(障礙、不全)
- .1 顯著的行為缺陷(障礙、不全)，需要加以注意或治療
- .8 其他行為缺陷(障礙、不全)
- .9 未提及行為缺陷(障礙、不全)

必要時，可使用附加的外因編碼，以確認相關之病況，如自閉症、其他發展疾患(障礙、病症)、癲癇、行為舉止規範(品行)疾患(障礙、病症)、或嚴重的身體殘障(廢)。

Mental retardation (F70-F79)

A condition of arrested or incomplete development of the mind, which is especially characterized by impairment of skills manifested during the developmental period, skills which contribute to the overall level of intelligence, i.e. cognitive, language, motor, and social abilities. Retardation can occur with or without any other mental or physical condition.

Degrees of mental retardation are conventionally estimated by standardized intelligence tests. These can be supplemented by scales assessing social adaptation in a given environment. These measures provide an approximate indication of the degree of mental retardation. The diagnosis will also depend on the overall assessment of intellectual functioning by a skilled diagnostician.

Intellectual abilities and social adaptation may change over time, and, however poor, may improve as a result of training and rehabilitation. Diagnosis should be based on the current levels of functioning.

The following fourth-character subdivisions are for use with categories F70-F79 to identify the extent of impairment of behaviour:

- .0 With the statement of no, or minimal, impairment of behaviour
- .1 Significant impairment of behaviour requiring attention or treatment
- .8 Other impairments of behaviour
- .9 Without mention of impairment of behaviour

Use additional code, if desired, to identify associated conditions such as autism, other developmental disorders, epilepsy, conduct disorders, or severe physical handicap.

F70 輕度智能不足

智商測驗範圍介於**50~69**之間(對成人而言，其**心智年齡約在9~12歲之間**)，在學校的學習中可能有些困難。許多成年病患(病兒成長後)能夠工作並維持良好的社會關係，對社會有所貢獻。

包含：心智薄弱

輕度智能低下

F71 中度智能不足

智商測驗範圍介於**35~49**之間(對成人而言，其**心智年齡約在6~9歲之間**)，可能造成孩(兒)童時期明顯的發展延遲停滯，但是大多數能學習發展某些程度之自我照顧獨立自主生活之能力，並獲得適切之人際溝通及學業技能(技巧)。成年病患(病兒成長後)在社區中生活及工作，需要給予不同程度的支援。

包含：中度智能低下

F72 重度智能不足

智商測驗範圍介於**20~34**之間(對成人而言，其**心智年齡約在3~6歲之間**)，需要給予持續不斷的支援。

包含：重度智力低下

F73 極(重)度智能不足

智商測驗範圍低於**20**(對成人而言，其**心智年齡約小於3歲**)，造成自我照顧、(大小之排便)自我控制、溝通能力及活動能力的嚴重限制。

包含：極(重)度智能低下

F78 其他智能不足**F79 未特定的智能不足**

包含：智能(心智功能)的：

F70 Mild mental retardation

Approximate IQ range of 50 to 69 (in adults, mental age from 9 to under 12 years). Likely to result in some learning difficulties in school. Many adults will be able to work and maintain good social relationships and contribute to society.

Includes: feeble-mindedness

mild mental subnormality

F71 Moderate mental retardation

Approximate IQ range of 35 to 49 (in adults, mental age from 6 to under 9 years). Likely to result in marked developmental delays in childhood but most can learn to develop some degree of independence in self-care and acquire adequate communication and academic skills. Adults will need varying degrees of support to live and work in the community.

Includes: moderate mental subnormality

F72 Severe mental retardation

Approximate IQ range of 20 to 34 (in adults, mental age from 3 to under 6 years). Likely to result in continuous need of support.

Includes: severe mental subnormality

F73 Profound mental retardation

IQ under 20 (in adults, mental age below 3 years). Results in severe limitation in self-care, continence, communication and mobility.

Includes: profound mental subnormality

F78 Other mental retardation**F79 Unspecified mental retardation**

Includes: mental:

- 缺陷，其他未特定者
- 低下，其他未特定者

- deficiency NOS
- subnormality NOS

心理發展疾患(障礙、病症) (F80-F89)

本章節(F80-F89)內所列屬的疾患(障礙、病症)具有下列共同點：(a)一律都在年齡都是在嬰兒期或孩(兒)童期發生；(b)功能發展的缺陷(障礙、不全)或遲滯與中樞神經系統的生物性成熟度密切相關；以及(c)病程穩定，未有緩解及復發之病程[*許多精神疾患病程發展均具有緩解或復發之病程]。大多數個案中，所受到之功能影響包含有語言、視覺—空間技能(巧)，以及運動協調。通常其遲滯或缺陷(障礙、不全)在病史早期能可靠地檢查出來時即已存在，儘管成人期仍可殘留有輕微之缺陷(障礙、不全)，隨著孩(兒)童成長，其缺陷(障礙、不全)會逐漸減輕或淡化，。

F80 言語及語言特定的發展性疾患(障礙、病症)

此類疾患(障礙、病症)自早期發展階段開始，其常態之言語及語言能力的獲致即受到干擾。這種病況並非直接歸因於神經或語言機轉異常、感覺缺損、智能不足或環境因素。特定言語及語言發展性疾患，常伴隨相關之問題，如閱讀及拼讀(字、音)困難、人際關係異常、以及情緒與行為疾患。

F80.0 特定的言語構音疾患(障礙、病症)

一種孩(兒)童運用語音能力明顯低於其心智年齡的特定發展性疾患(障礙、病症)，但其語言技能(巧)仍屬於常態範圍。

(下列)發展性：

- 語音疾患(障礙、病症)

Disorders of psychological development (F80-F89)

The disorders included in this block have in common: (a) onset invariably during infancy or childhood; (b) impairment or delay in development of functions that are strongly related to biological maturation of the central nervous system; and (c) a steady course without remissions and relapses. In most cases, the functions affected include language, visuo-spatial skills, and motor coordination. Usually, the delay or impairment has been present from as early as it could be detected reliably and will diminish progressively as the child grows older, although milder deficits often remain in adult life.

F80 Specific developmental disorders of speech and language

Disorders in which normal patterns of language acquisition are disturbed from the early stages of development. The conditions are not directly attributable to neurological or speech mechanism abnormalities, sensory impairments, mental retardation, or environmental factors. Specific developmental disorders of speech and language are often followed by associated problems, such as difficulties in reading and spelling, abnormalities in interpersonal relationships, and emotional and behavioural disorders.

F80.0 Specific speech articulation disorder

A specific developmental disorder in which the child's use of speech sounds is below the appropriate level for its mental age, but in which there is a normal level of language skills.

Developmental:

- phonological disorder

- 言語構音疾患(障礙、病症)

構音困難

功能性言語構音疾患(障礙、病症)

嬰兒樣言語[童言童語]

排除：下列(所致)的言語構音缺陷(障礙、不全)：

- 失語(症)，其他未特定者 (R47.0)
- 失用(症) (R48.2)
- 聽覺(力)喪失 (H90-H91)
- 智能不足 (F70-F79)
- 伴有(合併或併發)語言發展疾患(障礙、病症)：
- 表達性 (F80.1)
- 接受性 (F80.2)

- speech articulation disorder

Dyslalia

Functional speech articulation disorder

Lalling

Excludes: speech articulation impairment (due to):

- aphasia NOS (R47.0)
- apraxia (R48.2)
- hearing loss (H90-H91)
- mental retardation (F70-F79)
- with language developmental disorder:
- expressive (F80.1)
- receptive (F80.2)

F80.1 表達性語言疾患(障礙、病症)

一種孩(兒)童表達性口語應用能力明顯低於其心智年齡所應有水平的特定發展性疾患(障礙、病症)，但其語言理解力仍屬常態範圍，其構音可能正常或異常。

發展性言語困難或失語(症)，表達型

排除：後天失語(症)伴有(合併或併發)癲癇[藍道一克萊夫勒(Landau-Kleffner)(氏)症候群] (F80.3)

發展性言語困難或失語(症)，接受型(F80.2)

言語困難及失語(症)，其他未特定者(R47.0)

選擇性不語(症) (F94.0)

智能不足 (F70-F79)

普遍性發展性疾患(障礙、病症) (F84.-)

F80.2 接受性語言疾患(障礙、病症)

一種孩(兒)童了解語言的能力低於其

F80.1 Expressive language disorder

A specific developmental disorder in which the child's ability to use expressive spoken language is markedly below the appropriate level for its mental age, but in which language comprehension is within normal limits. There may or may not be abnormalities in articulation.

