SYMPTOMS BY CATEGORY

Neurodevelopmental Disorders

**1. Intellectual Developmental Disorders**

* Deficits in intellectual functioning (reasoning, problem-solving, planning, abstract thinking, judgment, academic learning, and learning from experience)
* Deficits in adaptive functioning, leading to failure to meet developmental and sociocultural standards for independence and responsibility
* 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)

**2. 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
* Difficulty understanding or using language across contexts (pragmatic communication deficits)
* Persistent difficulties in speech sound production that interferes with communication
* Fluency disturbances (e.g., stuttering, repetitions, blocks)

**3. Autism Spectrum Disorder**

* Persistent deficits in social communication and interaction across multiple contexts:
  + Deficits in social-emotional reciprocity
  + Deficits in nonverbal communicative behaviors (e.g., limited or atypical eye contact, lack of facial expressions)
  + Deficits in developing, maintaining, or understanding relationships
* Restricted, repetitive patterns of behavior, interests, or activities:
  + Repetitive motor movements or speech patterns (e.g., hand flapping, echolalia)
  + Insistence on sameness, inflexible adherence to routines
  + Highly restricted, fixated interests abnormal in intensity or focus
  + Hyper- or hypo-reactivity to sensory input (e.g., indifference to pain, excessive smelling or touching)

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

* Inattention:
  + Failing to pay close attention to details or making careless mistakes
  + Difficulty sustaining attention in tasks or play
  + Seeming not to listen when spoken to directly
  + Failing to follow through on instructions and complete tasks
  + Difficulty organizing tasks and activities
  + Avoidance of tasks requiring sustained mental effort
  + Losing items necessary for tasks (e.g., school supplies, keys)
  + Easily distracted by extraneous stimuli
  + Forgetfulness in daily activities
* Hyperactivity and impulsivity:
  + Fidgeting or tapping hands/feet, squirming in seat
  + Leaving seat inappropriately (e.g., during class)
  + Running or climbing in inappropriate situations
  + Inability to play quietly
  + Talking excessively
  + Blurting out answers before questions are completed
  + Difficulty waiting turn
  + Interrupting or intruding on others’ conversations or games

**5. Specific Learning Disorder**

* Difficulties in learning and using academic skills, including:
  + Inaccurate or slow word reading
  + Difficulty understanding the meaning of what is read
  + Difficulty with spelling
  + Difficulty with written expression (e.g., grammatical or punctuation errors, poor organization)
  + Difficulty mastering number sense, number facts, or calculation
  + Difficulty with mathematical reasoning
* These difficulties persist despite intervention and cause impairment in academic, occupational, or everyday functioning

**6. Motor Disorders**

* Developmental Coordination Disorder:
  + Clumsiness or poor coordination (e.g., dropping items, bumping into objects)
  + Slow or inaccurate motor skills (e.g., catching, handwriting)
  + Interference with daily activities
* Stereotypic Movement Disorder:
  + Repetitive, purposeless motor behaviors (e.g., hand-flapping, rocking, head-banging)
  + Interference with daily functioning or risk of self-injury
* Tic Disorders:
  + Motor tics (e.g., eye blinking, facial grimacing, jerking movements)
  + Vocal tics (e.g., throat clearing, repetitive sounds, words, or phrases)
  + Persistent (chronic) motor or vocal tics
  + Sudden, rapid, recurrent, non-rhythmic movements or vocalizations

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Schizophrenia Spectrum and Other Psychotic Disorders

**Core Symptoms Across Schizophrenia Spectrum Disorders**

1. **Hallucinations**:
   * Perceptual experiences without external stimuli (e.g., hearing voices, seeing visions)
   * Auditory hallucinations are the most common
2. **Delusions**:
   * Fixed, false beliefs that are not changed despite conflicting evidence
   * 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 that someone is in love with them
3. **Disorganized Thinking** (Inferred from Speech):
   * Loose associations (shifting between unrelated topics)
   * Tangentiality (answers diverge from the topic or question)
   * Word salad (incoherent mixing of words)
4. **Grossly Disorganized or Abnormal Motor Behavior**:
   * Unpredictable agitation or restlessness
   * Inappropriate emotional responses
   * Difficulty initiating or completing tasks
   * Catatonic behaviors, such as immobility, mutism, or bizarre postures
5. **Negative Symptoms**:
   * **Affective flattening**: Reduced emotional expression (e.g., flat voice, lack of gestures)
   * **Avolition**: Decreased motivation for purposeful activities
   * **Anhedonia**: Loss of interest or pleasure in activities
   * **Alogia**: Reduced verbal output or speech
   * **Social withdrawal**: Decreased engagement with others

**Specific Symptoms by Disorder**

**Schizophrenia**

* Two or more of the core symptoms (at least one must be delusions, hallucinations, or disorganized thinking) present for a significant portion of time within a month
* Impaired functioning in work, interpersonal relations, or self-care for a significant time

**Schizophreniform Disorder**

* Same symptoms as schizophrenia, but duration is 1 to 6 months
* Functioning may not be impaired

**Brief Psychotic Disorder**

* Sudden onset of one or more psychotic symptoms (e.g., delusions, hallucinations, disorganized thinking, grossly disorganized or catatonic behavior)
* Duration: At least 1 day but less than 1 month

**Schizoaffective Disorder**

* Major mood episode (depressive or manic) concurrent with symptoms of schizophrenia
* Delusions or hallucinations present for 2 or more weeks without a mood episode

**Delusional Disorder**

* Presence of one or more delusions lasting at least 1 month
* Functioning is not markedly impaired, and behavior is not obviously bizarre

**Catatonia Associated with Another Mental Disorder**

* Catatonia symptoms, including:
  + **Stupor**: No psychomotor activity or response to environment
  + **Mutism**: Minimal or no verbal response
  + **Negativism**: Opposition or lack of response to instructions
  + **Posturing**: Holding a rigid pose against gravity
  + **Echolalia**: Mimicking another’s speech
  + **Echopraxia**: Mimicking another’s movements

**Other Specified/Unspecified Schizophrenia Spectrum and Other Psychotic Disorders**

* Symptoms characteristic of schizophrenia spectrum disorders that cause significant distress or impairment but do not meet full criteria for any specific disorder

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Bipolar and Related Disorders

**Core Symptoms Across Bipolar and Related Disorders**

**Manic Episode Symptoms**

* Abnormally elevated, expansive, or irritable mood, lasting at least 1 week (or any duration if hospitalization is necessary)
* Three or more (four if mood is only irritable) of the following:
  1. **Increased energy or activity**: Engaging in excessive goal-directed activities.
  2. **Inflated self-esteem or grandiosity**: Unrealistically high confidence or exaggerated self-importance.
  3. **Decreased need for sleep**: Feeling rested after only a few hours of sleep.
  4. **Pressured speech**: Talking more than usual, rapidly, or excessively.
  5. **Flight of ideas**: Rapid shifting of thoughts or observable racing thoughts.
  6. **Distractibility**: Difficulty focusing due to irrelevant stimuli.
  7. **Risky behaviors**: Engagement in activities with high potential for painful consequences (e.g., reckless spending, risky sexual behavior).

