<table>
<thead>
<tr>
<th>Submitted by</th>
<th>Proposal</th>
<th>Status of proposal</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Suzy Chapman</td>
<td>Add exclusion for (Benign) myalgic encephalomyelitis under Fatigue</td>
<td>Implemented March 26, 2017</td>
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<tr>
<td>Suzy Chapman</td>
<td>Add exclusion for Chronic fatigue syndrome under Fatigue</td>
<td>Implemented March 26, 2017</td>
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<tr>
<td>Suzy Chapman</td>
<td>Add exclusion for Postviral fatigue syndrome under Fatigue</td>
<td>Remains to be processed</td>
<td>Following a further request, exclusion for PVFS was processed.</td>
</tr>
<tr>
<td>Suzy Chapman</td>
<td>Add exclusion for Fatigue under Postviral fatigue syndrome; BME; CFS</td>
<td>Implemented February/March 2019</td>
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<tr>
<td>Suzy Chapman</td>
<td>Proposal for Deletion of the Entity: Bodily distress disorder</td>
<td>Rejected February 26, 2019</td>
<td></td>
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<tr>
<td>Suzy Chapman</td>
<td>Add exclusions for Postviral fatigue syndrome; fatigue syndrome postviral; Benign myalgic encephalomyelitis; Chronic fatigue syndrome under Bodily distress disorder</td>
<td>Rejected February 2019</td>
<td>No Rationale has been provided by WHO Admins for this decision.</td>
</tr>
<tr>
<td>Suzy Chapman</td>
<td>Add exclusion for Bodily distress disorder under Postviral fatigue syndrome; Benign myalgic encephalomyelitis; Chronic fatigue syndrome</td>
<td>Rejected March 04, 2019</td>
<td>This rationale text merely reiterates the Rationale posted on November 19, 2018, when WHO Admins rejected the proposal submitted by Dr Tarun Dua in November 2017. (See pink panels, on p3)</td>
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**Proposal summary**
The proposed ICD Entity Title "Bodily distress disorder" should be rejected. Since 2007, this term has been used interchangeably for the differently conceptualized diagnostic construct, "Bodily distress syndrome" (Fink et al. 2010), which has very different criteria and captures a different patient population to ICD-11’s BDD. If the S3DWG working group is unprepared to reconsider the nomenclature and recommend an alternative name for its proposed disorder, then the current proposal to replace the ICD-10 somatoform disorders with a single “Bodily distress disorder” diagnostic category should be abandoned.

**Rationale:**
http://wp.me/pKrrB-4dc

**Rationale for decision:**
"This proposal has been extensively discussed by WHO and its advisory committees. There is no new scientific evidence to support this proposal and it will not be further processed.” Team 2 WHO 2019-Feb-26 - 23:04 UTC

**Proposal for Deletion of the Entity: Bodily distress disorder**

**Rationale for decision:**
"In response to the many proposals on Chronic fatigue syndrome, the WHO Secretariat has conducted a vast amount of research.

**Findings:** The condition is characterized by chronic, profound, disabling, and unexplained fatigue and coinciding symptoms such as sleep problems or post-exertional malaise. There is no agreement on a reliable diagnostic symptom pattern. The etiology is still being discussed and there is no uniform treatment approach with reliable outcomes. The only constant is the lead symptom 'fatigue' that persists over time.

**Decision:** As a result of this study, the category ‘postviral fatigue’ that is the indexing target, will not be changed as currently there is no evidence to suggest a better place. The entity will retain its name and remain within the Nervous system chapter. The Medical and Scientific Advisory Committee and the Classification and Statistics Advisory committee supported this decision.” Team3 WHO 2019-Mar-04 - 22:52 UTC

**Add exclusions for Postviral fatigue syndrome; fatigue syndrome postviral; Benign myalgic encephalomyelitis; Chronic fatigue syndrome under Bodily distress disorder**

**Rationale:**

**Add exclusion for Bodily distress disorder under Postviral fatigue syndrome; Benign myalgic encephalomyelitis; Chronic fatigue syndrome**

