Signs

**Category: Neurodevelopmental Disorders**

Below is a list of signs and the disorders found in the category Neurodevelopmental Disorders. While the DSM-5-TR does not provide an exhaustive list of signs for each disorder, here are the key observable features (signs) associated with these disorders based on the manual.

**How to Use This Information**

These signs serve as key observable indicators that clinicians assess alongside subjective symptoms reported by the individual or caregivers. It’s important to note that not all individuals with these signs meet the diagnostic criteria for a disorder, as they must also meet specific **duration**, **severity**, and **functional impairment** thresholds outlined in the DSM-5-TR.

**Common Signs in Neurodevelopmental Disorders**

The signs listed below are observable behaviors or measurable features frequently noted across disorders in this category:

**Subcategories and (their) signs**

**Intellectual Developmental Disorders:**

* Delays in developmental milestones (e.g., walking, talking)
* Difficulty with problem-solving and abstract thinking
* Poor academic performance compared to peers
* Difficulty with daily living activities (e.g., dressing, feeding)

**Communication Disorders:**

* Delayed or impaired speech development
* Misarticulations (e.g., incorrect sounds in words)
* Difficulty maintaining a conversation
* Limited vocabulary or inability to follow conversational norms

**Autism Spectrum Disorder:**

* Limited or atypical eye contact
* Repetitive motor movements or speech patterns (e.g., hand flapping, echolalia)
* Difficulty with social reciprocity (e.g., responding to social cues)
* Insistence on sameness, rigid routines

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

* Fidgeting or inability to stay seated
* Excessive talking or interrupting others
* Difficulty paying attention to details
* Forgetfulness or losing items frequently

**Specific Learning Disorder:**

* Poor reading fluency or comprehension
* Difficulty with writing mechanics or organizing thoughts
* Problems with basic arithmetic operations

**Motor Disorders:**

* Poor coordination or clumsiness (e.g., dropping items, bumping into objects)
* Repetitive motor behaviors (e.g., hand-waving, rocking)
* Sudden, involuntary tics (e.g., eye blinking, facial grimacing)

**Tic Disorders:**

* Recurrent motor tics (e.g., jerking movements, grimaces)
* Recurrent vocal tics (e.g., throat clearing, repetitive sounds)

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**Category: Schizophrenia Spectrum and Other Psychotic Disorders**

**Notes for Students**

These disorders represent a range of psychotic conditions that vary in severity, duration, and specific features. Diagnosis is not based solely on the presence of individual signs but rather a pattern of signs over time, coupled with functional impairments and exclusion of other medical or substance-related causes.

**Common Signs**

**1. Hallucinations (Observable Signs)**

* Perceptual experiences without external stimuli (e.g., hearing voices, seeing visions).
* Auditory hallucinations are the most common in schizophrenia.

**2. Delusions (Observable Signs)**

* Fixed, false beliefs that do not change with evidence to the contrary.
  + **Types of delusions**:
    - Persecutory (belief of being targeted or harmed).
    - Grandiose (belief of having exceptional abilities, wealth, or fame).
    - Somatic (belief involving physical health or body functions).
    - Erotomanic (belief someone is in love with them).

**3. Disorganized Thinking (Inferred from Speech)**

* Observable through speech patterns:
  + Loose associations (topics jump with little connection).
  + Tangentiality (responses diverge from the question asked).
  + Word salad (incoherent mixing of words).

**4. Grossly Disorganized or Abnormal Motor Behavior**

* Observable behaviors:
  + Unpredictable agitation.
  + Inappropriate emotional responses.
  + Difficulty initiating or completing tasks.
  + Catatonic behaviors, such as immobility, mutism, or bizarre postures.

**5. Negative Symptoms (Observable Signs)**

* **Affective flattening**: Reduced emotional expression in the face, voice, or gestures.
* **Avolition**: Decreased motivation for purposeful activities.
* **Anhedonia**: Loss of interest or pleasure in activities.
* **Alogia**: Poverty of speech or reduced verbal output.
* **Social withdrawal**: Reduced engagement with others.

**6. Catatonic Signs (Specific to Catatonia)**

* Immobility or stupor.
* Mutism (lack of verbal response).
* Echolalia (repeating another's words).
* Echopraxia (mimicking another’s movements).
* Agitation without apparent cause.

**7. Other Observable Signs**

* Poor hygiene or self-care.
* Inappropriate affect (e.g., laughing at a sad situation).
* Rapid changes in mood or emotional state.

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**Category: Bipolar and Related Disorders**

**Notes for Students**

Bipolar and Related Disorders are characterized by mood dysregulation involving episodes of mania, hypomania, and/or depression. Signs are observable features, while symptoms reflect internal experiences reported by the individual (e.g., feelings of worthlessness in depression or racing thoughts in mania). Diagnosis requires evaluating patterns over time, ruling out other causes such as medical conditions or substance use.

**Common Signs**

**1- Mania is characterized by a distinct period of abnormally elevated, expansive, or irritable mood. Observable signs include:**

* Increased energy or activity: Engaging in excessive goal-directed activities.
* Inflated self-esteem or grandiosity: Unrealistically high confidence or belief in one’s abilities.
* Pressured speech: Talking rapidly and difficult to interrupt.
* Flight of ideas: Observable through rapid, disconnected thoughts or speech.
* Decreased need for sleep: Functioning with significantly reduced sleep without feeling tired.
* Risky behaviors: Engaging in activities with a high likelihood of painful consequences (e.g., reckless spending, risky sexual behavior).
* Distractibility: Easily diverted by irrelevant stimuli, noticeable during conversations or activities.

**2. Signs of Hypomania (Observable)**

**Similar to mania but less severe, observable signs include:**

* Mildly increased energy or activity.
* Subtle inflated self-esteem or confidence.
* Rapid speech, but less extreme than in mania.

**3. Signs of Depressive Episodes (Observable)**

**Depression in bipolar disorders involves significant mood disturbances. Observable signs include:**

* Psychomotor agitation or retardation: Noticeable fidgeting, restlessness, or slowed movement.
* Slowed speech or lack of responsiveness: Observable during interactions.
* Changes in weight or appetite: Observable physical changes related to eating habits.
* Flat or tearful affect: Reduced emotional expression or tearfulness.

**4. Mixed Features (Observable)**

**When mania/hypomania and depression occur simultaneously, signs include:**

* Rapid mood shifts visible during clinical observation.
* Unpredictable behaviors (e.g., laughing while tearful).

