Differential Diagnosis

This information helps differentiate these disorders from others with overlapping symptoms or presentations.

**1. Intellectual Developmental Disorder (Intellectual Disability)**

**Differentiation from:** Neurocognitive disorders, communication disorders, autism spectrum disorder (ASD), and specific learning disorder.

**Key distinctions:**

 **Neurocognitive disorders:** These occur later in life (e.g., dementia) and result in cognitive decline rather than a developmental delay. Intellectual disability begins in the developmental period (before 18 years old).

* **Communication disorders:** These involve difficulties in language or speech, but intellectual functioning (reasoning, problem-solving) is normal.
* **Autism spectrum disorder (ASD):** While ASD can co-occur with intellectual disability, the hallmark is social communication deficits and restricted/repetitive behaviors. Intellectual disability does not inherently include these traits.
* **Specific learning disorder:** Affects skills like reading or math but does not include deficits in general intellectual functioning or adaptive skills.

**2. Global Developmental Delay**

**Differentiation from:** Specific learning disorders, speech/language disorders, and sensory impairments (e.g., hearing loss).

**Key distinctions:**

* This diagnosis is for children under 5 who fail to meet developmental milestones, but their condition cannot yet be fully assessed with standardized tests.
* **Specific learning disorder or speech/language disorders:** These are more specific and often diagnosed after age 5, once formal evaluations become reliable.
* **Sensory impairments:** Issues like hearing loss or vision problems may cause developmental delays but are distinct conditions requiring different interventions.

**3. Unspecified Intellectual Developmental Disorder**

**Differentiation from:** Other intellectual disabilities, ASD, or cognitive decline (e.g., due to trauma or neurological conditions).

**Key distinctions:**

* Used when significant barriers (e.g., physical, cultural, or sensory impairments) prevent complete assessment.
* **Other intellectual disabilities:** Have clear, confirmed deficits in intellectual and adaptive functioning, while this diagnosis is provisional.

**4. Language Disorder**

**Differentiation from:** Speech sound disorder, social (pragmatic) communication disorder, and ASD.

**Key distinctions:**

* Focuses on difficulties in vocabulary, grammar, and discourse (the ability to organize thoughts and communicate).
* **Speech sound disorder:** The issue is articulation of sounds, not the structure or meaning of language.
* **ASD:** Deficits in social communication and repetitive behaviors are not typical in language disorder.
* **Social (pragmatic) communication disorder:** Involves using language in social contexts (e.g., conversation rules), not structural language deficits.

**5. Speech Sound Disorder**

**Differentiation from:** Childhood-onset fluency disorder (stuttering), language disorder, and ASD.

**Key distinctions:**

* Difficulty producing speech sounds correctly, leading to unintelligible speech.
* **Language disorder:** Language structure and meaning (not sound production) are affected.
* **Childhood-onset fluency disorder (stuttering):** This involves disruptions in the flow of speech, not sound articulation.
* **ASD:** May include unusual speech patterns, but it is accompanied by social and behavioral deficits.

**6. Childhood-Onset Fluency Disorder (Stuttering)**

**Differentiation from:** Social anxiety disorder, speech sound disorder, and tics.

**Key distinctions:**

* Disruptions in fluency (e.g., sound/syllable repetition, blocks, or prolongations).
* **Social anxiety disorder:** Fear of speaking due to social evaluation, but speech patterns are fluent.
* **Tics:** Sudden, involuntary vocalizations, unlike the purposeful effort seen in stuttering.

**7. Social (Pragmatic) Communication Disorder**

**Differentiation from:** ASD, ADHD, and language disorder.

**Key distinctions:**

* Difficulties with social aspects of communication (e.g., understanding sarcasm, taking turns in conversation).
* **ASD:** Includes restricted/repetitive behaviors that are absent in social communication disorder.
* **ADHD:** Social communication issues stem from inattention or impulsivity rather than an inherent pragmatic deficit.
* **Language disorder:** Focuses on grammar/vocabulary, not conversational skills.

**8. Unspecified Communication Disorder**

**Differentiation from:** Other communication disorders (language, speech sound, fluency, pragmatic communication disorders).

**Key distinctions:**

* Used when a communication disorder is present but lacks sufficient information for a more specific diagnosis.
* **Specific disorders:** If clear evidence exists, diagnoses like language disorder or speech sound disorder should be used instead.

**9. Autism Spectrum Disorder (ASD)**

**Differentiation from:** Intellectual developmental disorder, language disorders, social (pragmatic) communication disorder, and ADHD.

**Key distinctions:**

* Characterized by deficits in social communication and restricted/repetitive behaviors.
* **Intellectual disability:** May co-occur but does not inherently include restricted/repetitive behaviors or specific social deficits.
* **ADHD:** Hyperactivity and impulsivity occur in both, but ASD uniquely involves social and behavioral patterns.

**10. Attention-Deficit/Hyperactivity Disorder (ADHD)**

**Differentiation from:** ASD, anxiety disorders, depressive disorders, bipolar disorder, and specific learning disorder.

**Key distinctions:**

* Persistent inattention, hyperactivity, and impulsivity across multiple settings.
* **ASD:** Deficits in social communication are central, while ADHD focuses on attention and activity regulation.
* **Anxiety and mood disorders:** In these, focus/concentration issues are due to emotional distress rather than inherent attention deficits.

**11. Other Specified ADHD**

**Differentiation from:** Unspecified ADHD and ADHD subtypes.

**Key distinctions:** This diagnosis is for individuals showing ADHD-like symptoms that do not fully meet diagnostic criteria (e.g., symptoms in only one setting).

**12. Unspecified ADHD**

**Differentiation from:** Specific learning disorders, ASD, or anxiety disorders.

**Key distinctions:** Used when symptoms are present, but not enough information is available to make a specific ADHD diagnosis.

**13. Specific Learning Disorder**

**Differentiation from:** Intellectual developmental disorder, ADHD, and sensory deficits.

**Key distinctions:** Learning challenges are specific to academic skills and not due to broader intellectual deficits or inattention.

**14. Developmental Coordination Disorder**

**Differentiation from:** Physical disabilities, stereotypic movement disorder, and ASD.

**Key distinctions:**

* Motor skill deficits that interfere with daily activities (e.g., handwriting, balance).
* **Physical disabilities (e.g., cerebral palsy):** Coordination issues are not due to identifiable medical or neurological conditions.
* **ASD:** Motor difficulties may occur but are accompanied by broader social/behavioral deficits.

**15. Stereotypic Movement Disorder**

**Differentiation from:** ASD, tic disorders, obsessive-compulsive disorder, and neurological conditions.

**Key distinctions:**

* Repetitive, purposeless motor behaviors (e.g., hand-flapping) that cause self-injury or impairment.
* **Tic disorders:** Involve sudden, non-rhythmic movements or sounds, whereas stereotypic movements are rhythmic and predictable.
* **ASD:** Stereotypic movements often co-occur but are associated with broader deficits in ASD.

**16. Tic Disorders (Includes Tourette’s)**

**Differentiation from:** Stereotypic movement disorder, ASD, and compulsive behaviors (e.g., OCD).

**Key distinctions:**

* Sudden, rapid, recurrent motor or vocal tics (e.g., blinking, throat clearing).
* **Stereotypic movement disorder:** Movements are more rhythmic and fixed in nature.
* **OCD:** Repeated behaviors are driven by distressing obsessions, not tics.

**17. Other Specified Tic Disorder**

**Differentiation from:** Tourette’s disorder, chronic motor/vocal tic disorders, and stereotypic movement disorder.

**Key distinctions:** Diagnosed when tics are present but do not meet full criteria for a specific tic disorder (e.g., duration or type of tic).

**18. Unspecified Tic Disorder**

**Differentiation from:** Other tic disorders or conditions with tic-like symptoms.

**Key distinctions:** Reserved for cases where tic symptoms are present, but detailed assessment is unavailable.

**Other Specified Neurodevelopmental Disorder**

**Differentiation from:** Unspecified neurodevelopmental disorder, specific neurodevelopmental disorders (e.g., ADHD, ASD), and intellectual disability.  
**Key distinctions:**

* Presentations do not fully meet criteria for a specific neurodevelopmental disorder but cause significant impairment (e.g., ADHD-like symptoms in one setting only).
* **Unspecified neurodevelopmental disorder:** Used when insufficient information is available to specify the disorder (e.g., emergency settings).
* **Specific neurodevelopmental disorders:** Meet all diagnostic criteria (e.g., persistent ADHD symptoms in multiple settings).

**Unspecified Neurodevelopmental Disorder**

**Differentiation from:** Other specified neurodevelopmental disorder and specific neurodevelopmental conditions.  
**Key distinctions:**

* Applied when a neurodevelopmental disorder is suspected but insufficient information is available to make a specific diagnosis.
* **Other specified neurodevelopmental disorder:** Used when enough information is present to describe the condition (e.g., atypical presentation of ADHD).
* **Specific neurodevelopmental conditions:** Clearly meet diagnostic criteria (e.g., language disorder, ASD).

**Disruptive Mood Dysregulation Disorder (DMDD)**

**Differentiation from:** Bipolar disorders, oppositional defiant disorder (ODD), and attention-deficit/hyperactivity disorder (ADHD).  
**Key distinctions:**

* Severe, recurrent temper outbursts (verbal or physical) that are inconsistent with developmental level, along with persistent irritability.
* **Bipolar disorder:** DMDD lacks episodic manic or hypomanic periods. Mood in DMDD is chronically irritable.
* **Oppositional defiant disorder (ODD):** ODD involves defiant behavior without the pervasive mood disturbance present in DMDD.
* **ADHD:** Behavioral difficulties are driven by impulsivity or inattention, not irritability or mood dysregulation.

**Major Depressive Disorder (MDD)**

**Differentiation from:** Bipolar disorders, persistent depressive disorder, and schizoaffective disorder.  
**Key distinctions:**

* Characterized by at least one major depressive episode lasting at least 2 weeks with symptoms such as low mood, loss of interest, and cognitive/physical changes.
* **Bipolar disorders:** MDD lacks manic or hypomanic episodes.
* **Persistent depressive disorder:** Depressive symptoms are chronic (lasting 2+ years) and may be less severe than in MDD.
* **Schizoaffective disorder:** Involves psychotic symptoms that occur outside of mood episodes.

**Persistent Depressive Disorder (PDD)**

**Differentiation from:** Major depressive disorder (MDD), cyclothymic disorder, and borderline personality disorder.  
**Key distinctions:**

* Depressive symptoms are chronic (lasting at least 2 years) but may be less severe than those in MDD.
* **MDD:** Depressive symptoms in MDD are episodic and may not meet the 2-year duration criterion of PDD.
* **Cyclothymic disorder:** Includes alternating depressive and hypomanic symptoms, which are absent in PDD.
* **Borderline personality disorder:** Mood instability in borderline personality disorder is more reactive and interpersonal, unlike the chronic mood of PDD.

**Premenstrual Dysphoric Disorder (PMDD)**

**Differentiation from:** MDD, generalized anxiety disorder (GAD), and dysmenorrhea.  
**Key distinctions:**

* Severe mood, physical, and behavioral symptoms occur specifically in the luteal phase of the menstrual cycle and resolve after menstruation begins.
* **MDD:** Lacks the cyclical pattern tied to the menstrual cycle seen in PMDD.
* **GAD:** Anxiety symptoms are not linked to menstrual phases in GAD.
* **Dysmenorrhea:** Focuses on physical pain during menstruation without the mood changes of PMDD.

**Substance/Medication-Induced Depressive Disorder**

**Differentiation from:** Major depressive disorder (MDD), bipolar disorders, and depressive disorder due to another medical condition.  
**Key distinctions:**

* Depressive symptoms occur during or shortly after substance use, intoxication, or withdrawal.
* **MDD:** Symptoms persist independently of substance use.
* **Bipolar disorders:** If depressive symptoms occur alongside manic or hypomanic episodes, consider bipolar disorder.
* **Depressive disorder due to another medical condition:** Symptoms are directly caused by a medical condition, not substance use.