**Hypomanic Episode Symptoms**

* Same symptoms as a manic episode but:
  + Lasts at least 4 consecutive days
  + Does not cause marked impairment in functioning or necessitate hospitalization
  + No psychotic features

**Depressive Episode Symptoms**

* Five or more of the following during a 2-week period (at least one must be depressed mood or loss of interest/pleasure):
  1. **Depressed mood**: Feeling sad, empty, or hopeless most of the day, nearly every day.
  2. **Anhedonia**: Markedly diminished interest or pleasure in almost all activities.
  3. **Weight changes**: Significant weight loss or gain or changes in appetite.
  4. **Sleep disturbances**: Insomnia or hypersomnia nearly every day.
  5. **Psychomotor agitation or retardation**: Observable restlessness or slowed movements.
  6. **Fatigue**: Loss of energy nearly every day.
  7. **Feelings of worthlessness or guilt**: Excessive or inappropriate guilt, often delusional.
  8. **Difficulty concentrating**: Reduced ability to think or focus, indecisiveness.
  9. **Suicidal ideation**: Recurrent thoughts of death, suicidal ideation, or suicide attempt.

**Mixed Features**

* Manic/hypomanic and depressive symptoms occur simultaneously:
  + Symptoms of depression during a manic/hypomanic episode or vice versa
  + Observable rapid mood shifts or behaviors indicative of both states.

**Specific Disorders and Their Symptoms**

**Bipolar I Disorder**

* At least one manic episode is required.
* Depressive episodes are common but not required for diagnosis.

**Bipolar II Disorder**

* At least one hypomanic episode and one major depressive episode.
* No history of a manic episode.

**Cyclothymic Disorder**

* For at least 2 years (1 year in children/adolescents):
  + Periods of hypomanic symptoms that do not meet criteria for a hypomanic episode.
  + Periods of depressive symptoms that do not meet criteria for a major depressive episode.

**Substance/Medication-Induced Bipolar and Related Disorder**

* Mood disturbances (manic, hypomanic, or depressive symptoms) directly related to substance use or withdrawal.

**Bipolar and Related Disorder Due to Another Medical Condition**

* Mood disturbances (manic, hypomanic, or depressive symptoms) caused by a medical condition, such as hyperthyroidism or brain injury.

**Other Specified/Unspecified Bipolar and Related Disorders**

* Significant symptoms of bipolarity that do not fully meet criteria for a specific disorder.

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Depressive Disorders

**Core Symptoms Across Depressive Disorders**

**Major Depressive Episode Symptoms**

* **Five (or more)** of the following during a 2-week period (one must be depressed mood or loss of interest/pleasure):
  1. **Depressed mood**: Feeling sad, empty, or hopeless most of the day, nearly every day (may appear as irritability in children or adolescents).
  2. **Anhedonia**: Markedly diminished interest or pleasure in almost all activities most of the day.
  3. **Significant weight or appetite changes**: Weight loss or gain, or changes in appetite (e.g., eating too little or too much).
  4. **Sleep disturbances**: Insomnia or hypersomnia nearly every day.
  5. **Psychomotor agitation or retardation**: Observable restlessness or slowing down of physical and emotional reactions.
  6. **Fatigue or loss of energy**: Feeling drained nearly every day.
  7. **Feelings of worthlessness or excessive guilt**: Disproportionate self-blame or feelings of failure.
  8. **Difficulty concentrating or indecisiveness**: Trouble focusing on tasks, making decisions, or following through.
  9. **Suicidal ideation**: Recurrent thoughts of death, suicidal thoughts, plans, or attempts.

**Specific Disorders and Their Symptoms**

**Disruptive Mood Dysregulation Disorder (DMDD)**

* **Severe temper outbursts**: Verbal or behavioral, grossly disproportionate in intensity or duration to the situation.
* **Chronic irritability**: Persistently irritable or angry mood most of the day, nearly every day.
* Symptoms must be present for at least **1 year**, in at least **two settings** (e.g., home, school).

**Major Depressive Disorder (MDD)**

* Symptoms of a **major depressive episode** as listed above.
* Episodes cause significant distress or impairment in social, occupational, or other important areas of functioning.
* No history of manic or hypomanic episodes.

**Persistent Depressive Disorder (Dysthymia)**

* **Depressed mood** for most of the day, for more days than not, for at least **2 years** (1 year in children/adolescents).
* Two or more of the following:
  1. Poor appetite or overeating.
  2. Insomnia or hypersomnia.
  3. Low energy or fatigue.
  4. Low self-esteem.
  5. Poor concentration or indecisiveness.
  6. Feelings of hopelessness.
* During the 2 years, symptoms have never been absent for more than 2 months at a time.

**Premenstrual Dysphoric Disorder (PMDD)**

* Symptoms must occur in the **final week before the onset of menses** and improve within a few days after onset:
  + **Mood-related symptoms**:
    1. Marked affective lability (e.g., mood swings, increased sensitivity to rejection).
    2. Marked irritability or anger.
    3. Depressed mood, hopelessness, or self-deprecating thoughts.
    4. Anxiety, tension, or feeling keyed up/on edge.
  + **Behavioral or physical symptoms** (at least one required):
    1. Decreased interest in usual activities.
    2. Difficulty concentrating.
    3. Fatigue or lack of energy.
    4. Changes in appetite or specific food cravings.
    5. Sleep disturbances (insomnia or hypersomnia).
    6. Physical symptoms such as breast tenderness, bloating, or joint/muscle pain.

**Substance/Medication-Induced Depressive Disorder**

* Depressive symptoms directly related to substance use, intoxication, or withdrawal.

**Depressive Disorder Due to Another Medical Condition**

* Depressive symptoms caused by a medical condition (e.g., hypothyroidism, stroke, Parkinson’s disease).

**Other Specified/Unspecified Depressive Disorder**

* Depressive symptoms causing distress or impairment that do not fully meet criteria for any specific depressive disorder.

