Briefing Note for the Member Forum, Content Managers Advisory Group, Clinical Leads and Community of Practice

08 April 2026

Updating terminology for Clinical finding concepts with Ethanol as the specified Causative agent

Purpose

This briefing note outlines the steps for revising descriptions within the Clinical Finding hierarchy. The scope includes concepts where the causative agent is 419442005 |Ethanol (substance)|.

Background

This work originates from a CRS inquiry submitted by a member country. It aims to improve alignment with current editorial guidelines and with clinical usage of the terms “ethanol” and “alcohol”.

Issue

More than 100 concepts in the International Release are classified as clinical findings or disorders with causative agent = 419442005 |Ethanol (substance)|. A consistency issue has been identified in the associated descriptions. Only a subset of these concepts include the term “ethanol” in their descriptions, including Fully Specified Names (FSNs). The majority use alternative terms such as “alcohol” or “ethyl alcohol”.

This variation results in inconsistency across the hierarchy and limits alignment with editorial guidelines. It may also affect translations, automated processing, and clinical retrieval.

Recommendations

A review of descriptions across all affected concepts will be performed to support consistency and alignment with editorial guidance and clinical usage.

- Substance reference sources (e.g. GSRS, PubChem, ChEBI) use “ethanol” as the formal designation, with “alcohol” as a common name.
- In clinical usage, the term “alcohol” is generally understood to refer to ethanol in relevant contexts (e.g.intoxication or harmful pattern of use), unless otherwise specified.
- In ICD-11, disorders resulting from alcohol use are defined by consumption patterns and consequences, with "alcohol", formally identified as ethyl alcohol or ethanol, characterized as an intoxicating compound produced via fermentation.
- Diagnostic and Statistical Manual of Mental Disorders (DSM) uses “alcohol” as standard terminology.

This approach supports consistent description updates and addresses ambiguity identified in recent queries.

Next Steps

1. Review all affected concepts and update descriptions where appropriate:
    a. FSNs will use “ethanol” to align with editorial guidelines and substance reference sources.
    b. “Alcohol” will be used as the Preferred Term, reflecting common clinical usage.
    c. “Ethyl alcohol” will be retained or added as a synonym where appropriate.
2. Going forward, this approach will be applied to newly created concepts, and the Editorial Guide will be updated accordingly.

Approvals	**Date**	**Name**
Chief Terminologist	Apr 10, 2026	James T. Case
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