**Depressive Disorder Due to Another Medical Condition**

**Differentiation from:** Substance/medication-induced depressive disorder, MDD, and adjustment disorder with depressed mood.  
**Key distinctions:**

* Depressive symptoms are directly caused by the physiological effects of a medical condition (e.g., hypothyroidism, stroke).
* **Substance/medication-induced depressive disorder:** Symptoms are related to substance use or withdrawal rather than a medical condition.
* **Adjustment disorder with depressed mood:** Triggered by a stressor, not a medical condition.

**Other Specified Depressive Disorder**

**Differentiation from:** Unspecified depressive disorder, MDD, and adjustment disorders.  
**Key distinctions:**

* Depressive symptoms cause significant distress or impairment but do not meet criteria for specific depressive disorders (e.g., MDD or PDD).
* **Unspecified depressive disorder:** Used when insufficient details are available to specify the condition.
* **Adjustment disorders:** Depressive symptoms are directly tied to an identifiable stressor.

**Unspecified Depressive Disorder**

**Differentiation from:** Other specified depressive disorder and primary depressive disorders (e.g., MDD).  
**Key distinctions:**

* Depressive symptoms are present but insufficient information is available to make a more specific diagnosis (e.g., in emergency settings).
* **Other specified depressive disorder:** Used when more details are known but do not meet criteria for a specific depressive disorder.

**Separation Anxiety Disorder**

**Differentiation from:** Generalized anxiety disorder (GAD), autism spectrum disorder (ASD), and social anxiety disorder.  
**Key distinctions:**

* Intense fear or anxiety related to separation from attachment figures, with physical symptoms such as headaches or nausea.
* **GAD:** Worries are broader and not specific to separation.
* **ASD:** Anxiety in ASD is tied to difficulty adjusting to change or social communication deficits.
* **Social anxiety disorder:** Focuses on fear of social scrutiny, not separation.

**Selective Mutism**

**Differentiation from:** Social anxiety disorder, communication disorders, and ASD.  
**Key distinctions:**

* Consistent failure to speak in specific social situations despite speaking in others.
* **Social anxiety disorder:** Includes broader fears of social evaluation, not just mutism.
* **Communication disorders:** Speech issues are present across all settings.
* **ASD:** Mutism in ASD may be part of broader deficits in social communication.

**Specific Phobia**

**Differentiation from:** Social anxiety disorder, panic disorder, and generalized anxiety disorder (GAD).  
**Key distinctions:**

* Intense, persistent fear of specific objects or situations (e.g., heights, animals).
* **Social anxiety disorder:** Fear is focused on social scrutiny, not objects or situations.
* **Panic disorder:** Anxiety arises unpredictably, not in response to specific triggers.
* **GAD:** Worry is broader and not tied to specific phobic stimuli.

**Social Anxiety Disorder**

**Differentiation from:** Specific phobia, panic disorder, and ASD.  
**Key distinctions:**

* Fear or anxiety about situations where scrutiny by others is possible.
* **Specific phobia:** Fear is tied to objects or situations, not social evaluation.
* **Panic disorder:** Anxiety is not situational but arises unexpectedly.
* **ASD:** Social deficits in ASD include difficulty with social reciprocity, not fear of judgment.

**Panic Disorder**

**Differentiation from:** Social anxiety disorder, specific phobia, and generalized anxiety disorder (GAD).  
**Key distinctions:**

* Recurrent, unexpected panic attacks with ongoing fear of future attacks.
* **Social anxiety disorder:** Panic occurs only in specific social situations.
* **Specific phobia:** Panic is tied to specific objects or situations.
* **GAD:** Worry is broader and does not include discrete panic attacks.

**Agoraphobia**

**Differentiation from:** Panic disorder, social anxiety disorder, and specific phobia.  
**Key distinctions:**

* Fear or anxiety about being in situations where escape might be difficult or help unavailable during a panic-like episode.
* **Panic disorder:** Panic attacks occur unexpectedly and not necessarily in specific situations. Agoraphobia may develop as a consequence of panic disorder but is a separate diagnosis.
* **Social anxiety disorder:** Fear is focused on social evaluation rather than difficulty escaping.
* **Specific phobia:** Fear is tied to specific objects or situations (e.g., flying) and does not encompass the broader fear of being unable to escape.

**Generalized Anxiety Disorder (GAD)**

**Differentiation from:** Panic disorder, social anxiety disorder, and obsessive-compulsive disorder (OCD).  
**Key distinctions:**

* Persistent, excessive worry about multiple domains of life (e.g., work, family, finances) lasting at least 6 months.
* **Panic disorder:** Focus is on fear of recurring panic attacks, not generalized worry.
* **Social anxiety disorder:** Anxiety centers on fear of social scrutiny, not generalized worries.
* **OCD:** Worries in OCD are tied to specific obsessions and are usually accompanied by compulsions.

**Substance/Medication-Induced Anxiety Disorder**

**Differentiation from:** GAD, panic disorder, and anxiety disorder due to another medical condition.  
**Key distinctions:**

* Anxiety or panic symptoms occur during or shortly after substance use, intoxication, or withdrawal.
* **GAD or panic disorder:** Symptoms are independent of substance use.
* **Anxiety disorder due to another medical condition:** Anxiety is directly caused by a medical condition (e.g., hyperthyroidism).

**Anxiety Disorder Due to Another Medical Condition**

**Differentiation from:** Substance/medication-induced anxiety disorder and primary anxiety disorders (e.g., GAD).  
**Key distinctions:**

* Anxiety symptoms are directly attributable to the physiological effects of a medical condition (e.g., pheochromocytoma, hypothyroidism).
* **Substance/medication-induced anxiety disorder:** Anxiety is linked to substance use or withdrawal.
* **Primary anxiety disorders:** Symptoms are not caused by an underlying medical condition.

**Other Specified Anxiety Disorder**

**Differentiation from:** Unspecified anxiety disorder and primary anxiety disorders (e.g., GAD, panic disorder).  
**Key distinctions:**

* Anxiety symptoms cause significant distress but do not meet full criteria for a specific anxiety disorder (e.g., limited-symptom panic attacks).
* **Unspecified anxiety disorder:** Used when insufficient details are available to specify the presentation.

**Obsessive-Compulsive Disorder (OCD)**

**Differentiation from:** Generalized anxiety disorder (GAD), body dysmorphic disorder, and hoarding disorder.  
**Key distinctions:**

* Characterized by obsessions (intrusive, distressing thoughts) and compulsions (repetitive behaviors to reduce distress).
* **GAD:** Worries in GAD are not tied to specific obsessions or compulsive rituals.
* **Body dysmorphic disorder:** Focused on perceived flaws in physical appearance rather than broader obsessions.
* **Hoarding disorder:** Anxiety is focused on discarding possessions, without broader compulsions.

**Body Dysmorphic Disorder (BDD)**

**Differentiation from:** OCD, eating disorders, and delusional disorder (somatic type).  
**Key distinctions:**

* Preoccupation with perceived physical flaws that are not noticeable to others, often leading to repetitive behaviors like mirror-checking.
* **OCD:** Obsessions in OCD are broader and not specifically tied to physical appearance.
* **Eating disorders:** Concerns in eating disorders focus on weight or body shape related to food and eating behaviors.
* **Delusional disorder:** Beliefs about physical flaws are fixed and not recognized as irrational.

**Hoarding Disorder**

**Differentiation from:** OCD, major depressive disorder (MDD), and psychotic disorders.  
**Key distinctions:**

* Persistent difficulty discarding possessions due to a perceived need to save them, resulting in clutter that compromises living spaces.
* **OCD:** Hoarding in OCD is often driven by obsessions (e.g., fear of harm if items are discarded).
* **MDD:** Clutter in MDD is due to lack of energy or motivation, not active hoarding behavior.
* **Psychotic disorders:** Accumulation of items may result from delusions, unlike the decision-making difficulties in hoarding disorder.

**Trichotillomania (Hair-Pulling Disorder)**

**Differentiation from:** OCD, body-focused repetitive behaviors (e.g., excoriation disorder), and psychotic disorders.  
**Key distinctions:**

* Recurrent hair pulling leading to noticeable hair loss, often preceded by tension and followed by relief or gratification.
* **OCD:** Hair-pulling is not tied to obsessions or compulsions.
* **Excoriation (skin-picking) disorder:** Focus is on picking skin rather than pulling hair.
* **Psychotic disorders:** Hair-pulling may occur in response to delusions or hallucinations in psychotic disorders.

**Excoriation (Skin-Picking) Disorder**

**Differentiation from:** OCD, body-focused repetitive behaviors (e.g., trichotillomania), and delusional disorder.  
**Key distinctions:**

* Recurrent skin-picking resulting in skin lesions, often accompanied by a sense of relief or gratification.
* **OCD:** Skin-picking is not tied to obsessions or compulsions.
* **Trichotillomania:** Involves pulling hair rather than picking skin.
* **Delusional disorder:** Skin-picking may occur due to fixed beliefs (e.g., infestation).

**Substance/Medication-Induced Obsessive-Compulsive and Related Disorder**

**Differentiation from:** OCD, substance use disorders, and obsessive-compulsive and related disorder due to another medical condition.  
**Key distinctions:**

* Obsessions, compulsions, or related behaviors occur during or shortly after substance use or withdrawal.
* **OCD:** Symptoms persist independently of substance use.
* **Substance use disorders:** Focus is on substance use behaviors rather than obsessions/compulsions.

**Obsessive-Compulsive and Related Disorder Due to Another Medical Condition**

**Differentiation from:** OCD, substance/medication-induced OCD, and other medical conditions with similar presentations.  
**Key distinctions:**

* Obsessive-compulsive symptoms are directly attributable to the physiological effects of a medical condition (e.g., streptococcal infections in PANDAS).
* **OCD:** Symptoms occur without a medical condition cause.
* **Substance/medication-induced OCD:** Symptoms are tied to substance use or withdrawal.

**Other Specified Obsessive-Compulsive and Related Disorder**

**Differentiation from:** OCD, unspecified obsessive-compulsive and related disorder, and specific related disorders (e.g., hoarding disorder, BDD).  
**Key distinctions:**

* Includes presentations with significant obsessions or compulsions that do not meet full criteria for a specific diagnosis (e.g., body-focused repetitive behaviors not involving hair or skin).
* **OCD:** Full diagnostic criteria are met, including both obsessions and compulsions.
* **Unspecified obsessive-compulsive and related disorder:** Used when insufficient details are available to specify the presentation.

**Unspecified Obsessive-Compulsive and Related Disorder**

**Differentiation from:** Other specified obsessive-compulsive and related disorder and specific related disorders.  
**Key distinctions:**

* Applied when obsessive-compulsive symptoms are present but insufficient information is available to make a more specific diagnosis.
* **Other specified obsessive-compulsive and related disorder:** Used when more details are known but criteria for a specific disorder are not fully met.

**Reactive Attachment Disorder (RAD)**

**Differentiation from:** Autism spectrum disorder (ASD), depressive disorders, and intellectual developmental disorder.  
**Key distinctions:**

* Consistent pattern of emotionally withdrawn behavior toward caregivers, stemming from a history of severe neglect or maltreatment.
* **ASD:** RAD lacks the restricted/repetitive behaviors seen in ASD and is directly tied to caregiving history.
* **Depressive disorders:** RAD includes social withdrawal and attachment issues that are not typical of depressive disorders.
* **Intellectual developmental disorder:** Impairments in RAD are relational, not intellectual.

**Disinhibited Social Engagement Disorder (DSED)**

**Differentiation from:** ADHD, autism spectrum disorder (ASD), and reactive attachment disorder (RAD).  
**Key distinctions:**

* Culturally inappropriate, overly familiar behavior with unfamiliar adults, arising from a history of severe neglect or maltreatment.
* **ADHD:** Social disinhibition in ADHD is due to impulsivity, not caregiving neglect.
* **ASD:** Social deficits in ASD involve difficulty forming relationships, whereas DSED includes overly familiar behavior.
* **RAD:** RAD is characterized by social withdrawal, while DSED involves social disinhibition.