**Additional Features Seen Across Depressive Disorders**

* **Melancholic features**:
  + Loss of pleasure in nearly all activities.
  + Lack of reactivity to pleasurable stimuli.
  + Early morning awakening, weight loss, or profound guilt.
* **Atypical features**:
  + Mood reactivity (brightens in response to positive events).
  + Weight gain or increased appetite.
  + Excessive sleep (hypersomnia).
  + Heavy, leaden feelings in limbs.
* **Psychotic features**:
  + Delusions or hallucinations (mood-congruent or incongruent).
* **Catatonia**:
  + Mutism, stupor, or bizarre postures.

Let me know if you'd like further exploration of a specific disorder or set of symptoms!

4o

**You said:**

Can you give me a list of each symptom in the DSM-5-TR for the category "Depressive Disorders"?

**ChatGPT said:**

ChatGPT

Here is a comprehensive list of symptoms associated with the **Depressive Disorders** category in the DSM-5-TR:

**Symptoms of Depressive Disorders**

**Major Depressive Disorder (MDD) / Major Depressive Episode Symptoms**

To diagnose a **major depressive episode**, five or more of the following must be present during a **2-week period** (one must be **depressed mood** or **anhedonia**):

1. **Depressed mood**: Feeling sad, empty, or hopeless most of the day (in children/adolescents, this may appear as irritability).
2. **Anhedonia**: Markedly diminished interest or pleasure in most or all activities.
3. **Significant weight changes**: Weight loss or gain or a decrease/increase in appetite.
4. **Sleep disturbances**: Insomnia or hypersomnia.
5. **Psychomotor agitation or retardation**: Observable by others (e.g., restlessness or slowed movements).
6. **Fatigue or loss of energy**: Persistent feelings of exhaustion.
7. **Feelings of worthlessness or excessive/inappropriate guilt**: Not just self-reproach over being sick.
8. **Difficulty concentrating**: Trouble focusing, making decisions, or thinking clearly.
9. **Recurrent thoughts of death or suicide**: Suicidal ideation, plans, or attempts.

**Disruptive Mood Dysregulation Disorder (DMDD)**

1. **Severe temper outbursts**: Disproportionate verbal/physical aggression that is grossly exaggerated.
2. **Chronic irritability or anger**: Present most of the day, nearly every day, for at least **1 year**.

**Persistent Depressive Disorder (Dysthymia)**

Symptoms must occur **most days for at least 2 years** (1 year in children/adolescents). At least two of the following:

1. **Poor appetite or overeating**.
2. **Insomnia or hypersomnia**.
3. **Low energy or fatigue**.
4. **Low self-esteem**.
5. **Difficulty concentrating or making decisions**.
6. **Feelings of hopelessness**.

**Premenstrual Dysphoric Disorder (PMDD)**

Symptoms occur during the **final week before menses**, improve after menses, and are minimal between cycles. At least one from each group:

1. **Mood Symptoms**:
   * Marked affective lability (e.g., mood swings, rejection sensitivity).
   * Marked irritability or anger.
   * Depressed mood, feelings of hopelessness, or self-deprecation.
   * Anxiety, tension, or feeling keyed up/on edge.
2. **Behavioral/Physical Symptoms**:
   * Decreased interest in usual activities.
   * Difficulty concentrating.
   * Fatigue or lack of energy.
   * Changes in appetite or specific cravings.
   * Sleep disturbances (insomnia or hypersomnia).
   * Physical symptoms (e.g., bloating, breast tenderness, muscle/joint pain).

**Substance/Medication-Induced Depressive Disorder**

* Symptoms of **depression** caused directly by the effects of substances (e.g., withdrawal, intoxication, or medications).

**Depressive Disorder Due to Another Medical Condition**

* **Symptoms of depression** caused by medical conditions like hypothyroidism, stroke, or neurological disorders.

**Other Specified Depressive Disorder**

* Includes depressive symptoms causing significant distress or impairment but do not meet the full criteria for other depressive disorders (e.g., short-duration depressive episode, recurrent brief depression).

**Common Additional Features**

1. **Atypical Features**:
   * Mood reactivity (mood improves with positive events).
   * Increased appetite or weight gain.
   * Hypersomnia (excessive sleep).
   * Leaden paralysis (heavy feelings in arms/legs).
2. **Melancholic Features**:
   * Loss of pleasure in almost all activities.
   * Lack of reactivity to positive stimuli.
   * Early morning awakening, weight loss, or profound guilt.
3. **Psychotic Features**:
   * Hallucinations or delusions (mood-congruent or incongruent).
4. **Catatonic Features**:
   * Motor disturbances, mutism, or unusual postures.

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Anxiety Disorders

**Symptoms of Anxiety Disorders (DSM-5-TR)**

**Generalized Anxiety Disorder (GAD)**

Symptoms must be present for **6 months** and cause significant distress or impairment. Key symptoms include:

1. **Excessive worry**: Persistent and uncontrollable worry about various aspects of life (e.g., work, relationships).
2. **Restlessness or feeling keyed up**: A sense of being "on edge."
3. **Easily fatigued**: Persistent tiredness even without physical exertion.
4. **Difficulty concentrating**: Mind going blank or trouble focusing due to worry.
5. **Irritability**: Frequent frustration or agitation.
6. **Muscle tension**: Tightness or aches in the muscles.
7. **Sleep disturbances**: Difficulty falling/staying asleep or restless, unsatisfying sleep.

**Panic Disorder**

Recurrent **unexpected panic attacks** with at least **one month** of worry about future attacks or maladaptive behavior changes. Symptoms of a panic attack include:

1. **Palpitations**: Pounding or racing heart.
2. **Sweating**.
3. **Trembling or shaking**.
4. **Shortness of breath**: Feeling smothered or unable to breathe.
5. **Feelings of choking**.
6. **Chest pain or discomfort**.
7. **Nausea or abdominal distress**.
8. **Dizziness or lightheadedness**.
9. **Chills or hot flashes**.
10. **Numbness or tingling (paresthesias)**.
11. **Derealization or depersonalization**: Feeling detached from reality or oneself.
12. **Fear of losing control or "going crazy."**
13. **Fear of dying**.

**Specific Phobia**

Symptoms occur when exposed to a specific object or situation and last **6 months or more**:

1. **Marked fear or anxiety**: Disproportionate to the actual danger posed by the object/situation.
2. **Avoidance behavior**: Efforts to avoid the phobic trigger.
3. **Immediate fear response**: Anxiety occurs as soon as exposure happens.
4. **Significant distress or impairment**: Symptoms interfere with daily functioning.