Developmental dysphasia or aphasia, expressive type

Excludes: acquired aphasia with epilepsy [Landau-Kleffner] (F80.3)

developmental dysphasia or aphasia, receptive type (F80.2)

dysphasia and aphasia NOS (R47.0)

elective mutism (F94.0)

mental retardation (F70-F79)

pervasive developmental disorders (F84.-)

F80.2 Receptive language disorder

A specific developmental disorder in

心智年齡的特定發展性疾患(障礙、病症)，實際上所有個案的表達性語言顯著受到影響，還有語音構成異常也很常見。

先天性聽覺(力)不良

發展性：

- 言語困難或失語(症)，接受型
- Wernicke (氏)失語(症)

文字、語詞性耳聾

排除：後天失語(症)伴有(合併或併發)癲癇[藍道－克萊夫勒(Landau-Kleffner)(氏)症候群] (F80.3)

自閉(症) (F84.0-F84.1)

言語困難及失語(症)

- 其他未特定者 (R47.0)
- 表達型 (F80.1)

選擇性不語(症) (F94.0)

耳聾所致的語言遲滯
(H90-H91)

智能不足 (F70-F79)

which the child's understanding of language is below the appropriate level for its mental age. In virtually all cases expressive language will also be markedly affected and abnormalities in word-sound production are common.

Congenital auditory imperception

Developmental:

- dysphasia or aphasia, receptive type
- Wernicke's aphasia

Word deafness

Excludes: acquired aphasia with epilepsy [Landau-Kleffner] (F80.3)

autism (F84.0-F84.1)

dysphasia and aphasia:

- NOS (R47.0)
- expressive type (F80.1)

elective mutism (F94.0)

language delay due to deafness
(H90-H91)

mental retardation (F70-F79)

F80.3 後天失語(症)伴有(合併或併發)癲癇 [藍道－克萊夫勒(Landau-Kleffner)(氏)症候群]

一種孩(兒)童在先前有常態的語言發展，後來卻喪失接受性及表達性語言技能(巧)，但仍保有常態智力的一種疾患(障礙、病症)。此種疾患的發作伴隨陣發性的腦電波(EEG)異常，大多數個案都伴有(合併或併發)癲癇性抽搐。個案常在**3~7歲**之間發病，很快在幾天或幾週之間即突然喪失其(語言)技能(巧)。抽搐發作及語言喪失之間在時序之關連上變異很大，其中任何其一可先於另一者之時間間隔為數月到兩年之間。(發)炎性腦炎病變過程已被提出建議為此疾患之可能原(病)因，約有三分之二的病患或多或少有嚴重的接受性語言缺陷(障礙、不全)。

F80.3 Acquired aphasia with epilepsy [Landau-Kleffner]

A disorder in which the child, having previously made normal progress in language development, loses both receptive and expressive language skills but retains general intelligence; the onset of the disorder is accompanied by paroxysmal abnormalities on the EEG, and in the majority of cases also by epileptic seizures. Usually the onset is between the ages of three and seven years, with skills being lost over days or weeks. The temporal association between the onset of seizures and loss of language is variable, with one preceding the other (either way round) by a few months to two years. An inflammatory encephalitic process has been suggested as a possible cause of this

disorder. About two-thirds of patients are left with a more or less severe receptive language deficit.

排除：失語(症)：

- 其他未特定者 (R47.0)
- 自閉(症) (F84.0-F84.1)
- 孩(兒)童期崩解性失語疾患
(障礙、病症)
(F84.2-F84.3)

Excludes: aphasia (due to):

- NOS (R47.0)
- autism (F84.0-F84.1)
- disintegrative disorders of childhood
(F84.2-F84.3)

F80.8 其他言語及語言的發展性疾患(障礙、病症)

齒音濫用

F80.8 Other developmental disorders of speech and language

Lisping

F80.9 言語及語言的發展性疾患(障礙、病症)，未特定者

語言疾患(障礙、病症)，其他未特定者

F80.9 Developmental disorder of speech and language, unspecified

Language disorder NOS

F81 學業技能(巧)特定的發展性疾患(障礙、病症)

此類疾患(障礙、病症)在早期發展階段中即有常態(學業)技能(巧)的學習障礙(失調、紊亂、偏差)；而此障礙並非單純是由於缺乏學習機會的影響(結果)，亦非由於後天性腦創傷或腦疾病所致。

F81 Specific developmental disorders of scholastic skills

Disorders in which the normal patterns of skill acquisition are disturbed from the early stages of development. This is not simply a consequence of a lack of opportunity to learn, it is not solely a result of mental retardation, and it is not due to any form of acquired brain trauma or disease

F81.0 特定的閱讀疾患(障礙、病症)

此症主要表徵為在閱讀技巧的發展上有特定而顯著的缺陷(障礙、不全)，無法完全以心智年齡、視力問題或就學不當來闡釋。閱讀理解技巧、閱讀認字(辨識文字)、朗讀技能(巧)及需要參與閱讀的作業能力都可能受到影響。拼讀(字、音)困難常伴隨特定閱讀疾患(障礙、病症)出現，而且經常到了青少年期即使其閱讀能力有所進步時，仍持續存在有拼讀(字、音)之困難。特定閱讀發展性疾患(障礙、病症)常有早期言語及語言發展性疾患

F81.0 Specific reading disorder

The main feature is a specific and significant impairment in the development of reading skills that is not solely accounted for by mental age, visual acuity problems, or inadequate schooling. Reading comprehension skill, reading word recognition, oral reading skill, and performance of tasks requiring reading may all be affected. Spelling difficulties are frequently associated with specific reading disorder and often remain into adolescence even after some progress in reading has been made. Specific

的病史，學齡期常伴有(或合併有)情緒及行為障礙(失調、紊亂、偏差)。

"回溯閱讀"

發展性讀字困難(症)

特定的閱讀遲滯

排除：讀字不能(症)，其他未特定者 (R48.0)

後天性讀字困難(症)，其他未特定者 (R48.0)

續發於情緒性疾患(障礙、病症)的後天性閱讀困難 (F93.-)

developmental disorders of reading are commonly preceded by a history of disorders in speech or language development. Associated emotional and behavioural disturbances are common during the school age period.

"Backward reading"

Developmental dyslexia

Specific reading retardation

Excludes: alexia NOS (R48.0)

dyslexia NOS (R48.0)

reading difficulties secondary to emotional disorders (F93.-)

F81.1 特定的拼讀(字、音)疾患(障礙、病症)

此症主要表徵為拼讀(寫、字、音)技能(巧)發展上有特定而顯著的缺陷(障礙、不全)，但是沒有特定閱讀疾患(障礙、病症)之病史，同時有無法完全以心智年齡偏低、視力問題或就學不當來闡釋。用口語或用筆寫拼讀(字、音)能力兩者均受到影響。

特定拼讀(字、音)遲滯[未伴有或未合併或未併發閱讀疾患(障礙、病症)]

排除：書寫不能(症)，其他未特定者 (R48.8)

拼讀(字、音)困難：

- (與)閱讀疾患(障礙、病症)相關的拼讀(字、音)困難 (F81.0)
- 不當教學所致的拼讀(字、音)困難 (Z55.8)

F81.2 特定算術技能(巧)的疾患(障礙、病症)

此症涉及一種無法完全以一般智能不足或教學不當來闡釋的特定算術(計算)技能(巧)缺陷(障礙、不全)。這種缺陷與基本的加、減、乘、除之運算

F81.1 Specific spelling disorder

The main feature is a specific and significant impairment in the development of spelling skills in the absence of a history of specific reading disorder, which is not solely accounted for by low mental age, visual acuity problems, or inadequate schooling. The ability to spell orally and to write out words correctly are both affected.

Specific spelling retardation (without reading disorder)

Excludes: agraphia NOS (R48.8)

spelling difficulties:

- associated with a reading disorder (F81.0)
- due to inadequate teaching (Z55.8)

F81.2 Specific disorder of arithmetical skills

Involves a specific impairment in arithmetical skills that is not solely explicable on the basis of general mental retardation or of inadequate schooling. The

技巧能力有關，而與較抽象數學之技能(巧)如：代數、三角函數、幾何學或微積分等則較不相干。

(下列)發展性：

- 算術(計算)不能(症)
- 算術(計算)之疾患(障礙、病症)
- 發展性Gerstmann (氏)症候群

排除：算術(計算)不能(症)，其他未特定者 (R48.8)

算術(計算)困難：

- (與)閱讀或拼讀(字、音)疾患(障礙、病症)相關者 (F81.3)
- 不當教學所致者 (Z55.8)

F81.3 學業技能(巧)混合性疾患(障礙、病症)

一組界定不明之殘餘分類項，其算術(計算)能力及閱讀或拼讀(字、音)技能(巧)均有顯著缺陷，但其無法單以一般性智能不足或教學不當來闡釋。此分類項(診斷)應用於疾患(障礙、病症)同時符合**F81.2**及**F81.0**或**F81.1**兩者之一的診斷標準者。

排除：特定的：

- 算術(計算)技能(巧)疾患(障礙、病症) (F81.2)
- 閱讀疾患(障礙、病症) (F81.0)
- 拼讀(字、音)疾患(障礙、病症) (F81.1)

F81.8 其他學業技能(巧)發展疾患(障礙、病症)

發展性表達性書寫疾患(障礙、病症)

F81.9 學業技能(巧)發展性疾患(障礙、病症)，未特定者

deficit concerns mastery of basic computational skills of addition, subtraction, multiplication, and division rather than of the more abstract mathematical skills involved in algebra, trigonometry, geometry, or calculus.