**Posttraumatic Stress Disorder (PTSD)**

**Differentiation from:** Acute stress disorder (ASD), adjustment disorders, and other anxiety disorders (e.g., GAD, panic disorder).  
**Key distinctions:**

* PTSD symptoms (e.g., intrusion, avoidance, arousal) persist for more than 1 month following exposure to a traumatic event.
* **ASD:** Symptoms last less than 1 month.
* **Adjustment disorders:** Emotional/behavioral symptoms arise in response to a stressor but do not meet PTSD criteria (e.g., no traumatic event or core PTSD symptoms).
* **Other anxiety disorders:** Anxiety in PTSD is tied to trauma-related cues, whereas GAD and panic disorder are not trauma-specific.

**Acute Stress Disorder (ASD)**

**Differentiation from:** PTSD, adjustment disorders, and panic disorder.  
**Key distinctions:**

* PTSD-like symptoms occur in response to a traumatic event but last between 3 days and 1 month.
* **PTSD:** Symptoms persist for more than 1 month.
* **Adjustment disorders:** Do not include core PTSD symptoms such as intrusion, avoidance, or hyperarousal.
* **Panic disorder:** Panic attacks in ASD are triggered by trauma-related stimuli, unlike the spontaneous nature of panic attacks in panic disorder.

**Adjustment Disorders**

**Differentiation from:** PTSD, depressive disorders, and generalized anxiety disorder (GAD).  
**Key distinctions:**

* Emotional or behavioral symptoms develop in response to an identifiable stressor, causing significant distress or impairment.
* **PTSD:** Adjustment disorders lack a traumatic event or core PTSD symptoms (e.g., avoidance, intrusive thoughts).
* **Depressive disorders:** Symptoms in adjustment disorders resolve once the stressor is removed, unlike the persistent symptoms of depressive disorders.
* **GAD:** Worry in GAD is broader and not necessarily tied to a specific stressor.

**Prolonged Grief Disorder**

**Differentiation from:** Major depressive disorder (MDD), PTSD, and adjustment disorders.  
**Key distinctions:**

* Persistent grief lasting at least 12 months (6 months in children) following a bereavement, with intense yearning or preoccupation with the deceased and functional impairment.
* **MDD:** Includes generalized mood disturbances, while prolonged grief disorder is centered on loss-specific symptoms.
* **PTSD:** Grief symptoms are focused on bereavement, whereas PTSD involves broader trauma-related symptoms.
* **Adjustment disorders:** Grief symptoms last longer and are more severe than the expected adjustment period.

**Other Specified Trauma- and Stressor-Related Disorder**

**Differentiation from:** PTSD, adjustment disorders, and unspecified trauma- and stressor-related disorder.  
**Key distinctions:**

* Includes trauma- or stressor-related symptoms that do not meet criteria for specific disorders (e.g., cultural syndromes of distress or delayed onset of PTSD symptoms).
* **PTSD:** Requires meeting full diagnostic criteria for PTSD.
* **Adjustment disorders:** Symptoms in adjustment disorders are less severe and not trauma-specific.
* **Unspecified trauma- and stressor-related disorder:** Used when insufficient details are available to specify the presentation.

**Unspecified Trauma- and Stressor-Related Disorder**

**Differentiation from:** Other specified trauma- and stressor-related disorder and PTSD.  
**Key distinctions:**

* Applied when trauma- or stressor-related symptoms are present but insufficient information exists for a specific diagnosis (e.g., in emergency settings).
* **Other specified trauma- and stressor-related disorder:** Used when more details are available but full criteria for specific disorders are not met.

**Dissociative Identity Disorder (DID)**

**Differentiation from:** PTSD, schizophrenia, and borderline personality disorder.  
**Key distinctions:**

* Presence of two or more distinct identity states with gaps in memory for daily events, personal information, or trauma.
* **PTSD:** Trauma symptoms are present in both, but DID includes identity fragmentation and amnesia for events.
* **Schizophrenia:** Hallucinations and delusions in schizophrenia are not accompanied by distinct identities.
* **Borderline personality disorder:** Mood instability and identity disturbance occur without amnesia or separate identity states.

**Dissociative Amnesia**

**Differentiation from:** PTSD, factitious disorder, and neurocognitive disorders.  
**Key distinctions:**

* Inability to recall important personal information, typically related to trauma or stress, beyond ordinary forgetfulness.
* **PTSD:** Dissociative amnesia can occur within PTSD but is diagnosed separately if it is the primary issue.
* **Factitious disorder:** Memory loss in factitious disorder is fabricated, while dissociative amnesia is genuine.
* **Neurocognitive disorders:** Amnesia in neurocognitive disorders has a physiological basis, unlike the psychological cause in dissociative amnesia.

**Depersonalization/Derealization Disorder**

**Differentiation from:** Panic disorder, PTSD, and schizophrenia.  
**Key distinctions:**

* Persistent or recurrent experiences of feeling detached from one’s self (depersonalization) or the environment (derealization), while reality testing remains intact.
* **Panic disorder:** Depersonalization/derealization episodes may occur during panic attacks but are transient and tied to anxiety.
* **PTSD:** Depersonalization/derealization can occur in PTSD but must be secondary to trauma for PTSD diagnosis.
* **Schizophrenia:** Depersonalization/derealization in schizophrenia often accompanies delusions or impaired reality testing.

**Other Specified Dissociative Disorder**

**Differentiation from:** Unspecified dissociative disorder, PTSD, and personality disorders.  
**Key distinctions:**

* Dissociative symptoms cause distress or impairment but do not fully meet criteria for a specific dissociative disorder (e.g., identity disturbance without full DID criteria).
* **Unspecified dissociative disorder:** Used when insufficient details are available to specify the presentation.
* **PTSD:** Trauma symptoms dominate, with dissociative symptoms secondary.

**Unspecified Dissociative Disorder**

**Differentiation from:** Other specified dissociative disorder and dissociative amnesia.  
**Key distinctions:**

* Dissociative symptoms are present, but insufficient information exists to make a more specific diagnosis (e.g., in emergency settings).
* **Other specified dissociative disorder:** Used when more details are available but criteria for a specific disorder are not fully met.

**Somatic Symptom Disorder**

**Differentiation from:** Illness anxiety disorder, depressive disorders, and factitious disorder.  
**Key distinctions:**

* Excessive thoughts, feelings, or behaviors related to somatic symptoms, which are genuinely present but may lack medical explanation.
* **Illness anxiety disorder:** Focus is on fear of illness without significant somatic symptoms.
* **Depressive disorders:** Somatic complaints in depression are secondary to low mood.
* **Factitious disorder:** Symptoms in factitious disorder are fabricated or induced intentionally.

**Illness Anxiety Disorder**

**Differentiation from:** Somatic symptom disorder, generalized anxiety disorder (GAD), and OCD.  
**Key distinctions:**

* Preoccupation with having or acquiring a serious illness despite little or no somatic symptoms.
* **Somatic symptom disorder:** Focus is on existing physical symptoms, not the fear of illness.
* **GAD:** Worries in GAD are broader and not specifically focused on health.
* **OCD:** Health-related obsessions in OCD are accompanied by compulsive behaviors, unlike the reassurance-seeking in illness anxiety disorder.

**Functional Neurological Symptom Disorder (Conversion Disorder)**

**Differentiation from:** Neurological disorders, factitious disorder, and malingering.  
**Key distinctions:**

* Motor or sensory symptoms incompatible with known medical conditions, often linked to psychological stress.
* **Neurological disorders:** Symptoms in conversion disorder lack medical explanation despite clinical testing.
* **Factitious disorder:** Symptoms are intentionally fabricated in factitious disorder, unlike the unconscious process in conversion disorder.
* **Malingering:** Symptoms in malingering are motivated by external gain (e.g., financial compensation).

**Psychological Factors Affecting Other Medical Conditions**

**Differentiation from:** Somatic symptom disorder, illness anxiety disorder, and adjustment disorders.  
**Key distinctions:**

* Psychological or behavioral factors adversely affect a medical condition (e.g., stress worsening asthma).
* **Somatic symptom disorder:** Primary focus is on somatic symptoms, not their interaction with a medical condition.
* **Illness anxiety disorder:** Preoccupation is with health fears, not actual medical conditions.
* **Adjustment disorders:** Emotional distress arises from the stressor, not its impact on a medical condition.

**Factitious Disorder**

**Differentiation from:** Malingering, somatic symptom disorder, and conversion disorder.  
**Key distinctions:**

* Falsification or induction of physical or psychological symptoms to assume the sick role, without external incentives.
* **Malingering:** Symptoms are fabricated for external gain, unlike the internal motive of factitious disorder.
* **Somatic symptom disorder:** Symptoms in somatic symptom disorder are genuine, not fabricated.
* **Conversion disorder:** Symptoms in conversion disorder are unconscious and linked to psychological stress.

**Other Specified Somatic Symptom and Related Disorder**

**Differentiation from:** Unspecified somatic symptom and related disorder, somatic symptom disorder, and illness anxiety disorder.  
**Key distinctions:**

* Includes presentations that do not fully meet criteria for a specific somatic symptom-related disorder (e.g., brief somatic symptom disorder lasting less than 6 months).
* **Unspecified somatic symptom and related disorder:** Used when insufficient details are available to specify the condition.

**Unspecified Somatic Symptom and Related Disorder**

**Differentiation from:** Other specified somatic symptom and related disorder and specific somatic symptom-related disorders.  
**Key distinctions:**

* Somatic symptoms are present but insufficient information exists for a more specific diagnosis (e.g., in emergency settings).
* **Other specified somatic symptom and related disorder:** Used when more details are available but criteria for a specific disorder are not fully met.

**Pica**

**Differentiation from:** Rumination disorder, avoidant/restrictive food intake disorder (ARFID), and obsessive-compulsive disorder (OCD).  
**Key distinctions:**

* Persistent eating of non-nutritive, non-food substances for at least one month, inappropriate for developmental level.
* **Rumination disorder:** Focus is on regurgitation, not consumption of non-food items.
* **ARFID:** Avoidance or restriction of food intake is due to lack of interest or sensory concerns, not the ingestion of non-food items.
* **OCD:** In OCD, eating non-food substances may occur as part of a compulsion, but it is not the primary focus.

**Rumination Disorder**

**Differentiation from:** Gastrointestinal conditions, eating disorders (e.g., anorexia nervosa, bulimia nervosa), and ARFID.  
**Key distinctions:**

* Repeated regurgitation of food, which may be re-chewed, re-swallowed, or spit out, without medical explanation.
* **Gastrointestinal conditions:** Regurgitation in medical conditions (e.g., GERD) is due to physiological issues rather than voluntary behavior.
* **Eating disorders:** Regurgitation is not driven by weight or body image concerns.
* **ARFID:** Involves restriction or avoidance of eating but not regurgitation.

**Avoidant/Restrictive Food Intake Disorder (ARFID)**

**Differentiation from:** Anorexia nervosa, bulimia nervosa, and specific phobia (e.g., choking phobia).  
**Key distinctions:**

* Avoidance or restriction of food intake due to lack of interest, sensory sensitivity, or fear of aversive consequences (e.g., choking).
* **Anorexia nervosa:** ARFID lacks preoccupation with weight or body image concerns.
* **Bulimia nervosa:** Bingeing and purging are absent in ARFID.
* **Specific phobia:** Avoidance in specific phobia is not limited to food intake.

**Anorexia Nervosa**

**Differentiation from:** Bulimia nervosa, ARFID, and major depressive disorder (MDD).  
**Key distinctions:**

* Restriction of energy intake relative to requirements, leading to significantly low body weight, with intense fear of gaining weight or behaviors interfering with weight gain.
* **Bulimia nervosa:** Weight is typically normal or above normal in bulimia, and bingeing is required.
* **ARFID:** ARFID lacks body image concerns or fear of weight gain.
* **MDD:** Weight loss in MDD is unintentional and due to reduced appetite, not weight concerns.

**Bulimia Nervosa**

**Differentiation from:** Anorexia nervosa (binge-eating/purging type), binge-eating disorder, and borderline personality disorder (BPD).  
**Key distinctions:**

* Recurrent episodes of binge eating followed by compensatory behaviors (e.g., vomiting, excessive exercise) with preoccupation on weight and shape.
* **Anorexia nervosa (binge-eating/purging type):** Individuals with bulimia maintain normal or above-normal weight, unlike anorexia.
* **Binge-eating disorder:** Lacks compensatory behaviors like purging or excessive exercise.
* **BPD:** Impulsivity in BPD may include binge eating, but it is not associated with compensatory behaviors.