**Social Anxiety Disorder (Social Phobia)**

Symptoms must persist for **6 months or more**:

1. **Intense fear or anxiety**: Triggered by social or performance situations where embarrassment or scrutiny is possible.
2. **Avoidance of social situations**: Or enduring them with intense anxiety.
3. **Fear of humiliation**: Worry about appearing anxious, being judged, or behaving in a way that leads to rejection.
4. **Physical symptoms**: Blushing, sweating, trembling, or nausea during social interactions.

**Agoraphobia**

Marked fear or anxiety about **two or more** of the following situations for **6 months or more**:

1. **Using public transportation**.
2. **Being in open spaces** (e.g., parking lots, bridges).
3. **Being in enclosed spaces** (e.g., theaters, elevators).
4. **Standing in line or being in a crowd**.
5. **Being outside the home alone**. Key features:

* Fear arises because escape might be difficult or help unavailable.
* Situations are actively avoided, endured with intense fear, or require a companion.

**Separation Anxiety Disorder**

Symptoms must last **4 weeks** in children or **6 months** in adults:

1. **Excessive distress when anticipating or experiencing separation** from attachment figures.
2. **Excessive worry about losing attachment figures** or harm befalling them.
3. **Worry about an untoward event** that could cause separation (e.g., getting lost or kidnapped).
4. **Reluctance to leave home** or go elsewhere due to separation fears.
5. **Fear of being alone** or without attachment figures.
6. **Reluctance or refusal to sleep away from attachment figures**.
7. **Nightmares about separation**.
8. **Physical complaints** (e.g., headaches, nausea) when separation occurs or is anticipated.

**Selective Mutism**

Symptoms must last at least **1 month** and are not limited to the first month of school:

1. **Failure to speak** in specific social situations (e.g., school) despite speaking in other contexts.
2. **Interference with daily functioning** (e.g., academic, occupational, or social impairment).
3. **Not due to lack of knowledge** or language difficulty.

**Shared Symptoms Across Anxiety Disorders**

1. **Excessive fear or worry**: Disproportionate to the situation or trigger.
2. **Avoidance behavior**: Avoiding feared situations, objects, or scenarios.
3. **Physical symptoms**:
   * Increased heart rate or palpitations.
   * Shortness of breath.
   * Sweating or trembling.
   * Gastrointestinal distress (e.g., nausea, diarrhea).
4. **Hypervigilance**: Constant scanning of the environment for potential threats.
5. **Sleep disturbances**: Insomnia or restless, poor-quality sleep.
6. **Impairment in daily life**: Fear or anxiety interferes with relationships, work, or daily routines.

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Obsessive-Compulsive and Related Disorders

**Obsessive-Compulsive Disorder (OCD)**

Characterized by obsessions, compulsions, or both. Symptoms include:

**Obsessions**:

1. **Recurrent, persistent thoughts, urges, or images**: Intrusive and unwanted, causing marked anxiety or distress.
2. **Attempts to ignore or suppress obsessions**: Efforts to neutralize thoughts through other thoughts or actions.

**Compulsions**:

1. **Repetitive behaviors or mental acts**: Performed in response to obsessions (e.g., handwashing, checking, praying, counting).
2. **Behaviors aim to reduce distress**: These are not connected realistically to preventing feared events or are clearly excessive.

Additional Features:

* Symptoms take significant time (e.g., over 1 hour/day) or cause functional impairment.

**Body Dysmorphic Disorder**

Characterized by preoccupation with perceived flaws in physical appearance. Symptoms include:

1. **Preoccupation with physical appearance**: Focus on perceived flaws, often unnoticeable to others.
2. **Repetitive behaviors**: Mirror checking, skin picking, excessive grooming, or seeking reassurance.
3. **Significant distress or impairment**: The preoccupation interferes with daily functioning.

**Hoarding Disorder**

Symptoms include:

1. **Persistent difficulty discarding possessions**: Regardless of value, due to perceived need to save items.
2. **Accumulation of clutter**: Living areas become unusable due to items.
3. **Significant distress or impairment**: Difficulty managing the clutter interferes with daily life.

**Trichotillomania (Hair-Pulling Disorder)**

Symptoms include:

1. **Recurrent pulling out of hair**: Leading to hair loss.
2. **Attempts to stop hair-pulling**: Often unsuccessful.
3. **Significant distress or impairment**: Affects social, academic, or occupational functioning.

**Excoriation (Skin-Picking) Disorder**

Symptoms include:

1. **Recurrent skin-picking**: Resulting in skin lesions.
2. **Attempts to stop skin-picking**: Often unsuccessful.
3. **Significant distress or impairment**: Affects daily functioning.

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

Applies to conditions causing significant distress or impairment but not meeting full criteria for the above disorders. Examples:

1. **Obsessions without compulsions**: Intrusive thoughts without ritualistic behaviors.
2. **Body-focused repetitive behaviors**: Behaviors like nail-biting or lip-chewing.
3. **Cultural or specific variations**: Examples include obsession with perceived body odor (taijin kyofusho).

**Unspecified Obsessive-Compulsive and Related Disorder**

Symptoms in this category cause significant distress or impairment but do not fit the criteria of any specific obsessive-compulsive-related disorder.

**Shared Symptoms Across Disorders**

1. **Recurrent, distressing thoughts or urges**: Central to OCD, body dysmorphic disorder, and related conditions.
2. **Repetitive behaviors or rituals**: Performed to alleviate distress (e.g., compulsive checking or grooming).
3. **Attempts to resist or control behaviors**: Often unsuccessful.
4. **Functional impairment**: Symptoms interfere with work, relationships, or other aspects of life.

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Trauma- and Stressor-Related Disorders

**Posttraumatic Stress Disorder (PTSD):**

1. **Intrusive Symptoms**:
   * Recurrent, involuntary, and distressing memories of the traumatic event.
   * Recurrent distressing dreams related to the event.
   * Dissociative reactions (e.g., flashbacks) where the person feels the event is recurring.
   * Intense psychological distress when exposed to cues that symbolize the event.
   * Physiological reactions to cues associated with the traumatic event.
2. **Avoidance Symptoms**:
   * Avoidance of distressing memories, thoughts, or feelings related to the trauma.
   * Avoidance of external reminders (e.g., places, people, objects) associated with the trauma.
3. **Negative Changes in Cognitions and Mood**:
   * Inability to recall key aspects of the trauma.
   * Persistent negative beliefs about oneself, others, or the world (e.g., "I am bad," "The world is dangerous").
   * Distorted thoughts leading to blaming oneself or others for the trauma.
   * Persistent negative emotional states (e.g., fear, anger, shame).
   * Diminished interest or participation in activities.
   * Feelings of detachment or estrangement from others.
   * Persistent inability to experience positive emotions.
4. **Arousal and Reactivity Symptoms**:
   * Irritable behavior or angry outbursts with little provocation.
   * Reckless or self-destructive behavior.
   * Hypervigilance.
   * Exaggerated startle response.
   * Difficulty concentrating.
   * Sleep disturbances (e.g., difficulty falling or staying asleep).