**Rationale:**

**Add exclusion for (Benign) myalgic encephalomyelitis under Fatigue**

**Add exclusion for Chronic fatigue syndrome under Fatigue**

**Add exclusion for Postviral fatigue syndrome under Fatigue**

**Rationale:**

**Update:** Implemented April 15, 2019

**Add exclusion for Fatigue under Postviral fatigue syndrome; BME; CFS**

**Proposal for Deletion of the Entity: Bodily distress disorder**

**Rationale:**

**Add exclusion for Bodily distress disorder under Postviral fatigue syndrome; Benign myalgic encephalomyelitis; Chronic fatigue syndrome**

**Rationale:**

**Add exclusion for Postviral fatigue syndrome under Fatigue**

**Add exclusion for (Benign) myalgic encephalomyelitis under Fatigue**

**Add exclusion for Chronic fatigue syndrome under Fatigue**

**Add exclusion for Postviral fatigue syndrome under Fatigue**

**Add exclusion for Fatigue under Postviral fatigue syndrome; BME; CFS**

**Proposal for Deletion of the Entity: Bodily distress disorder**

**Rationale:**

**Add exclusion for Bodily distress disorder under Postviral fatigue syndrome; Benign myalgic encephalomyelitis; Chronic fatigue syndrome**

**Rationale:**

**Add exclusion for (Benign) myalgic encephalomyelitis under Fatigue**

**Add exclusion for Chronic fatigue syndrome under Fatigue**

**Add exclusion for Postviral fatigue syndrome under Fatigue**

**Add exclusion for Fatigue under Postviral fatigue syndrome; BME; CFS**

**Proposal for Deletion of the Entity: Bodily distress disorder**

**Rationale:**

**Add exclusion for Bodily distress disorder under Postviral fatigue syndrome; Benign myalgic encephalomyelitis; Chronic fatigue syndrome**

**Rationale:**

**Add exclusion for (Benign) myalgic encephalomyelitis under Fatigue**

**Add exclusion for Chronic fatigue syndrome under Fatigue**

**Add exclusion for Postviral fatigue syndrome under Fatigue**

**Add exclusion for Fatigue under Postviral fatigue syndrome; BME; CFS**

**Proposal for Deletion of the Entity: Bodily distress disorder**

**Rationale:**

**Add exclusion for Bodily distress disorder under Postviral fatigue syndrome; Benign myalgic encephalomyelitis; Chronic fatigue syndrome**