**Binge-Eating Disorder (BED)**

**Differentiation from:** Bulimia nervosa, obesity, and depressive disorders.  
**Key distinctions:**

* Recurrent episodes of binge eating without compensatory behaviors.
* **Bulimia nervosa:** BED lacks purging or other compensatory behaviors.
* **Obesity:** Obesity itself is not a mental disorder and does not necessarily involve binge eating.
* **Depressive disorders:** Overeating in depression is tied to mood, not loss of control during eating.

**Other Specified Feeding or Eating Disorder**

**Differentiation from:** Unspecified feeding or eating disorder and specific eating disorders (e.g., anorexia, bulimia).  
**Key distinctions:**

* Includes atypical presentations of feeding or eating disorders (e.g., atypical anorexia where weight remains within normal range).
* **Unspecified feeding or eating disorder:** Used when insufficient information is available for a specific diagnosis.

**Unspecified Feeding or Eating Disorder**

**Differentiation from:** Other specified feeding or eating disorder and specific feeding or eating disorders.  
**Key distinctions:**

* Used when feeding or eating symptoms cause distress or impairment but insufficient details are available to specify the condition.

**Enuresis**

**Differentiation from:** Urinary tract infections (UTIs), diabetes, and neurogenic bladder.  
**Key distinctions:**

* Repeated urination into bed or clothes, intentional or involuntary, at least twice a week for 3 months in children 5 or older.
* **UTIs or diabetes:** Medical conditions causing frequent urination must be ruled out.
* **Neurogenic bladder:** Involves neurological impairment leading to urination issues.

**Encopresis**

**Differentiation from:** Constipation, oppositional defiant disorder (ODD), and neurodevelopmental disorders.  
**Key distinctions:**

* Repeated passage of feces in inappropriate places (e.g., clothing) in children 4 or older.
* **Constipation:** Encopresis may result from constipation but is primarily behavioral.
* **ODD:** Fecal soiling in ODD is deliberate and part of defiant behavior.
* **Neurodevelopmental disorders:** Fecal incontinence may occur as part of developmental delays, not intentional behavior.

**Other Specified Elimination Disorder**

**Differentiation from:** Unspecified elimination disorder and specific elimination disorders (e.g., enuresis, encopresis).  
**Key distinctions:**

* Includes atypical presentations of elimination disorders (e.g., enuresis without the required frequency).
* **Unspecified elimination disorder:** Used when insufficient details are available for a specific diagnosis.

**Unspecified Elimination Disorder**

**Differentiation from:** Other specified elimination disorder and specific elimination disorders.  
**Key distinctions:**

* Used when elimination symptoms are present but insufficient information exists to make a more specific diagnosis.

**Insomnia Disorder**

**Differentiation from:** Circadian rhythm sleep-wake disorders, anxiety disorders, and major depressive disorder (MDD).  
**Key distinctions:**

* Difficulty initiating or maintaining sleep, or early awakening, causing distress or impairment.
* **Circadian rhythm disorders:** Sleep disruption is due to misalignment between sleep schedule and circadian rhythm, not insomnia.
* **Anxiety disorders:** Sleep difficulties stem from excessive worry in anxiety.
* **MDD:** Sleep disturbances in MDD are part of broader mood symptoms.

**Hypersomnolence Disorder**

**Differentiation from:** Narcolepsy, MDD, and sleep apnea.  
**Key distinctions:**

* Excessive daytime sleepiness despite adequate sleep duration, with difficulty staying awake or prolonged main sleep episode.
* **Narcolepsy:** Hypersomnolence lacks cataplexy or other narcolepsy-specific features (e.g., sleep paralysis).
* **MDD:** Fatigue in MDD is tied to low mood, not excessive sleep drive.
* **Sleep apnea:** Sleepiness in apnea is caused by disrupted breathing during sleep, unlike hypersomnolence.

**Narcolepsy**

**Differentiation from:** Hypersomnolence disorder, epilepsy, and sleep apnea.  
**Key distinctions:**

* Recurrent episodes of an irresistible need to sleep, lapsing into sleep, or napping occurring within the same day, with features such as cataplexy or REM sleep abnormalities.
* **Hypersomnolence disorder:** Narcolepsy includes specific features like cataplexy or sleep paralysis.
* **Epilepsy:** Seizures can mimic sleep episodes but are accompanied by neurological findings.
* **Sleep apnea:** Daytime sleepiness in apnea is due to disrupted nighttime breathing, not narcolepsy’s neurological basis.

**Obstructive Sleep Apnea Hypopnea**

**Differentiation from:** Central sleep apnea, insomnia disorder, and hypersomnolence disorder.  
**Key distinctions:**

* Repeated episodes of upper airway obstruction during sleep, causing loud snoring, gasping, or choking, with daytime fatigue or sleepiness.
* **Central sleep apnea:** Respiratory effort is absent during apneas, unlike the obstructive effort in this disorder.
* **Insomnia disorder:** Difficulty initiating or maintaining sleep is unrelated to breathing issues.
* **Hypersomnolence disorder:** Daytime sleepiness is unrelated to respiratory disturbances.

**Central Sleep Apnea**

**Differentiation from:** Obstructive sleep apnea, sleep-related hypoventilation, and panic disorder.  
**Key distinctions:**

* Recurrent episodes of reduced or absent respiratory effort during sleep, often due to central nervous system dysfunction.
* **Obstructive sleep apnea:** Central sleep apnea lacks the upper airway obstruction seen in obstructive sleep apnea.
* **Sleep-related hypoventilation:** Central sleep apnea involves episodic cessation of breathing, whereas hypoventilation involves sustained inadequate ventilation.
* **Panic disorder:** Nocturnal panic attacks mimic central sleep apnea but lack the breathing pattern changes.

**Sleep-Related Hypoventilation**

**Differentiation from:** Central sleep apnea, obstructive sleep apnea, and chronic obstructive pulmonary disease (COPD).  
**Key distinctions:**

* Sustained periods of shallow breathing or reduced ventilation during sleep, leading to elevated carbon dioxide levels.
* **Central sleep apnea:** Hypoventilation lacks periodic cessation of breathing.
* **Obstructive sleep apnea:** Focus is on partial or complete airway obstruction, not hypoventilation.
* **COPD:** Breathing issues persist during wakefulness in COPD.

**Circadian Rhythm Sleep-Wake Disorders**

**Differentiation from:** Insomnia disorder, hypersomnolence disorder, and depressive disorders.  
**Key distinctions:**

* Misalignment between the individual’s internal circadian rhythm and the demands of their environment (e.g., shift work, delayed sleep phase).
* **Insomnia disorder:** Difficulty initiating or maintaining sleep is unrelated to circadian misalignment.
* **Hypersomnolence disorder:** Daytime sleepiness is not tied to circadian rhythm issues.
* **Depressive disorders:** Sleep disruption is part of broader mood symptoms.

**Non-Rapid Eye Movement (NREM) Sleep Arousal Disorders**

**Differentiation from:** Nightmare disorder, REM sleep behavior disorder, and epilepsy.  
**Key distinctions:**

* Recurrent episodes of incomplete awakening from sleep, such as sleepwalking or sleep terrors, with limited recall.
* **Nightmare disorder:** Involves vivid, distressing dreams occurring during REM sleep, with full recall.
* **REM sleep behavior disorder:** Occurs during REM sleep, with complex behaviors and dream recall.
* **Epilepsy:** Seizures during sleep may mimic arousal disorders but have neurological findings.

**Nightmare Disorder**

**Differentiation from:** NREM sleep arousal disorders, PTSD, and REM sleep behavior disorder.  
**Key distinctions:**

* Recurrent distressing dreams that occur during REM sleep, leading to full awakening with detailed recall.
* **NREM sleep arousal disorders:** Involve incomplete awakening and limited recall of events.
* **PTSD:** Nightmares in PTSD are tied to trauma and accompanied by other symptoms like hyperarousal.
* **REM sleep behavior disorder:** Physical behaviors during REM sleep occur without recall of vivid dreams.

**Rapid Eye Movement (REM) Sleep Behavior Disorder**

**Differentiation from:** NREM sleep arousal disorders, epilepsy, and nightmare disorder.  
**Key distinctions:**

* Repeated episodes of vocalizations or complex motor behaviors during REM sleep, often associated with vivid dreams.
* **NREM sleep arousal disorders:** Occur during non-REM sleep and lack dream recall.
* **Epilepsy:** Seizures during sleep may mimic REM behavior disorder but are not linked to vivid dreams.
* **Nightmare disorder:** Involves vivid dreams with emotional distress but lacks motor behaviors.

**Restless Legs Syndrome**

**Differentiation from:** Periodic limb movement disorder, neuropathy, and muscle cramps.  
**Key distinctions:**

* Uncomfortable sensations in the legs, relieved by movement, often worsening in the evening or during rest.
* **Periodic limb movement disorder:** Involves repetitive limb movements during sleep but lacks sensory discomfort.
* **Neuropathy:** Sensations are persistent and not tied to rest or movement.
* **Muscle cramps:** Painful muscle contractions, not relieved by movement.

**Substance/Medication-Induced Sleep Disorder**

**Differentiation from:** Insomnia disorder, hypersomnolence disorder, and withdrawal syndromes.  
**Key distinctions:**

* Sleep disturbances (e.g., insomnia, hypersomnia) directly linked to substance use, intoxication, or withdrawal.
* **Insomnia disorder:** Unrelated to substance use or withdrawal.
* **Hypersomnolence disorder:** Persistent excessive sleepiness is not substance-related.
* **Withdrawal syndromes:** Sleep disturbances are part of broader withdrawal symptoms.

**Other Specified Insomnia Disorder**

**Differentiation from:** Unspecified insomnia disorder and insomnia disorder.  
**Key distinctions:**

* Sleep difficulties causing distress but do not meet full criteria for insomnia disorder (e.g., shorter duration).
* **Unspecified insomnia disorder:** Used when insufficient information is available to specify the presentation.
* **Insomnia disorder:** Meets full criteria, including duration and impairment.

**Delayed Ejaculation**

**Differentiation from:** Erectile disorder, male hypoactive sexual desire disorder, and substance-induced sexual dysfunction.  
**Key distinctions:**

* Marked delay or inability to achieve ejaculation despite adequate sexual stimulation.
* **Erectile disorder:** Involves difficulty achieving or maintaining an erection, not ejaculation.
* **Male hypoactive sexual desire disorder:** Focus is on lack of interest in sexual activity, not delayed ejaculation.
* **Substance-induced sexual dysfunction:** Caused by medication or substance use.

**Erectile Disorder**

**Differentiation from:** Delayed ejaculation, premature ejaculation, and substance-induced sexual dysfunction.  
**Key distinctions:**

* Difficulty achieving or maintaining an erection during sexual activity.
* **Delayed ejaculation:** Focus is on ejaculation difficulties, not erection.
* **Premature ejaculation:** Involves ejaculation occurring too soon, not erection issues.
* **Substance-induced sexual dysfunction:** Erection difficulties are caused by substance use or medication.

**Female Orgasmic Disorder**

**Differentiation from:** Female sexual interest/arousal disorder, substance-induced sexual dysfunction, and depressive disorders.  
**Key distinctions:**

* Marked delay, infrequency, or absence of orgasm, or reduced orgasmic intensity during sexual activity.
* **Female sexual interest/arousal disorder:** Focus is on reduced interest or arousal, not orgasm.
* **Substance-induced sexual dysfunction:** Orgasmic difficulties are caused by substance use or medication.
* **Depressive disorders:** Loss of interest in sexual activity may overlap but includes broader mood symptoms.

**Female Sexual Interest/Arousal Disorder**

**Differentiation from:** Female orgasmic disorder, depressive disorders, and substance-induced sexual dysfunction.  
**Key distinctions:**

* Lack of or significantly reduced sexual interest/arousal, including reduced thoughts, fantasies, or physical sensations.
* **Female orgasmic disorder:** Focus is on orgasmic difficulties, not interest or arousal.
* **Depressive disorders:** Reduced interest in sex is part of broader mood symptoms.
* **Substance-induced sexual dysfunction:** Caused by substance use or medication.

