CATEGORIES

Neurodevelopmental Disorders

**Description**

Neurodevelopmental Disorders are a group of conditions characterized by developmental impairments that typically appear in early childhood. These disorders are marked by signs and symptoms affecting personal, social, academic, and occupational functioning. Individuals may show delays or difficulties with cognitive abilities, language, motor skills, behavior, or social interaction.

Common signs and symptoms include challenges in focusing, learning, adapting to social cues, and managing motor coordination. Diagnosing these disorders requires a thorough assessment of the specific impairments in development, ensuring that symptoms are not better explained by other medical or environmental factors.

This description highlights the key elements, including early onset, developmental deficits, and the types of impairments observed in neurodevelopmental disorders.

**DISORDERS INSIDE EACH SUBCATEGORY AND SUBCATEGORY DESCRIPTION**

**Intellectual Developmental Disorders**

**Description:**

Null

* Intellectual Developmental Disorder (Intellectual Disability)
* Global Developmental Delay
* Unspecified Intellectual Developmental Disorder (Intellectual Disability)

**Communication Disorders**

**Description:**

Yes

* Language Disorder
* Speech Sound Disorder
* Childhood-Onset Fluency Disorder (Stuttering)
* Social (Pragmatic) Communication Disorder
* Unspecified Communication Disorder

**Autism Spectrum Disorder**

**Description:**

Null

* Autism Spectrum Disorder

**Note:** as a single disorder, with different severity levels and specifiers

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

**Description:**

Null

* Attention-Deficit/Hyperactivity Disorder

**Note**: with specifiers like predominantly inattentive presentation, predominantly hyperactive-impulsive presentation, or combined presentation

* Other Specified Attention-Deficit/Hyperactivity Disorder
* Unspecified Attention-Deficit/Hyperactivity Disorder

**Specific Learning Disorder**

**Description:**

Null

* Specific Learning Disorder

**Note:** with specifiers for areas such as reading, written expression, or mathematics

**Motor Disorders**

**Description:**

Null

* Developmental Coordination Disorder
* Stereotypic Movement Disorder
* Tic Disorders
* Other Specified Tic Disorder
* Unspecified Tic Disorder

**Other Neurodevelopmental Disorders**

**Description:**

Null

* Other Specified Neurodevelopmental Disorder
* Unspecified Neurodevelopmental Disorder

**SUBCATEGORIES**

* Intellectual Developmental Disorders
* Communication Disorders
* Autism Spectrum Disorder
* Attention-Deficit/Hyperactivity Disorder (ADHD)
* Specific Learning Disorder
* Motor Disorders
* Other Neurodevelopmental Disorders

**DISORDERS (all disorders within this category)**

* Intellectual Developmental Disorder (Intellectual Disability)
* Global Developmental Delay
* Unspecified Intellectual Developmental Disorder (Intellectual Disability)
* Language Disorder
* Speech Sound Disorder
* Childhood-Onset Fluency Disorder (Stuttering)
* Social (Pragmatic) Communication Disorder
* Unspecified Communication Disorder
* Autism Spectrum Disorder
* Attention-Deficit/Hyperactivity Disorder
* Other Specified Attention-Deficit/Hyperactivity Disorder
* Unspecified Attention-Deficit/Hyperactivity Disorder
* Specific Learning Disorder
* Developmental Coordination Disorder
* Stereotypic Movement Disorder
* Tic Disorders
* Other Specified Tic Disorder
* Unspecified Tic Disorder
* Other Specified Neurodevelopmental Disorder
* Unspecified Neurodevelopmental Disorder

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Schizophrenia Spectrum and Other Psychotic Disorders

**Description**

Schizophrenia Spectrum and Other Psychotic Disorders are a group of serious mental health conditions marked by profound disruptions in thinking, perception, and emotional responsiveness. These disorders often involve a combination of signs and symptoms, such as hallucinations, delusions, disorganized thinking, and abnormal motor behaviors, which can significantly impact personal, social, and occupational functioning. Individuals may experience difficulty distinguishing reality from their thoughts and perceptions.

Common signs and symptoms include perceptual disturbances (such as hearing voices), fixed false beliefs, erratic speech, and diminished emotional expression. Diagnosing these disorders requires a careful assessment of the presence, duration, and severity of these symptoms, while also ruling out other medical, neurological, or substance-related causes.

**DISORDERS (all disorders within this category)**

* Schizotypal (Personality) Disorder
* Delusional Disorder
* Brief Psychotic Disorder
* Schizophreniform Disorder
* Schizophrenia
* Schizoaffective Disorder
* Substance/Medication-Induced Psychotic Disorder
* Psychotic Disorder Due to Another Medical Condition
* Catatonia Associated With Another Mental Disorder (Catatonia Specifier)
* Catatonic Disorder Due to Another Medical Condition
* Unspecified Catatonia
* Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
* Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

**DISORDERS AND SUBTYPES WITHIN THE DISORDERS**

1. Schizotypal (Personality) Disorder
2. Delusional Disorder
   * **Types include**: Erotomanic, Grandiose, Jealous, Persecutory, Somatic, Mixed, and Unspecified
3. Brief Psychotic Disorder
4. Schizophreniform Disorder
5. Schizophrenia
6. Schizoaffective Disorder
   * **Types include**: Bipolar Type and Depressive Type
7. Substance/Medication-Induced Psychotic Disorder

**Note:** This includes psychotic symptoms due to intoxication, withdrawal, or exposure to a substance/medication

1. Psychotic Disorder Due to Another Medical Condition
2. Catatonia 🡪 **Note: *catatonia*** *can occur as a feature within various mental disorders, not only within psychotic disorders. In the DSM-5-TR, catatonia is identified with specific criteria that can be used as a specifier for certain disorders or as an independent diagnosis.*

* Catatonia Associated With Another Mental Disorder (Catatonia Specifier)
* Catatonic Disorder Due to Another Medical Condition
* Unspecified Catatonia

1. Other Specified Schizophrenia Spectrum and Other Psychotic Disorder

**Note:** Used when symptoms characteristic of a psychotic disorder cause significant distress or impairment but do not meet the full criteria for any specific disorder in the category.

1. Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

**Note:** Used when the clinician chooses not to specify the reason that the criteria are not met for a specific disorder.

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Bipolar and Related Disorders

**Description**

These disorders are characterized by significant mood changes that alternate between high-energy, elevated moods (known as mania or hypomania) and low-energy, depressed states. These mood episodes affect a person’s thoughts, behaviors, and overall functioning in personal, social, academic, or occupational settings.

People with bipolar disorders may experience periods of increased energy, reduced need for sleep, racing thoughts, or impulsive decisions during manic episodes, while depressive episodes often bring sadness, loss of interest in activities, fatigue, and difficulty concentrating.

Diagnosis requires careful observation of these mood cycles over time, ensuring that the symptoms are not due to other medical conditions or substance use.

**DISORDERS IN THIS CATEGORY**

These disorders are all characterized by episodes of mood disturbances, including manic, hypomanic, and depressive episodes, but they differ in terms of severity, duration, and specific features.

- Bipolar I Disorder

- Bipolar II Disorder

- Cyclothymic Disorder

- Substance/Medication-Induced Bipolar and Related Disorder

- Bipolar and Related Disorder Due to Another Medical Condition

- Other Specified Bipolar and Related Disorder

- Unspecified Bipolar and Related Disorder

**DESCRIPTION OF THESE DISORDERS**

**- Bipolar I** Disorder - Characterized by the presence of at least one manic episode, which may be preceded or followed by hypomanic or major depressive episodes.

- **Bipolar II Disorder** - Involves a pattern of depressive episodes and hypomanic episodes, but no full-blown manic episodes.

- **Cyclothymic Disorder (Cyclothymia)** - A chronic condition involving numerous periods of hypomanic symptoms and periods of depressive symptoms that don’t meet the full criteria for a major depressive episode.

- **Substance/Medication-Induced Bipolar and Related Disorder** - Mood disturbances, including manic or depressive symptoms, that occur as a result of substance use or withdrawal.

- **Bipolar and Related Disorder Due to Another Medical Condition** - Manic, hypomanic, or depressive episodes that are directly caused by a medical condition, such as Cushing’s disease or multiple sclerosis.

- **Other Specified Bipolar and Related Disorder** - Symptoms characteristic of bipolar and related disorders that cause significant distress or impairment but don’t meet the full criteria for any specific bipolar disorder.

- **Unspecified Bipolar and Related Disorder** - Bipolar symptoms that do not meet the full criteria for any specific bipolar disorder, used when there is insufficient information to make a more specific diagnosis.

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Depressive Disorders

**Description**

**Depressive Disorders** are a group of conditions characterized by persistent feelings of sadness, emptiness, or irritability that significantly affect a person’s ability to function. These disorders go beyond temporary feelings of sadness and can impact various areas of life, including personal, social, academic, and occupational functioning.

Common signs and symptoms include loss of interest in activities, changes in appetite or sleep patterns, fatigue, difficulty concentrating, and feelings of worthlessness or hopelessness. Some individuals may experience physical aches or slowed movements. Depressive disorders vary in duration, severity, and specific symptoms, but all require a careful assessment to rule out other causes, such as medical conditions or substance use.

Diagnosis focuses on the presence, persistence, and impact of these symptoms to ensure an accurate understanding of each individual’s experience.

**DISORDERS IN THIS CATEGORY**

* Disruptive Mood Dysregulation Disorder
* Major Depressive Disorder
* Persistent Depressive Disorder
* Premenstrual Dysphoric Disorder
* Substance/Medication-Induced Depressive Disorder
* Depressive Disorder Due to Another Medical Condition
* Other Specified Depressive Disorder
* Unspecified Depressive Disorder

**DESCRIPTION OF THESE DISORDERS**

These disorders share common symptoms of low mood and loss of interest, but they differ in onset, duration, and the specific pattern of symptoms. Each has its own diagnostic criteria to guide assessment and treatment decisions.

* **Disruptive Mood Dysregulation Disorder -** Diagnosed in children and adolescents, this disorder involves severe irritability, anger, and frequent, intense temper outbursts that are disproportionate to the situation and occur multiple times per week.
* **Major Depressive Disorder** - Characterized by one or more major depressive episodes, which include persistent feelings of sadness or loss of interest in nearly all activities, along with other symptoms such as changes in appetite, sleep disturbances, and fatigue.
* **Persistent Depressive Disorder** (Dysthymia) - A chronic form of depression with symptoms that are generally less severe than major depression but last for at least two years in adults (one year in children or adolescents).
* **Premenstrual Dysphoric Disorder** - A severe form of premenstrual syndrome (PMS) that includes mood-related symptoms such as irritability, mood swings, and anxiety, occurring in the luteal phase of the menstrual cycle.
* **Substance/Medication-Induced Depressive Disorder** - Depression symptoms that result from the use of or withdrawal from substances, such as drugs or medications, that affect mood.
* **Depressive Disorder Due to Another Medical Condition** - Symptoms of depression that are directly caused by a medical condition, such as stroke, Parkinson’s disease, or hypothyroidism.
* **Other Specified Depressive Disorder** - Used when depressive symptoms cause significant distress or impairment but do not fully meet the criteria for any specific depressive disorder.
* **Unspecified Depressive Disorder** - Used when depressive symptoms are present, but there is insufficient information to make a specific diagnosis, often used in emergency settings or when additional information is lacking.