Developmental:

- acalculia
- arithmetical disorder
- Gerstmann's syndrome

Excludes: acalculia NOS (R48.8)

arithmetical difficulties:

- associated with a reading or spelling disorder (F81.3)
- due to inadequate teaching (Z55.8)

F81.3 Mixed disorder of scholastic skills

An ill-defined residual category of disorders in which both arithmetical and reading or spelling skills are significantly impaired, but in which disorder is not solely explicable in terms of general mental retardation or of inadequate schooling. It should be used for disorders meeting the criteria for both F81.2 and either F81.0 or F81.1.

Excludes: specific:

- disorder of arithmetical skills (F81.2)
- reading disorder (F81.0)
- spelling disorder (F81.1)

F81.8 Other developmental disorders of scholastic skills

Developmental expressive writing disorder

F81.9 Developmental disorder of scholastic skills, unspecified

知識獲得失能(或不能)，其他未特定者學習(的)：

- 失能，其他未特定者
- 學習疾患(障礙、病症)，其他未特定者

F82 運動功能特定的發展性疾患(障礙、病症)

一種主要表徵為運動協調之發展有嚴重缺陷(障礙、不全)，而無法單以一般智能遲滯或任何特定之先天性或後天性神經(學)疾患來闡釋的疾患(障礙、病症)。在大多數個案，仔細的臨床檢查會顯示出明顯的神經發展不成熟跡象，如在未受支撐(懸空)肢體之舞蹈狀動作或鏡像動作及其他相關的運動表徵，還有精細及粗動作協調[協同、共濟或協同]損傷之徵候。

笨拙孩(兒)童症候群

發展性：

- 協調疾患(障礙、病症)
- 運用不良

排除：步態及活動力[運動性]異常 (R26.-)

缺乏協調[協同、共濟或協同失調] (R27.-)

- 續發於智能不足 (F70-F79)

F83 混合性(型)特定的發展性疾患(障礙、病症)

一組疾患(障礙、病症)的殘餘分類項，其乃由言語及語言、學業技能(巧)、以及運動功能的特定疾患所混合而成者；但其中沒有一個足以特別主導，而構成診斷所需者；只有在此特定的發展疾患之間存在著顯著重疊時，才能使用此混合性(型)之分類項。此症常與一般某種程度之認知功

Knowledge acquisition disability NOS

Learning:

- disability NOS
- disorder NOS

F82 Specific developmental disorder of motor function

A disorder in which the main feature is a serious impairment in the development of motor coordination that is not solely explicable in terms of general intellectual retardation or of any specific congenital or acquired neurological disorder. Nevertheless, in most cases a careful clinical examination shows marked neurodevelopmental immaturities such as choreiform movements of unsupported limbs or mirror movements and other associated motor features, as well as signs of impaired fine and gross motor coordination.

Clumsy child syndrome

Developmental:

- coordination disorder
- dyspraxia

Excludes: abnormalities of gait and mobility (R26.-)

lack of coordination (R27.-)

- secondary to mental retardation (F70-F79)

F83 Mixed specific developmental disorders

A residual category for disorders in which there is some admixture of specific developmental disorders of speech and language, of scholastic skills, and of motor function, but in which none predominates sufficiently to constitute the prime diagnosis. This mixed category should be used only when there is a major overlap

能受損有關，但並不總是如此。因此，當功能不良(障礙、失調、異常)符合**F80.-**、**F81.-**及**F82**(分類範圍)中兩個或兩個以上的診斷標準時才可使用。

F84 普遍性發展性疾患(障礙、病症)

一組以社交互動、溝通型式出現性質上的異常，興趣與活動內容侷限、刻板且重覆性為特徵之疾患(障礙、病症)。這些性質異常是在所有處境下個別功能影響個案的全面功能之一種普遍的表徵。

必要時，可使用附加的診斷編碼，以確認任何相關的醫療病況及智能不足。

F84.0 孩(兒)童期自閉症

普遍性發展性疾患(障礙、病症)的一種類型，可界定為：(a)在三歲以前表現出異常或發展缺陷；(b)其功能異常之特徵型式為可見於精神病理學在社交互動、溝通，以及侷限、刻板、重覆之行為等三個方面的行為。在此些特定之診斷性表徵之外，還常有一系列其他非特定之問題，如畏懼症、睡眠及飲(進)食障礙(失調、紊亂、偏差)、亂發脾氣、以及(自我定向的)攻擊性。

自閉性疾患(障礙、病症)

嬰兒期：

- 自閉(症)
- 精神病(症)

Kanner (氏)症候群

排除：自閉性精神病變或病態 (F84.5)

F84.1 非典型自閉症

between each of these specific developmental disorders. The disorders are usually, but not always, associated with some degree of general impairment of cognitive functions. Thus, the category should be used when there are dysfunctions meeting the criteria for two or more of F80.-, F81.- and F82.

F84 Pervasive developmental disorders

A group of disorders characterized by qualitative abnormalities in reciprocal social interactions and in patterns of communication, and by a restricted, stereotyped, repetitive repertoire of interests and activities. These qualitative abnormalities are a pervasive feature of the individual's functioning in all situations.

Use additional code, if desired, to identify any associated medical condition and mental retardation.

F84.0 Childhood autism

A type of pervasive developmental disorder that is defined by: (a) the presence of abnormal or impaired development that is manifest before the age of three years, and (b) the characteristic type of abnormal functioning in all the three areas of psychopathology: reciprocal social interaction, communication, and restricted, stereotyped, repetitive behaviour. In addition to these specific diagnostic features, a range of other nonspecific problems are common, such as phobias, sleeping and eating disturbances, temper tantrums, and (self-directed) aggression.

Autistic disorder

Infantile:

- autism
- psychosis

Kanner's syndrome

Excludes: autistic psychopathy (F84.5)

F84.1 Atypical autism

普遍性發展性疾患(障礙、病症)的一種類型，與孩(兒)童期自閉症不同之處在於發病年齡，或無法符合自閉症之所有三組診斷標準。這個細分類項應該用當發展異常與缺陷(障礙、不全)是在3歲以後才出現；並且儘管在其他方面存在特徵性之異常表現，但卻缺乏診斷自閉症所需的三個精神病理學方面(即社交互動、溝通、以及侷限、刻板及重覆的行為)之中的一個或二個方面充分而明顯可示範之異常時，方可使用本分類項。非典型自閉症大多發生於極(重)度發展遲滯[智能不足]之個體；也發生於那些重度特定的接受性語言發展性疾患(障礙、病症)。

非典型孩(兒)童期精神病(症)

智能不足伴有(合併或併發)自閉性徵象

必要時，可使用附加的診斷編碼(F70-F79)，以確認智能不足。

F84.2 Rett(氏)症候群

迄今只發現於女童之一種病況，其表徵為早期之發展明顯正常，但隨後出現言語、手之運動與使用技能(巧)的部份或完全喪失，並伴有(合併或併發)頭部生長減緩，通常在7至24個月大時發病。目的性手部動作喪失、刻板性扭動及過度換氣為其特徵。社交及遊戲的發展停止，但社交興趣仍然保留。4歲時開始發展出軀幹性運動協調(協同)性不足(協同、共濟失調)及失用(症)，且常伴有舞蹈手足徐動性運動(choreoathetoid)之發生，結果幾乎總是會導致嚴重的智能不足。

F84.3 其他孩(兒)童期崩解性疾患(障礙、病症)

A type of pervasive developmental disorder that differs from childhood autism either in age of onset or in failing to fulfil all three sets of diagnostic criteria. This subcategory should be used when there is abnormal and impaired development that is present only after age three years, and a lack of sufficient demonstrable abnormalities in one or two of the three areas of psychopathology required for the diagnosis of autism (namely, reciprocal social interactions, communication, and restricted, stereotyped, repetitive behaviour) in spite of characteristic abnormalities in the other area(s). Atypical autism arises most often in profoundly retarded individuals and in individuals with a severe specific developmental disorder of receptive language.

Atypical childhood psychosis

Mental retardation with autistic features

Use additional code (F70-F79), if desired, to identify mental retardation.