**Genito-Pelvic Pain/Penetration Disorder**

**Differentiation from:** Female sexual interest/arousal disorder, dyspareunia due to medical conditions, and vaginismus.  
**Key distinctions:**

* Persistent or recurrent difficulties with vaginal penetration, pain during intercourse, or fear of pain, along with tensing of pelvic muscles.
* **Female sexual interest/arousal disorder:** Focus is on lack of interest or arousal, not pain or penetration difficulties.
* **Dyspareunia due to medical conditions:** Pain is caused by a medical condition (e.g., endometriosis) and not primarily psychological.
* **Vaginismus:** A subtype of genito-pelvic pain/penetration disorder involving involuntary muscle contraction during penetration.

**Male Hypoactive Sexual Desire Disorder**

**Differentiation from:** Erectile disorder, delayed ejaculation, and depressive disorders.  
**Key distinctions:**

* Persistently low or absent sexual thoughts, fantasies, or desire for sexual activity.
* **Erectile disorder:** Focus is on achieving or maintaining an erection, not sexual desire.
* **Delayed ejaculation:** Desire is intact, but ejaculation is delayed or absent.
* **Depressive disorders:** Low desire is part of broader mood symptoms.

**Premature (Early) Ejaculation**

**Differentiation from:** Erectile disorder, delayed ejaculation, and anxiety disorders.  
**Key distinctions:**

* Recurrent ejaculation occurring within 1 minute of penetration or before desired, causing distress.
* **Erectile disorder:** Involves difficulty achieving or maintaining an erection, not rapid ejaculation.
* **Delayed ejaculation:** Focus is on prolonged delay in ejaculation, not premature occurrence.
* **Anxiety disorders:** Anxiety may impact sexual performance but does not meet criteria for premature ejaculation.

**Substance/Medication-Induced Sexual Dysfunction**

**Differentiation from:** Primary sexual dysfunctions and substance use disorders.  
**Key distinctions:**

* Sexual dysfunction (e.g., low desire, erectile difficulties, delayed orgasm) directly linked to substance use, intoxication, or withdrawal.
* **Primary sexual dysfunctions:** Occur independently of substance use or medication effects.
* **Substance use disorders:** Focus is on substance use behaviors, not sexual symptoms.

**Other Specified Sexual Dysfunction**

**Differentiation from:** Unspecified sexual dysfunction and specific sexual dysfunctions.  
**Key distinctions:**

* Includes atypical presentations of sexual dysfunctions (e.g., sexual aversion disorder).
* **Unspecified sexual dysfunction:** Used when insufficient information is available for a specific diagnosis.

**Unspecified Sexual Dysfunction**

**Differentiation from:** Other specified sexual dysfunction and specific sexual dysfunctions.  
**Key distinctions:**

* Used when sexual dysfunction symptoms cause distress but insufficient details are available to specify the condition.

**Gender Dysphoria in Children**

**Differentiation from:** Body dysmorphic disorder, autism spectrum disorder (ASD), and anxiety disorders.  
**Key distinctions:**

* Marked incongruence between experienced and assigned gender, with strong desire to be of the other gender and discomfort with assigned sex characteristics.
* **Body dysmorphic disorder:** Focus is on perceived physical flaws, not gender incongruence.
* **ASD:** Social difficulties may overlap, but gender dysphoria involves gender-related distress.
* **Anxiety disorders:** Anxiety in gender dysphoria is specifically tied to gender incongruence.

**Gender Dysphoria in Adolescents and Adults**

**Differentiation from:** Body dysmorphic disorder, depressive disorders, and transvestic disorder.  
**Key distinctions:**

* Marked incongruence between experienced and assigned gender, with desire for transition or to live as the other gender.
* **Body dysmorphic disorder:** Focus is on perceived flaws in physical appearance, not gender-related distress.
* **Depressive disorders:** Mood symptoms are not tied to gender incongruence.
* **Transvestic disorder:** Involves cross-dressing for sexual arousal, not gender identity concerns.

**Other Specified Gender Dysphoria**

**Differentiation from:** Unspecified gender dysphoria and specific gender dysphoria diagnoses.  
**Key distinctions:**

* Includes atypical presentations of gender dysphoria that do not meet full criteria for specific gender dysphoria (e.g., partial symptoms).
* **Unspecified gender dysphoria:** Used when insufficient details are available to specify the condition.

**Unspecified Gender Dysphoria**

**Differentiation from:** Other specified gender dysphoria and specific gender dysphoria diagnoses.  
**Key distinctions:**

* Gender-related distress is present, but insufficient information is available for a specific diagnosis (e.g., in emergency settings).

**Oppositional Defiant Disorder (ODD)**

**Differentiation from:** Conduct disorder, intermittent explosive disorder (IED), and ADHD.  
**Key distinctions:**

* Persistent pattern of angry/irritable mood, defiant behavior, or vindictiveness toward authority figures.
* **Conduct disorder:** Involves more severe behaviors like aggression toward people or animals and property destruction.
* **IED:** Outbursts in IED are impulsive and not part of a persistent pattern of defiance.
* **ADHD:** Oppositional behavior in ADHD is secondary to inattention or impulsivity.

**Intermittent Explosive Disorder (IED)**

**Differentiation from:** Conduct disorder, ODD, and antisocial personality disorder (ASPD).  
**Key distinctions:**

* Recurrent impulsive outbursts of aggression disproportionate to the situation.
* **Conduct disorder:** Aggression in conduct disorder is deliberate and part of a broader pattern of rule-breaking.
* **ODD:** Defiant behavior in ODD is less severe and not characterized by explosive outbursts.
* **ASPD:** Aggressive behavior in ASPD is tied to disregard for others’ rights, not impulsive outbursts.

**Conduct Disorder**

**Differentiation from:** ODD, IED, and ASPD.  
**Key distinctions:**

* Repetitive and persistent pattern of violating the rights of others or societal norms (e.g., aggression, theft, destruction of property).
* **ODD:** Conduct disorder involves more severe violations of rules or rights, beyond oppositional behavior.
* **IED:** Explosive outbursts are impulsive, whereas conduct disorder involves deliberate aggression.
* **ASPD:** Diagnosed in individuals 18 years or older, often preceded by conduct disorder.

**Antisocial Personality Disorder (ASPD)**

**Differentiation from:** Conduct disorder, narcissistic personality disorder, and borderline personality disorder.  
**Key distinctions:**

* Pervasive disregard for others’ rights, with repeated unlawful behavior, deceitfulness, and lack of remorse.
* **Conduct disorder:** Diagnosed in individuals under 18; ASPD requires conduct disorder history.
* **Narcissistic personality disorder:** Focus is on grandiosity and need for admiration, not rule-breaking.
* **Borderline personality disorder:** Impulsivity in borderline personality disorder is tied to emotional instability, not disregard for others.

**Pyromania**

**Differentiation from:** Conduct disorder, ASPD, and arson for external gain.  
**Key distinctions:**

* Repeated deliberate fire-setting with fascination and gratification from fire, not for external gain or harm.
* **Conduct disorder/ASPD:** Fire-setting is part of broader delinquent behavior with intent to harm or gain.
* **Arson:** Fire-setting is motivated by financial or personal gain, not fascination.

**Kleptomania**

**Differentiation from:** Conduct disorder, ASPD, and theft for external gain.  
**Key distinctions:**

* Recurrent irresistible impulses to steal items not needed for personal use or value, with relief or gratification after stealing.
* **Conduct disorder/ASPD:** Theft is deliberate and motivated by external gain or harm.
* **Theft for external gain:** Stealing is purposeful and not driven by compulsive urges.

**Other Specified Disruptive, Impulse-Control, and Conduct Disorder**

**Differentiation from:** Unspecified disruptive, impulse-control, and conduct disorder and specific disruptive disorders.  
**Key distinctions:**

* Includes atypical presentations of disruptive, impulse-control, and conduct disorders (e.g., isolated episodes of defiance).
* **Unspecified disruptive, impulse-control, and conduct disorder:** Used when insufficient details are available to specify the condition.

**Unspecified Disruptive, Impulse-Control, and Conduct Disorder**

**Differentiation from:** Other specified disruptive, impulse-control, and conduct disorder and specific disruptive disorders.  
**Key distinctions:**

* Symptoms cause significant distress or impairment, but insufficient information is available to make a more specific diagnosis.

**Alcohol Use Disorder**

**Differentiation from:** Alcohol intoxication, alcohol withdrawal, and social alcohol use.  
**Key distinctions:**

* Problematic pattern of alcohol use leading to significant impairment or distress, with symptoms such as impaired control, social problems, or risky use.
* **Alcohol intoxication:** Refers to the acute effects of recent alcohol consumption, not the long-term pattern.
* **Alcohol withdrawal:** Symptoms occur after cessation or reduction of alcohol use, not during ongoing use.
* **Social alcohol use:** Alcohol use is non-problematic and does not cause impairment.

**Alcohol Intoxication**

**Differentiation from:** Alcohol withdrawal, sedative/hypnotic intoxication, and medical conditions affecting consciousness (e.g., hypoglycemia).  
**Key distinctions:**

* Recent alcohol consumption causing significant behavioral or psychological changes, such as impaired judgment or coordination.
* **Alcohol withdrawal:** Symptoms occur after cessation, not during intoxication.
* **Sedative/hypnotic intoxication:** Can mimic alcohol intoxication but may involve different substances (e.g., benzodiazepines).
* **Medical conditions:** Impaired consciousness or coordination may result from medical issues (e.g., hypoglycemia, head injury).

**Alcohol Withdrawal**

**Differentiation from:** Alcohol intoxication, sedative/hypnotic withdrawal, and delirium tremens.  
**Key distinctions:**

* Symptoms such as tremors, sweating, agitation, and seizures occurring after cessation or reduction in alcohol use.
* **Alcohol intoxication:** Symptoms are due to recent consumption, not withdrawal.
* **Sedative/hypnotic withdrawal:** Similar symptoms occur but are tied to different substances.
* **Delirium tremens:** Severe alcohol withdrawal includes hallucinations, confusion, and autonomic hyperactivity.

**Unspecified Alcohol-Related Disorder**

**Differentiation from:** Alcohol use disorder, alcohol intoxication, and alcohol withdrawal.  
**Key distinctions:**

* Symptoms suggest an alcohol-related disorder, but insufficient details are available to specify the condition.

**Caffeine Intoxication**

**Differentiation from:** Anxiety disorders, panic attacks, and stimulant intoxication.  
**Key distinctions:**

* Recent high caffeine consumption causing symptoms such as restlessness, insomnia, or gastrointestinal distress.
* **Anxiety disorders:** Symptoms are chronic and not linked to recent caffeine use.
* **Panic attacks:** Acute episodes of anxiety may mimic caffeine intoxication but lack the specific context of caffeine use.
* **Stimulant intoxication:** May involve similar symptoms but results from drugs like amphetamines or cocaine.

**Caffeine Withdrawal**

**Differentiation from:** Migraine, depressive disorders, and general fatigue.  
**Key distinctions:**

* Symptoms such as headache, fatigue, or irritability after abrupt cessation or reduction of caffeine use.
* **Migraine:** May involve headaches but lacks the withdrawal context.
* **Depressive disorders:** Fatigue and low mood are chronic, not tied to caffeine use.
* **General fatigue:** Not specifically linked to caffeine withdrawal.

**Unspecified Cannabis-Related Disorder**

**Differentiation from:** Cannabis use disorder, cannabis intoxication, and cannabis withdrawal.  
**Key distinctions:**

* Symptoms suggest cannabis-related issues, but insufficient information is available to specify the diagnosis.

**Unspecified Hallucinogen-Related Disorder**

**Differentiation from:** Specific hallucinogen use disorders and hallucinogen-induced mental disorders.  
**Key distinctions:**

* Symptoms suggest a hallucinogen-related issue, but insufficient details are available to specify the condition.