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**Category: Depressive Disorders**

**Notes for Students**

Depressive Disorders are characterized by disturbances in mood, cognition, and physical functioning. Signs are externally observable behaviors or physical changes, while symptoms reflect internal experiences, such as feelings of guilt or worthlessness. Diagnosis requires assessing the persistence and severity of these signs and symptoms, ensuring they are not due to medical conditions, substance use, or normal bereavement.

**Common Signs**

**1. Signs of Depressed Mood (Observable)**

* Flat or blunted affect: Reduced emotional expression during interactions.
* Tearfulness or crying: Frequently observed in individuals with depressive episodes.
* Withdrawal from social interaction: Noticeable avoidance of friends, family, or activities.
* Monotone speech: Speaking with little variation in tone or enthusiasm.
* Slumped posture: Physical indication of low energy or emotional distress.

**2. Signs of Anhedonia (Loss of Interest or Pleasure)**

* Decreased participation in activities: Withdrawal from previously enjoyed hobbies or social events.
* Reduced responsiveness to positive events: Lack of visible joy or excitement in typically pleasurable situations**.**

**3. Signs of Psychomotor Changes (Observable)**

* Psychomotor agitation: Noticeable restlessness, such as pacing, hand-wringing, or fidgeting.
* Psychomotor retardation: Slowed movement, speech, or thought processes visible to others**.**

**4. Signs of Sleep Disturbances**

* Observable insomnia: Difficulty falling or staying asleep, noted during clinical observation or self-report.
* Excessive daytime fatigue: Observable lethargy, falling asleep during daytime activities.

**5. Signs of Appetite and Weight Changes**

* Significant weight loss or gain: Observable changes in body weight over a short period.
* Observable overeating or undereating: Changes in eating patterns visible to others.

**6. Cognitive and Behavioral Signs**

* Difficulty concentrating: Observable distractibility during conversations or tasks.
* Indecisiveness: Visible struggle to make simple decisions.
* Frequent sighing: Often observed in individuals experiencing distress or emotional pain.

**7. Suicidality (Observable)**

* Expressions of hopelessness or despair: Statements or behaviors indicating a lack of hope for the future.
* Giving away belongings: Observable actions that may indicate suicidal intent.

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**Category: Anxiety Disorders**

**Notes for Students**

Anxiety Disorders are marked by excessive fear, worry, or avoidance behaviors, impacting daily life and functioning. Signs are outwardly visible, helping clinicians identify patterns of anxiety, while symptoms reflect internal experiences, like excessive worry or dread. Diagnosis requires evaluating the persistence, severity, and impact of these signs and symptoms while ruling out other medical or psychological conditions.

**Common Signs**

**1. Behavioral Signs**

* Avoidance behaviors: Avoiding feared objects, places, or situations (e.g., avoiding social gatherings in Social Anxiety Disorder).
* Safety behaviors: Carrying objects or engaging in rituals to reduce perceived danger (e.g., carrying water to prevent panic attacks).
* Restlessness or fidgeting: Observable inability to remain still, pacing, or tapping.
* Avoidance of eye contact: Often seen in Social Anxiety Disorder.

**2. Physiological Signs (Observable)**

* Rapid breathing (hyperventilation): Frequently observed during panic attacks or high-anxiety states.
* Sweating: Excessive perspiration during feared situations or when anxious.
* Shaking or trembling: Noticeable physical trembling, often in hands.
* Increased heart rate (tachycardia): Observable in the form of chest discomfort or visible pulse changes.
* Muscle tension: Observable clenching of jaws, fists, or stiffness in posture.
* Flushed or pale skin: Visible changes in skin tone due to anxiety.

**3. Signs of Cognitive and Emotional Dysregulation**

* Startle response: Exaggerated reaction to stimuli, such as sudden loud noises.
* Irritability: Observable frustration or emotional outbursts.
* Difficulty concentrating: Observable distractibility during tasks or conversations.

**4. Social and Interactional Signs**

* Avoidance of social interaction: Not engaging with others or avoiding group activities.
* Limited verbal communication: Speaking very little or not at all in situations requiring communication (e.g., in Selective Mutism).
* Tense posture: Noticeable rigidity in physical stance or demeanor.

**5. Signs of Panic Episodes (Specific to Panic Disorder)**

* Shortness of breath or choking behaviors: Noticeable gasping or clutching at the throat.
* Dizziness or unsteady gait: Difficulty walking or standing due to perceived dizziness.
* Sudden sweating and trembling: Immediate and observable during panic episodes.

**6. Sleep-Related Signs**

* Observable difficulty falling or staying asleep: Signs of restlessness during sleep.
* Fatigue during the day: Observable lethargy or difficulty staying awake.

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**Category: Obsessive-Compulsive and Related Disorders**

**Notes for Students**

Signs in this category often involve visible behaviors or physical effects stemming from compulsions. These are distinct from obsessions, which are internal intrusive thoughts or urges that are not directly observable. Diagnosis requires careful evaluation of the persistence, intensity, and impact of these signs while ruling out other medical, substance-related, or psychological causes.

**Common Signs**

**1. Observable Compulsions (Behavioral Signs)**

* Repetitive hand-washing: Frequent and excessive washing of hands, often observable by others.
* Repeated checking behaviors: Rechecking locks, appliances, or other items multiple times.
* Ordering or arranging items: Organizing objects in a specific manner repeatedly.
* Counting aloud: Verbal counting during tasks as part of a ritual.
* Avoidance behaviors: Avoiding certain objects, places, or people (e.g., avoiding touching doorknobs due to contamination fears).

**2. Visible Physical Effects**

* Skin damage: Raw, chapped, or reddened skin from excessive washing or cleaning.
* Hair loss or skin lesions: Due to repetitive hair-pulling (trichotillomania) or skin-picking (excoriation disorder).
* Wounds or scars: Observable from repeated picking at the skin or nails.
* Unusual wear on clothing or personal items: From compulsive cleaning or repeated use.

**3. Emotional and Cognitive Dysregulation (Observable)**

* Fidgeting or visibly distracted demeanor: Often due to internal obsessive thoughts.
* Visible frustration or irritability: Related to interruptions in rituals or compulsions.
* Difficulty concentrating: Observable during tasks or conversations due to intrusive thoughts.

**4. Social and Interactional Signs**

* Avoidance of physical contact: Observable reluctance to shake hands, hug, or touch shared objects.
* Excessive apologizing or reassurance-seeking: Repeatedly asking others if actions are "right" or "safe."
* Reluctance to enter specific spaces: Avoiding certain rooms or environments due to fears of contamination or harm.