F84.2 Rett's syndrome

A condition, so far found only in girls, in which apparently normal early development is followed by partial or complete loss of speech and of skills in locomotion and use of hands, together with deceleration in head growth, usually with an onset between seven and 24 months of age. Loss of purposive hand movements, hand-wringing stereotypies, and hyperventilation are characteristic. Social and play development are arrested but social interest tends to be maintained. Trunk ataxia and apraxia start to develop by age four years and choreoathetoid movements frequently follow. Severe mental retardation almost invariably results.

F84.3 Other childhood disintegrative disorder

為普遍性發展性疾患(障礙、病症)的一種類型，可界定為在疾患發生前有一段完全正常發展的時間，而隨後即在幾個月的病程內，確定喪失了在某些先前後天習得的發展技能(巧)；典型者可伴有對周遭環境普遍失去興趣，出現刻板重覆的作態性動作，以及類似自閉症的社交互動及溝通異常。在某些個案此種疾患可以是由於相關腦病變所導致，但診斷仍應根據行為表徵來判斷。

嬰兒期失智(癡呆)症

崩解性精神(症)

Heller (氏)症候群

共生性精神病(症)

必要時，可使用附加的診斷編碼，以確認任何相關聯的神經(學)科病況。

~~排除~~：Rett (氏)症候群 (F84.2)

F84.4 (與)智能不足及刻板動作有關過動疾患(障礙、病症)[過動症]

一種界定不明且疾病分類上仍未確定之疾患(障礙、病症)。本分類項之設計乃為納入一組過動、注意力不集中及刻板行為為主要表現問題之重度智能不足之孩(兒)童(智商在50以下)；給予興奮性藥物治療並不能改善之(不像智商在常態範圍之病童者)，反而還可能產生情緒低落惡劣之反應(有時伴有精神運動遲滯)。在青少年期，多動傾向常被少動傾向取代(這種型式在正常智商的過動孩(兒)童並不常見)。此症候群亦同時與各種特定或全面性之發展遲滯相關，此種行為型式是由於低智商或器質性腦(部)損害所造成者則仍未知。

A type of pervasive developmental disorder that is defined by a period of entirely normal development before the onset of the disorder, followed by a definite loss of previously acquired skills in several areas of development over the course of a few months. Typically, this is accompanied by a general loss of interest in the environment, by stereotyped, repetitive motor mannerisms, and by autistic-like abnormalities in social interaction and communication. In some cases the disorder can be shown to be due to some associated encephalopathy but the diagnosis should be made on the behavioural features.

Dementia infantilis

Disintegrative psychosis

Heller's syndrome

Symbiotic psychosis

Use additional code, if desired, to identify any associated neurological condition.

Excludes: Rett's syndrome (F84.2)

F84.4 Overactive disorder associated with mental retardation and stereotyped movements

An ill-defined disorder of uncertain nosological validity. The category is designed to include a group of children with severe mental retardation (IQ below 50) who show major problems in hyperactivity and in attention, as well as stereotyped behaviours. They tend not to benefit from stimulant drugs (unlike those with an IQ in the normal range) and may exhibit a severe dysphoric reaction (sometimes with psychomotor retardation) when given stimulants. In adolescence, the overactivity tends to be replaced by underactivity (a pattern that is not usual in hyperkinetic children with normal intelligence). This syndrome is also often associated with a variety of developmental delays, either

specific or global. The extent to which the behavioural pattern is a function of low IQ or of organic brain damage is not known.

F84.5 Asperger (氏)症候群

一種疾病分類學上仍未確定之疾患(障礙、病症)，具有與典型自閉症相同類型的社交互動性質異常，並伴(合併或併發)興趣及活動內容之侷限、固定、刻板及重覆。與自閉症主要的不同點在於無語言或認知發展的延緩或遲滯。此症常與明顯之笨拙相關，其之異常多半持續至青少年期及成年期，在成年早期偶見有精神病(症)之發作。

自閉性精神病變(病態)

孩(兒)童期類精神分裂性疾患(障礙、病症)

F84.8 其他普遍性發展性疾患(障礙、病症)

F84.9 普遍性發展性疾患(障礙、病症)，未特定者

F88 其他心理發展性疾患(障礙、病症)

發展性認識不能(症)

F89 未特定的心理發展性疾患(障礙、病症)

發展性疾患(障礙、病症)，其他未特定者

常發於孩(兒)童期和青少年期的行為和情緒疾患(障礙、病症) (F90-F98)

F90 過動性疾患(障礙、病症)[過動症]

一組發病於早期(通常在5歲以前發生)之疾患(障礙、病症)，對需要涉及認知

F84.5 Asperger's syndrome

A disorder of uncertain nosological validity, characterized by the same type of qualitative abnormalities of reciprocal social interaction that typify autism, together with a restricted, stereotyped, repetitive repertoire of interests and activities. It differs from autism primarily the fact that there is no general delay or retardation in language or in cognitive development. This disorder is often associated with marked clumsiness. There is a strong tendency for the abnormalities to persist into adolescence and adult life. Psychotic episodes occasionally occur in early adult life.

Autistic psychopathy

Schizoid disorder of childhood

F84.8 Other pervasive developmental disorders

F84.9 Pervasive developmental disorder, unspecified

F88 Other disorders of psychological development

Developmental agnosia

F89 Unspecified disorder of psychological development

Developmental disorder NOS

Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98)

F90 Hyperkinetic disorders

A group of disorders characterized by an early onset (usually in the first five years of

參與的活動缺乏持久性，傾向於經常變換活動內容，但是任何一項活動均未進行到底(未完成)，同時伴有(合併或併發)缺乏組織性、調節不良及過動之活動。此外，還有一些其他相關之異常。過動症孩(兒)童總是粗心大意、具衝動性、容易發生意外，而且常因漫不經心而違規，但非故意如此。其與成年人之間常常不受約束或沒規矩，缺乏常態應有謹慎與克制，也不受其他孩(兒)童歡迎而變得孤立。普遍有認知障礙，特定運動及語言發展遲滯也不成比例地頻繁出現。續發之併發症包括違反社會規範(異規)性行為及自我評價欠佳。

life), lack of persistence in activities that require cognitive involvement, and a tendency to move from one activity to another without completing any one, together with disorganized, ill-regulated, and excessive activity. Several other abnormalities may be associated. Hyperkinetic children are often reckless and impulsive, prone to accidents, and find themselves in disciplinary trouble because of unthinking breaches of rules rather than deliberate defiance. Their relationships with adults are often socially disinhibited, with a lack of normal caution and reserve. They are unpopular with other children and may become isolated. Impairment of cognitive functions is common, and specific delays in motor and language development are disproportionately frequent. Secondary complications include dissocial behaviour and low self-esteem.

排除：焦慮疾患(障礙、病症)[焦慮症](F41.-)
情緒[情感(性)]疾患(障礙、病症)(F30-F39)
普遍性發展性疾患(障礙、病症)(F84.-)
精神分裂(症)(F20.-)

Excludes: anxiety disorders (F41.-)
mood [affective] disorders (F30-F39)
pervasive developmental disorders (F84.-)
schizophrenia (F20.-)

F90.0 活動量及注意力障礙(失調、紊亂、偏差)

(下列)注意力缺陷：

- 疾患(障礙、病症)伴有(合併或併發)活動過度
- 過動性疾患(障礙、病症)[過動症]
- 症候群伴有(合併或併發)活動過度

排除：過動性疾患(障礙、病症)[過動症]伴有(合併或併發)行為規範(品行)疾患(障礙、病症)(F90.1)

F90.1 過動性行為規範(品行)疾患(障礙、病症)

(與)行為規範(品行)疾患(障礙、病症)相關的過動性疾患(障礙、病症)[過動症]

F90.0 Disturbance of activity and attention

Attention deficit:

- disorder with hyperactivity
- hyperactivity disorder
- syndrome with hyperactivity

Excludes: hyperkinetic disorder associated with conduct disorder (F90.1)

F90.1 Hyperkinetic conduct disorder

Hyperkinetic disorder associated with conduct disorder

F90.8 其他過動性疾患(障礙、病症)[其他過動症]

F90.9 過動性疾患(障礙、病症)[過動症]，未特定者

孩(兒)童期或青少年期過動性反應，其他未特定者

過動性症候群，其他未特定者

F91 行為舉止規範(品行)疾患(障礙、病症)

以反覆及持續違反社會規範、攻擊性或叛逆性行為之行為規範(品行)為特徵之疾患(障礙、病症)。此類行為與其相應年齡之社會規範背道而馳，遠比一般孩(兒)童的調皮搗蛋或青少年的反抗性嚴重，並意味著屬持久性之行為類型(超過6個月以上)。行為規範(品行)疾患的表徵亦可以是其他精神科病況之症狀，在這種情況下，應以其潛在之主要診斷為主。[*偶發的違反規範(異規性)或犯罪行為並非此診斷的基礎]

此類作為診斷依據的行為實例包括經常過度好勇鬥狠(打架或威嚇他人)、殘忍地對待他人或動物、嚴重的損害財務、縱(放)火、偷竊、反覆說謊、逃學或翹家、經常亂發脾氣及挑釁不服眾之嚴重違規行為等。若是出現這些種種任一之症狀，若非常明顯者亦足可充分順應此診斷，但孤立性之違反社會規範之行為舉止不在此限。

排除：情緒[情感(性)]疾患(障礙、病症)(F30-F39)

普遍性發展性疾患(障礙、病症)(F84.-)

精神分裂(症)(F20.-)

與下列相關時：

- 情緒性疾患(障礙、病症)(F92.-)

- 過動性疾患(障礙、病症)[過動症](F90.1)

F90.8 Other hyperkinetic disorders

F90.9 Hyperkinetic disorder, unspecified

Hyperkinetic reaction of childhood or adolescence NOS

Hyperkinetic syndrome NOS

F91 Conduct disorders

Disorders characterized by a repetitive and persistent pattern of dissocial, aggressive, or defiant conduct. Such behaviour should amount to major violations of age-appropriate social expectations; it should therefore be more severe than ordinary childish mischief or adolescent rebelliousness and should imply an enduring pattern of behaviour (six months or longer). Features of conduct disorder can also be symptomatic of other psychiatric conditions, in which case the underlying diagnosis should be preferred.