**Phencyclidine Use Disorder**

**Differentiation from:** Other substance use disorders, antisocial personality disorder (ASPD), and schizophrenia.  
**Key distinctions:**

* Problematic pattern of phencyclidine (PCP) use causing significant impairment or distress.
* **Other substance use disorders:** PCP-specific symptoms, such as belligerence or dissociation, distinguish it from other substances.
* **ASPD:** Rule-breaking behavior in ASPD is not tied to substance use.
* **Schizophrenia:** Psychosis in schizophrenia is not substance-induced.

**Other Hallucinogen Use Disorder**

**Differentiation from:** Phencyclidine use disorder, schizophrenia, and bipolar disorder.  
**Key distinctions:**

* Problematic pattern of use of hallucinogens other than PCP (e.g., LSD, psilocybin) causing significant impairment or distress.
* **Phencyclidine use disorder:** PCP has distinct effects, such as aggression and dissociation.
* **Schizophrenia:** Hallucinations and delusions in schizophrenia are unrelated to substance use.
* **Bipolar disorder:** Mania in bipolar disorder is not linked to hallucinogen use.

**Phencyclidine Intoxication**

**Differentiation from:** Other hallucinogen intoxication, schizophrenia, and traumatic brain injury.  
**Key distinctions:**

* Symptoms include belligerence, dissociation, nystagmus, and decreased responsiveness, following recent PCP use.
* **Other hallucinogen intoxication:** Effects are typically more perceptual (e.g., visual distortions) than dissociative.
* **Schizophrenia:** Psychotic symptoms are not linked to substance use.
* **Traumatic brain injury:** Neurological deficits may mimic intoxication but are caused by physical trauma.

**Other Hallucinogen Intoxication**

**Differentiation from:** Phencyclidine intoxication, schizophrenia, and bipolar disorder.  
**Key distinctions:**

* Symptoms include perceptual changes, such as visual distortions or hallucinations, following recent hallucinogen use.
* **Phencyclidine intoxication:** PCP intoxication includes dissociation and nystagmus, unlike other hallucinogens.
* **Schizophrenia:** Psychotic symptoms are not linked to substance use.
* **Bipolar disorder:** Symptoms of euphoria or grandiosity in bipolar disorder are not substance-induced.

**Hallucinogen Persisting Perception Disorder (HPPD)**

**Differentiation from:** Schizophrenia, PTSD, and epilepsy.  
**Key distinctions:**

* Persistent re-experiencing of perceptual disturbances following cessation of hallucinogen use (e.g., geometric patterns or visual trails).
* **Schizophrenia:** Visual disturbances are not tied to past hallucinogen use.
* **PTSD:** Flashbacks in PTSD involve re-experiencing traumatic events, not perceptual changes.
* **Epilepsy:** Visual symptoms in epilepsy are tied to seizure activity.

**Phencyclidine-Induced Mental Disorders**

**Differentiation from:** Schizophrenia, bipolar disorder, and other substance-induced disorders.  
**Key distinctions:**

* Psychiatric symptoms (e.g., delusions, hallucinations, or mood changes) directly caused by PCP use.
* **Schizophrenia:** Psychotic symptoms are not substance-induced.
* **Bipolar disorder:** Mood changes in bipolar disorder are not related to substance use.
* **Other substance-induced disorders:** Caused by different substances, not PCP.

**Hallucinogen-Induced Mental Disorders**

**Differentiation from:** Schizophrenia, bipolar disorder, and PTSD.  
**Key distinctions:**

* Psychiatric symptoms (e.g., hallucinations, delusions, or mood changes) caused by hallucinogen use (excluding PCP).
* **Schizophrenia:** Symptoms are not tied to hallucinogen use.
* **Bipolar disorder:** Mood disturbances are not substance-related.
* **PTSD:** Symptoms are tied to trauma, not hallucinogen use.

**Unspecified Phencyclidine-Related Disorder**

**Differentiation from:** Specific PCP-related disorders and other substance-related disorders.  
**Key distinctions:**

* Symptoms suggest a PCP-related issue, but insufficient details are available to specify the condition.

**Unspecified Hallucinogen-Related Disorder**

**Differentiation from:** Specific hallucinogen-related disorders and hallucinogen-induced mental disorders.  
**Key distinctions:**

* Symptoms suggest a hallucinogen-related issue, but insufficient details are available to specify the condition.

**Inhalant Use Disorder**

**Differentiation from:** Opioid use disorder, other substance use disorders, and antisocial personality disorder (ASPD).  
**Key distinctions:**

* Problematic pattern of inhalant use (e.g., glue, paint, or gasoline) leading to significant impairment or distress.
* **Opioid use disorder:** Inhalant effects differ from opioids, which focus on euphoria and pain relief.
* **Other substance use disorders:** The substance type and effects distinguish inhalants from other substances.
* **ASPD:** Rule-breaking in ASPD is not tied to substance use.

**Inhalant Intoxication**

**Differentiation from:** Alcohol intoxication, sedative/hypnotic intoxication, and medical conditions affecting consciousness (e.g., hypoxia).  
**Key distinctions:**

* Recent inhalant use causing symptoms such as dizziness, euphoria, and impaired judgment, with possible neurological effects (e.g., unsteady gait, nystagmus).
* **Alcohol intoxication:** Similar behavioral changes occur but are linked to alcohol use.
* **Sedative/hypnotic intoxication:** Intoxication effects overlap but are caused by other CNS depressants.
* **Medical conditions:** Symptoms such as confusion or ataxia may be due to hypoxia or other conditions, not inhalant use.

**Inhalant-Induced Mental Disorders**

**Differentiation from:** Primary psychotic disorders, mood disorders, and neurocognitive disorders.  
**Key distinctions:**

* Psychiatric symptoms (e.g., delusions, hallucinations, or mood disturbances) are directly caused by inhalant use.
* **Primary psychotic disorders:** Symptoms occur independently of substance use.
* **Mood disorders:** Symptoms persist without substance-related causes.
* **Neurocognitive disorders:** Cognitive deficits in inhalant use are reversible and tied to substance effects.

**Unspecified Inhalant-Related Disorder**

**Differentiation from:** Specific inhalant-related disorders and other substance-related disorders.  
**Key distinctions:**

* Symptoms suggest an inhalant-related issue, but insufficient details are available to specify the condition.

**Opioid Use Disorder**

**Differentiation from:** Sedative/hypnotic use disorder, chronic pain conditions, and antisocial personality disorder (ASPD).  
**Key distinctions:**

* Problematic opioid use causing impairment or distress, often involving tolerance, withdrawal, or loss of control.
* **Sedative/hypnotic use disorder:** Focus is on CNS depressants like benzodiazepines, not opioids.
* **Chronic pain conditions:** Opioid use for pain management does not constitute a disorder without misuse.
* **ASPD:** Substance use in ASPD is part of broader disregard for societal norms.

**Opioid Intoxication**

**Differentiation from:** Sedative/hypnotic intoxication, alcohol intoxication, and medical conditions (e.g., hypoglycemia).  
**Key distinctions:**

* Recent opioid use causing symptoms like euphoria, drowsiness, or constricted pupils, with potential for respiratory depression.
* **Sedative/hypnotic intoxication:** Intoxication effects overlap but lack pinpoint pupils.
* **Alcohol intoxication:** Behavioral changes occur but lack opioid-specific effects.
* **Medical conditions:** Altered consciousness may result from hypoglycemia or other conditions, not opioid use.

**Opioid Withdrawal**

**Differentiation from:** Alcohol withdrawal, sedative/hypnotic withdrawal, and anxiety disorders.  
**Key distinctions:**

* Symptoms such as dysphoria, nausea, muscle aches, and dilated pupils following cessation or reduction of opioid use.
* **Alcohol withdrawal:** Symptoms include tremors and seizures but lack opioid-specific signs.
* **Sedative/hypnotic withdrawal:** Withdrawal from benzodiazepines involves similar anxiety but lacks opioid-specific features.
* **Anxiety disorders:** Symptoms are chronic and unrelated to substance use cessation.

**Opioid-Induced Mental Disorders**

**Differentiation from:** Primary mood disorders, anxiety disorders, and schizophrenia.  
**Key distinctions:**

* Psychiatric symptoms (e.g., mood swings, anxiety, or psychosis) are directly caused by opioid use.
* **Primary mood or anxiety disorders:** Symptoms occur without substance use involvement.
* **Schizophrenia:** Psychotic symptoms are unrelated to opioid use.

**Unspecified Opioid-Related Disorder**

**Differentiation from:** Specific opioid-related disorders and other substance-related disorders.  
**Key distinctions:**

* Symptoms suggest an opioid-related issue, but insufficient details are available to specify the condition.

**Sedative, Hypnotic, or Anxiolytic Use Disorder**

**Differentiation from:** Alcohol use disorder, opioid use disorder, and primary anxiety disorders.  
**Key distinctions:**

* Problematic use of sedatives, hypnotics, or anxiolytics (e.g., benzodiazepines) causing impairment or distress.
* **Alcohol use disorder:** CNS depressant effects overlap but are caused by alcohol.
* **Opioid use disorder:** Opioids have different effects, including pain relief and euphoria.
* **Primary anxiety disorders:** Symptoms are not linked to sedative use or misuse.

**Sedative, Hypnotic, or Anxiolytic Intoxication**

**Differentiation from:** Alcohol intoxication, opioid intoxication, and medical conditions (e.g., delirium).  
**Key distinctions:**

* Recent sedative, hypnotic, or anxiolytic use causing symptoms such as slurred speech, incoordination, or drowsiness.
* **Alcohol intoxication:** Similar effects but linked to alcohol use.
* **Opioid intoxication:** Includes constricted pupils and respiratory depression, not typical of sedatives.
* **Medical conditions:** Cognitive impairment or incoordination may result from other causes.

**Sedative, Hypnotic, or Anxiolytic Withdrawal**

**Differentiation from:** Alcohol withdrawal, opioid withdrawal, and anxiety disorders.  
**Key distinctions:**

* Symptoms include tremors, anxiety, and seizures following cessation or reduction of sedative use.
* **Alcohol withdrawal:** Similar symptoms occur but lack the specific context of sedative use.
* **Opioid withdrawal:** Includes gastrointestinal symptoms and dilated pupils, not typical of sedatives.
* **Anxiety disorders:** Symptoms are not linked to sedative cessation.

**Sedative-, Hypnotic-, or Anxiolytic-Induced Mental Disorders**

**Differentiation from:** Primary mood disorders, anxiety disorders, and delirium.  
**Key distinctions:**

* Psychiatric symptoms (e.g., depression, anxiety, or psychosis) caused by sedative, hypnotic, or anxiolytic use.
* **Primary mood or anxiety disorders:** Symptoms are not substance-induced.
* **Delirium:** Cognitive impairments in delirium may mimic sedative effects but are unrelated to substance use.

**Unspecified Sedative-, Hypnotic-, or Anxiolytic-Related Disorder**

**Differentiation from:** Specific sedative-related disorders and other substance-related disorders.  
**Key distinctions:**

* Symptoms suggest a sedative-related issue, but insufficient details are available to specify the condition.

**Stimulant Use Disorder**

**Differentiation from:** Opioid use disorder, ADHD, and antisocial personality disorder (ASPD).  
**Key distinctions:**

* Problematic pattern of stimulant use (e.g., amphetamines, cocaine) leading to significant impairment or distress.
* **Opioid use disorder:** Focuses on opioids, which have sedative rather than stimulating effects.
* **ADHD:** Stimulant medications used to treat ADHD are not misused in a disorder.
* **ASPD:** Substance use in ASPD is part of a broader disregard for social norms.

**Stimulant Intoxication**

**Differentiation from:** Anxiety disorders, manic episodes, and cocaine-induced psychosis.  
**Key distinctions:**

* Recent stimulant use causing symptoms such as euphoria, increased energy, tachycardia, and paranoia.
* **Anxiety disorders:** Anxiety symptoms occur without recent stimulant use.
* **Manic episodes:** Mood symptoms are not substance-induced.
* **Cocaine-induced psychosis:** Includes hallucinations and paranoia but is specific to cocaine.

**Stimulant Withdrawal**

**Differentiation from:** Depressive disorders, opioid withdrawal, and sedative withdrawal.  
**Key distinctions:**

* Symptoms include fatigue, depression, and increased appetite following cessation of stimulant use.
* **Depressive disorders:** Symptoms persist independently of stimulant cessation.
* **Opioid withdrawal:** Includes muscle aches and gastrointestinal distress, not fatigue or hypersomnia.
* **Sedative withdrawal:** Symptoms involve anxiety and seizures, unlike stimulant withdrawal.