**Acute Stress Disorder (ASD):**

1. **Intrusive Symptoms**:
   * Recurrent, involuntary, and distressing memories of the trauma.
   * Distressing dreams related to the event.
   * Dissociative reactions (e.g., flashbacks).
   * Intense distress or physiological reactions to reminders of the trauma.
2. **Avoidance Symptoms**:
   * Efforts to avoid distressing memories, thoughts, or feelings.
   * Avoidance of external reminders of the trauma.
3. **Dissociative Symptoms**:
   * Altered sense of reality (e.g., feeling dazed or as if time is slowing).
   * Inability to recall important aspects of the trauma.
4. **Arousal Symptoms**:
   * Sleep disturbances.
   * Irritability or angry outbursts.
   * Hypervigilance.
   * Difficulty concentrating.
   * Exaggerated startle response.

**Adjustment Disorders:**

1. **Emotional Symptoms**:
   * Marked distress out of proportion to the severity or intensity of the stressor.
   * Persistent feelings of sadness, hopelessness, or emotional discomfort.
2. **Behavioral Symptoms**:
   * Significant impairment in social, occupational, or other areas of functioning.
   * Difficulty adjusting to life changes (e.g., loss, relocation).

**Reactive Attachment Disorder (RAD):**

1. **Emotion Regulation Symptoms**:
   * Minimal emotional responsiveness to others.
   * Limited positive affect.
   * Episodes of unexplained irritability, sadness, or fearfulness during nonthreatening interactions with caregivers.
2. **Attachment Symptoms**:
   * Failure to seek or respond to comfort when distressed.

**Disinhibited Social Engagement Disorder (DSED):**

1. **Behavioral Symptoms**:
   * Reduced or absent reluctance to approach unfamiliar adults.
   * Overly familiar verbal or physical behavior inconsistent with cultural norms.
   * Willingness to go off with unfamiliar adults without hesitation.
   * Diminished or absent checking back with caregivers after venturing away.

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Dissociative Disorders

**Dissociative Identity Disorder (DID):**

1. **Identity Disruption**:
   * Presence of two or more distinct personality states or identities.
   * Discontinuity in sense of self or agency.
   * Observable changes in behavior, memory, perception, or cognition associated with the alternate identities.
2. **Amnesia**:
   * Recurrent gaps in memory for everyday events, personal information, or traumatic events inconsistent with normal forgetfulness.
3. **Distress or Impairment**:
   * Significant distress or dysfunction in social, occupational, or other important areas of functioning.
4. **Symptoms Not Due to Cultural or Religious Practices**:
   * Experiences not better explained by cultural or religious norms (e.g., possession states).
5. **Exclusion of Substance Use or Medical Condition**:
   * Symptoms are not attributable to the effects of a substance (e.g., alcohol) or a medical condition (e.g., seizures).

**Dissociative Amnesia:**

1. **Inability to Recall Important Information**:
   * Inability to remember significant personal information, often of a traumatic or stressful nature, beyond normal forgetfulness.
2. **Localized Amnesia**:
   * Loss of memory for events within a specific period (e.g., days or hours following a trauma).
3. **Selective Amnesia**:
   * Ability to recall only some parts of a traumatic event.
4. **Generalized Amnesia**:
   * Complete loss of memory for one’s entire life history.
5. **Exclusion of Other Causes**:
   * Symptoms not attributable to substance use, medical conditions (e.g., brain injury), or another mental disorder.

**Depersonalization/Derealization Disorder:**

1. **Depersonalization Symptoms**:
   * Experiences of detachment or being an outside observer of one’s thoughts, feelings, body, or actions.
   * Feeling unreal, as if in a dream, or as if the self is absent.
2. **Derealization Symptoms**:
   * Experiences of unreality or detachment from surroundings.
   * The environment may feel foggy, distorted, or unreal.
3. **Reality Testing Remains Intact**:
   * Despite feelings of detachment, the person understands their experiences are not real.
4. **Distress or Impairment**:
   * Significant distress or dysfunction in social, occupational, or other areas of functioning.

**Other Symptoms Common Across Dissociative Disorders:**

1. **Disorientation**:
   * Difficulty identifying time, place, or personal identity.
2. **Intrusive Symptoms**:
   * Sudden re-experiencing of traumatic memories or flashbacks (in some cases).
3. **Emotional Numbing**:
   * Feeling detached or disconnected from one’s emotions.
4. **Fugue States** (Specific to Dissociative Amnesia with Fugue):
   * Unexpected travel or wandering away from home without memory of how or why one left.

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Somatic Symptom and Related Disorders

**Somatic Symptom Disorder:**

1. **Distressing Physical Symptoms:**
   * **One or more somatic symptoms causing significant distress or functional impairment.**
   * **Symptoms may include pain, fatigue, or other unexplained physical complaints.**
2. **Excessive Thoughts, Feelings, or Behaviors Related to Symptoms:**
   * **Persistent thoughts about the seriousness of the symptoms.**
   * **High levels of anxiety about health or symptoms.**
   * **Excessive time and energy devoted to symptoms or health concerns.**
3. **Chronicity:**
   * **Symptoms typically persist for more than six months, even if specific somatic complaints change.**

**Illness Anxiety Disorder:**

1. **Preoccupation with Having or Acquiring a Serious Illness:**
   * **Persistent worry about developing a serious health condition despite little or no somatic symptoms.**
2. **Excessive Health-Related Behaviors or Avoidance:**
   * **Frequent self-checks for signs of illness.**
   * **Avoidance of medical appointments or healthcare settings out of fear of diagnosis.**
3. **Duration:**
   * **Preoccupation lasts at least six months, though the feared illness may change over time.**

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

1. **Alterations in Voluntary Motor or Sensory Function:**
   * **Symptoms may include paralysis, seizures, weakness, abnormal movement, or sensory loss (e.g., vision, hearing).**
   * **Incompatibility between symptoms and recognized neurological or medical conditions.**
2. **Distress or Impairment:**
   * **Significant impact on functioning in social, occupational, or other areas.**