Examples of the behaviours on which the diagnosis is based include excessive levels of fighting or bullying, cruelty to other people or animals, severe destructiveness to property, fire-setting, stealing, repeated lying, truancy from school and running away from home, unusually frequent and severe temper tantrums, and disobedience. Any one of these behaviours, if marked, is sufficient for the diagnosis, but isolated dissocial acts are not.

Excludes: mood [affective] disorders (F30-F39)

Pervasive developmental disorders (F84.-)

schizophrenia (F20.-)

when associated with:

- emotional disorders (F92.-)

- hyperkinetic disorders (F90.1)

F91.0 侷限於家庭的行為規範(品行)疾患(障礙、病症)

涉及違反社會規範(異規性)或攻擊行為(並非只是對立反抗、叛逆、挑釁性破壞行為)之行為規範(品行)疾患(障礙、病症)，這些異常行為完全或幾乎完全侷限於家庭、與核心家庭成員或親近家人的互動上，而且此疾患需要完全符合**F91.-**的診斷要件；即使是很嚴重的親子關係障礙(失調、紊亂、偏差)亦不足以當作此診斷的充分條件。

F91.1 未社會化的行為規範(品行)疾患(障礙、病症)

以持久性違反社會規範(異規性)或攻擊性行為之組合為特徵的行為規範(品行)疾患(障礙、病症)(須完全符合**F91.-**的診斷要件，而非只是構築反抗對立、叛逆、挑釁性破壞行為)，伴有(合併或併發)與其他孩(兒)童之間人際關係顯著而普遍之異常。

行為規範(品行)疾患(障礙、病症)，單獨攻擊型

未社會化的攻擊性疾患(障礙、病症)

F91.2 社會化的行為規範(品行)疾患(障礙、病症)

涉及持久性違反社會規範(異規性)或攻擊性行為(須完全符合**F91.-**的診斷要件，而非只是構築反抗對立、叛逆、挑釁性破壞行為)；此症發生於平日即與其同儕團體有整合性關係之個人。

行為規範(品行)疾患(障礙、病症)，集體型
集體違法犯罪

幫派成員結幫攻擊

與他人結伙偷竊

逃學

F91.0 Conduct disorder confined to the family context

Conduct disorder involving dissocial or aggressive behaviour (and not merely oppositional, defiant, disruptive behaviour), in which the abnormal behaviour is entirely, or almost entirely, confined to the home and to interactions with members of the nuclear family or immediate household. The disorder requires that the overall criteria for F91.- be met; even severely disturbed parent-child relationships are not of themselves sufficient for diagnosis.

F91.1 Unsocialized conduct disorder

Disorder characterized by the combination of persistent dissocial or aggressive behaviour (meeting the overall criteria for F91.- and not merely comprising oppositional, defiant, disruptive behaviour) with significant pervasive abnormalities in the individual's relationships with other children.

Conduct disorder, solitary aggressive type

Unsocialized aggressive disorder

F91.2 Socialized conduct disorder

Disorder involving persistent dissocial or aggressive behaviour (meeting the overall criteria for F91.- and not merely comprising oppositional, defiant, disruptive behaviour) occurring in individuals who are generally well integrated into their peer group.

Conduct disorder, group type

Group delinquency

Offences in the context of gang membership

Stealing in company with others

Truancy from school

F91.3 對立叛逆性疾患(障礙、病症)

此類行為規範(品行)疾患(障礙、病症)，常發生較年幼孩(兒)童[*如九或十歲以下者]，主要以明顯叛逆、不服眾、挑釁性破壞行為，但未包含較嚴重的損害別人權益或違法犯罪舉動或更極端型式之攻擊性或違反社會規範(異規)性之行為為特徵。此疾患須完全符合F91.-的診斷要件，甚至很嚴重地調皮搗蛋或頑皮行為也還不足以適用此診斷。使用本分類項之前要謹慎，尤其是在較年長的孩(兒)童，因為臨床上出現明顯的行為規範(品行)疾患常併有違反社會規範(異規)性或攻擊性行為，遠超過單純叛逆、不服從或挑釁性破壞行為之藩籬。

F91.8 其他行為舉止規範(品行)疾患(障礙、病症)

F91.9 行為舉止規範(品行)疾患(障礙、病症)，未特定者

(下列)孩(兒)童期：

- 行為疾患(障礙、病症)，其他未特定者
- 行為舉止規範(品行)疾患(障礙、病症)，其他未特定者

F92 行為舉止規範(品行)及情緒混合疾患(障礙、病症)

一種疾患(障礙、病症)而以出現持久攻擊、違反社會規範(異規)性或叛逆性行為，且伴有(合併或併發)明確且明顯的(憂)鬱症、焦慮或其他情緒不良症狀等為特徵，其須同時符合孩(兒)童期行為舉止規範(品行)疾患(F91.-)與孩(兒)童期情緒性疾患(F93.-)之要件，或成人型的精神官能症之診斷(F40-F48)，或情緒性疾患(F30-F39)之標準。

F92.0 憂鬱性行為舉止規範(品行)疾患(障礙、病症)

本分類項需合併具有孩(兒)童期行為舉止規範(品行)疾患(F91.-)及持久而

F91.3 Oppositional defiant disorder

Conduct disorder, usually occurring in younger children, primarily characterized by markedly defiant, disobedient, disruptive behaviour that does not include delinquent acts or the more extreme forms of aggressive or dissocial behaviour. The disorder requires that the overall criteria for F91.- be met; even severely mischievous or naughty behaviour is not in itself sufficient for diagnosis. Caution should be employed before using this category, especially with older children, because clinically significant conduct disorder will usually be accompanied by dissocial or aggressive behaviour that goes beyond mere defiance, disobedience, or disruptiveness.

F91.8 Other conduct disorders

F91.9 Conduct disorder, unspecified

Childhood:

- behavioural disorder NOS
- conduct disorder NOS

F92 Mixed disorders of conduct and emotions

A group of disorders characterized by the combination of persistently aggressive, dissocial or defiant behaviour with overt and marked symptoms of depression, anxiety or other emotional upsets. The criteria for both conduct disorders of childhood (F91.-) and emotional disorders of childhood (F93.-) or an adult-type neurotic diagnosis (F40-F48) or a mood disorder (F30-F39) must be met.

F92.0 Depressive conduct disorder

This category requires the combination of conduct disorder (F91.-) with persistent and

明顯的憂鬱情緒(F32.-)，其表現如過度憂傷、對日常活動失去興趣及樂趣、自責及無望感；也可能有睡眠與食慾之障礙(失調、紊亂、偏差)。

(與)F32.- (分類項)中之(憂)鬱性疾患(障礙、病症)相關之F91.- (分類項)中之行為舉止規範(品行)疾患(障礙、病症)

F92.8 其他行為舉止規範(品行)及情緒的混合性疾患(障礙、病症)

本分類項須合併具有孩(兒)童期行為舉止規範(品行)疾患(F91.-)及持久而明顯的情緒症狀，如焦慮、強迫思考或強迫行為、失我感[人格解體]或失真感[現實解體]，畏懼(症)或慮病(症)。

(與)下列相關而列屬於F91.-之行為舉止規範(品行)疾患(障礙、病症)：

- 列屬於F93.-之情緒性疾患(障礙、病症)
- 列屬於F40-F48之精神官能性疾患(障礙、病症)

F92.9 行為舉止規範(品行)及情緒的混合(合併、聯合)性疾患(障礙、病症)，未特定者

F93 特發於孩(兒)童期的情緒疾患(障礙、病症)

主要是常態發展趨向之誇大，而非自身本質上之異常。在界定此些特發於孩(兒)童期之情緒疾患(障礙、病症)及精神官能性疾患(障礙、病症)(F40-F48)之區隔時，發展的適當性慣於被當作關鍵之表徵。

排除：(與)行為規範問題相關者 (F92.-)

marked depression of mood (F32.-), as demonstrated by symptoms such as excessive misery, loss of interest and pleasure in usual activities, self-blame, and hopelessness; disturbances of sleep or appetite may also be present.