**5. Motor and Physiological Signs**

* Tense posture: Noticeable rigidity or stiffness during compulsive behaviors.
* Repeated and precise movements: Such as retracing steps or specific hand movements during rituals.
* Rapid breathing or sweating: Observable in moments of intense anxiety about incomplete rituals or obsessions.

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**Category:** Trauma- and Stressor-Related Disorders

**Notes for Students**

Signs in this category often arise after exposure to trauma or stress and are observable through behaviors, physical actions, or interpersonal difficulties. These are distinct from symptoms, such as subjective experiences of fear, flashbacks, or distress. Diagnosis requires consideration of the relationship between the signs and the traumatic or stressful event, ensuring they are not better explained by other medical, psychological, or substance-related conditions.

**Common Signs**

**1. Emotional and Behavioral Signs**

* Heightened startle response: Easily startled by loud noises or sudden movements.
* Irritability or aggression: Observable outbursts of anger or frustration, including verbal or physical aggression.
* Social withdrawal: Noticeable avoidance of social interactions or isolation from others.
* Avoidance behaviors: Avoiding people, places, or objects that remind the individual of the traumatic event.
* Hypervigilance: Constant scanning of the environment for potential threats, often noticeable in body language.

**2. Physical and Motor Signs**

* Tense or rigid posture: Physical stiffness, especially in situations reminiscent of the trauma.
* Restlessness or fidgeting: Visible difficulty staying still due to heightened arousal.
* Sweating or shaking: Particularly during discussions or situations related to the trauma.
* Sleep disturbances: Observable exhaustion or frequent waking, often tied to nightmares (though the nightmares themselves are a symptom).

**3. Cognitive and Interactional Signs**

* Difficulty concentrating: Struggles to stay focused on tasks, which may be observed in academic or occupational settings.
* Emotional numbing: Reduced facial expressions or a flat affect, particularly when discussing emotional topics.
* Easily overwhelmed or distracted: Observable difficulty managing multiple tasks or maintaining conversations.

**4. Social and Relational Signs**

* Interpersonal conflicts: Frequent arguments or strained relationships due to irritability or emotional detachment.
* Avoidance of close relationships: Noticeable reluctance to engage in or maintain personal connections.

**5. Physical Effects Related to Trauma**

* Wounds or injuries: Self-inflicted harm or visible scars from repetitive behaviors (e.g., cutting, hitting).
* Weight fluctuations: Observable changes in weight, possibly linked to stress-induced eating habits.

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**Category:** Dissociative Disorders

**Notes for Students**

Signs in Dissociative Disorders often result from disruptions in identity, memory, or perception, which may be associated with trauma or stress. These signs can significantly impact interpersonal relationships, occupational functioning, and daily life. Diagnosis requires distinguishing dissociative behaviors from those caused by neurological, medical, or substance-related conditions.

**Common Signs**

**1. Observable Behavioral Signs**

* Disorientation: Confusion about time, place, or personal identity that others can observe.
* Behavioral changes with different identities: Sudden, observable shifts in demeanor, voice, or posture consistent with different identities (in Dissociative Identity Disorder).
* Unexplained changes in skills or habits: Observable inconsistencies in abilities, such as a person suddenly demonstrating skills they previously did not possess.
* Amnesia-related behaviors: Observable difficulty recalling personal information, such as names, addresses, or recent events, especially during interpersonal interactions.
* Fugue episodes: Unexpected travel or wandering without clear awareness of purpose, often accompanied by confusion or inability to explain their actions.

**2. Social and Relational Signs**

* Withdrawal from social interactions: Noticeable avoidance of social situations or reluctance to engage with others.
* Flat affect or emotional detachment: Reduced emotional expression, making it appear as though the individual is "numb" or disconnected.
* Difficulty maintaining relationships: Observable relational conflicts or inability to sustain connections due to inconsistencies in identity or memory.

**3. Physical and Motor Signs**

* Startle response: Heightened physical reaction to stimuli, often out of proportion to the situation.
* Sudden changes in handwriting or mannerisms: Observable alterations in how an individual writes or carries themselves, particularly during identity shifts.
* Fatigue or exhaustion: Visible signs of weariness, potentially resulting from the mental strain of dissociation.

**4. Interactional Signs**

* Blank stares or zoning out: Periods where the individual appears unresponsive or "lost in thought," which can disrupt conversations or activities.
* Avoidance of certain topics or discussions: Noticeable discomfort or reluctance to engage in conversations about personal history or trauma.

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**Category:** Somatic Symptom and Related Disorders

**Notes for Students**

The signs in Somatic Symptom and Related Disorders often involve behaviors and reactions related to health concerns, rather than objective medical findings. These observable patterns can cause significant distress and impairment, and diagnosis requires ruling out alternative medical or psychological explanations**.**

**Common Signs**

**1. Behavioral Signs**

* Frequent doctor visits: A noticeable pattern of repeatedly seeking medical evaluations or second opinions, even when reassurance has been provided.
* Excessive health-related behaviors: Constant checking for signs of illness or exaggerated efforts to prevent health issues (e.g., wearing excessive protective gear or avoiding certain foods).
* Avoidance behaviors: Avoidance of work, school, or daily responsibilities due to perceived health concerns.
* Visible anxiety or distress about health: Observable worry or preoccupation during discussions about medical or physical health.

**2. Physical Signs**

* Exaggerated presentation of physical complaints: Affected individuals may emphasize the severity of physical sensations or ailments (e.g., visibly wincing, limping, or grimacing).
* Non-specific physical complaints: Observations of individuals reporting vague or shifting complaints that are inconsistent with medical findings.
* Somatic focus: Noticeable emphasis on physical body parts or functions during interactions, often accompanied by expressions of concern.

**3. Emotional and Social Signs**

* Overt expression of frustration: Observable irritation or anger directed at medical professionals for perceived inadequacies in diagnosis or treatment.
* Social withdrawal: Avoidance of social situations or activities due to preoccupation with health concerns or fear of exacerbating symptoms.
* Interpersonal conflict: Observable tension with family or caregivers over the perceived legitimacy of the individual’s physical concerns.

**4. Contextual and Interactional Signs**

* Rejection of medical reassurance: Persistently expressing disbelief in medical findings, even when tests confirm no abnormalities.
* Focused discussions on health: Frequent steering of conversations toward personal health concerns, often dominating interactions.

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**Category:** Feeding and Eating Disorders

**Notes for Students**

Feeding and Eating Disorders can manifest through a combination of observable behaviors and physical effects. Recognizing these signs is essential in clinical settings for early intervention and accurate diagnosis. However, diagnosis requires comprehensive evaluation to differentiate between signs caused by these disorders and those from other medical or psychological conditions.