**Factitious Disorder (Imposed on Self or Another):**

1. **Falsification of Symptoms:**
   * **Intentional fabrication or exaggeration of physical or psychological symptoms.**
   * **Evidence of deception is present, even without obvious external rewards (e.g., for attention).**
2. **Induction of Symptoms:**
   * **Self-inflicted injury or illness induction in oneself or another (if imposed on another, often a dependent).**

**Psychological Factors Affecting Other Medical Conditions:**

1. **Medical Condition Present:**
   * **A diagnosed medical condition is impacted by psychological or behavioral factors.**
2. **Exacerbation of Condition:**
   * **Psychological factors (e.g., stress, denial, maladaptive health behaviors) worsen the medical condition or interfere with treatment.**

**Other Symptoms Common Across the Category:**

1. **Somatic Preoccupation:**
   * **Persistent and excessive focus on physical sensations or conditions.**
2. **Health Anxiety:**
   * **Ongoing worry about health despite reassurance from medical evaluations.**
3. **Social or Occupational Impairment:**
   * **Symptoms interfere significantly with daily functioning and relationships.**

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Feeding and Eating Disorders

**Pica:**

1. **Persistent eating of non-nutritive, non-food substances (e.g., dirt, chalk, paper, soap).**
2. **Behavior inappropriate for developmental level.**
3. **Eating behavior is not culturally supported or socially normative.**

**Rumination Disorder:**

1. **Repeated regurgitation of food, which may be re-chewed, re-swallowed, or spit out.**
2. **Behavior not attributable to a medical condition (e.g., gastrointestinal reflux).**
3. **Symptoms cause significant distress or impairment in functioning.**

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

1. **Avoidance of food intake leading to:**
   * **Significant weight loss.**
   * **Nutritional deficiencies.**
   * **Dependence on enteral feeding or nutritional supplements.**
   * **Impaired psychosocial functioning.**
2. **Lack of interest in eating or food, or avoidance based on sensory characteristics or fear of adverse consequences (e.g., choking, vomiting).**
3. **Symptoms not due to lack of food availability or cultural practice.**

**Anorexia Nervosa:**

1. **Restriction of Energy Intake:**
   * **Significantly low body weight relative to age, sex, developmental stage, and physical health.**
2. **Intense Fear of Gaining Weight:**
   * **Persistent fear of becoming fat despite being underweight.**
3. **Disturbance in Body Image:**
   * **Distorted perception of body shape/weight or undue influence of body weight on self-evaluation.**
   * **Denial of the seriousness of low body weight.**

**Bulimia Nervosa:**

1. **Recurrent Episodes of Binge Eating:**
   * **Eating a significantly larger amount of food than typical within a discrete period.**
   * **Feeling a lack of control during binge episodes.**
2. **Inappropriate Compensatory Behaviors:**
   * **Self-induced vomiting, laxative/diuretic misuse, fasting, or excessive exercise.**
3. **Frequency of Episodes:**
   * **Binge and compensatory behaviors occur at least once a week for three months.**
4. **Body Image Disturbance:**
   * **Excessive concern with body shape and weight.**

**Binge-Eating Disorder:**

1. **Recurrent Episodes of Binge Eating:**
   * **Eating a larger-than-normal amount of food within a discrete period.**
   * **Feeling a lack of control over eating during these episodes.**
2. **Associated Features:**
   * **Eating more rapidly than normal.**
   * **Eating until feeling uncomfortably full.**
   * **Eating large amounts when not physically hungry.**
   * **Eating alone due to embarrassment about the quantity.**
   * **Feeling disgusted, depressed, or guilty afterward.**
3. **Frequency of Episodes:**
   * **Binge eating occurs at least once a week for three months.**
4. **Absence of Compensatory Behaviors:**
   * **No regular purging, fasting, or excessive exercise.**

**Other Symptoms Common Across Feeding and Eating Disorders:**

1. **Preoccupation with Food, Weight, or Body Shape:**
   * **Persistent mental focus on food or body image.**
2. **Guilt or Shame Related to Eating:**
   * **Negative emotions following eating episodes.**
3. **Nutritional Deficiency:**
   * **Observable physical effects such as anemia, fatigue, or malnourishment.**
4. **Medical Complications:**
   * **Heart irregularities, gastrointestinal issues, or electrolyte imbalances due to behaviors.**

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Elimination Disorders

**Enuresis (Urinary Incontinence)**

1. **Repeated voiding of urine**:
   * In bed or clothing, either involuntary or intentional.
2. **Frequency and Duration**:
   * Occurs at least twice a week for three consecutive months.
3. **Age-related Diagnostic Threshold**:
   * Chronological or developmental age of at least 5 years.
4. **Exclusion Criteria**:
   * Behavior not attributable to a medical condition (e.g., diabetes, urinary tract infection) or the effects of a substance.

**Encopresis (Fecal Incontinence)**

1. **Repeated passage of feces**:
   * In inappropriate places (e.g., clothing, floor), either involuntary or intentional.
2. **Frequency and Duration**:
   * At least one such event per month for three months.
3. **Age-related Diagnostic Threshold**:
   * Chronological or developmental age of at least 4 years.
4. **Subtypes**:
   * **With Constipation and Overflow Incontinence**:
     + Fecal leakage associated with chronic constipation and impaction.
   * **Without Constipation and Overflow Incontinence**:
     + Fecal incontinence unrelated to constipation.
5. **Exclusion Criteria**:
   * Behavior not attributable to a medical condition (e.g., Hirschsprung’s disease) or the effects of a substance.

**Common Symptoms Across Elimination Disorders**

1. **Emotional Distress**:
   * Shame, guilt, or embarrassment about incontinence.
   * Avoidance of social situations due to fear of accidents.
2. **Avoidant Behaviors**:
   * Refusal to use toilets in unfamiliar or public places.
3. **Interpersonal and Social Impairment**:
   * Strained family relationships or difficulties at school due to disruptive behaviors.
4. **Somatic Complaints**:
   * Physical discomfort, such as abdominal pain, especially in cases involving constipation.

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Sleep-Wake Disorders

**1. Insomnia Disorder**

1. **Difficulty initiating sleep**.
2. **Difficulty maintaining sleep**:
   * Frequent awakenings or trouble returning to sleep.
3. **Early-morning awakening**:
   * Inability to return to sleep.
4. **Daytime impairment or distress**:
   * Fatigue, mood disturbance, or reduced functioning.