Conduct disorder in F91.- associated with depressive disorder in F32.-

F92.8 Other mixed disorders of conduct and emotions

This category requires the combination of conduct disorder (F91.-) with persistent and marked emotional symptoms such as anxiety, obsessions or compulsions, depersonalization or derealization, phobias, or hypochondriasis.

Conduct disorder in F91.- associated with:

- emotional disorder in F93.-
- neurotic disorder in F40-F48

F92.9 Mixed disorder of conduct and emotions, unspecified

F93 Emotional disorders with onset specific to childhood

Mainly exaggerations of normal developmental trends rather than phenomena that are qualitatively abnormal in themselves. Developmental appropriateness is used as the key diagnostic feature in defining the difference between these emotional disorders, with onset specific to childhood, and the neurotic disorders. (F40-F48)

Excludes: when associated with conduct disorder (F92.-)

F93.0 孩(兒)童期分離焦慮疾患(障礙、病症)[孩(兒)童期分離焦慮症]

只有當對分離之恐懼構成為焦慮的重心，且如此之焦慮(症)發生於孩(兒)童期時，方可診斷為分離焦慮症。此症與常態之分離焦慮(症)的鑑別在於其焦慮的(嚴重)程度在統計上不太尋常(包含分離焦慮(症)之持續存在，異常持久地超出了慣常的年齡階段)，而且其與社會功能上之顯著問題相關。

排除：情緒[情感(性)]疾患(障礙、病症)(F30-F39)

精神官能性疾患(障礙、病症)[精神官能症](F40-F48)

孩(兒)童期畏懼性焦慮疾患(障礙、病症)(F93.1)

孩(兒)童期社交焦慮疾患(障礙、病症)(F93.2)

F93.1 孩(兒)童期畏懼疾患(障礙、病症)[孩(兒)童期畏懼焦慮症]

大多數(程度不等地)在孩(兒)童期的畏懼具有顯著發展階段之特定性，但此症所及之畏懼已達異常之程度。發生於孩(兒)童期之其他種恐懼，非屬心理社會發展之常態部分(如懼曠症)，應編碼於**F40-F48**中合適的分類項下。

排除：泛焦慮疾患(障礙、病症)[泛焦慮症](F41.1)

F93.2 孩(兒)童期社交焦慮疾患(障礙、病症)[孩(兒)童期社交焦慮症]

此疾患(障礙、病症)中當孩(兒)童遇到新的、陌生的、或具社會威脅之境時，會出現對陌生人的警覺及社交掛慮恐懼或焦慮。本分類項只用於當如

F93.0 Separation anxiety disorder of childhood

Should be diagnosed when fear of separation constitutes the focus of the anxiety and when such anxiety first arose during the early years of childhood. It is differentiated from normal separation anxiety when it is of a degree (severity) that is statistically unusual (including an abnormal persistence beyond the usual age period), and when it is associated with significant problems in social functioning.

Excludes: mood [affective] disorders (F30-F39)

neurotic disorders (F40-F48)

phobic anxiety disorder of childhood (F93.1)

social anxiety disorder of childhood (F93.2)

F93.1 Phobic anxiety disorder of childhood

Fears in childhood that show a marked developmental phase specificity and arise (to some extent) in a majority of children, but that are abnormal in degree. Other fears that arise in childhood but that are not a normal part of psychosocial development (for example agoraphobia) should be coded under the appropriate category in section F40-F48.

Excludes: generalized anxiety disorder (F41.1)

F93.2 Social anxiety disorder of childhood

In this disorder there is a wariness of strangers and social apprehension or anxiety when encountering new, strange, or socially threatening situations. This category should

此之恐懼發生在孩(兒)童期(*如六歲之前)且已達不尋常之程度，並同時伴有(合併或併發)社會功能問題。

孩(兒)童期或青少年期之逃避性疾患(障礙、病症)

be used only where such fears arise during the early years, and are both unusual in degree and accompanied by problems in social functioning.

Avoidant disorder of childhood or adolescence

F93.3 同胞手足競爭疾患(障礙、病症)

通常大多數年幼的孩(兒)童在其弟妹(通常是緊隨其後的一個)出生後都會有某種程度的情緒障礙(失調、紊亂、偏差)。只有在其障礙程度或持續時間在統計上超乎尋常，且伴有(合併或併發)社交互動功能異常時才做此診斷。

手足嫉妒(症)

F93.3 Sibling rivalry disorder

Some degree of emotional disturbance usually following the birth of an immediately younger sibling is shown by a majority of young children. A sibling rivalry disorder should be diagnosed only if the degree or persistence of the disturbance is both statistically unusual and associated with abnormalities of social interaction.

Sibling jealousy

F93.8 其他孩(兒)童期情緒性疾患(障礙、病症)[孩(兒)童期情緒障礙症]

認同疾患(障礙、病症)

過度焦慮疾患(障礙、病症)

排除：孩(兒)童期性別認同疾患(障礙、病症) (F64.2)

F93.8 Other childhood emotional disorders

Identity disorder

Overanxious disorder

Excludes: gender identity disorder of childhood (F64.2)

F93.9 孩(兒)童期情緒性疾患(障礙、病症)[孩(兒)童期情緒障礙症]，未特定者

F93.9 Childhood emotional disorder, unspecified

F94 特發於孩(兒)童期及青少年期的社會功能疾患(障礙、病症)

一組(群)稍具異源性之疾患(障礙、病症)，其共同具有始於發展階段的社會功能異常，但並無明顯侵害所有領域功能之體質性社會無能或缺陷情況(不像普遍性之發展疾患)。於眾多之病例個案中，環境的嚴重扭曲或閉塞可能在病因學上扮演一關鍵性的角色。

F94 Disorders of social functioning with onset specific to childhood and adolescence

A somewhat heterogeneous group of disorders that have in common abnormalities in social functioning which begin during the developmental period, but which (unlike the pervasive developmental disorders) are not primarily characterized by an apparently constitutional social incapacity or deficit that pervades all areas of functioning. In many instances, serious environmental distortions or privations

probably play a crucial role in etiology.

F94.0 選擇性不語(症)

其特徵為說話時有明顯、受情緒制約之選擇性，病童在一些場合可表現出語言能力，但在其他(可界定的)情境卻不能如此。此疾患通常與明顯人格特質表徵相關，包括社交焦慮、退縮、敏感或抗拒等。

選擇性不語(症)

排除：普遍性發展性疾患(障礙、病症)[發展障礙症] (F84.-)

精神分裂(症) (F20.-)

特定語言發展性疾患(障礙、病症)[特定語言發展障礙症] (F80.-)

年幼孩(兒)童分離焦慮之短暫性不語(症) (F93.0)

F94.1 孩(兒)童期反應性依戀疾患(障礙、病症) [依戀障礙症]

於5歲之前發生，其特徵為孩(兒)童社交關係型式之持久性異常，伴有(合併或併發)相關之情緒障礙(失調、紊亂、偏差)，以及對於周遭環境改變之反應(如恐懼及過度警覺，與同儕的社交互動不良，傷害自己或攻擊別人，過度悲傷愁苦，某些個案會有生長遲滯)。此症候群可能來自父母的嚴重疏忽、虐待或照顧不良。

必要時，可使用附加的診斷編碼，以確認任何相關的成长受阻或生長發育遲滯。

排除：Asperger (氏)症候群 (F84.5)

F94.0 Elective mutism

Characterized by a marked, emotionally determined selectivity in speaking, such that the child demonstrates a language competence in some situations but fails to speak in other (definable) situations. The disorder is usually associated with marked personality features involving social anxiety, withdrawal, sensitivity, or resistance

Selective mutism

Excludes: pervasive developmental disorders (F84.-)

schizophrenia (F20.-)

specific developmental disorders of speech and language (F80.-)

transient mutism as part of separation anxiety in young children (F93.0)

F94.1 Reactive attachment disorder of childhood

Starts in the first five years of life and is characterized by persistent abnormalities in the child's pattern of social relationships that are associated with emotional disturbance and are reactive to changes in environmental circumstances (e.g. fearfulness and hypervigilance, poor social interaction with peers, aggression towards self and others, misery, and growth failure in some cases). The syndrome probably occurs as a direct result of severe parental neglect, abuse, or serious mishandling.