**Common Signs**

**1. Behavioral Signs**

* Restrictive eating: Avoidance or limitation of food intake, often noticeable in eating habits or avoidance of meals in social settings.
* Binge eating episodes: Consumption of large amounts of food in a short time, often accompanied by secrecy or shame.
* Purging behaviors: Observable efforts to eliminate food from the body, such as frequent trips to the bathroom after meals (e.g., self-induced vomiting, use of laxatives, diuretics, or enemas).
* Excessive exercise: Persistent or intense physical activity beyond normal routines, often focused on burning calories or weight control.
* Ritualistic eating behaviors: Unusual habits like cutting food into small pieces, avoiding food touching on a plate, or chewing excessively.
* Food hoarding or hiding: Collecting or concealing food for later consumption.

**2. Physical Signs**

* Noticeable weight changes: Significant weight loss, weight gain, or weight fluctuations inconsistent with normal patterns.
* Emaciation: Extremely low body weight, often with visible loss of muscle mass and subcutaneous fat.
* Swollen glands or cheeks: Physical effects of frequent vomiting, such as swelling of the salivary glands.
* Callused knuckles (Russell’s sign): Calluses or abrasions on the knuckles or back of the hand caused by repeated contact with teeth during self-induced vomiting.
* Dry skin and hair loss: Changes in physical appearance related to malnutrition.
* Dental erosion: Visible enamel loss or cavities caused by repeated exposure to stomach acid during purging.

**3. Emotional and Social Signs**

* Avoidance of eating with others: Refusal to eat in social situations, often with excuses like “I already ate” or “I’m not hungry.”
* Preoccupation with food or body image: Observable focus on calorie counting, weight, or body shape in conversations and behaviors.
* Irritability or mood swings: Noticeable emotional changes, often associated with malnutrition or obsession with eating habits.
* Social withdrawal: Avoiding friends, family, or activities, especially those involving food.

**4. Medical and Contextual Signs**

* Frequent illness or fatigue: Regular complaints of tiredness, weakness, or feeling unwell, often linked to inadequate nutrition.
* Cold intolerance: Wearing heavy clothing in warm environments due to reduced body fat and impaired temperature regulation.
* Visible gastrointestinal distress: Observations of bloating, constipation, or discomfort associated with food intake.

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**Category:** Elimination Disorders

**Notes for Students**

Elimination Disorders often involve a mix of behavioral and physical signs. While signs like incontinence or soiling are observable, diagnosis requires an understanding of the context and frequency of the behaviors. Factors such as age, developmental stage, and underlying medical or psychological issues must also be carefully evaluated to ensure an accurate diagnosis.

**Common Signs**

**1. Enuresis (Urinary Incontinence)**

* Involuntary urination: Observable episodes of urination in bed or clothing during the day or night beyond the developmental age where continence is expected.
* Frequent bedwetting: Repeated bedwetting that may occur several times a week.
* Daytime wetting: Observable instances of urination in inappropriate places, such as during school or play.
* Avoidance of social activities: Reluctance to participate in social events, particularly sleepovers, due to fear of bedwetting.
* Discomfort or embarrassment: Visible distress or avoidance behavior following an episode of incontinence.

**2. Encopresis (Fecal Incontinence)**

* Involuntary defecation: Repeated passage of feces in inappropriate places, such as clothing or the floor, beyond the age where bowel control is expected.
* Constipation with overflow incontinence: Observable leakage of stool due to chronic constipation, often accompanied by a distended abdomen.
* Deliberate soiling: Observable episodes of defecation in inappropriate places, which may or may not be intentional.
* Foul odor or soiled clothing: Visible evidence of fecal matter on clothing or persistent body odor.
* Avoidance of toilet use: Resistance to using the toilet, particularly in unfamiliar or public settings.

**3. General Behavioral and Physical Signs**

* Changes in posture or squatting: Observable postures indicating attempts to hold in urine or feces.
* Frequent trips to the bathroom: Increased frequency of bathroom use without successful elimination.
* Emotional distress: Observable frustration, embarrassment, or withdrawal following incidents of incontinence.
* Physical discomfort: Visible signs of abdominal pain or discomfort, particularly in cases of encopresis related to constipation.

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**Category:** Sleep-Wake Disorders

**Notes for Students**

Sleep-Wake Disorders often involve a mix of observable signs (like sleepwalking, snoring, or sudden muscle weakness) and subjective symptoms (like reports of unrefreshing sleep or distress from nightmares). Accurate diagnosis requires detailed observation, patient self-reports, and sometimes sleep studies to rule out other medical or environmental factors.

**Common Signs**

**1. Insomnia Disorder**

* Difficulty initiating sleep: Prolonged periods of wakefulness at bedtime, observable through complaints of "taking hours to fall asleep."
* Frequent awakenings: Observable restlessness or complaints of waking up multiple times during the night.
* Daytime fatigue: Observable signs of exhaustion, such as nodding off during activities or difficulty concentrating.
* Irritability: Observable mood changes, such as increased agitation or frustration.

**2. Hypersomnolence Disorder**

* Excessive daytime sleepiness: Frequent episodes of falling asleep during conversations, meals, or while working.
* Unintended napping: Observable occurrences of unplanned sleep episodes during the day.
* Difficulty waking up: Visible signs of grogginess, disorientation, or needing extended periods to fully awaken (also known as "sleep drunkenness").

**3. Narcolepsy**

* Sudden sleep attacks: Episodes of falling asleep suddenly, even in inappropriate situations.
* Cataplexy (observable episodes of muscle weakness): Sudden loss of muscle tone triggered by strong emotions like laughter or surprise.
* Sleep paralysis: Complaints or descriptions of being temporarily unable to move while waking or falling asleep.
* Hypnagogic hallucinations: Vivid, dream-like images or sensations reported during sleep transitions.

**4. Breathing-Related Sleep Disorders**

* **Obstructive Sleep Apnea Hypopnea**
  + Loud snoring: Persistent and loud snoring, often reported by a bed partner.
  + Gasping or choking during sleep: Observable pauses in breathing followed by gasping or choking.
  + Daytime fatigue: Observable signs of exhaustion despite adequate sleep time.
* **Central Sleep Apnea**
  + Breathing interruptions: Observable episodes of stopped breathing without effort during sleep.
  + Difficulty staying asleep: Frequent awakenings throughout the night.

