Persistent Depressive D/O (Dysthymia) – 300.4

1. For a period of 2y, depressed mood most of the day, for more days than not; 2. Cannot be symptom free for more than 2 months; 3. Presence of depressed mood, which is present for at least 2 of the following: (2 out of 6): • Poor appetite or overeating; • Insomnia, or hypersomnia; • Loss of energy or fatigue; • Low self-esteem; • Concentration difficulty making decisions; • Feelings of hopelessness.

Notes on Dysthymic d/o v. MDE and on Mood D/O

1. Not part of criteria for dysthymic d/o:
   - ↓ Interest/pleasure • ↑ guilt, or feeling of worthlessness;
   - SI, SA, thoughts of death, or S plan; psychomotor ch.;
   - Not part of the d/o
2. Low self-esteem, or • Feelings of hopelessness
3. MDD is h/o or the presence of 1 or more mde
   • If h/o only hypomanic ep, then see Bipolar I/O.

Purely Dysphoric Mood D/O – 296.99

1. Severe, recurrent temper outburst manifested (i) verbally (v rage), or behav (phys aggression toward people or prop.) that are grossly out of proportion to the trigger; 2. Outbursts occur on average at least 3 times per week; 3. Between outbursts, mood is persistently angry or irritable; 4. Outbursts have lasted 12m and no 3m period w/o all sx; 5. Outbursts present in 2 of 3 settings (home/school/peers); 6. Dx must be made before age 6 and 18; 7. Age of onset is before age 10.

Intermittent Explosive D/O – 312.34

1. Recurrent behavioral outbursts representing a failure to control aggressive impulses as manifested by either: (i) Verbal aggression, or physical aggression toward prop., animals, or others, occurring twice weekly on avg., for 3m. The phys aggression does not result in damage or destruction of prop and does not result in phys injury; or (ii) Three behav’al outbursts within a 12m period, involving damage to or destruction of property, or physical assaults involving physical injury of animals or persons; 2. Aggression is grossly out of proportion to the trigger; 3. Aggr is not premed’d, or done to achieve a tangible obj.

Pre-Menstrual Dysphoric D/O – 625.4

1. Five out of 11 sx, including at least one of the first four, present in the week before onset of menses; 2. Sx improve w/ a few days after the onset of menses; 3. Sx become minimal or absent in the week post-menses; 4. Sx become minimal or absent in the week post-menses; (i) Marked dep’d mood, hopelessness, or self-deprec’t (ii) Marked irritability, anger, or interpersonal conflicts, (iii) affective lability, or (iv) anxiety, tension, or feeling keyed up or on edge; (v) ↓ interest, (vi) ↓ concentration, (vii) lethargy, fatigue, or loss of energy, (viii) change in appetite, overeating, or food cravings, (ix) hypomania or insomnia, (x) feeling overwhelmed or out of c’tl, (xi) phsy sx (e.g. breast swelling)

Obsessive-Compulsivis D/O – 300.3

1. Presence of obsessions or compulsions. Obsessions Defined:
   - Repetitive, persistent th/gs/im that are intrusive and unwanted, and that cause marked anxiety or distress;
   - Pt attempts to ignore the th/gs/im, or to neutralize them w/ some other thought or action
   Compulsions Defined:
   - Repetitive beh’/s or mental acts that the pt feels driven to do in resp to an obs, or according to rigidly applied rules;
   - Pt intends the behaviors or mental acts to reduce distress, or prevent a dreaded event or situation;
   - The behaviors or mental acts (i) are not connected in a realistic way w/ what they are intended to neutralize or prevent, or (ii) are clearly excessive.
   - The obsessions or compulsions: (i) are time consuming, (ii) cause clin’y significant distress, or (iii) cause imp’mt in social, occup’al, or other important areas of functioning.

Hoarding D/O – 300.3

1. Persistent difficulty discarding possessions regardless of their actual value;
   - The disorder is due to a perceived need to save the items, and to prevent the owners or discarding them;
   - The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use. If living areas are cluttered, it is only because of the interventions of 3rd parties (e.g. family).

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