Use additional code, if desired, to identify any associated failure to thrive or growth retardation.

Excludes: Asperger's syndrome (F84.5)

孩(兒)童期無選擇性依戀疾患
(障礙、病症)[依戀障礙症]
(F94.2)

不當對待症候群 (T74.-)

選擇性依戀的正常變異

孩(兒)童期之性或身體虐待，造
成心理社會問題
(Z61.4-Z61.6)

disinhibited attachment disorder of
childhood (F94.2)

maltreatment syndromes (T74.-)

normal variation in pattern of selective
attachment

sexual or physical abuse in childhood,
resulting in psychosocial problems
(Z61.4-Z61.6)

F94.2 孩(兒)童期無選擇性依戀疾患(障礙、病症)

於5歲以前發生之特殊型式社會功能異常，其不因環境明顯變動而改變，例如廣泛而無選擇性的依戀行為，尋求注意及不分親疏的友善行為，而且與同儕的互動也不理想；視情況也可能與情緒及行為障礙(失調、紊亂、偏差)相關。

無情感性精神病變或病態

機構症候群

排除：Asperger (氏)症候群 (F84.5)

孩(兒)童住院症 (F43.2)

過動性疾患(障礙、病症)[過動症]
(F90.-)

孩(兒)童期反應性依戀疾患(障礙、病症)[依戀障礙症]
(F94.1)

F94.2 Disinhibited attachment disorder of childhood

A particular pattern of abnormal social functioning that arises during the first five years of life and that tends to persist despite marked changes in environmental circumstances, e.g. diffuse, nonselectively focused attachment behaviour, attention-seeking and indiscriminately friendly behaviour, poorly modulated peer interactions; depending on circumstances there may also be associated emotional or behavioural disturbance.

Affectionless psychopathy

Institutional syndrome

Excludes: Asperger's syndrome (F84.5)

hospitalism in children (F43.2)

hyperkinetic disorders (F90.-)

reactive attachment disorder of
childhood (F94.1)

F94.8 其他孩(兒)童期社會功能疾患(障礙、病症)

F94.8 Other childhood disorders of social functioning

F94.9 孩(兒)童期社會功能疾患(障礙、病症)，未特定者

F94.9 Childhood disorder of social functioning, unspecified

F95 抽動疾患(障礙、病症)[抽動症]

F95 Tic disorders

以抽動型式為主的症候群；抽動是一種不自主、快速、重覆而無節奏感之動作(通常影響到局限的肌肉群)，或無明顯目的而突然發出無意義的聲音。抽動具不可抗拒之體驗，但通常可以去制——即時間、工廠、學校、工作之西

Syndromes in which the predominant manifestation is some form of tic. A tic is an involuntary, rapid, recurrent, nonrhythmic motor movement (usually involving circumscribed muscle groups) or vocal production that is of sudden onset and that

克制一段時間，而壓力情境下使之惡化，睡眠時則消失。常見的單純型運動性抽動包括有眨眼、頸部急動、聳肩及作鬼臉，常見的單純型發聲性抽動包括有清喉嚨、發出吼吠聲、吸鼻子及發出噓聲。常見的複雜型抽動包括有打自己、跳躍及單腳跳來蹦去。常見複雜型發聲性抽動包含有特別字語之重覆，有時說些不被社會接受的（通常是淫穢猥褻者）話語（穢語症），以及重覆自己的聲音或字語（複語症）。

serves no apparent purpose. Tics tend to be experienced as irresistible but usually they can be suppressed for varying periods of time, are exacerbated by stress, and disappear during sleep. Common simple motor tics include only eye-blinking, neck-jerking, shoulder-shrugging, and facial grimacing. Common simple vocal tics include throat-clearing, barking, sniffing, and hissing. Common complex tics include hitting oneself, jumping, and hopping. Common complex vocal tics include the repetition of particular words, and sometimes the use of socially unacceptable (often obscene) words (coprolalia), and the repetition of one's own sounds or words (palilalia).

F95.0 一過性抽動疾患(障礙、病症)[短暫性抽動症]

符合抽動症的一般診斷標準，但是時間不會持續超過12個月；抽動方式通常以眨眼、做鬼臉及甩頭的形式呈現。

F95.0 Transient tic disorder

Meets the general criteria for a tic disorder but the tics do not persist longer than 12 months. The tics usually take the form of eye-blinking, facial grimacing, or head-jerking.

F95.1 慢性運動或發聲抽動疾患(障礙、病症)[慢性運動或發聲抽動症]

符合抽動症的一般診斷標準，有運動或發聲抽動(但非二者都有)，可能發作一次或多次(但通常是多次)，持續時間超過一年以上。

F95.1 Chronic motor or vocal tic disorder

Meets the general criteria for a tic disorder, in which there are motor or vocal tics (but not both), that may be either single or multiple (but usually multiple), and last for more than a year.

F95.2 發聲及多發運動性抽動的組合(合併、聯合)疾患(障礙、病症)[de la Tourette (氏)症候群]

為抽動症的一種型式，為多種運動性抽動合併一種或多種的發聲抽動，但這些抽動並不需要同時發生。(在孩(兒)童期發作之後)此症通常在青少年期惡化或加重，並有延續至成年期之傾向。發聲抽動常是多種性並伴有爆發性重覆發聲、清喉嚨、呼嚕聲，並且可能說出淫穢猥褻的字詞或短語，有時併有手勢的模仿動作，其可能屬猥褻之行為性質(穢褻行為)。

F95.2 Combined vocal and multiple motor tic disorder [de la Tourette]

A form of tic disorder in which there are, or have been, multiple motor tics and one or more vocal tics, although these need not have occurred concurrently. The disorder usually worsens during adolescence and tends to persist into adult life. The vocal tics are often multiple with explosive repetitive vocalizations, throat-clearing, and grunting, and there may be the use of obscene words or phrases. Sometimes there is associated

gestural echopraxia which may also be of an obscene nature (copropraxia).

F95.8 其他抽動疾患(障礙、病症)[其他抽動症]

F95.8 Other tic disorders

F95.9 抽動疾患(障礙、病症)[抽動症]，未特定者

F95.9 Tic disorder, unspecified

抽動(症)，其他未特定者

Tic NOS

F98 發生於孩(兒)童期及青少年期的其他行為及情緒性疾患(障礙、病症)

F98 Other behavioural and emotional disorders with onset usually occurring in childhood and adolescence

一組(群)異源性組合之疾患(障礙、病症)，其共同之特徵為童年發病，但在許多方面則不同。某些情況可代表明確界定之症候群，另外之情況則至多僅止於症狀之綜合體，只是其較多見與心理社會問題相關，而且無法納入其他症候群。

A heterogeneous group of disorders that share the characteristic of an onset in childhood but otherwise differ in many respects. Some of the conditions represent well-defined syndromes but others are no more than symptom complexes that need inclusion because of their frequency and association with psychosocial problems, and because they cannot be incorporated into other syndromes.

排除：短暫性呼吸停止 (R06.8)

Excludes: breath-holding spells (R06.8)

孩(兒)童期性別認同疾患(障礙、病症) (F64.2)

gender identity disorder of childhood (F64.2)

Kleine-Levin (氏)症候群[週期性嗜眠症] (G47.8)

Kleine-Levin syndrome (G47.8)

強迫性疾患(障礙、病症)[強迫症] (F42.-)

obsessive-compulsive disorder (F42.-)

情緒原因(所致)的睡眠疾患(障礙、病症) (F51.-)

sleep disorders due to emotional causes (F51.-)

F98.0 非器質性遺尿(症)

F98.0 Nonorganic enuresis

為一種發生於日間或夜間之不自主排尿障礙，以個案相對之心理年齡而言應屬異常現象；而且並非由於任何神經(學)疾患、癲癇發作或泌尿道結構異常所引發之膀胱失去控制所致。遺尿(症)可從出生以來即存在之問題，或可能在已經可以控制膀胱之後一段時間才開始出現。遺尿(症)可能伴有(合併或併發)或未伴有(未合併或未併發)情

A disorder characterized by involuntary voiding of urine, by day and by night, which is abnormal in relation to the individual's mental age, and which is not a consequence of a lack of bladder control due to any neurological disorder, to epileptic attacks, or to any structural abnormality of the urinary tract. The enuresis may have been present from birth

緒或行為的障礙。

(原發性)(續發性)源於非器質性之遺尿
(症)

功能性遺尿(症)

心因性遺尿(症)

源於非器質性之尿失禁

排除：遺尿(症)，其他未特定者 (R32)

F98.1 非器質性遺糞(症)

重覆、隨意或不自主的將糞便(糞便並無異常)解在以其社會文化情況而言屬不恰當之處。這種情形可能是正常嬰兒期失禁一直持續下來的問題，也可能是已經能控制排便後才產生的問題，或儘管其大腸生理功能正常，仍將糞便解於不當之處。可能是單一症狀性，也可能合併較廣泛的疾患，尤其是情緒疾患(F93.-)或行為舉止規範(品行)疾患障礙症(F91.-)。

功能性遺糞(症)

源於非器質性之大便失禁

心因性遺糞(症)

必要時，可使用附加的診斷編碼，以確認任何同時存在的便秘原因(病因)。

排除：遺糞(症)，其他未特定者 (R15)

F98.2 嬰兒期及孩(兒)童期餵食疾患(障礙、病症)

一種特發於嬰兒期或孩(兒)童期早期的疾患(障礙、病症)，是指在有適當的

or it may have arisen following a period of acquired bladder control. The enuresis may or may not be associated with a more widespread emotional or behavioural disorder.