**2. Hypersomnolence Disorder**

1. **Excessive sleepiness** despite a sleep period of at least 7 hours.
2. **Recurrent daytime naps** or lapses into sleep.
3. **Difficulty being fully awake** after abrupt awakening.
4. **Prolonged main sleep episode**:
   * More than 9 hours, yet still feeling unrefreshed.
5. **Impairment in daily functioning** due to excessive sleepiness.

**3. Narcolepsy**

1. **Recurrent episodes of irrepressible need to sleep** or lapsing into sleep during the day.
2. **Cataplexy** (in some cases):
   * Sudden loss of muscle tone triggered by strong emotions.
3. **Deficiency of hypocretin**:
   * Verified through cerebrospinal fluid (CSF) testing.
4. **Disturbed nighttime sleep**:
   * Fragmented sleep patterns.

**4. Breathing-Related Sleep Disorders**

**Obstructive Sleep Apnea Hypopnea**

1. **Repeated episodes of airflow reduction or cessation**:
   * Snoring, gasping, or choking during sleep.
2. **Daytime fatigue or sleepiness**.
3. **Observed apneas** by a bed partner.

**Central Sleep Apnea**

1. **Repeated breathing pauses during sleep**:
   * Associated with the absence of respiratory effort.
2. **Disrupted sleep leading to excessive daytime sleepiness**.

**Sleep-Related Hypoventilation**

1. **Episodes of shallow breathing** or reduced airflow during sleep.
2. **Associated daytime symptoms** such as fatigue or headache.

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

1. **Persistent sleep-wake pattern misalignment**:
   * Conflicts with environmental or social schedules.
2. **Daytime sleepiness or insomnia**:
   * Due to inability to align sleep patterns.

**6. Parasomnias**

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

1. **Sleepwalking**:
   * Rising from bed and walking during sleep.
2. **Sleep terrors**:
   * Sudden arousals with intense fear, screaming, or autonomic activation (e.g., sweating, rapid heartbeat).

**Nightmare Disorder**

1. **Recurrent nightmares**:
   * Vivid, disturbing dreams causing awakening.
2. **Difficulty returning to sleep** after nightmares.

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

1. **Vocalizations or complex motor behaviors** during REM sleep.
2. **Dream enactment behaviors**:
   * Such as punching, kicking, or talking.

**7. Restless Legs Syndrome**

1. **Unpleasant sensations in the legs**:
   * Urge to move, especially at rest or in the evening.
2. **Relief from movement**:
   * Symptoms improve with walking or stretching.
3. **Sleep disturbance** due to leg discomfort.

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Sexual Dysfunctions

**1. Delayed Ejaculation**

1. **Significant delay in ejaculation** during sexual activity.
2. **Infrequency or absence of ejaculation** despite adequate stimulation.
3. Distress or interpersonal difficulties related to the delay or absence.

**2. Erectile Disorder**

1. **Difficulty obtaining an erection** during sexual activity.
2. **Difficulty maintaining an erection** until the completion of sexual activity.
3. **Decrease in erectile rigidity**, interfering with penetration or satisfaction.

**3. Female Orgasmic Disorder**

1. **Significant delay, infrequency, or absence of orgasm** during sexual activity.
2. **Reduced intensity of orgasmic sensations**, if any.
3. Distress or interpersonal difficulties related to the orgasmic issues.

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

1. **Absent or reduced sexual interest or arousal**, including:
   * Reduced sexual thoughts or fantasies.
   * Decreased initiation of sexual activity or responsiveness to a partner's attempts.
   * Reduced excitement or pleasure during sexual activity.
   * Reduced genital or non-genital sensations during sexual activity.
2. Distress or interpersonal difficulties related to low interest or arousal.

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

1. **Difficulty with vaginal penetration** during intercourse.
2. **Marked vulvovaginal or pelvic pain** during intercourse or penetration attempts.
3. **Fear or anxiety about pain** related to vaginal penetration.
4. **Tensing or tightening of pelvic floor muscles** during attempted vaginal penetration.

**6. Male Hypoactive Sexual Desire Disorder**

1. **Persistently or recurrently deficient or absent sexual thoughts** or fantasies.
2. **Low or absent desire for sexual activity**, leading to distress or interpersonal issues.

**7. Premature (Early) Ejaculation**

1. **Persistent or recurrent ejaculation**:
   * Occurring within approximately 1 minute of vaginal penetration.
   * Occurring before the individual wishes it to.
2. Distress or interpersonal difficulties related to early ejaculation.

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

1. **Significant disturbance in sexual function** (e.g., desire, arousal, or orgasm) caused by:
   * Recent substance intoxication.
   * Medication side effects.
   * Withdrawal from a substance or medication.
2. Symptoms may include:
   * Decreased libido.
   * Difficulty achieving or maintaining an erection.
   * Difficulty reaching orgasm.
3. Symptoms cause distress or significant impairment in functioning.

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Gender Dysphoria

**Symptoms of Gender Dysphoria in Children:**

1. **Strong desire to be of the other gender** or insistence that one is the other gender.
2. **Preference for clothing associated with the other gender** and rejection of clothing typically associated with their assigned gender.
3. **Preference for cross-gender roles in play** (e.g., pretending to be characters or people of the other gender).
4. **Preference for toys, games, or activities stereotypically associated with the other gender** and rejection of those associated with their assigned gender.
5. **Preference for playmates of the other gender.**
6. **Rejection of assigned gender traits**, including anatomy (e.g., avoidance of physical traits or roles associated with their assigned gender).
7. **Strong dislike of one’s sexual anatomy** (e.g., distress about physical characteristics associated with assigned gender).
8. **Desire for physical characteristics of the experienced gender** (e.g., wishing for genitals or secondary sexual characteristics of the opposite gender).

**Symptoms of Gender Dysphoria in Adolescents and Adults:**

1. **Incongruence between experienced gender and assigned gender** (e.g., discomfort with physical characteristics such as breasts or genitals).
2. **Desire to be rid of primary or secondary sexual characteristics** associated with their assigned gender.
3. **Desire for the physical sexual characteristics of the experienced gender.**
4. **Desire to be treated as the other gender** or as a gender different from their assigned one.
5. **Conviction that one has the feelings or reactions typical of the other gender.**
6. **Significant distress or impairment in social, occupational, or other areas of functioning** due to this incongruence.

These symptoms are evaluated for persistence (lasting at least six months) and intensity to meet diagnostic criteria. The DSM-5-TR emphasizes that distress or functional impairment is a critical factor in diagnosis.