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Anxiety Disorders

**Description**

**Anxiety Disorders** are characterized by excessive fear, worry, or nervousness that is difficult to control and interferes with daily activities. These disorders go beyond normal feelings of anxiety by being more intense, persistent, and often triggered by specific situations, objects, or general life stress.

Common signs and symptoms include constant worry, restlessness, muscle tension, difficulty concentrating, and physical symptoms like rapid heartbeat or sweating. In some cases, individuals may avoid certain situations or places to manage their anxiety.

Each type of anxiety disorder has unique features, whether it involves panic attacks, social fears, or specific phobias. Diagnosis involves a careful assessment to ensure the symptoms are not due to medical conditions or substance use, and to determine the specific nature and pattern of the anxiety.

**DISORDERS IN THIS CATEGORY**

* Separation Anxiety Disorder
* Selective Mutism
* Specific Phobia
* Social Anxiety Disorder
* Panic Disorder
* Agoraphobia
* Generalized Anxiety Disorder
* Substance/Medication-Induced Anxiety Disorder
* Anxiety Disorder Due to Another Medical Condition
* Other Specified Anxiety Disorder

**DESCRIPTION OF THESE DISORDERS**

Each of these disorders involves unique patterns of anxiety symptoms, with specific criteria for diagnosis based on the intensity, duration, and context of the symptoms.

* **Separation Anxiety Disorder** - Excessive fear or anxiety about being separated from those to whom the individual is attached, often leading to distress in situations where separation is anticipated.
* **Selective Mutism** - A consistent failure to speak in specific social situations where speaking is expected, despite speaking in other situations (e.g., at home).
* **Specific Phobia** - Intense fear or anxiety about a specific object or situation (e.g., flying, heights, animals) that leads to avoidance behavior and is out of proportion to the actual danger.
* **Social Anxiety Disorder** (Social Phobia) - Persistent fear of social situations where one might be scrutinized by others, leading to avoidance or severe distress in social settings.
* **Panic Disorder** - Recurrent, unexpected panic attacks, which are sudden periods of intense fear and physical symptoms like rapid heartbeat, sweating, and shortness of breath, along with worry about future attacks.
* **Agoraphobia** - Intense fear of being in situations where escape might be difficult or help might not be available, such as being in crowds, open spaces, or away from home, often leading to avoidance.
* **Generalized Anxiety Disorder** - Excessive, uncontrollable worry about various aspects of life (e.g., work, health, social interactions) that occurs more days than not for at least six months and is accompanied by physical symptoms like restlessness and muscle tension.
* **Substance/Medication-Induced Anxiety Disorder**
* **Anxiety Disorder Due to Another Medical Condition**
* **Other Specified Anxiety Disorder** - Used when symptoms of anxiety cause significant distress or impairment but do not meet the full criteria for any specific anxiety disorder.

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Obsessive-Compulsive and Related Disorders

**Description**

**Obsessive-Compulsive and Related Disorders** are marked by persistent, intrusive thoughts or urges (obsessions) and repetitive behaviors or mental acts (compulsions) that individuals feel compelled to perform. These conditions can lead to significant distress and interfere with daily life, as individuals may spend considerable time managing these urges and actions.

Obsessions often provoke intense anxiety or discomfort, such as fears of contamination or harm. In response, individuals may engage in observable behaviors like repeated hand-washing, checking, or organizing. In some cases, individuals may exhibit actions like skin picking or hair pulling, which can result in visible physical effects.

Each disorder in this category has unique features, but they share a focus on managing distressing thoughts or compulsive behaviors. Diagnosis involves a careful assessment of the persistence, nature, and impact of these patterns, ensuring the experiences are not due to other medical or substance-related conditions.

**DISORDERS IN THIS CATEGORY**

* Obsessive-Compulsive Disorder
* Body Dysmorphic Disorder
* Hoarding Disorder
* Trichotillomania (Hair-Pulling Disorder)
* Excoriation (Skin-Picking) Disorder
* Substance/Medication-Induced Obsessive-Compulsive and Related Disorder
* Obsessive-Compulsive and Related Disorder Due to Another Medical Condition
* Other Specified Obsessive-Compulsive and Related Disorder
* Unspecified Obsessive-Compulsive and Related Disorder

**DESCRIPTION OF THESE DISORDERS**

These disorders share a focus on repetitive, often distressing thoughts and behaviors but vary in the specifics of symptom presentation, duration, and impact on daily functioning. Each has distinct diagnostic criteria to guide accurate identification and treatment.

* **Obsessive-Compulsive Disorder** (OCD) - Characterized by persistent, intrusive thoughts (obsessions) and/or repetitive behaviors or mental acts (compulsions) that individuals feel driven to perform in response to these thoughts.
* **Body Dysmorphic Disorder** - Involves a preoccupation with perceived flaws or defects in physical appearance that are not noticeable or appear slight to others, often leading to repetitive behaviors like mirror checking or excessive grooming.
* **Hoarding Disorder** - Marked by persistent difficulty discarding or parting with possessions, regardless of their actual value, leading to cluttered living spaces and significant distress or impairment.
* **Trichotillomania (Hair-Pulling Disorder)** - Characterized by recurrent pulling out of one’s hair, resulting in hair loss and repeated attempts to stop the behavior.
* **Excoriation (Skin-Picking) Disorder** - Involves recurrent skin picking that leads to skin lesions, along with repeated attempts to reduce or stop the behavior.
* **Substance/Medication-Induced Obsessive-Compulsive and Related Disorder** - Obsessive-compulsive symptoms caused by substance use, medication, or withdrawal from these substances.
* **Obsessive-Compulsive and Related Disorder Due to Another Medical Condition** - Symptoms of obsessive-compulsive behavior that are directly attributable to a medical condition, such as a neurological disorder.
* **Other Specified Obsessive-Compulsive and Related Disorder** - Used when symptoms cause significant distress or impairment but do not meet the full criteria for any specific obsessive-compulsive disorder; specific reasons are noted.
* **Unspecified Obsessive-Compulsive and Related Disorder** - Used when symptoms of obsessive-compulsive behavior are present, but there is insufficient information to make a specific diagnosis.

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Trauma- and Stressor-Related Disorders

**Description**

These disorders arise after exposure to traumatic or highly stressful events and can result in emotional, cognitive, and behavioral changes. Common features include reliving the traumatic event, emotional numbness, heightened startle response (signs), and intrusive memories or nightmares (symptoms). Individuals may also exhibit avoidance of reminders of the trauma, irritability, and negative changes in mood or thinking. Diagnosis emphasizes the relationship between the traumatic event and the individual’s signs and symptoms, ensuring they cannot be attributed to other conditions.

**DISORDERS IN THIS CATEGORY**

* Reactive Attachment Disorder
* Disinhibited Social Engagement Disorder
* Posttraumatic Stress Disorder
* Acute Stress Disorder
* Adjustment Disorders
* Prolonged Grief Disorder
* Other Specified Trauma- and Stressor-Related Disorder
* Unspecified Trauma- and Stressor-Related Disorder

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Dissociative Disorders

**Description**

Dissociative Disorders involve a disconnection in memory, identity, or perception, often triggered by traumatic experiences. Individuals may experience gaps in memory or feel detached from their surroundings (symptoms), and, in some cases, take on different identities (observable in behavior as signs). Dissociative episodes can disrupt daily life, making it challenging for individuals to function consistently. Diagnosis focuses on understanding these disconnections, ensuring they are not due to other medical or mental health conditions.

**DISORDERS IN THIS CATEGORY**

* Dissociative Identity Disorder
* Dissociative Amnesia
* Depersonalization/Derealization Disorder
* Other Specified Dissociative Disorder
* Unspecified Dissociative Disorder

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Somatic Symptom and Related Disorders

**Description**

These disorders are characterized by a focus on physical symptoms that cause significant distress or interfere with daily life. Signs may include excessive medical consultations and visible discomfort, while symptoms include the individual’s experiences of pain, fatigue, or other bodily sensations. The individual’s concern over their health is often disproportionate to any medical findings. Diagnosis involves evaluating the distress and behavior associated with the symptoms rather than focusing solely on physical causes.

**DISORDERS IN THIS CATEGORY**

* Somatic Symptom Disorder
* Illness Anxiety Disorder
* Functional Neurological Symptom Disorder (Conversion Disorder)
* Psychological Factors Affecting Other Medical Conditions
* Factitious Disorder
* Other Specified Somatic Symptom and Related Disorder
* Unspecified Somatic Symptom and Related Disorder

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Feeding and Eating Disorders

**Description**

Feeding and Eating Disorders involve disturbances in eating behaviors that can harm physical health and psychological well-being. Signs include changes in weight, eating rituals, or visible avoidance of food, while symptoms may include distress around body image or intense fear of gaining weight. These disorders can range from restrictive eating patterns to binge eating. Diagnosis requires assessment of both observable behaviors and the individual’s thoughts and feelings about food, body image, and weight.

**DISORDERS IN THIS CATEGORY**

* Pica
* Rumination Disorder
* Avoidant/Restrictive Food Intake Disorder
* Anorexia Nervosa
* Bulimia Nervosa
* Binge-Eating Disorder
* Other Specified Feeding or Eating Disorder
* Unspecified Feeding or Eating Disorder

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Elimination Disorders

**Description**

These disorders are marked by the inappropriate release of urine or feces, often beyond the age where continence is expected. The behavior is observable and thus a sign, often causing distress or functional impairment. Enuresis (urine) and encopresis (feces) are the primary disorders in this category. Diagnosis includes evaluating patterns, ruling out medical causes, and considering psychological impacts on the individual.

**DISORDERS IN THIS CATEGORY**

* Enuresis
* Encopresis
* Other Specified Elimination Disorder
* Unspecified Elimination Disorder

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Sleep-Wake Disorders

**Description**

Sleep-Wake Disorders affect sleep patterns and can impair daytime functioning. Common signs include irregular sleep schedules, excessive daytime sleepiness, or episodes of interrupted breathing (such as sleep apnea). Symptoms may include insomnia, excessive sleepiness, or distress around sleeping. Diagnosis requires a thorough assessment of sleep habits and related physical factors to distinguish between various sleep disorders.

**DISORDERS IN THIS CATEGORY**

* Insomnia Disorder
* Hypersomnolence Disorder
* Narcolepsy
* Obstructive Sleep Apnea Hypopnea
* Central Sleep Apnea
* Sleep-Related Hypoventilation
* Circadian Rhythm Sleep-Wake Disorders
* Non-Rapid Eye Movement Sleep Arousal Disorders
* Nightmare Disorder
* Rapid Eye Movement Sleep Behavior Disorder
* Restless Legs Syndrome
* Substance/Medication-Induced Sleep Disorder
* Other Specified Insomnia Disorder

**DISORDERS IN THIS CATEGORY AND SUBCATEGORIES**

* Insomnia Disorder
* Hypersomnolence Disorder
* Narcolepsy

**Breathing-Related Sleep Disorders**

* + Obstructive Sleep Apnea Hypopnea
  + Central Sleep Apnea
  + Sleep-Related Hypoventilation
  + Circadian Rhythm Sleep-Wake Disorders

**Parasomnias**

* Non-Rapid Eye Movement Sleep Arousal Disorders
* Nightmare Disorder
* Rapid Eye Movement Sleep Behavior Disorder
* Restless Legs Syndrome
* Substance/Medication-Induced Sleep Disorder
* Other Specified Insomnia Disorder

**DESCRIPTION OF THESE DISORDERS**

Each of these disorders has unique diagnostic criteria related to different aspects of sleep-wake functioning, such as issues with breathing during sleep, circadian rhythm misalignment, or behavioral disturbances during sleep stages.

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Sexual Dysfunctions

**Description**

Sexual Dysfunctions involve issues with the sexual response cycle that cause distress and impact relationships. Signs may include a visible lack of response in sexual situations, while symptoms include experiences of pain, anxiety, or difficulty achieving arousal or satisfaction. These conditions are diagnosed by assessing both the physical and emotional aspects of sexual experiences, ensuring that symptoms are not due to medical conditions or substance use.

**DISORDERS IN THIS CATEGORY**

* Delayed Ejaculation
* Erectile Disorder
* Female Orgasmic Disorder
* Female Sexual Interest/Arousal Disorder
* Genito-Pelvic Pain/Penetration Disorder
* Male Hypoactive Sexual Desire Disorder
* Premature (Early) Ejaculation
* Substance/Medication-Induced Sexual Dysfunction
* Other Specified Sexual Dysfunction
* Unspecified Sexual Dysfunction

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Gender Dysphoria

**Description**

Gender Dysphoria is characterized by a marked incongruence between an individual’s experienced gender and their assigned sex at birth, leading to significant distress. Signs can include visible changes in behavior or appearance to align with one’s identified gender. Symptoms include feelings of discomfort or dissatisfaction with one’s body and assigned gender role. Diagnosis focuses on understanding this distress and how it impacts daily life and well-being.

**DISORDERS IN THIS CATEGORY**

* Gender Dysphoria in Children
* Gender Dysphoria in Adolescents and Adults
* Other Specified Gender Dysphoria
* Unspecified Gender Dysphoria

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Disruptive, Impulse-Control, and Conduct Disorders

**Description**

These disorders are characterized by problems with self-control, affecting behavior and emotional regulation. Signs include aggressive outbursts, defiance, or rule-breaking, while symptoms might involve internal experiences of frustration or difficulty controlling urges. These disorders can lead to significant conflict in social, academic, or occupational settings. Diagnosis evaluates the impact of these behaviors, ensuring that they are not better explained by other mental health conditions.

**DISORDERS IN THIS CATEGORY**

* Oppositional Defiant Disorder
* Intermittent Explosive Disorder
* Conduct Disorder
* Antisocial Personality Disorder (Also listed in Personality Disorders)
* Pyromania
* Kleptomania
* Other Specified Disruptive, Impulse-Control, and Conduct Disorder
* Unspecified Disruptive, Impulse-Control, and Conduct Disorder

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Substance-Related and Addictive Disorders

**Description**

Substance-Related and Addictive Disorders involve the misuse of drugs, alcohol, or addictive behaviors, leading to functional impairment. Signs include observable changes in behavior, such as neglecting responsibilities or engaging in risky activities, and symptoms may include cravings or withdrawal effects when the substance is not used. Diagnosis assesses patterns of use, impact on daily life, and signs of dependence or addiction.

**DISORDERS**

* Alcohol Use Disorder
* Alcohol Intoxication
* Alcohol Withdrawal
* Unspecified Alcohol-Related Disorder
* Caffeine Intoxication
* Caffeine Withdrawal
* Unspecified Cannabis-Related Disorder
* Unspecified Hallucinogen-Related Disorder
* Phencyclidine Use Disorder
  + Other Hallucinogen Use Disorder
  + Phencyclidine Intoxication
  + Other Hallucinogen Intoxication
  + Hallucinogen Persisting Perception Disorder
  + Phencyclidine-Induced Mental Disorders
  + Hallucinogen-Induced Mental Disorders
  + Unspecified Phencyclidine-Related Disorder
  + Unspecified Hallucinogen-Related Disorder
  + Inhalant Use Disorder
  + Inhalant Intoxication
  + Inhalant-Induced Mental Disorders
  + Unspecified Inhalant-Related Disorder
  + Opioid Use Disorder
  + Opioid Intoxication
  + Opioid Withdrawal
  + Opioid-Induced Mental Disorders
  + Unspecified Opioid-Related Disorder
  + Sedative, Hypnotic, or Anxiolytic Use Disorder
  + Sedative, Hypnotic, or Anxiolytic Intoxication
  + Sedative, Hypnotic, or Anxiolytic Withdrawal
  + Sedative-, Hypnotic-, or Anxiolytic-Induced Mental Disorders
  + Unspecified Sedative-, Hypnotic-, or Anxiolytic-Related Disorder
  + Stimulant Use Disorder
  + Stimulant Intoxication
  + Stimulant Withdrawal
  + Stimulant-Induced Mental Disorders
  + Unspecified Stimulant-Related Disorder
  + Tobacco Use Disorder
  + Tobacco Withdrawal
  + Tobacco-Induced Mental Disorders
  + Unspecified Tobacco-Related Disorder
  + Other (or Unknown) Substance Use Disorder
  + Other (or Unknown) Substance Intoxication
  + Other (or Unknown) Substance Withdrawal
  + Other (or Unknown) Substance–Induced Mental Disorders
  + Unspecified Other (or Unknown) Substance–Related Disorder
* Gambling Disorder

**DISORDERS IN THIS CATEGORY AND SUBCATEGORIES**

**Substance-Related Disorders (organized by substance category):**

* **Alcohol-Related Disorders**
* Alcohol Use Disorder
* Alcohol Intoxication
* Alcohol Withdrawal
* Unspecified Alcohol-Related Disorder
* **Caffeine-Related Disorders**
* Caffeine Intoxication
* Caffeine Withdrawal
* Caffeine-Induced Mental Disorders
* Unspecified Caffeine-Related Disorder
* **Cannabis-Related Disorders**
  + Cannabis Use Disorder
  + Cannabis Intoxication
  + Cannabis Withdrawal
* **Cannabis-Induced Mental Disorders** 
  + Unspecified Cannabis-Related Disorder
* **Hallucinogen-Related Disorders (e.g., Phencyclidine and Other Hallucinogens)**
  + Phencyclidine Use Disorder
  + Other Hallucinogen Use Disorder
  + Phencyclidine Intoxication
  + Other Hallucinogen Intoxication
  + Hallucinogen Persisting Perception Disorder
  + Phencyclidine-Induced Mental Disorders
  + Hallucinogen-Induced Mental Disorders
  + Unspecified Phencyclidine-Related Disorder
  + Unspecified Hallucinogen-Related Disorder
* **Inhalant-Related Disorders**
  + Inhalant Use Disorder
  + Inhalant Intoxication
  + Inhalant-Induced Mental Disorders
  + Unspecified Inhalant-Related Disorder
* **Opioid-Related Disorders**
  + Opioid Use Disorder
  + Opioid Intoxication
  + Opioid Withdrawal
  + Opioid-Induced Mental Disorders
  + Unspecified Opioid-Related Disorder
* **Sedative-, Hypnotic-, or Anxiolytic-Related Disorders**
  + Sedative, Hypnotic, or Anxiolytic Use Disorder
  + Sedative, Hypnotic, or Anxiolytic Intoxication
  + Sedative, Hypnotic, or Anxiolytic Withdrawal
  + Sedative-, Hypnotic-, or Anxiolytic-Induced Mental Disorders
  + Unspecified Sedative-, Hypnotic-, or Anxiolytic-Related Disorder
* **Stimulant-Related Disorders (e.g., Amphetamine-Type Substance, Cocaine)**
  + Stimulant Use Disorder
  + Stimulant Intoxication
  + Stimulant Withdrawal
  + Stimulant-Induced Mental Disorders
  + Unspecified Stimulant-Related Disorder
* **Tobacco-Related Disorders**
  + Tobacco Use Disorder
  + Tobacco Withdrawal
  + Tobacco-Induced Mental Disorders
  + Unspecified Tobacco-Related Disorder
* **Other (or Unknown) Substance-Related Disorders**
  + Other (or Unknown) Substance Use Disorder
  + Other (or Unknown) Substance Intoxication
  + Other (or Unknown) Substance Withdrawal
  + Other (or Unknown) Substance–Induced Mental Disorders
  + Unspecified Other (or Unknown) Substance–Related Disorder

**Non-Substance-Related Disorders**

* Gambling Disorder

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Neurocognitive Disorders

**Description**

These disorders are marked by a decline in cognitive functioning, affecting memory, attention, language, or other cognitive skills. Signs include observable confusion, difficulty completing tasks, and repetitive behaviors, while symptoms may include subjective experiences of memory loss or confusion. Neurocognitive Disorders are diagnosed by assessing the level of cognitive impairment, ruling out reversible causes, and considering the impact on daily functioning.

**DISORDERS IN THIS CATEGORY**

* Delirium
* Other Specified Delirium
* Unspecified Delirium
* Major Neurocognitive Disorder
* Mild Neurocognitive Disorder
* Major or Mild Neurocognitive Disorder Due to Alzheimer’s Disease
* Major or Mild Frontotemporal Neurocognitive Disorder
* Major or Mild Neurocognitive Disorder With Lewy Bodies
* Major or Mild Vascular Neurocognitive Disorder
* Major or Mild Neurocognitive Disorder Due to Traumatic Brain Injury
* Substance/Medication-Induced Major or Mild Neurocognitive Disorder
* Major or Mild Neurocognitive Disorder Due to HIV Infection
* Major or Mild Neurocognitive Disorder Due to Prion Disease
* Major or Mild Neurocognitive Disorder Due to Parkinson’s Disease
* Major or Mild Neurocognitive Disorder Due to Huntington’s Disease
* Major or Mild Neurocognitive Disorder Due to Another Medical Condition
* Major or Mild Neurocognitive Disorder Due to Multiple Etiologies
* Unspecified Neurocognitive Disorder

**DISORDERS IN THIS CATEGORY AND SUBCATEGORIES**

* Delirium
* Other Specified Delirium
* Unspecified Delirium

**Major and Mild Neurocognitive Disorders:**

* Major Neurocognitive Disorder
* Mild Neurocognitive Disorder
* Major or Mild Neurocognitive Disorder Due to Alzheimer’s Disease
* Major or Mild Frontotemporal Neurocognitive Disorder
* Major or Mild Neurocognitive Disorder With Lewy Bodies
* Major or Mild Vascular Neurocognitive Disorder
* Major or Mild Neurocognitive Disorder Due to Traumatic Brain Injury
* Substance/Medication-Induced Major or Mild Neurocognitive Disorder
* Major or Mild Neurocognitive Disorder Due to HIV Infection
* Major or Mild Neurocognitive Disorder Due to Prion Disease
* Major or Mild Neurocognitive Disorder Due to Parkinson’s Disease
* Major or Mild Neurocognitive Disorder Due to Huntington’s Disease
* Major or Mild Neurocognitive Disorder Due to Another Medical Condition
* Major or Mild Neurocognitive Disorder Due to Multiple Etiologies
* Unspecified Neurocognitive Disorder

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Personality Disorders

**Description**

Personality Disorders are characterized by enduring patterns of behavior, thinking, and feeling that deviate significantly from cultural norms, impacting interpersonal relationships. Signs include observable behaviors such as impulsivity, manipulation, or detachment. Symptoms include internal experiences of distress related to self-image, mood instability, or fear of abandonment. Diagnosis requires assessing these patterns over time, ensuring they are not better accounted for by other mental health disorders.

**ENTIRE LIST OF DISORDERS**

* Paranoid personality disorder
* Schizoid personality disorder
* Schizotypal personality disorder
* Antisocial personality disorder
* Borderline personality disorder
* Histrionic personality disorder.
* Narcissistic personality disorder
* Avoidant personality disorder
* Dependent personality disorder
* Obsessive-compulsive personality disorder

**CLUSTERS AND SUBCATEGORIES**

* Cluster A (Odd or Eccentric)
* Cluster B (Dramatic, Emotional, or Erratic)
* Cluster C (Anxious or Fearful)

**Clusters Overview**

* **Cluster A:** Odd or eccentric behaviors (Paranoid, Schizoid, Schizotypal).
* **Cluster B:** Dramatic, emotional, or erratic behaviors (Antisocial, Borderline, Histrionic, Narcissistic).
* **Cluster C:** Anxious or fearful behaviors (Avoidant, Dependent, Obsessive-Compulsive).

**CLUSTERS, SUBCATEGORIES AND DISORDERS WITHIN THEM**

**Cluster A (Odd or Eccentric)**

1. **Paranoid Personality Disorder**
   * Characterized by a pervasive distrust and suspicion of others, interpreting their motives as malevolent.
2. **Schizoid Personality Disorder**
   * Marked by a lack of interest in social relationships, emotional coldness, and solitary behavior.
3. **Schizotypal Personality Disorder**
   * Includes eccentric behavior, unusual beliefs, discomfort in close relationships, and cognitive or perceptual distortions.

**Cluster B (Dramatic, Emotional, or Erratic)**

1. **Antisocial Personality Disorder**
   * Features a disregard for and violation of others' rights, deceitfulness, impulsivity, and lack of remorse.
2. **Borderline Personality Disorder**
   * Includes instability in interpersonal relationships, self-image, and emotions, along with impulsive behavior.
3. **Histrionic Personality Disorder**
   * Characterized by excessive emotionality and attention-seeking behavior, often including inappropriate seductiveness.
4. **Narcissistic Personality Disorder**
   * Features grandiosity, a need for admiration, and a lack of empathy for others.

**Cluster C (Anxious or Fearful)**

1. **Avoidant Personality Disorder**
   * Marked by social inhibition, feelings of inadequacy, and hypersensitivity to criticism or rejection.
2. **Dependent Personality Disorder**
   * Characterized by an excessive need to be taken care of, leading to submissive and clinging behavior.
3. **Obsessive-Compulsive Personality Disorder (OCPD)**
   * Features preoccupation with orderliness, perfectionism, and control at the expense of flexibility and efficiency.
   * Note: OCPD is distinct from Obsessive-Compulsive Disorder (OCD), which involves intrusive thoughts and compulsions.

Additional Considerations

* Other Specified Personality Disorder (OSPD): Used when symptoms cause significant impairment but do not meet the full criteria for a specific disorder.
* Unspecified Personality Disorder (UPD): Used when insufficient information is available to make a more specific diagnosis.

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Paraphilic Disorders

**Description**

Paraphilic Disorders involve intense, atypical sexual interests that may cause distress or impairment or harm others. Signs include observable behaviors related to these interests, and symptoms may include intense urges or fantasies. Diagnosis considers both the individual’s distress and any risk posed to others, distinguishing these interests from non-disordered preferences.

**DISORDERS IN THIS CATEGORY**

* Voyeuristic Disorder
* Exhibitionistic Disorder
* Frotteuristic Disorder
* Sexual Sadism Disorder
* Sexual Masochism Disorder
* Pedophilic Disorder
* Fetishistic Disorder
* Transvestic Disorder

**DISORDERS AND BRIEF DESCRIPTIONS**

**Specific Paraphilic Disorders**

1. **Voyeuristic Disorder**
   * Recurrent and intense sexual arousal from observing an unsuspecting person who is naked, undressing, or engaging in sexual activity.
   * The individual must be at least 18 years old for this diagnosis.
2. **Exhibitionistic Disorder**
   * Recurrent and intense sexual arousal from exposing one’s genitals to an unsuspecting person.
3. **Frotteuristic Disorder**
   * Recurrent and intense sexual arousal from touching or rubbing against a non-consenting person.
4. **Sexual Masochism Disorder**
   * Recurrent and intense sexual arousal from being humiliated, beaten, bound, or made to suffer.
5. **Sexual Sadism Disorder**
   * Recurrent and intense sexual arousal from the physical or psychological suffering of another person.
6. **Pedophilic Disorder**
   * Recurrent and intense sexual arousal involving prepubescent children (generally 13 years or younger).
   * The individual must be at least 16 years old and at least 5 years older than the child(ren) involved.
7. **Fetishistic Disorder**
   * Recurrent and intense sexual arousal from either the use of non-living objects or a highly specific focus on non-genital body parts (e.g., feet, hair).
8. **Transvestic Disorder**
   * Recurrent and intense sexual arousal from cross-dressing.

**Other Specified Paraphilic Disorder (OSPD)**

* + Used when the individual exhibits paraphilic interests that do not meet the criteria for the specific disorders above but still cause significant distress, impairment, or harm.
  + Examples:
    - Telephone scatologia (arousal from obscene phone calls).
    - Necrophilia (arousal from corpses).
    - Zoophilia (arousal from animals).
    - Coprophilia (arousal from feces).
    - Klismaphilia (arousal from enemas).
    - Urophilia (arousal from urine).

1. **Unspecified Paraphilic Disorder (UPD)**
   * Used when insufficient information is available to specify the nature of the paraphilic disorder.

**Important Notes**

* A paraphilia (an atypical sexual interest) is not inherently a disorder. For a paraphilia to qualify as a Paraphilic Disorder, it must:
  1. Cause distress or impairment to the individual, or
  2. Involve non-consenting individuals, risk of harm, or illegal behavior.
* The DSM-5-TR emphasizes that consensual paraphilic behaviors (e.g., between consenting adults) do not necessarily warrant a diagnosis unless distress or impairment is present.

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Other Mental Disorders and Additional Codes

**Description**

This category includes disorders that do not fit neatly into other categories but still require clinical attention. These conditions may involve unique or atypical presentations of signs and symptoms, such as mood changes or cognitive issues. Diagnosis in this category requires a careful assessment to ensure that these presentations do not fit into any other defined category.

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Medication-Induced Movement Disorders and Other Adverse Effects of Medication

**Description**

These disorders involve physical or psychological reactions to medication use. Signs include observable movements like tremors, rigidity, or tics caused by medications, while symptoms may include feelings of restlessness or distress related to these movements. Diagnosis assesses the link between medication and the observed effects, often requiring adjustments in treatment to mitigate these adverse reactions.

Read below regarding this category because I may not include it or I may just present a the description and an explanation of why I don’t include any disorders.

The DSM-5-TR's category **"Medication-Induced Movement Disorders and Other Adverse Effects of Medication"** is dedicated to diagnosing movement disorders and adverse effects caused by medications, especially those used in the treatment of mental health conditions. These conditions are not standalone mental disorders but are important for clinical attention because they often result from psychotropic or other medications.

**Disorders and Conditions in This Category**

**1. Neuroleptic-Induced Parkinsonism**

* **Description**: A condition resembling Parkinson’s disease, characterized by tremors, rigidity, and bradykinesia, resulting from antipsychotic (neuroleptic) medications.
* **Key Features**:
  + Onset shortly after starting or increasing the dose of neuroleptic medication.
  + Symptoms may improve when the medication is stopped or treated with specific medications (e.g., anticholinergics).

**2. Other Medication-Induced Parkinsonism**

* **Description**: Similar to neuroleptic-induced parkinsonism but caused by medications other than neuroleptics.
* **Key Features**:
  + Caused by medications like antiemetics or calcium channel blockers.

**3. Neuroleptic Malignant Syndrome (NMS)**

* **Description**: A life-threatening condition associated with neuroleptic medications.
* **Key Features**:
  + Hyperthermia, muscle rigidity, altered mental status, autonomic dysfunction.
  + Requires immediate medical intervention.

**4. Medication-Induced Acute Dystonia**

* **Description**: Involuntary, sustained, or repetitive muscle contractions, leading to abnormal postures or movements, often caused by neuroleptic drugs.
* **Key Features**:
  + Can involve muscles of the face, neck, back, or extremities.
  + Symptoms develop soon after starting or increasing medication.

**5. Medication-Induced Acute Akathisia**

* **Description**: A state of inner restlessness and an inability to remain still, commonly caused by antipsychotics or antidepressants.
* **Key Features**:
  + Intense urge to move.
  + Develops shortly after initiating or adjusting medication.

**6. Tardive Dyskinesia**

* **Description**: Involuntary, repetitive, and often irreversible movements, typically caused by long-term use of neuroleptic medications.
* **Key Features**:
  + Movements commonly involve the face, tongue, or extremities.
  + Onset after prolonged use, often persisting even after the medication is discontinued.

**7. Tardive Dystonia**

* **Description**: A form of tardive movement disorder characterized by sustained or intermittent muscle contractions.
* **Key Features**:
  + Abnormal postures due to prolonged neuroleptic use.

**8. Tardive Akathisia**

* **Description**: Persistent akathisia that occurs after prolonged exposure to neuroleptic medications.
* **Key Features**:
  + Symptoms may persist long after discontinuing the medication.

**9. Medication-Induced Postural Tremor**

* **Description**: A fine, rapid tremor that occurs with sustained posture, commonly induced by medications like lithium or stimulants.
* **Key Features**:
  + Tremor worsens with movement or posture.
  + Commonly caused by lithium, valproate, or antidepressants.

**10. Other Medication-Induced Movement Disorder**

* **Description**: A general category for movement disorders caused by medications that do not fit into the specific diagnoses above.
* **Key Features**:
  + Examples include tremors or myoclonus from non-neuroleptic medications.

**11. Antidepressant Discontinuation Syndrome**

* **Description**: A set of symptoms that occur after abruptly stopping or reducing the dose of antidepressants.
* **Key Features**:
  + Symptoms include flu-like sensations, dizziness, insomnia, and irritability.
  + Usually resolves upon restarting or tapering off the medication.

**12. Other Adverse Effect of Medication**

* **Description**: A broad category for adverse effects from medications that do not fit other categories.
* **Key Features**:
  + Examples include serotonin syndrome (caused by serotonergic drugs) or blood pressure changes from psychotropic medications.

**Importance of This Category**

* **Clinical Relevance**: Ensures that adverse effects of medications are recognized and managed effectively.
* **Differentiation**: Allows clinicians to distinguish medication-induced conditions from primary mental health disorders or medical conditions.
* **Intervention**: Prompts timely treatment or adjustment of medication regimens to minimize harm.

In summary, this category addresses the adverse effects of medications, particularly psychotropic drugs, and highlights the importance of monitoring and addressing these issues in clinical practice.

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