

Background

The new classification of chronic pain¹ is now implemented in the ICD-11. Preliminary field testing was conducted² and showed good category boundaries and exhaustiveness.

Subsequently, the WHO conducted international field tests:

Investigated questions³

1. Are the ICD-11 codes feasible?
2. How do users rate the clinical utility of ICD-11 codes?
3. How do ICD-11 codes compare to ICD-10 codes regarding:
 - Number of correct code assignments
 - User-rated ease of assignment
 - User-rated appropriateness of level of detail

In addition, general user comments were invited whether gaps or redundancies were perceived.

Method

Sample

177 pain experts (physicians/ psychologists) in 35 countries

Procedure (Online study)

Brief introductory online-training of the new classification.⁴

1. Line coding:

- 18 diagnoses had to be allocated using ICD-10 and ICD-11
- Comparison with gold standard (correct / incorrect)
- Difficulty / ambiguity encountered? (yes / no)
- Appropriate level of detail (not enough / just right / too detailed)

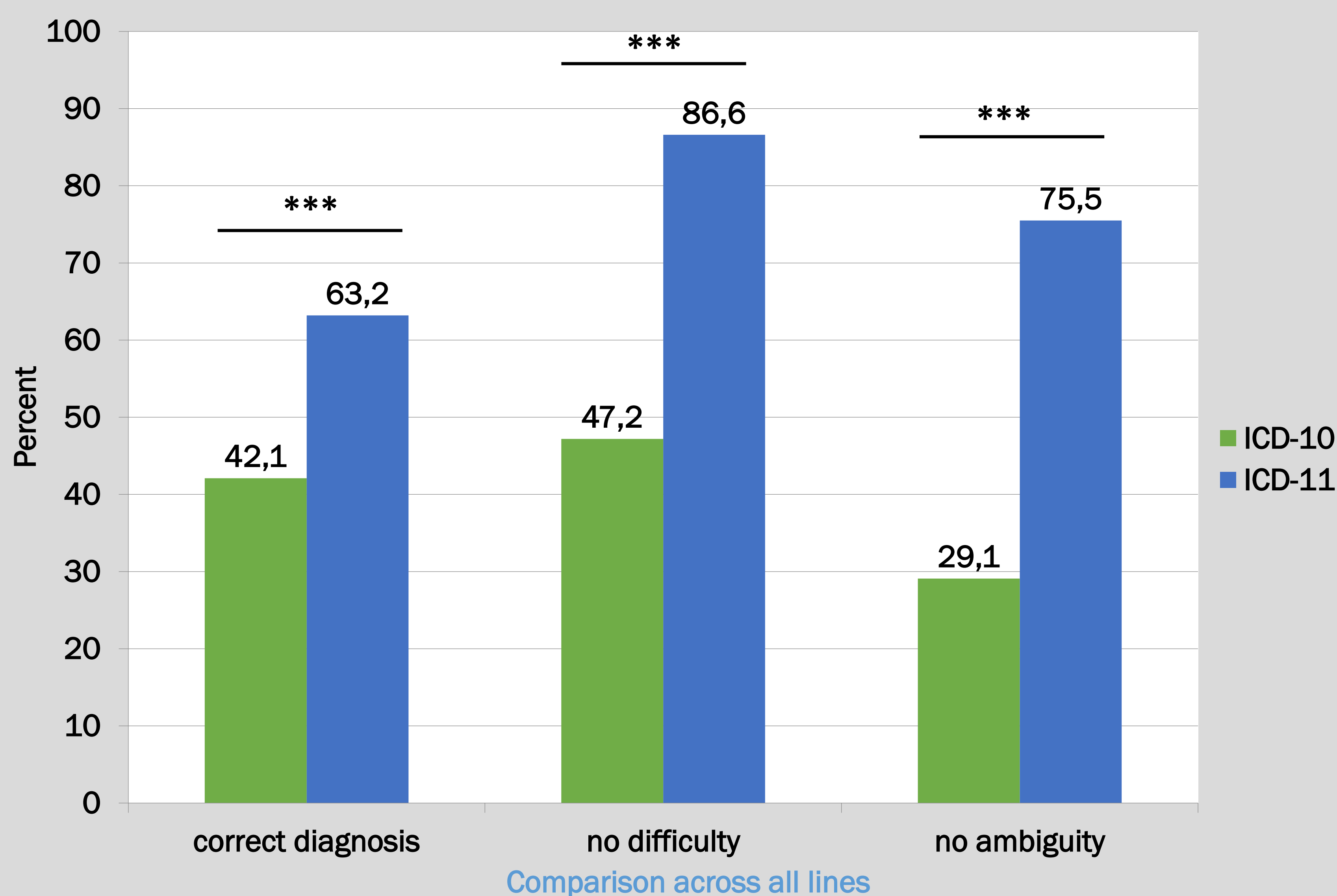
2. Case Coding:

- Allocation of ICD-11 diagnostic codes for ten case vignettes
- Rating of the clinical utility of the new diagnoses (0 – 5)

Results

1. Line Coding

Comparison of ICD-10 and ICD-11:
 Correct diagnoses, no difficulties or ambiguities encountered