**5. Circadian Rhythm Sleep-Wake Disorders**

* Misalignment of sleep schedule: Observable patterns of going to bed and waking up at irregular or inappropriate times for work or social obligations.
* Excessive daytime sleepiness: Observable signs of sleepiness during normal waking hours.
* Difficulty waking up: Persistent struggles to rise at a desired time.

**6. Parasomnias**

* **Non-Rapid Eye Movement Sleep Arousal Disorders**
  + Sleepwalking: Observable episodes of walking or performing other activities while still asleep.
  + Sleep terrors: Sudden awakenings with screaming or intense fear, accompanied by physical signs like sweating or rapid breathing.
* **Nightmare Disorder**
  + Restless sleep: Observable signs of distress during sleep due to vivid and disturbing dreams.
  + Difficulty returning to sleep: Complaints of trouble resuming sleep after a nightmare.
* **REM Sleep Behavior Disorder**
  + Acting out dreams: Observable movements, such as flailing arms or shouting during sleep.
  + Injuries during sleep: Signs of physical harm to oneself or a bed partner due to vigorous movements.

**7. Restless Legs Syndrome**

* Uncontrollable leg movements: Observable fidgeting or jerking of the legs, particularly during periods of rest.
* Frequent position changes: Persistent shifting in bed to relieve discomfort.
* Visible discomfort: Observable grimacing or complaints of "crawling sensations" in the legs.

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**Category:** Sexual Dysfunctions

**Notes for Students**

Sexual Dysfunctions often include a mix of observable signs (e.g., lack of erection, muscle tightening) and subjective symptoms (e.g., feelings of distress or dissatisfaction). Diagnosing these conditions requires a thorough evaluation to rule out cultural, medical, relational, or substance-related factors contributing to the dysfunction.

**Common Signs**

**1. Delayed Ejaculation**

* Prolonged or absent ejaculation during sexual activity despite adequate stimulation (observable during partnered sexual activity).
* Observable frustration or cessation of sexual activity due to inability to reach ejaculation.

**2. Erectile Disorder**

* Difficulty obtaining an erection during sexual activity.
* Difficulty maintaining an erection until the completion of sexual activity.
* Observable reduced erectile rigidity that interferes with penetration or satisfaction.

**3. Female Orgasmic Disorder**

* Significant delay, infrequency, or absence of orgasm during sexual activity (observable during partnered sexual activity).
* Observable reduced intensity of orgasmic sensations, if any.

**4. Female Sexual Interest/Arousal Disorder**

* Absent or reduced interest in sexual activity, noticeable in lack of initiation or receptivity to advances.
* Absent or reduced sexual arousal, evidenced by lack of lubrication or genital response during sexual activity.
* Observable lack of sexual excitement or pleasure in response to erotic cues.

**5. Genito-Pelvic Pain/Penetration Disorder**

* Observable tensing or tightening of pelvic muscles during attempted vaginal penetration.
* Pain or discomfort during intercourse, often resulting in avoidance of sexual activity.
* Observable distress or reluctance during gynecological exams due to fear of pain.

**6. Male Hypoactive Sexual Desire Disorder**

* Observable lack of sexual activity or initiation, despite opportunities for intimacy.
* Reduced responsiveness to erotic cues or overt sexual advances.

**7. Premature (Early) Ejaculation**

* Observable ejaculation occurring within approximately one minute of vaginal penetration or before desired.
* Noticeable frustration or partner dissatisfaction following early ejaculation.

**8. Substance/Medication-Induced Sexual Dysfunction**

* Observable impairments in sexual functioning coinciding with substance use or medication, such as difficulty maintaining an erection or reduced sexual arousal.
* Physical signs of withdrawal or intoxication impacting sexual performance.

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**Category:** Gender Dysphoria

**Notes for Students**

* Signs in Gender Dysphoria are often external and observable, such as changes in dress, play, or mannerisms.
* Symptoms, on the other hand, include the internal distress or discomfort individuals may feel about their gender incongruence.
* Diagnosis requires a nuanced understanding of cultural, developmental, and personal factors, as well as the persistence and impact of these experiences on daily life.

**Common Signs**

**In Children**

1. **Preference for Clothing Associated with Experienced Gender:**
   * **Observable insistence on wearing clothing stereotypically associated with the opposite gender.**
   * **Avoidance or refusal to wear clothing typically associated with their assigned gender.**
2. **Cross-Gender Roles in Play:**
   * **Observable preference for role-playing games or toys typically associated with the opposite gender.**
   * **Strong rejection of toys, games, or activities stereotypically associated with their assigned gender.**
3. **Preference for Playmates of the Experienced Gender:**
   * **Persistent and observable preference for socializing or playing with children of the opposite gender.**
4. **Rejection of Assigned Gender Characteristics:**
   * Observable aversion to physical traits or roles associated with their assigned gender (e.g., avoidance of rough-and-tumble play in boys or insistence on not wearing dresses in girls).
5. **Physical Expression of Experienced Gender:**
   * Observable gestures, mannerisms, or behaviors that align more closely with the experienced gender than with the assigned gender.

**In Adolescents and Adults**

1. **Observable Attempts to Alter Physical Appearance:**
   * **Persistent attempts to modify appearance to align with the experienced gender (e.g., binding breasts, tucking genitals).**
   * **Use of makeup or hairstyles associated with the opposite gender.**
2. **Rejection of Secondary Sexual Characteristics:**
   * **Observable distress or avoidance of situations that emphasize secondary sexual characteristics (e.g., avoiding wearing tight clothing that highlights features of the assigned gender).**
3. **Persistent Discomfort with Assigned Gender Roles:**
   * **Observable avoidance of activities, clothing, or situations culturally associated with their assigned gender.**
4. **Desire for Physical Transition:**
   * Observable efforts to pursue medical interventions to alter physical characteristics (e.g., hormone therapy, surgeries) to align with experienced gender.
5. **Social Transition Efforts:**
   * Changes in name, pronouns, or presentation to align socially with experienced gender, often observable in interactions.

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**Category:** Disruptive, Impulse-Control, and Conduct Disorders

**Notes for Students**

* Signs in this category are largely observable behaviors such as aggression, defiance, or rule-breaking.
* Diagnosis focuses on the persistence, severity, and impact of these behaviors, ensuring they are not better explained by other mental health conditions or situational factors.
* It is essential to distinguish observable signs (e.g., setting fires) from internal symptoms (e.g., feelings of guilt) when assessing individuals in this category.