**Stimulant-Induced Mental Disorders**

**Differentiation from:** Primary mood disorders, anxiety disorders, and schizophrenia.  
**Key distinctions:**

* Psychiatric symptoms (e.g., mania, anxiety, or psychosis) caused by stimulant use.
* **Primary mood or anxiety disorders:** Symptoms occur without substance use involvement.
* **Schizophrenia:** Psychosis is not substance-induced.

**Unspecified Stimulant-Related Disorder**

**Differentiation from:** Specific stimulant-related disorders and other substance-related disorders.  
**Key distinctions:**

* Symptoms suggest a stimulant-related issue, but insufficient details are available to specify the condition.

**Tobacco Use Disorder**

**Differentiation from:** Other substance use disorders and habit-related behaviors (e.g., chewing gum).  
**Key distinctions:**

* Problematic pattern of tobacco use leading to significant impairment or distress, with difficulty cutting down or controlling use.
* **Other substance use disorders:** Focuses on substances other than tobacco.
* **Habit-related behaviors:** Non-tobacco habits (e.g., chewing gum) lack the addiction and impairment seen in tobacco use disorder.

**Tobacco Withdrawal**

**Differentiation from:** Generalized anxiety disorder (GAD), depressive disorders, and stimulant withdrawal.  
**Key distinctions:**

* Symptoms include irritability, anxiety, and difficulty concentrating after stopping or reducing tobacco use.
* **GAD:** Anxiety symptoms are chronic and not related to tobacco cessation.
* **Depressive disorders:** Low mood and anhedonia are persistent, not linked to withdrawal.
* **Stimulant withdrawal:** Fatigue and increased appetite are not typical of tobacco withdrawal.

**Tobacco-Induced Mental Disorders**

**Differentiation from:** Primary mood disorders, anxiety disorders, and schizophrenia.  
**Key distinctions:**

* Psychiatric symptoms (e.g., mood swings, anxiety) caused by tobacco use or cessation.
* **Primary mood or anxiety disorders:** Symptoms occur independently of tobacco use.
* **Schizophrenia:** Psychotic symptoms are not linked to tobacco.

**Unspecified Tobacco-Related Disorder**

**Differentiation from:** Specific tobacco-related disorders and other substance-related disorders.  
**Key distinctions:**

* Symptoms suggest a tobacco-related issue, but insufficient details are available to specify the condition.

**Other (or Unknown) Substance Use Disorder**

**Differentiation from:** Known substance use disorders and behavioral addictions.  
**Key distinctions:**

* Problematic use of an unknown or less common substance leading to impairment or distress.
* **Known substance use disorders:** The substance of abuse is identified.
* **Behavioral addictions:** Involve behaviors (e.g., gambling), not substances.

**Other (or Unknown) Substance Intoxication**

**Differentiation from:** Known substance intoxication and delirium.  
**Key distinctions:**

* Symptoms of intoxication following use of an unknown or unusual substance.
* **Known substance intoxication:** The substance causing intoxication is identified.
* **Delirium:** Includes confusion and impaired awareness, not necessarily substance-related.

**Other (or Unknown) Substance Withdrawal**

**Differentiation from:** Known substance withdrawal and anxiety disorders.  
**Key distinctions:**

* Symptoms of withdrawal after cessation of an unknown or unusual substance.
* **Known substance withdrawal:** The substance causing withdrawal is identified.
* **Anxiety disorders:** Symptoms persist without substance use cessation.

**Other (or Unknown) Substance–Induced Mental Disorders**

**Differentiation from:** Primary mood disorders, anxiety disorders, and psychotic disorders.  
**Key distinctions:**

* Psychiatric symptoms caused by the use of an unknown or unusual substance.
* **Primary mood or anxiety disorders:** Symptoms occur independently of substance use.
* **Psychotic disorders:** Symptoms are not linked to substance use.

**Unspecified Other (or Unknown) Substance–Related Disorder**

**Differentiation from:** Specific substance-related disorders.  
**Key distinctions:**

* Symptoms suggest a substance-related issue, but insufficient details are available to specify the condition.

**Gambling Disorder**

**Differentiation from:** Substance use disorders, antisocial personality disorder (ASPD), and obsessive-compulsive disorder (OCD).  
**Key distinctions:**

* Persistent, problematic gambling behavior causing distress or impairment, often leading to financial or interpersonal consequences.
* **Substance use disorders:** Gambling does not involve substance consumption.
* **ASPD:** Rule-breaking in ASPD is broader and not focused on gambling.
* **OCD:** Compulsions in OCD are not driven by the thrill or reward of gambling.

**Delirium**

**Differentiation from:** Dementia, schizophrenia, and substance intoxication.  
**Key distinctions:**

* Acute disturbance in attention and awareness, often with fluctuating symptoms.
* **Dementia:** Chronic cognitive deficits without fluctuating symptoms.
* **Schizophrenia:** Psychosis is not associated with fluctuating attention or awareness.
* **Substance intoxication:** May mimic delirium but is directly linked to recent substance use.

**Other Specified Delirium**

**Differentiation from:** Unspecified delirium and dementia.  
**Key distinctions:**

* Delirium with atypical presentations (e.g., subsyndromal delirium).
* **Unspecified delirium:** Used when insufficient details are available.
* **Dementia:** Symptoms are chronic and do not fluctuate.

**Unspecified Delirium**

**Differentiation from:** Other specified delirium and dementia.  
**Key distinctions:**

* Symptoms suggest delirium, but insufficient details are available to specify the condition.

**Major Neurocognitive Disorder**

**Differentiation from:** Mild neurocognitive disorder, delirium, and depression.  
**Key distinctions:**

* Significant cognitive decline from a previous level of functioning that interferes with independence in daily activities.
* **Mild neurocognitive disorder:** Cognitive decline does not interfere with daily independence.
* **Delirium:** Acute onset and fluctuating symptoms distinguish delirium.
* **Depression:** Cognitive deficits in depression are reversible and tied to mood symptoms.

**Mild Neurocognitive Disorder**

**Differentiation from:** Normal aging, major neurocognitive disorder, and depression.  
**Key distinctions:**

* Modest cognitive decline from previous levels of functioning that does not interfere with independence.
* **Normal aging:** Cognitive changes are not significant enough to cause impairment.
* **Major neurocognitive disorder:** Involves significant impairment affecting independence.
* **Depression:** Cognitive deficits are reversible and tied to mood symptoms.

**Major or Mild Neurocognitive Disorder Due to Alzheimer’s Disease**

**Differentiation from:** Major or mild vascular neurocognitive disorder, major or mild frontotemporal neurocognitive disorder, and depressive disorders.  
**Key distinctions:**

* Gradual onset and progressive decline in memory and other cognitive domains, typically beginning with short-term memory impairment.
* **Vascular neurocognitive disorder:** Includes a stepwise progression of symptoms and is linked to cerebrovascular events.
* **Frontotemporal neurocognitive disorder:** Early changes focus on personality, behavior, or language, rather than memory.
* **Depressive disorders:** Cognitive deficits in depression (pseudodementia) are reversible and mood-related.

**Major or Mild Frontotemporal Neurocognitive Disorder**

**Differentiation from:** Alzheimer’s disease, schizophrenia, and depressive disorders.  
**Key distinctions:**

* Early onset with changes in personality, behavior, or language (e.g., apathy, disinhibition, or language difficulties) before memory impairment.
* **Alzheimer’s disease:** Memory impairment is prominent early, unlike the behavioral or language changes in frontotemporal disorder.
* **Schizophrenia:** Personality changes in schizophrenia are tied to delusions or hallucinations, not neurodegeneration.
* **Depressive disorders:** Behavioral changes are linked to mood, not cognitive decline.

**Major or Mild Neurocognitive Disorder With Lewy Bodies**

**Differentiation from:** Parkinson’s disease, Alzheimer’s disease, and schizophrenia.  
**Key distinctions:**

* Cognitive decline with fluctuating attention, recurrent visual hallucinations, and Parkinsonism symptoms.
* **Parkinson’s disease:** Cognitive decline appears later in Parkinson’s, while motor symptoms are more prominent early.
* **Alzheimer’s disease:** Prominent memory deficits occur earlier in Alzheimer’s.
* **Schizophrenia:** Hallucinations in schizophrenia are not accompanied by cognitive decline or Parkinsonism.

**Major or Mild Vascular Neurocognitive Disorder**

**Differentiation from:** Alzheimer’s disease, frontotemporal neurocognitive disorder, and major depressive disorder.  
**Key distinctions:**

* Cognitive decline follows a stepwise progression and is linked to cerebrovascular events (e.g., strokes).
* **Alzheimer’s disease:** Decline is gradual and not tied to vascular events.
* **Frontotemporal neurocognitive disorder:** Early changes involve personality or language, not vascular-related declines.
* **Major depressive disorder:** Cognitive deficits are mood-related and reversible.

**Major or Mild Neurocognitive Disorder Due to Traumatic Brain Injury**

**Differentiation from:** Alzheimer’s disease, PTSD, and malingering.  
**Key distinctions:**

* Evidence of a traumatic brain injury (e.g., history of head injury, loss of consciousness) with cognitive impairments such as memory loss or executive dysfunction.
* **Alzheimer’s disease:** Cognitive decline is progressive and not tied to trauma.
* **PTSD:** Cognitive deficits in PTSD are related to trauma-related stress, not brain injury.
* **Malingering:** Symptoms are fabricated or exaggerated for external gain, unlike genuine impairments in TBI.

**Substance/Medication-Induced Major or Mild Neurocognitive Disorder**

**Differentiation from:** Primary neurocognitive disorders, substance use disorders, and delirium.  
**Key distinctions:**

* Cognitive decline is directly linked to substance use or withdrawal and may improve with abstinence.
* **Primary neurocognitive disorders:** Decline occurs independently of substance use.
* **Substance use disorders:** Focus is on behavioral patterns, not cognitive deficits.
* **Delirium:** Acute onset and fluctuating symptoms distinguish delirium.

**Major or Mild Neurocognitive Disorder Due to HIV Infection**

**Differentiation from:** Depressive disorders, Alzheimer’s disease, and neurocognitive disorders due to other medical conditions.  
**Key distinctions:**

* Cognitive decline is directly linked to HIV infection, often involving attention, memory, and motor skills.
* **Depressive disorders:** Cognitive deficits in depression are reversible and mood-related.
* **Alzheimer’s disease:** Memory impairment is more prominent in Alzheimer’s, and there is no HIV connection.
* **Neurocognitive disorders due to other conditions:** Decline is tied to different medical conditions (e.g., prion disease).

**Major or Mild Neurocognitive Disorder Due to Prion Disease**

**Differentiation from:** Alzheimer’s disease, Lewy body dementia, and Creutzfeldt-Jakob disease.  
**Key distinctions:**

* Rapidly progressive cognitive decline with motor abnormalities or myoclonus, caused by prion infection.
* **Alzheimer’s disease:** Progression is slower and lacks the motor symptoms seen in prion disease.
* **Lewy body dementia:** Includes visual hallucinations and Parkinsonism, not rapid decline.
* **Creutzfeldt-Jakob disease:** A specific type of prion disease with characteristic EEG findings.

**Major or Mild Neurocognitive Disorder Due to Parkinson’s Disease**

**Differentiation from:** Lewy body dementia, Alzheimer’s disease, and depressive disorders.  
**Key distinctions:**

* Cognitive decline develops in the context of established Parkinson’s disease, often with executive dysfunction and memory impairment.
* **Lewy body dementia:** Cognitive decline and hallucinations precede or occur concurrently with motor symptoms.
* **Alzheimer’s disease:** Memory impairment occurs earlier and is more prominent.
* **Depressive disorders:** Cognitive deficits in depression are mood-related and reversible.