2. Case Coding

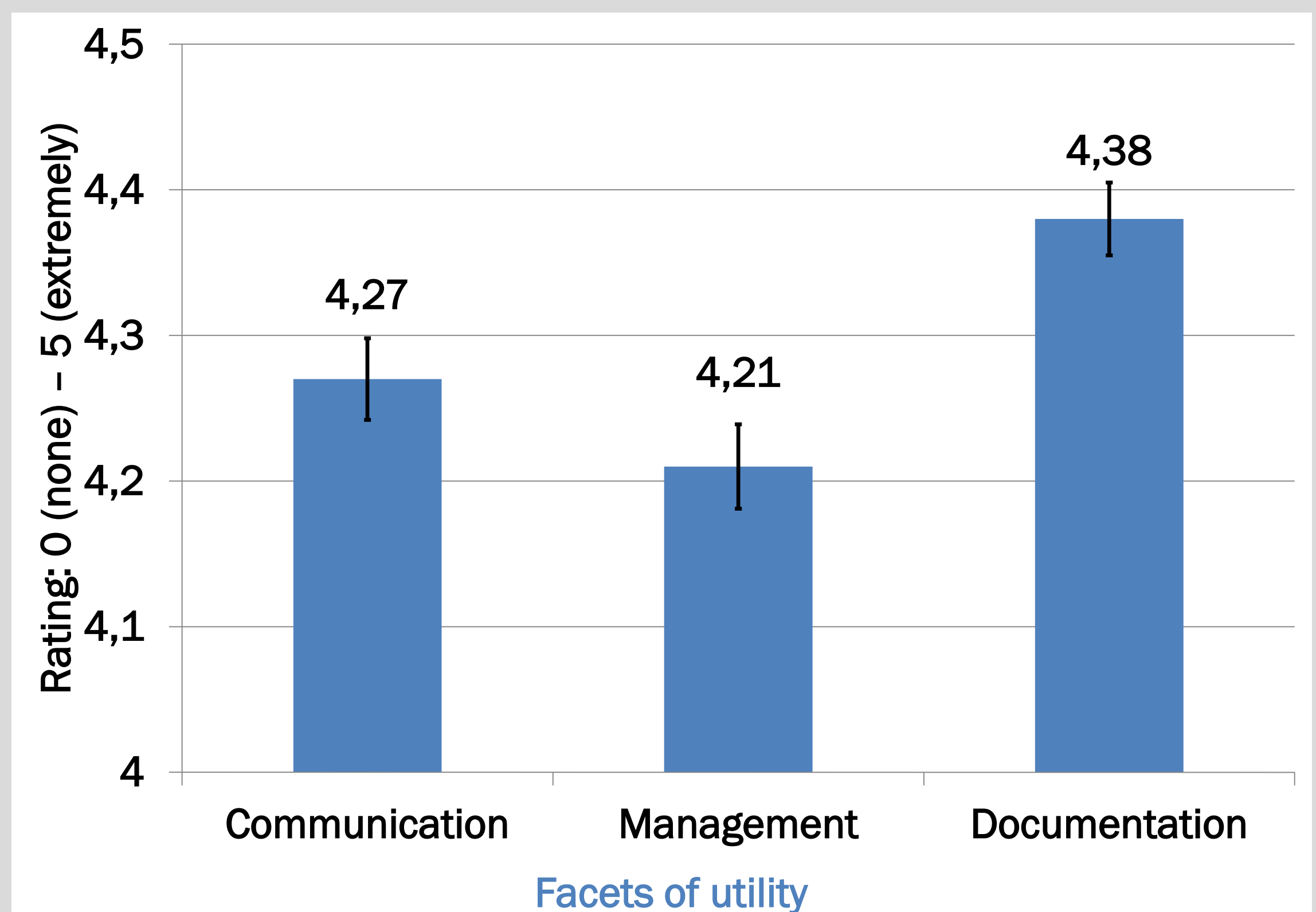
Example vignette: A patient with chronic back pain

The patient presented with persisting lower back pain after he had worked heavily at renovating his house 12 months ago. Radiography and neurological examination revealed no abnormalities. In addition, he had chronic migraine since childhood. He received multimodal pain treatment and physiotherapy for the back pain, which improved his symptoms.

Chronic primary musculoskeletal pain (MJ60.13)

Chronic Migraine (8A40.3)

Clinical Utility



Conclusion

General Feasibility: Coders with general knowledge about chronic pain achieved correct diagnostic allocations after minimal training (20-30 minutes online).

Comparison with ICD-10

More correct diagnoses in ICD-11 although the coders were much more familiar with ICD-10.

Less difficulty and ambiguity encountered in ICD-11.

Clinical utility was rated as very high (mean > 4 on a rating scale 0-5).

Level of detail appropriate.

No gaps and redundancies perceived.

Comments suggested that the new classification was seen as substantive improvement over ICD-10.

Further research

Investigate the validity of the diagnoses and the classification's performance in different settings.

User Comments

- ... *concrete description; specific diagnosis; comprehensive*
- ... *much less ambiguity [...] than in ICD-10*
- ... *it is quite comprehensive and it's easy to find any type of pain according to the classification*
- ... *clinically useful, simple, instructions are clear*
- ... *the chronic pain conditions are better defined in ICD-11 than ICD-10*
- ... *I felt the coverage is very good due to the fact that it acknowledges chronic pain as a separate condition that warrants classification. It acknowledges ... the biopsychosocial model*
- ... *it's understandable and logical*

Task Force Members

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References

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