**Common Signs**

**Oppositional Defiant Disorder (ODD)**

1. **Frequent Temper Tantrums or Outbursts:**
   * **Observable anger or irritability, often disproportionate to the situation.**
2. **Argumentative or Defiant Behavior:**
   * **Persistent arguing with authority figures or refusal to comply with rules.**
3. **Deliberate Annoyance of Others:**
   * **Observable attempts to provoke or irritate others.**
4. **Blaming Others for Mistakes:**
   * **Observable deflection of responsibility onto others for their actions or errors.**

**Conduct Disorder**

1. **Aggression Toward People or Animals:**
   * **Observable behaviors such as bullying, physical fights, or cruelty to animals.**
2. **Destruction of Property:**
   * **Acts of vandalism or deliberate property damage.**
3. **Deceitfulness or Theft:**
   * **Observable lying, stealing, or manipulation to gain personal benefit.**
4. **Serious Violations of Rules:**
   * **Persistent truancy, running away, or breaking curfews.**

**Intermittent Explosive Disorder (IED)**

1. **Recurrent Physical or Verbal Aggression:**
   * **Observable outbursts of aggression, such as shouting or physical altercations.**
2. **Impulsive Behavior During Episodes:**
   * **Observable inability to control actions during outbursts, such as breaking objects or physical harm.**
3. **Lack of Premeditation:**
   * **Outbursts are spontaneous rather than planned.**

**Pyromania**

1. **Deliberate Fire-Setting:**
   * **Observable preparation and execution of setting fires with no clear motive beyond fascination.**
2. **Fascination with Fire:**
   * **Observable preoccupation with fire-related objects or activities.**

**Kleptomania**

1. **Repeated Theft of Items Without Need:**
   * **Observable stealing of objects that have no personal or monetary value.**
2. **Attempt to Resist Urges:**
   * **Observable distress or attempts to refrain from stealing, often failing.**

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**Category:** Substance-Related and Addictive Disorders

**Notes for Students**

* Signs in this category often involve observable changes in physical appearance, behavior, or motor skills.
* Diagnosis requires careful assessment of patterns of use, functional impairment, and withdrawal or tolerance, distinguishing substance use disorders from other medical or psychological conditions.
* Cravings and withdrawal are often internal experiences but may lead to observable behaviors (e.g., irritability, fidgeting).

**Common Signs**

1. **Impaired Control:**
   * **Observable repeated attempts to cut down or stop substance use, often unsuccessful.**
2. **Cravings:**
   * **Observable restlessness, irritability, or fidgeting when discussing or seeking substances.**
3. **Increased Tolerance:**
   * **Observable need for larger amounts of a substance to achieve the same effect (e.g., noticeable escalation in use).**
4. **Withdrawal Symptoms:**
   * **Observable physical effects such as sweating, tremors, agitation, or nausea when not using the substance.**

**Alcohol-Related Disorders**

1. **Slurred Speech:**
   * **Observable difficulty in articulation and coherence during conversation.**
2. **Unsteady Gait:**
   * **Observable lack of coordination or difficulty walking.**
3. **Impaired Judgment:**
   * **Observable risky behaviors such as unsafe driving or engaging in fights.**

**Cannabis-Related Disorders**

1. **Reddened Eyes:**
   * **Observable bloodshot eyes after recent use.**
2. **Slowed Reaction Time:**
   * **Observable delays in response during conversations or activities.**
3. **Increased Appetite ("Munchies"):**
   * **Observable excessive eating following use.**

**Stimulant-Related Disorders (e.g., Cocaine, Amphetamines)**

1. **Dilated Pupils:**
   * **Observable enlargement of pupils during intoxication.**
2. **Hyperactivity:**
   * **Observable restlessness or rapid, repetitive movements.**
3. **Increased Talkativeness:**
   * **Observable excessive and rapid speech.**
4. **Paranoia or Suspicious Behavior:**
   * **Observable distrust of others or hypervigilant actions.**

**Opioid-Related Disorders**

1. **Constricted Pupils:**
   * **Observable pinpoint pupils during intoxication.**
2. **Nodding Off:**
   * **Observable intermittent drowsiness or falling asleep inappropriately.**
3. **Track Marks or Scarring:**
   * **Observable scars or marks from injection sites on the skin.**

**Sedative, Hypnotic, or Anxiolytic-Related Disorders**

1. **Drowsiness or Sedation:**
   * **Observable lethargy or difficulty staying awake.**
2. **Slurred Speech:**
   * **Observable difficulty articulating words.**
3. **Impaired Motor Coordination:**
   * **Observable clumsiness or unsteady movements.**

**Hallucinogen-Related Disorders**

1. **Visual or Auditory Hallucinations:**
   * **Observable responses to non-existent stimuli (e.g., talking to objects or reacting to sounds not present).**
2. **Panic or Paranoid Behavior:**
   * **Observable distress or hypervigilance during or after use.**

**Inhalant-Related Disorders**

1. **Chemical Smell on Breath or Clothing:**
   * **Observable strong chemical odors, such as glue or paint, emanating from the individual.**
2. **Sores or Rash Around Mouth or Nose:**
   * **Observable irritation or lesions near the mouth or nostrils.**
3. **Uncoordinated Movements:**
   * **Observable lack of balance or difficulty walking.**

**Tobacco-Related Disorders**

1. **Chronic Cough or Shortness of Breath:**
   * **Observable signs of respiratory distress.**
2. **Stained Teeth or Fingertips:**
   * **Observable discoloration from prolonged use.**

**Gambling Disorder**

1. **Preoccupation with Gambling:**
   * **Observable frequent discussions or focus on betting, odds, or winnings.**
2. **Chasing Losses:**
   * **Observable repetitive attempts to recover money lost from gambling.**
3. **Agitation When Unable to Gamble:**
   * **Observable irritability or restlessness when opportunities to gamble are restricted.**

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**Category:** Neurocognitive Disorders

**Notes for Students**

* Neurocognitive Disorders feature observable declines in cognitive and motor functioning that require thorough evaluation to distinguish from normal aging or other conditions.
* The progression and cause of the decline are critical for diagnosis and treatment planning.

**Common Signs**

**General Signs Across Neurocognitive Disorders**

1. **Disorientation:**
   * **Observable confusion about time, place, or identity.**
2. **Memory Impairment:**
   * **Observable difficulty recalling recent events, personal history, or information.**
3. **Repetitive Behaviors:**
   * **Observable repeated questioning, actions, or phrases due to forgetfulness.**
4. **Wandering:**
   * **Observable aimless walking or leaving safe environments without reason.**
5. **Difficulty with Tasks:**
   * **Observable challenges in completing everyday tasks, such as cooking, managing finances, or dressing.**
6. **Impaired Judgment:**
   * **Observable poor decision-making or risky behavior, such as inappropriate financial transactions.**
7. **Diminished Emotional Expression:**
   * **Observable reduction in facial expressions, gestures, or emotional reactivity.**
8. **Changes in Speech or Language:**
   * **Observable trouble finding words, forming coherent sentences, or following conversations.**
9. **Impaired Motor Coordination:**
   * **Observable clumsiness or difficulty with activities requiring motor skills, such as buttoning a shirt or writing.**
10. **Hallucinations or Delusions:**
    * **Observable reactions to stimuli not present, such as talking to imaginary people or believing false ideas.**
11. **Inappropriate Social Behavior:**
    * **Observable disregard for social norms, such as interrupting conversations or violating personal space.**

**Specific Signs Associated with Subtypes**

**Delirium**

1. **Fluctuating Alertness:**
   * **Observable changes in attention and awareness throughout the day.**
2. **Restlessness or Agitation:**
   * **Observable fidgeting, pacing, or inability to remain still.**
3. **Lethargy:**
   * **Observable drowsiness or reduced responsiveness.**

**Major Neurocognitive Disorder (Dementia)**

1. **Profound Memory Loss:**
   * **Observable inability to recall significant personal or public information.**
2. **Severe Impairment in Problem-Solving:**
   * **Observable difficulty with logical reasoning or completing multi-step tasks.**
3. **Disinhibition:**
   * **Observable impulsive or socially inappropriate behavior.**

**Mild Neurocognitive Disorder**

1. **Subtle Memory Lapses:**
   * **Observable forgetting of names, appointments, or recent events.**
2. **Slight Difficulty with Navigation:**
   * **Observable challenges in finding familiar locations or following directions.**

**Frontotemporal Neurocognitive Disorder**

1. **Apathy or Withdrawal:**
   * **Observable lack of interest in activities or social interactions.**
2. **Compulsive or Repetitive Behaviors:**
   * **Observable stereotyped movements or rituals, such as tapping or pacing.**

**Neurocognitive Disorder Due to Alzheimer’s Disease**

1. **Progressive Decline:**
   * **Observable worsening of memory, language, or problem-solving over time.**
2. **Misplacing Objects:**
   * **Observable frequent placing of items in unusual locations (e.g., keys in the refrigerator).**

**Neurocognitive Disorder Due to Traumatic Brain Injury**

1. **Physical Signs of Trauma:**
   * **Observable injuries such as bruises or scars on the head.**
2. **Difficulty with Coordination:**
   * **Observable trouble walking or maintaining balance.**
3. **Irritability or Mood Swings:**
   * **Observable sudden emotional outbursts or changes in demeanor.**

**Substance/Medication-Induced Neurocognitive Disorder**

1. **Tremors or Motor Dysfunction:**
   * **Observable shaking hands or jerky movements.**
2. **Slurred Speech:**
   * **Observable difficulty articulating words clearly.**
3. **Sedation or Drowsiness:**
   * **Observable lethargy or unresponsiveness.**

**Neurocognitive Disorder Due to Parkinson’s Disease**

1. **Bradykinesia:**
   * **Observable slowness of movement.**
2. **Tremors:**
   * **Observable shaking, especially in the hands or arms.**
3. **Facial Masking:**
   * **Observable reduced facial expression.**

**Neurocognitive Disorder Due to Huntington’s Disease**

1. **Chorea:**
   * **Observable involuntary, jerky movements.**
2. **Difficulty Swallowing:**
   * **Observable struggles with eating or drinking.**
3. **Irritability:**
   * **Observable quick temper or frustration.**

**Prion Disease**

1. **Myoclonus:**
   * **Observable sudden, involuntary muscle jerks.**
2. **Rapid Cognitive Decline:**
   * **Observable quick deterioration in thinking and memory.**
3. **Ataxia:**
   * **Observable lack of muscle coordination.**

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**Category:** Personality Disorders

**Notes for Students**

* Signs in **Personality Disorders** are often observable through behavior and interactions but require careful assessment over time to confirm their enduring nature.
* Diagnosis emphasizes **pattern stability** across various contexts and ruling out situational or transient causes.

**Common Signs**

**General Signs Across Personality Disorders**

1. **Impulsivity:**
   * **Observable rash or reckless decision-making without considering consequences.**
2. **Manipulative Behaviors:**
   * **Observable attempts to influence others for personal gain or control.**
3. **Inappropriate Anger:**
   * **Observable frequent or intense outbursts disproportionate to the situation.**
4. **Detachment or Aloofness:**
   * **Observable withdrawal or lack of engagement in social interactions.**
5. **Erratic Mood Swings:**
   * **Observable rapid shifts in emotional expression.**
6. **Rigid Thinking or Behavior:**
   * **Observable inflexibility in attitudes, routines, or social interactions.**
7. **Self-Harm or Risky Behaviors:**
   * **Observable actions like cutting, burning, or reckless substance use.**
8. **Excessive Attention-Seeking:**
   * **Observable need for admiration or constant reassurance.**
9. **Fear of Abandonment:**
   * **Observable behaviors aimed at avoiding rejection or being alone.**
10. **Suspiciousness or Paranoia:**
    * **Observable distrust or misinterpretation of others' motives.**
11. **Social or Interpersonal Conflict:**
    * **Observable difficulty maintaining relationships due to confrontational or unpredictable behavior.**
12. **Grandiosity:**
    * **Observable overestimation of one's abilities or sense of superiority.**

**Specific Signs Associated with Subtypes**

**Cluster A: Odd or Eccentric Disorders**

1. **Paranoid Personality Disorder:**
   * **Observable suspicion or distrust of others without sufficient evidence.**
   * **Observable hypervigilance or reluctance to confide in others.**
2. **Schizoid Personality Disorder:**
   * **Observable lack of interest in forming relationships or engaging with others.**
   * **Observable flat affect or emotional detachment.**
3. **Schizotypal Personality Disorder:**
   * **Observable eccentric behavior or appearance.**
   * **Observable inappropriate or constricted affect.**
   * **Observable difficulty maintaining close relationships.**

**Cluster B: Dramatic, Emotional, or Erratic Disorders**

1. **Antisocial Personality Disorder:**
   * **Observable disregard for others' rights, such as lying or conning.**
   * **Observable aggression or irresponsibility in social or occupational settings.**
2. **Borderline Personality Disorder:**
   * **Observable unstable relationships, often alternating between idealization and devaluation.**
   * **Observable self-harming behaviors or gestures.**
3. **Histrionic Personality Disorder:**
   * **Observable dramatic or exaggerated emotional expressions.**
   * **Observable use of physical appearance to draw attention.**
4. **Narcissistic Personality Disorder:**
   * **Observable arrogance or entitlement in interactions.**
   * **Observable lack of empathy in interpersonal relationships.**