**Rationale:**

**Add exclusion for (Benign) myalgic encephalomyelitis under Fatigue**

**Add exclusion for Chronic fatigue syndrome under Fatigue**

**Add exclusion for Postviral fatigue syndrome under Fatigue**

**Add exclusion for Fatigue under Postviral fatigue syndrome; BME; CFS**
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<th>Date</th>
<th>Action</th>
<th>Rationale</th>
<th>Exclusions</th>
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<tbody>
<tr>
<td>Suzy Chapman January 19, 2018</td>
<td><strong>Delete chronic fatigue, unspecified from the Synonyms list for Postviral fatigue syndrome</strong></td>
<td>Rationale: chronic fatigue, unspecified is a term imported from the U.S. ICD-10-CM. The entity is specific to the U.S. clinical modification and does not appear in the WHO’s unmodified ICD-10. In ICD-10-CM, Chronic fatigue, unspecified is coded under Chapter 18: Symptoms, signs etc. under R53 Malaise and fatigue &gt; R53.82 Chronic fatigue, unspecified with an Excludes1 for postviral fatigue syndrome (G93.3).</td>
<td>Implemented January 29, 2018</td>
</tr>
<tr>
<td>Suzy Chapman and Mary Dimmock March 27, 2017</td>
<td>[Proposal summary] For ICD-11, the ICD-10 G93.3 entities should be retained under their legacy chapter: Diseases of the nervous system under parent: Other disorders of the nervous system. Remove Postviral fatigue syndrome as the Concept Title. Deprecate the term “Benign.” Create new Concept Title: Myalgic encephalomyelitis. For backward compatibility, add “Myalgic encephalomyelitis (benign)” under Synonyms list for new Concept Title: Myalgic encephalomyelitis. Rationale: <a href="http://bit.ly/2NXt9dW">http://bit.ly/2NXt9dW</a> Relocate Postviral fatigue syndrome under Synonyms to new Concept Title: Myalgic encephalomyelitis. Create new Concept Title: Chronic fatigue syndrome. Assign unique sequential codes to new Concept Titles: Myalgic encephalomyelitis; and Chronic fatigue syndrome. Add reciprocal exclusions for Bodily distress disorder for new Concept Titles: Myalgic encephalomyelitis; and Chronic fatigue syndrome. Add reciprocal Exclusions for Fatigue for new Concept Titles: Myalgic encephalomyelitis; and Chronic fatigue syndrome. Full proposal: <a href="http://bit.ly/2NS8sQo">http://bit.ly/2NS8sQo</a></td>
<td>Rejected March 04, 2019</td>
<td>Again, this rationale text reiterates the Rationale posted on November 19, 2018, when WHO Admins rejected the proposal submitted by Dr Tarun Dua in November 2017. It does not provide any specific rationales for rejecting the various recommendations within this Chapman and Dimmock proposal. Although a blanket Rejection has been applied, exclusions for Myalgic encephalomyelitis; and Chronic fatigue syndrome under Fatigue had already been approved by WHO and implemented on March 26, 2017. An exclusion for Fatigue under Concept Title: Postviral fatigue syndrome had also been recently approved and implemented, though neither of those decisions has been acknowledged in the Rationale that accompanies the Rejection of this proposal. This joint submission with Mary Dimmock had garnered over 320 comments from stakeholders, including the support of over 30 international patient orgs and this is a cavalier response from WHO. I have submitted a request for the WHO’s rationale for rejecting the recommendation that the term “Benign” should be deprecated. Rationale: <a href="http://bit.ly/2NXt9dW">http://bit.ly/2NXt9dW</a></td>
</tr>
<tr>
<td>Lily Chu, MD on behalf of IACFS/ME <a href="http://www.iacfsme.org">www.iacfsme.org</a> March 31, 2017</td>
<td>[Proposal extract] We recommend the following: 1) The continued classification of these three terms in the neurological chapter, as was done in ICD-10, until such time that research provides the evidence for a more appropriate classification. 2) The retention of the term “postviral fatigue syndrome” (PVFS) as a concept title along with the elevation of the terms “chronic fatigue syndrome” (CFS) and “myalgic encephalomyelitis” (ME) to concept titles at the same level, with each of the three terms given a unique code. 3) Modify the ICD-10 term “benign myalgic encephalomyelitis” to “myalgic encephalomyelitis” as the disease is not benign. 4) Add back the reciprocal exclusions between these terms and the word “fatigue” (as was done in ICD-10) and also between these terms and bodily distress disorder.</td>
<td>Rejected March 04, 2019</td>
<td>Again, this rationale text reiterates the Rationale posted on November 19, 2018, when WHO Admins rejected the proposal submitted by Dr Tarun Dua in November 2017. It does not provide any specific rationales for rejecting the various recommendations within this IACFS/ME proposal.</td>
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</table>
5) We oppose the classification and/or dual parenting of these terms in either the symptoms chapter or the mental health chapter in the ICD 11 Handbook.


Rejected November 19, 2018

Rationale for decision: "In response to the many proposals on Chronic fatigue syndrome, the WHO Secretariat has conducted a vast amount of research.

Findings: The condition is characterized by chronic, profound, disabling, and unexplained fatigue and coinciding symptoms such as sleep problems or post-exertional malaise. There is no agreement on a reliable diagnostic symptom pattern. The etiology is still being discussed and there is no uniform treatment approach with reliable outcomes. The only constant is the lead symptom ‘fatigue’ that persists over time.

Decision: As a result of this study, the category ‘postviral fatigue’ that is the indexing target, will not be changed as currently there is no evidence to suggest a better place. The entity will retain its name and remain within the Nervous system chapter. The Medical and Scientific Advisory Committee and the Classification and Statistics Advisory committee supported this decision.” Team3 WHO 2018-Nov-19 - 07:10 UTC

Dr Tarun Dua is a medical officer working on the Program for Neurological Diseases and Neuroscience, Management of Mental and Brain Disorders, Department of Mental Health and Substance Abuse, World Health Organization.

Dr Dua had served as Lead WHO Secretariat and Managing Editor to the Topic Advisory Group (TAG) for Neurology.

As TAG Neurology had ceased operations in October 2016, it was initially unclear whose opinions this proposal represented. Four weeks later, Dr Dua clarified that the recommendation was submitted on behalf of Topic Advisory Group (TAG) for Neurology and “reiterates the TAG’s earlier conclusions.”

In February 2018, Chapman and Dimmock submitted a robust rebuttal to the Dr Dua proposal, which restated WHO’s general principles on consideration of potential chapter relocations: