Simply Psych EDU Cheat Sheets | DSM 5 | Part I

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, while depressed, of at least 2 of the following: (2 out of 6)

- Poor appetite or overeating;
- Insomnia, or hypersomnia;
- Low energy or fatigue;
- Low self-esteem;
- ↓ Concentration or 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 do:
   • ↓interest/pleasure • +guilt, or feeling of worthlessness;
   • SI, SA, thoughts of death, or S plan • psychomotor ch.;
   Not part of criteria for mde:
   • Low self-esteem, or • Feelings of hopelessness
2. • MDD is h/o or the presence of 1 or more mde
   • If h/o only hypomanic ep, then see Bipolar NOS.

Disruptive Mood Dysregulation D/O – 296.99

1. Severe, recurrent temper outburst manifested (i) verbally (v rages), or behav'y (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 persist'y 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 between 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.

Disruptive Mood Dysreg v. Intermittent Explosive

Unlike IED (outbursts only), DMD is a d/o of chronic, persistent irritability + freq. outbursts starting by age 10.

Seasonal Pattern Specifier

1. There has been a regular temporal relationship between the onset of manic, hypomanic, or depressive episodes and a particular time of the year (e.g., in fall or winter);
2. Full remissions occur at a characteristic time of the year;
3. In the last 2 years, the pt's manic, hypomanic, or md episodes have demonstr'd a temporal seasonal rel'sh and no non-seasonal episodes have occurred;
4. Seasonal manias, hypomanias, or depressions subst'y outnumber any nonseasonal manias, hypomanias, or depressions that may have occur'd over the pt's lifetime.

Major Depressive Episode (MDE)

During a 2w period, there is a change from previous functioning, and

---

At least 5 of the following symptoms are present (including at least one of criteria 1, or 2):
1. Depr'd mood, most of the day, nearly every day;
2. ↓ interest/pleasure in almost all activities;
3. Weight or appetite change;
4. Sleep change or disturbance;
5. Psychomotor change; 6. Fatigue or loss of energy;
7. + Guilt or feelings of worthlessness;
8. ↓Ability to think or concentrate, or indecisiveness;
9. SI, thoughts of death, SA, or suicide plan.

Mixed Episode v. Mixed Features Specifier

Under DSM 5, there is no mixed episode. For patients w mixed presentation, use Mixed Features Specifier

Bipolar I and II Note: B I does not require a h/o mde. B II requires h/o at least 1 hypomanic ep, and 1 mde.

Manic or Hypomanic Episode

A distinct period of (i) abnormally and persistently elevated, expansive, or irritable mood, and (ii) persistently increased goal-directed activity or energy; present most of the day, nearly every day and lasting
Manic – at least one week (or any duration if hosp'd)
Hypomanic – at least 4 consecutive days and the episode is not severe enough to cause marked impairment in function, and there are no psych feat.

At least 3 of the following symptoms have persisted and have been present to a significant degree.
Exception: You need 4 if mood is only irritable.
1. ↑ Self-esteem or grandiosity; 2. ↓ Need for sleep;
3. Pressured speech, more talkative than normal;
4. FOI, or racing thoughts;
5. Distractibility;
6. ↑ Goal-directed activity, or psychomotor agitation;
7. Excessive involvement in activities that have a high potential for painful consequences.

Specifiers in Mood Disorders

With:	Dysthymia	MDD	Bipolar I	Bipolar II	Cyclothymic
Anxious distress	X	X	X	X	X
Mixed features	X	X	X	X	
Rapid Cycling			X	X	
Melancholic features	X	X	X		
Atypical features	X	X	X		
Mood congruent ψ features	X	X	X	X	
Mood incongruent ψ features	X	X	X	X	
Catatonia		X	X	X	
Peripartum onset	X	X	X	X	
Seasonal pattern		X	X	X	

Anxious Distress Specifier

At least 2 of the following on most of the days of the mre
Feeling: • keyed up or tense, • unusually restless, or • that the pt might lose control.
• Difficulty concentrating because of worry
• Fear that something awful might happen

Rapid Cycling Specifier

Presence of 4 mood episodes ((hypo)manic, or major depressive) in previous 12 months.

Atypical Features Specifier

Features predominate on most days of current or mr mde.
1. Mood reactivity (mood brightens in resp. to pos. events);
2. At least 2 of the following features:
- Weight gain or increase in appetite;
- Hypersomnia;
- Leaden paralysis (heavy feeling in arms and legs);
- Long-standing pattern of interpersonal rejection sensitivity (not ltd to episodes of mood disturb.) resulting in significant social/occupational imp'mt.

Mood Congruent Psychotic Features Specifier

The content of all del's and hall's is c/w typical themes of mania (grandiosity, invulnerability) or depression (personal inadequacy, guilt, disease, death, nihilism, deser'd pun'm't)

Mixed Features Specifier

1. (Hypo)manic episode + 3 of 6 depressive symptoms (• depressed mood • ↓ interest •↓ energy or fatigue • psychomotor retardation • feeling worthless or guilty • recurrent SI, thoughts of death, SA, or suicide plan).
2. Major depressive epis. + 3 of 7 (hypo)manic symptoms (• Elevated, expansive mood, and • all sx of (hypo)manic episode above except for distractibility).

Melancholic Specifier

One of 1 or 2, and three of 3 through 8 during the most severe period of the current episode.
1. Loss of pleasure in all or almost all activities;
2. Lack of reactivity to usually pleasurable stimuli;
3. ↓ mood char'd by profound despondency, despair, moroseness, or empty mood; 4. Early am waking;
5. ↓ mood is regularly worse in the am;
6. Marked psychomotor agitation or retardation;
7. Significant anorexia or weight loss;
8. Excessive or inappropriate guilt.

Mood Incongruent Psychotic Features Specifier

The content of some del's and hall's is incons/w typical themes of mania or depression as the case may be. See mood congruent, left for what those typical themes are.

Cyclothymic D/o – 301.13

1. For at least 2 years, the absence of hypomanic episodes and mde, but the presence of:
   (i) numerous periods w hypomanic symptoms; and
   (ii) numerous periods w depressive sx
2. During the 2y period:
   (i) The pt has not been symptom free for more than 2m at a time, and
   (ii) Hypomanic and depressive periods have been present for at least half the time.
3. Lifetime absence of mde, (hypo)manic episodes.

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/i a few days after the onset of menses;
3. Sx become minimal or absent in the week post-menses;
(i) Marked depr'd mood, hopelessness, or self-deprec th's
(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) hypersomnia or insomnia, (x) feeling overwhelmed or out of ctl, (xi) phys sx (e.g.breast swelling)

Obsessive-Compulsivie D/o – 300.3

1. Presence of obsessions or compulsions.
Obsessions Defined:
- Recurrent, persistent th/urges/im that are intrusive and unwanted, and that cause marked anxiety or distress;
- Pt attempts to ignore the th/urges/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.

2. 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;
2. The difficulty is due to a perceived need to save the items, and b/c of distress a/w discarding them;
3. 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 uncluttered, it is only because of the interventions of 3rd parties (e.g. family).

Peripartum Onset Specifier

Onset of mood sx (depressive or (hypo)manic episode) occurs during pregn'cy or in the 4 weeks following delivery.

With Permission from original content creator Dr. Ralph Lissaur | Michael T Ingram Psychiatry Inc. | www.simplypsychedu.com