**Cluster C: Anxious or Fearful Disorders**

1. **Avoidant Personality Disorder:**
   * **Observable reluctance to engage in social activities due to fear of criticism.**
   * **Observable avoidance of interpersonal contact despite a desire for connection.**
2. **Dependent Personality Disorder:**
   * **Observable submissive or clinging behavior to avoid abandonment.**
   * **Observable difficulty making independent decisions.**
3. **Obsessive-Compulsive Personality Disorder:**
   * **Observable perfectionism interfering with task completion.**
   * **Observable preoccupation with rules, orderliness, or control.**

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**Category:** Paraphilic Disorders

**Notes for Students**

* Signs are observable behaviors or indicators of atypical interests, while symptoms refer to the internal experiences or distress the individual may report.
* Not all paraphilic interests constitute a disorder. Diagnosis depends on distress, impairment, or harm to oneself or others.
* Careful assessment is critical to differentiate non-pathological paraphilic interests from those meeting the threshold for a disorder.

**Common Signs**

1. **Compulsive Engagement in Specific Activities:**
   * **Observable repetitive or ritualistic behaviors linked to atypical sexual interests.**
2. **Difficulty Controlling Impulses:**
   * **Observable failure to resist urges or behaviors despite negative consequences.**
3. **Violation of Social or Legal Norms:**
   * **Observable actions that breach social, moral, or legal boundaries (e.g., voyeurism or exhibitionism).**
4. **Distress or Impairment:**
   * **Observable avoidance of situations or activities due to distress about sexual urges or interests.**
5. **Risky or Harmful Behaviors:**
   * **Observable engagement in activities that could endanger oneself or others (e.g., exposing oneself or coercing others).**
6. **Persistent Preoccupation with Specific Interests:**
   * **Observable distractions or inability to focus on daily tasks due to fixation on atypical sexual interests.**

**Signs Specific to Paraphilic Disorders**

**Exhibitionistic Disorder**

1. **Observable exposing of genitals to unsuspecting individuals.**
2. **Observable inappropriate or public sexual acts intended to shock or gain attention.**

**Fetishistic Disorder**

1. **Observable fixation on non-living objects or body parts (e.g., shoes, feet).**
2. **Observable distress or difficulty engaging in typical sexual activities without the fetishized item.**

**Frotteuristic Disorder**

1. **Observable attempts to touch or rub against non-consenting individuals in crowded spaces.**
2. **Observable behaviors involving physical proximity to unsuspecting individuals for arousal.**

**Pedophilic Disorder**

1. **Observable inappropriate attention or behaviors directed toward minors.**
2. **Observable engagement in activities or seeking opportunities to be alone with children.**

**Sexual Masochism Disorder**

1. **Observable seeking of situations involving humiliation, pain, or suffering for sexual arousal.**
2. **Observable physical marks or injuries indicative of self-inflicted harm.**

**Sexual Sadism Disorder**

1. **Observable infliction of pain or humiliation on others for sexual gratification.**
2. **Observable efforts to coerce or manipulate others into participating in harmful activities.**

**Transvestic Disorder**

1. **Observable distress or compulsive behaviors related to cross-dressing.**
2. **Observable preoccupation with clothing items traditionally associated with another gender.**

**Voyeuristic Disorder**

1. **Observable attempts to secretly watch others engaged in private activities, such as undressing or sexual acts.**
2. **Observable use of tools or strategies to facilitate surveillance (e.g., binoculars, cameras).**

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**Category:** Other Mental Disorders

Notes for Students

* This category serves as a "catch-all" for mental health conditions that do not fully align with other defined categories.
* Signs in this category are context-dependent and require thorough clinical evaluation to ensure they are not better explained by another disorder, medical condition, or substance use.
* Understanding this category helps clinicians provide care even when diagnostic criteria are not fully met.

**Common Signs**

** Unusual or Atypical Behaviors:**

* **Observable actions or behaviors that deviate significantly from social norms or expectations.**

** Cognitive Impairments:**

* **Observable confusion, memory difficulties, or disorganized thinking not attributable to a neurocognitive disorder.**

** Affective Instability:**

* **Observable emotional fluctuations or inappropriate emotional responses.**

** Behavioral Changes:**

* **Observable shifts in daily routines, social interactions, or self-care behaviors.**

** Psychomotor Abnormalities:**

* **Observable slowed or agitated movements, not explained by other mental or medical conditions.**

** Unexplained Distress or Functional Impairment:**

* **Observable challenges in social, academic, or occupational functioning without clear diagnostic criteria from other categories.**

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**Category:** Medication-Induced Movement Disorders and Other Adverse Effects of Medication

**Notes for Students**

* These signs are directly linked to medication use, often requiring a thorough review of the patient's medication history.
* It is critical to distinguish these signs from symptoms caused by underlying mental or medical conditions.
* Diagnosis often involves discontinuation or adjustment of the medication to evaluate the relationship between the signs and the drug's effects.

**Common Signs**

1. **Tardive Dyskinesia:**
   * **Involuntary, repetitive movements of the face, tongue, lips, or limbs.**
   * **Examples include lip-smacking, grimacing, or rapid blinking.**
2. **Parkinsonism:**
   * **Tremors (resting tremors).**
   * **Rigidity or stiffness in the muscles.**
   * **Bradykinesia (slowed movements).**
   * **Postural instability (difficulty maintaining balance).**
3. **Akathisia:**
   * **Observable restlessness, such as pacing, shifting weight, or inability to stay still.**
4. **Acute Dystonia:**
   * **Sudden, sustained muscle contractions causing twisting or abnormal postures.**
   * **Examples include neck twisting (torticollis) or upward eye movement (oculogyric crisis).**
5. **Neuroleptic Malignant Syndrome:**
   * **Severe muscle rigidity.**
   * **Autonomic instability (e.g., fluctuating blood pressure, rapid heart rate).**
   * **Elevated body temperature (fever).**
6. **Medication-Induced Postural Tremor:**
   * **Rhythmic, involuntary shaking of the hands, head, or other body parts, particularly when maintaining a posture.**
7. **Tardive Dystonia and Tardive Akathisia:**
   * **Persistent dystonia or akathisia developing after prolonged medication use.**
8. **Other Dyskinesias:**
   * **Observable jerking, writhing, or slow movements affecting various muscle groups.**

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