**Major or Mild Neurocognitive Disorder Due to Huntington’s Disease**

**Differentiation from:** Parkinson’s disease, Alzheimer’s disease, and major depressive disorder.  
**Key distinctions:**

* Cognitive decline, motor abnormalities (e.g., chorea), and psychiatric symptoms occur in the context of Huntington’s disease.
* **Parkinson’s disease:** Motor symptoms include rigidity and tremor, not chorea.
* **Alzheimer’s disease:** Memory deficits are more prominent early and not associated with Huntington’s-specific motor symptoms.
* **Major depressive disorder:** Cognitive deficits in depression are reversible and mood-related.

**Major or Mild Neurocognitive Disorder Due to Another Medical Condition**

**Differentiation from:** Major or mild neurocognitive disorders due to specific conditions (e.g., Alzheimer’s, vascular), delirium, and depressive disorders.  
**Key distinctions:**

* Cognitive decline is directly caused by a known medical condition (e.g., hypothyroidism, brain tumor) not classified under other specific neurocognitive disorders.
* **Specific neurocognitive disorders:** Cognitive decline is tied to a distinct etiology (e.g., Alzheimer’s, Parkinson’s).
* **Delirium:** Acute onset and fluctuating symptoms distinguish delirium.
* **Depressive disorders:** Cognitive deficits in depression are reversible and mood-related.

**Major or Mild Neurocognitive Disorder Due to Multiple Etiologies**

**Differentiation from:** Neurocognitive disorders with a single etiology (e.g., Alzheimer’s, vascular) and unspecified neurocognitive disorders.  
**Key distinctions:**

* Cognitive decline results from more than one identifiable cause (e.g., Alzheimer’s and stroke).
* **Single-etiology neurocognitive disorders:** Decline is linked to one primary cause.
* **Unspecified neurocognitive disorder:** The specific etiologies are not determined.

**Unspecified Neurocognitive Disorder**

**Differentiation from:** Specific neurocognitive disorders (e.g., Alzheimer’s, vascular) and delirium.  
**Key distinctions:**

* Cognitive deficits cause distress or impairment, but insufficient information is available to determine a specific diagnosis.
* **Specific neurocognitive disorders:** The etiology is clearly identified.
* **Delirium:** Includes acute onset and fluctuating symptoms, unlike the stable deficits in unspecified neurocognitive disorder.

**Paranoid Personality Disorder**

**Differentiation from:** Delusional disorder (persecutory type), schizophrenia, and borderline personality disorder.  
**Key distinctions:**

* Pervasive distrust and suspicion of others’ motives without fixed delusions or psychosis.
* **Delusional disorder (persecutory type):** Involves fixed delusions, unlike the broader suspicion in paranoid personality disorder.
* **Schizophrenia:** Includes hallucinations or formal thought disorders, not present in paranoid personality disorder.
* **Borderline personality disorder:** Suspicion in borderline personality disorder is tied to fear of abandonment, not pervasive distrust.

**Schizoid Personality Disorder**

**Differentiation from:** Avoidant personality disorder, schizophrenia, and autism spectrum disorder (ASD).  
**Key distinctions:**

* Detachment from social relationships and restricted range of emotional expression without a desire for closeness.
* **Avoidant personality disorder:** Involves social withdrawal due to fear of rejection, unlike the lack of desire for relationships in schizoid personality disorder.
* **Schizophrenia:** Lacks hallucinations or psychotic symptoms.
* **ASD:** Social deficits in ASD are tied to communication impairments and repetitive behaviors, unlike the emotional detachment in schizoid personality disorder.

**Schizotypal Personality Disorder**

**Differentiation from:** Schizophrenia, avoidant personality disorder, and paranoid personality disorder.  
**Key distinctions:**

* Pervasive social deficits with cognitive or perceptual distortions (e.g., odd beliefs, magical thinking) and eccentric behavior.
* **Schizophrenia:** Includes hallucinations or delusions, not just eccentric thinking.
* **Avoidant personality disorder:** Avoidance in avoidant personality disorder is due to fear of rejection, not cognitive distortions.
* **Paranoid personality disorder:** Suspicion in schizotypal personality disorder is accompanied by odd beliefs or behavior.

**Antisocial Personality Disorder**

**Differentiation from:** Conduct disorder, borderline personality disorder, and narcissistic personality disorder.  
**Key distinctions:**

* Pervasive disregard for others’ rights, including deceitfulness, impulsivity, and lack of remorse, beginning before age 15.
* **Conduct disorder:** Diagnosed in individuals under 18; ASPD requires conduct disorder history.
* **Borderline personality disorder:** Impulsivity in borderline personality disorder is tied to emotional instability, not disregard for others.
* **Narcissistic personality disorder:** Focus on grandiosity and admiration, not rule-breaking.

**Borderline Personality Disorder**

**Differentiation from:** Bipolar disorder, histrionic personality disorder, and antisocial personality disorder.  
**Key distinctions:**

* Instability in relationships, self-image, and emotions, with impulsivity and fear of abandonment.
* **Bipolar disorder:** Mood instability in borderline personality disorder is more reactive and linked to interpersonal stressors, not episodic mood changes.
* **Histrionic personality disorder:** Focus is on attention-seeking, not fear of abandonment or self-harming behavior.
* **Antisocial personality disorder:** Impulsivity in ASPD involves disregard for others, unlike the emotional context in borderline personality disorder.

**Histrionic Personality Disorder**

**Differentiation from:** Narcissistic personality disorder, borderline personality disorder, and dependent personality disorder.  
**Key distinctions:**

* Excessive emotionality and attention-seeking behavior, with a strong desire to be the center of attention.
* **Narcissistic personality disorder:** Focus is on grandiosity and entitlement, not emotionality.
* **Borderline personality disorder:** Emotional instability in borderline personality disorder includes self-harming behavior, not attention-seeking.
* **Dependent personality disorder:** Involves submissiveness and reliance on others, not dramatic attention-seeking.

**Narcissistic Personality Disorder**

**Differentiation from:** Histrionic personality disorder, borderline personality disorder, and antisocial personality disorder.  
**Key distinctions:**

* Grandiosity, need for admiration, and lack of empathy, with a focus on personal achievements or superiority.
* **Histrionic personality disorder:** Emotionality and attention-seeking are more prominent than grandiosity.
* **Borderline personality disorder:** Includes fear of abandonment and emotional instability, not grandiosity.
* **Antisocial personality disorder:** Focuses on deceit and disregard for others’ rights, not admiration or grandiosity.

**Avoidant Personality Disorder**

**Differentiation from:** Social anxiety disorder (social phobia), schizoid personality disorder, and dependent personality disorder.  
**Key distinctions:**

* Pervasive feelings of inadequacy, hypersensitivity to criticism, and avoidance of social interactions due to fear of rejection.
* **Social anxiety disorder:** Anxiety is situational and less pervasive than the chronic interpersonal avoidance in avoidant personality disorder.
* **Schizoid personality disorder:** Detachment in schizoid personality disorder reflects lack of desire for relationships, not fear of rejection.
* **Dependent personality disorder:** Avoidance in dependent personality disorder is due to fear of losing support, not fear of criticism or rejection.

**Dependent Personality Disorder**

**Differentiation from:** Borderline personality disorder, histrionic personality disorder, and avoidant personality disorder.  
**Key distinctions:**

* Excessive need to be taken care of, leading to submissive and clinging behavior and fears of separation.
* **Borderline personality disorder:** Fear of abandonment is accompanied by emotional instability and impulsivity, unlike the reliance seen in dependent personality disorder.
* **Histrionic personality disorder:** Focus is on attention-seeking rather than dependency.
* **Avoidant personality disorder:** Avoidance in avoidant personality disorder stems from fear of rejection, not dependency.

**Obsessive-Compulsive Personality Disorder (OCPD)**

**Differentiation from:** Obsessive-compulsive disorder (OCD), narcissistic personality disorder, and generalized anxiety disorder (GAD).  
**Key distinctions:**

* Preoccupation with orderliness, perfectionism, and control at the expense of flexibility, openness, and efficiency.
* **OCD:** Involves obsessions and compulsions that are ego-dystonic, unlike the ego-syntonic traits of OCPD.
* **Narcissistic personality disorder:** Focus in narcissistic personality disorder is on grandiosity and admiration, not perfectionism.
* **GAD:** Worries in GAD are broader and not tied to perfectionism or control.

**Voyeuristic Disorder**

**Differentiation from:** Exhibitionistic disorder, conduct disorder, and antisocial personality disorder (ASPD).  
**Key distinctions:**

* Recurrent sexual arousal from observing an unsuspecting person who is naked, disrobing, or engaging in sexual activity.
* **Exhibitionistic disorder:** Arousal in exhibitionistic disorder involves exposing oneself, not observing others.
* **Conduct disorder/ASPD:** Antisocial behavior may include voyeurism but lacks the recurrent sexual arousal component.

**Exhibitionistic Disorder**

**Differentiation from:** Voyeuristic disorder, narcissistic personality disorder, and antisocial personality disorder (ASPD).  
**Key distinctions:**

* Recurrent sexual arousal from exposing one’s genitals to an unsuspecting person.
* **Voyeuristic disorder:** Focus is on observing others, not exposing oneself.
* **Narcissistic personality disorder:** Attention-seeking in narcissistic personality disorder lacks a sexual arousal component.
* **ASPD:** Antisocial behavior may involve public exposure but is not linked to recurrent sexual arousal.

**Frotteuristic Disorder**

**Differentiation from:** Conduct disorder, ASPD, and sexual masochism disorder.  
**Key distinctions:**

* Recurrent sexual arousal from touching or rubbing against a non-consenting person.
* **Conduct disorder/ASPD:** Involves violating others’ rights without the specific sexual arousal linked to frotteurism.
* **Sexual masochism disorder:** Focus is on experiencing pain or humiliation, not non-consensual contact.

**Sexual Sadism Disorder**

**Differentiation from:** Conduct disorder, ASPD, and sexual masochism disorder.  
**Key distinctions:**

* Recurrent sexual arousal from inflicting physical or psychological suffering on another person.
* **Conduct disorder/ASPD:** Aggressive behaviors are not tied to sexual arousal.
* **Sexual masochism disorder:** Involves arousal from experiencing, not inflicting, suffering.

**Sexual Masochism Disorder**

**Differentiation from:** Sexual sadism disorder, borderline personality disorder, and non-pathological sexual preferences.  
**Key distinctions:**

* Recurrent sexual arousal from being humiliated, beaten, or otherwise made to suffer.
* **Sexual sadism disorder:** Focus is on inflicting, not experiencing, suffering.
* **Borderline personality disorder:** Self-harming behaviors in borderline personality disorder are not linked to sexual arousal.
* **Non-pathological sexual preferences:** Consensual activities causing no distress or impairment are not disordered.

**Pedophilic Disorder**

**Differentiation from:** Antisocial personality disorder, voyeuristic disorder, and fetishistic disorder.  
**Key distinctions:**

* Recurrent sexual arousal involving prepubescent children (generally under 13 years old), with distress or acting on urges.
* **ASPD:** Antisocial behaviors may include harming children but lack the specific sexual arousal component.
* **Voyeuristic disorder:** Focus is on observing others, not sexual attraction to children.
* **Fetishistic disorder:** Sexual arousal in fetishistic disorder involves inanimate objects or body parts, not prepubescent children.

**Fetishistic Disorder**

**Differentiation from:** Transvestic disorder, pedophilic disorder, and sexual masochism disorder.  
**Key distinctions:**

* Recurrent sexual arousal from non-living objects or specific non-genital body parts (e.g., feet).
* **Transvestic disorder:** Focus is on cross-dressing, not inanimate objects or body parts.
* **Pedophilic disorder:** Involves sexual attraction to children, not objects or body parts.
* **Sexual masochism disorder:** Arousal in masochism involves suffering, not objects.

**Transvestic Disorder**

**Differentiation from:** Gender dysphoria, fetishistic disorder, and obsessive-compulsive disorder (OCD).  
**Key distinctions:**

* Recurrent sexual arousal from cross-dressing, typically in heterosexual men, with distress or impairment.
* **Gender dysphoria:** Involves incongruence between gender identity and assigned sex, not sexual arousal from cross-dressing.
* **Fetishistic disorder:** Focus is on inanimate objects or body parts, not clothing associated with cross-dressing.
* **OCD:** Cross-dressing is not driven by obsessions or compulsions.