

## Diagnostische Kriterien der ORS

| DSM-5 Task Force  | ICD 11   |
|---|--|
| A. Preoccupation with the belief that one emits a foul or offensive body odor although this odor is not perceived by others   | Persistent preoccupation about emitting a foul or offensive body odour or breath (i.e., halitosis) that is either unnoticeable or slightly noticeable to others such that the individual's concerns are markedly disproportionate to the smell, if any is perceptible.   |
| B. At some point during the course of the disorder, the person has performed repetitive behaviors (e. g., washing body, changing clothes) or mental acts (e. g. comparing their body odor with that of others) in response to the odor concerns | <p>Excessive self-consciousness about the perceived odour, often including ideas of self-reference (i.e., the conviction that people are taking notice, judging, or talking about the odour).</p> <p>The preoccupation or self-consciousness is accompanied by any of the following:</p> <ul style="list-style-type: none"> <li>• Repetitive and excessive behaviours, such as repeatedly checking for body odour or checking the perceived source of the smell (e.g., clothing), or repeatedly seeking reassurance;</li> <li>• Excessive attempts to camouflage, alter, or prevent the perceived odour (e.g., using perfume or deodorant, repetitive bathing, brushing teeth, or changing clothing, avoidance of certain foods);</li> <li>• Marked avoidance of social or other situations or stimuli that increase distress about the perceived foul or offensive odour (e.g., public transportation or other situations of close proximity to other people).</li> </ul> |
| C. The preoccupation causes clinically significant distress (for example, depressed mood, anxiety, shame) or impairment in social, occupational, or other important areas of functioning  | The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. If functioning is maintained, it is only through significant additional effort.   |
| D. The preoccupations are not due to a general medical condition.   | The symptoms are not a manifestation of another medical condition and are not due to the effects of a substance or medication on the central nervous system, including withdrawal effects.   |
| E. The preoccupations are not restricted to the symptoms of another mental disorder (e. g., the delusions of Schizophrenia or another Psychotic Disorder)   |  |
| <p>Quelle:<br/> <a href="http://www.dsm5.org/ProposedRevisions/Pages/proposedrevision.aspx?rid=400">http://www.dsm5.org/ProposedRevisions/Pages/proposedrevision.aspx?rid=400</a>; Stand: 30.09.2011</p>  | <p>Quelle:<br/> <a href="https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2fcd%2fentity%2f1119008568">https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2fcd%2fentity%2f1119008568</a>; Stand: 16.03.2022</p>   |