Enuresis (primary)(secondary) of nonorganic origin

Functional enuresis

Psychogenic enuresis

Urinary incontinence of nonorganic origin

Excludes: enuresis NOS (R32)

F98.1 Nonorganic encopresis

Repeated, voluntary or involuntary passage of faeces, usually of normal or near-normal consistency, in places not appropriate for that purpose in the individual's own sociocultural setting. The condition may represent an abnormal continuation of normal infantile incontinence, it may involve a loss of continence following the acquisition of bowel control, or it may involve the deliberate deposition of faeces in inappropriate places in spite of normal physiological bowel control. The condition may occur as a monosymptomatic disorder, or it may form part of a wider disorder, especially an emotional disorder (F93.-) or a conduct disorder (F91.-).

Functional encopresis

Incontinence of faeces of nonorganic origin

Psychogenic encopresis

Use additional code, if desired, to identify the cause of any coexisting constipation.

Excludes: encopresis NOS (R15)

F98.2 Feeding disorder of infancy and childhood

A feeding disorder of varying manifestations usually specific to infancy

食物供應，有合理足能勝任的照顧者，且並無器質性疾病的狀況下，呈現有拒食及嚴重的偏食，可能併有或不併有反芻現象(意指沒有噁心感及腸胃不適，卻還反覆地把食物吐出)。

嬰兒期反芻性疾患(障礙、病症)

排除：神經性[心因性]厭食(症)及其他飲(進)食疾患(障礙、病症)(F50.-)

(下列)餵食：

- 困難及處理不當 (R63.3)

- 新生兒問題 (P92.-)

嬰兒期或孩(兒)童期的異食症(癖)(F98.3)

F98.3 嬰兒期及孩(兒)童期異食症(癖)

持久進食一些非營養性物質(如泥土、顏料碎屑等)。其可能發生在更廣泛傳播的一種其他精神科疾患(如自閉症)的眾多症狀之一，或可為一相對獨立的精神病態行為發生；但只有後者歸類於此。這類現象最常見於智能不足的孩(兒)童；若智能不足亦同時存在，應選擇**F70-F79**作為主診斷編碼。

F98.4 刻板性運動疾患(障礙、病症)

一種自發、重覆、刻板及非功能性的運動(通常具有節奏性)，但又不構成屬於任何已知精神科或神經(學)科之病況。如果此運動只為其他疾患之症狀，則全面之疾患都應予以載明。非自傷類之運動，包含搖滾身體、搖擺頭部、拔毛、捻髮、作態彈指及拍手等。刻板性自傷行為則包含反覆撞頭、擰臉、戳眼，還有咬食手、嘴唇或其他身體部位等。所有刻板性運動疾患最常伴有(合併或併發)智能不足(此時兩者均須同時載明)。若戳眼發生在有視力損傷(障礙、不全)的孩(兒)童，須同時編碼：戳眼編碼於此之分類頂，而視力損傷(力)之病況則編碼於滴

and early childhood. It generally involves food refusal and extreme faddiness in the presence of an adequate food supply, a reasonably competent caregiver, and the absence of organic disease. There may or may not be associated rumination (repeated regurgitation without nausea or gastrointestinal illness).

Rumination disorder of infancy

Excludes: anorexia nervosa and other eating disorders (F50.-)

feeding:

- difficulties and mismanagement (R63.3)

- problems of newborn (P92.-)

pica of infancy or childhood (F98.3)

F98.3 Pica of infancy and childhood

Persistent eating of non-nutritive substances (such as soil, paint chippings, etc.). It may occur as one of many symptoms that are part of a more widespread psychiatric disorder (such as autism), or as a relatively isolated psychopathological behaviour; only the latter is classified here. The phenomenon is most common in mentally retarded children and, if mental retardation is also present, F70-F79 should be selected as the main diagnosis.

F98.4 Stereotyped movement disorders

Voluntary, repetitive, stereotyped, nonfunctional (and often rhythmic) movements that do not form part of any recognized psychiatric or neurological condition. When such movements occur as symptoms of some other disorder, only the overall disorder should be recorded. The movements that are of a non self-injurious variety include: body-rocking, head-rocking, hair-plucking, hair-twisting, finger-flicking mannerisms, and hand-flapping. Stereotyped self-injurious behaviour includes repetitive head-banging, face-slapping, eye-poking, and biting of hands, lips or other body parts. All the stereotyped movement disorders occur most frequently in association with

類項，而視力視覺(力)病況則編碼於適當之身體疾患編碼。

刻板／習慣性疾患(障礙、病症)

排除：異常之不隨意運動 (R25.-)

源於器質性的運動疾患(障礙、病症) (G20-G25)

咬指甲 (F98.8)

挖鼻孔 (F98.8)

大範圍精神科病況之部份刻板動作 (F00-F95)

吸吮手指 (F98.8)

抽動疾患[抽動症] (F95.-)

拔毛髮症(癬) (F63.3)

F98.5 口吃(症)

說話時頻繁重覆或拉長聲音、音節或字詞；或頻繁躊躇或停頓，以至於阻斷了說話的節律[*說話之流暢程度受阻]。只有在其嚴重度足以明顯地干擾損害到語言的流暢程度時，才能歸類為一種疾患。

排除：語言混雜失調(症) (F98.6)

抽動疾患(障礙、病症)[抽動症] (F95.-)

F98.6 語言混雜失調(症)

說話急速，以致破壞了語言之流暢性，但未重覆或躊躇，其嚴重性足以削弱言語掌握度。說話不規則、無節律，還有常迸發出一些錯誤之短語型式。

排除：口吃(症) (98.5)

抽動疾患(障礙、病症)[抽動症] (F95.-)

mental retardation (when this is the case, both should be recorded). If eye-poking occurs in a child with visual impairment, both should be coded: eye-poking under this category and the visual condition under the appropriate somatic disorder code.

Stereotype/habit disorder

Excludes: abnormal involuntary movements (R25.-)

movement disorders of organic origin (G20-G25)

nail-biting (F98.8)

nose-picking (F98.8)

stereotypies that are part of a broader psychiatric condition (F00-F95)

thumb-sucking (F98.8)

tic disorders (F95.-)

trichotillomania (F63.3)

F98.5 Stuttering [stammering]

Speech that is characterized by frequent repetition or prolongation of sounds or syllables or words, or by frequent hesitations or pauses that disrupt the rhythmic flow of speech. It should be classified as a disorder only if its severity is such as to markedly disturb the fluency of speech.

Excludes: cluttering (F98.6)

tic disorders (F95.-)

F98.6 Cluttering

A rapid rate of speech with breakdown in fluency, but no repetitions or hesitations, of a severity to give rise to diminished speech intelligibility. Speech is erratic and dysrhythmic, with rapid jerky spurts that usually involve faulty phrasing patterns.

Excludes: stuttering (F98.5)

tic disorders (F95.-)

**F98.8 經常發作於孩(兒)童期及青少年期
其他特定的行為及情緒疾患(障礙、
病症)**

注意力缺陷疾患(障礙、病症)，未伴有(未
合併或未併發)過動(症)

過度自慰(手淫)

咬指甲

挖鼻孔

吸吮拇指

**F98.8 Other specified behavioural and
emotional disorders with onset usually
occurring in childhood and adolescence**

Attention deficit disorder without hyperactivity

Excessive masturbation

Nail-biting

Nose-picking

Thumb-sucking

**F98.9 經常發作於孩(兒)童期及青少年期
未特定的行為及情緒疾患(障礙、病
症)**

**F98.9 Unspecified behavioural and emotional
disorders with onset usually occurring in
childhood and adolescence**

**未特定的精神[心智]疾患(障礙、病症)
(F99)**

Unspecified mental disorder (F99)

**F99 精神[心智]疾患(障礙、病症)，其
他未特定者**

精神[心智]病症(不適)，其他未特定者

排除：器質性精神[心智]疾患(障礙、病
症)，其他未特定者 (F06.9)

**F99 Mental disorder, not otherwise
specified**

Mental illness NOS

Excludes: organic mental disorder NOS (F06.9)