

# **F62 Post-Traumatic Stress Disorder (ICD-10)**

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## **F62.0 Enduring personality change after catastrophic experience**

Enduring personality change may follow the experience of catastrophic stress. The stress must be so extreme that it is unnecessary to consider personal vulnerability in order to explain its profound effect on the personality. Examples include concentration camp experiences, torture, disasters, prolonged exposure to life-threatening circumstances (e.g. hostage situations - prolonged captivity with an imminent possibility of being killed). Post-traumatic stress disorder (F43.1) may precede this type of personality change, which may then be seen as a chronic, irreversible sequel of stress disorder. In other instances, however, enduring personality change meeting the description given below may develop without an interim phase of a manifest post-traumatic stress disorder. However, longterm change in personality following short-term exposure to a life-threatening experience such as a car accident should not be included in this category, since recent research indicates that such a development depends on a pre-existing psychological vulnerability.

### **Diagnostic guidelines:**

The personality change should be enduring and manifest as inflexible and maladaptive features leading to an impairment in interpersonal, social, and occupational functioning. Usually the personality change has to be confirmed by a key informant. In order to make the diagnosis, it is essential to establish the presence of features not previously seen, such as:

- a) a hostile or mistrustful attitude towards the world;
- b) social withdrawal;
- c) feelings of emptiness or hopelessness;
- d) a chronic feeling of being "on edge", as if constantly threatened
- e) estrangement.

This personality change must have been present for at least 2 years, and should not be attributable to a pre-existing personality disorder or to a mental disorder other than post-traumatic stress disorder (F43.1).

The presence of brain damage or disease which may cause similar clinical features should be ruled out.

Includes: personality change after concentration camp experiences, disasters, prolonged captivity with imminent possibility of being killed, prolonged exposure to life-threatening situations such as being a victim of terrorism or torture.

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

## **62.1 Enduring personality change after psychiatric illness**

Personality change attributable to the traumatic experience of suffering from a severe psychiatric illness.

The change cannot be explained by preexisting personality disorder and should be differentiated from residual schizophrenia and other states of incomplete recovery from an antecedent mental disorder.

### **Diagnostic guidelines**

The personality change should be enduring and manifest as an inflexible and maladaptive pattern of experiencing and functioning, leading to longstanding problems in interpersonal, social, or occupational functioning and subjective distress. There should be no evidence of a pre-existing personality disorder that can explain the personality change, and the diagnosis should not be based on any residual symptoms of

the antecedent mental disorder. The change in personality develops following clinical recovery from a mental disorder that must have been experienced as emotionally extremely stressful and shattering to the patient's self-image. Other people's attitudes or reactions to the patient following the illness are important in determining and reinforcing his or her perceived level of stress. This type of personality change cannot be fully understood without taking into consideration the subjective emotional experience and the previous personality, its adjustment, and its specific vulnerabilities.

Diagnostic evidence for this type of personality change should include such clinical features as the following:

- a) excessive dependence on and a demanding attitude towards others;
- b) conviction of being changed or stigmatized by the preceding illness, leading to an inability to form and maintain close and confiding personal relationships and to social isolation;
- c) passivity, reduced interests, and diminished involvement in leisure activities;
- d) persistent complaints of being ill, which may be associated with hypochondriacal claims and illness behaviour;
- e) dysphoric or labile mood, not due to the presence of a current mental disorder or antecedent mental disorder with residual affective symptoms
- f) significant impairment in social and occupational functioning compared with the premorbid situation.

The above manifestations must have been present over a period of 2 or more years. The change is not attributable to gross brain damage or disease. A previous diagnosis of schizophrenia does not preclude the diagnosis.

## **62.8 Other enduring personality changes**

Includes: enduring personality disorder after experiences not mentioned in F62.0 and F62.1, such as chronic pain personality syndrome and enduring personality change after bereavement

Source: The *ICD-10 Classification of Mental and Behavioural Disorders*  
World Health Organization, Geneva, 1992