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Disruptive, Impulse-Control, and Conduct Disorders

**Symptoms of Oppositional Defiant Disorder (ODD):**

1. **Angry/Irritable Mood:**
   * **Frequent temper outbursts.**
   * **Easily annoyed or touchy.**
   * **Angry and resentful.**
2. **Argumentative/Defiant Behavior:**
   * **Often argues with authority figures.**
   * **Refuses to comply with requests or rules.**
   * **Deliberately annoys others.**
   * **Blames others for their mistakes or behavior.**
3. **Vindictiveness:**
   * **Has been spiteful or vindictive at least twice within the past six months.**

**Symptoms of Conduct Disorder:**

1. **Aggression to People and Animals:**
   * **Bullies, threatens, or intimidates others.**
   * **Initiates physical fights.**
   * **Has used a weapon that can cause serious harm.**
   * **Physically cruel to people or animals.**
   * **Stolen while confronting a victim (e.g., mugging, extortion).**
   * **Forced someone into sexual activity.**
2. **Destruction of Property:**
   * **Deliberate fire-setting with intent to cause damage.**
   * **Deliberate destruction of others’ property.**
3. **Deceitfulness or Theft:**
   * **Breaking and entering.**
   * **Lying to obtain goods or favors or to avoid obligations.**
   * **Stealing items of nontrivial value without confrontation (e.g., shoplifting).**
4. **Serious Violation of Rules:**
   * **Staying out late despite parental prohibitions, beginning before age 13.**
   * **Running away from home overnight at least twice.**
   * **Frequent truancy, beginning before age 13.**

**Symptoms of Intermittent Explosive Disorder (IED):**

1. **Recurrent outbursts representing a failure to control aggressive impulses:**
   * **Verbal aggression or physical aggression toward people, animals, or property, occurring twice weekly on average for at least three months.**
   * **Three behavioral outbursts involving damage to property or physical injury to others within 12 months.**
2. **Outbursts are grossly out of proportion to the provocation or stressor.**
3. **Outbursts are impulsive and not premeditated, and they are not committed for a tangible objective.**
4. **Marked distress or impairment in functioning.**

**Symptoms of Pyromania:**

1. **Deliberate and purposeful fire-setting on multiple occasions.**
2. **Tension or arousal before the act of setting a fire.**
3. **Fascination with fire, including its uses and consequences.**
4. **Pleasure or relief when setting fires or witnessing their aftermath.**
5. **Fire-setting is not done for external gain (e.g., monetary compensation, revenge).**

**Symptoms of Kleptomania:**

1. **Recurrent failure to resist impulses to steal objects that are not needed for personal use or monetary value.**
2. **Tension before committing the theft.**
3. **Pleasure, gratification, or relief at the time of theft.**
4. **Stealing is not committed out of anger, vengeance, or due to a hallucination or delusion.**

**These disorders are diagnosed based on the persistence of these symptoms and the significant distress or impairment they cause in social, academic, occupational, or other important areas of functioning. Each disorder in this category is characterized by difficulties with emotional and behavioral self-control.**

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Substance-Related and Addictive Disorders

**General Criteria for Substance Use Disorders:**

**The diagnosis requires at least two or more of the following symptoms occurring within a 12-month period:**

1. **Impaired Control:**
   * **Taking the substance in larger amounts or for a longer period than intended.**
   * **Persistent desire or unsuccessful efforts to cut down or control substance use.**
   * **Spending a great deal of time obtaining, using, or recovering from the substance.**
   * **Craving or strong desire to use the substance.**
2. **Social Impairment:**
   * **Recurrent substance use resulting in failure to fulfill major obligations at work, school, or home.**
   * **Continued substance use despite persistent or recurrent social or interpersonal problems caused by or exacerbated by the effects of the substance.**
   * **Important social, occupational, or recreational activities are given up or reduced due to substance use.**
3. **Risky Use:**
   * **Recurrent substance use in situations where it is physically hazardous.**
   * **Continued use despite knowledge of having a persistent or recurrent physical or psychological problem likely caused or worsened by the substance.**
4. **Pharmacological Criteria:**
   * **Tolerance: Need for markedly increased amounts of the substance to achieve intoxication or desired effect, or a markedly diminished effect with continued use of the same amount.**
   * **Withdrawal: Experiencing withdrawal symptoms specific to the substance or taking the substance (or a related substance) to avoid withdrawal.**

**Substance Intoxication and Withdrawal Symptoms:**

**Each substance has specific intoxication and withdrawal patterns.**

**Alcohol-Related Disorders:**

**Intoxication:**

* **Slurred speech.**
* **Incoordination.**
* **Unsteady gait.**
* **Nystagmus (involuntary eye movement).**
* **Impaired attention or memory.**
* **Stupor or coma.**

**Withdrawal:**

* **Sweating or rapid pulse.**
* **Hand tremors.**
* **Insomnia.**
* **Nausea or vomiting.**
* **Transient hallucinations.**
* **Psychomotor agitation.**
* **Anxiety.**
* **Seizures.**

**Cannabis-Related Disorders:**

**Intoxication:**

* **Euphoria followed by lethargy or dysphoria.**
* **Impaired motor coordination.**
* **Increased appetite.**
* **Dry mouth.**
* **Tachycardia.**

**Withdrawal:**

* **Irritability or anger.**
* **Nervousness or anxiety.**
* **Sleep disturbances (e.g., insomnia or vivid dreams).**
* **Decreased appetite or weight loss.**
* **Restlessness.**
* **Depressed mood.**
* **Physical symptoms (e.g., abdominal pain, sweating, chills).**

**Opioid-Related Disorders:**

**Intoxication:**

* **Euphoria followed by apathy or dysphoria.**
* **Constricted pupils.**
* **Drowsiness or coma.**
* **Slurred speech.**
* **Impairment in attention or memory.**

**Withdrawal:**

* **Dysphoric mood.**
* **Nausea or vomiting.**
* **Muscle aches.**
* **Lacrimation (tearing) or rhinorrhea (runny nose).**
* **Pupil dilation.**
* **Goosebumps or sweating.**
* **Diarrhea.**
* **Yawning.**
* **Fever.**
* **Insomnia.**

**Stimulant-Related Disorders:**

**Intoxication:**

* **Euphoria or affective blunting.**
* **Changes in sociability.**
* **Hypervigilance.**
* **Psychomotor agitation.**
* **Tachycardia or bradycardia.**
* **Pupillary dilation.**
* **Elevated or lowered blood pressure.**
* **Sweating or chills.**

**Withdrawal:**

* **Fatigue.**
* **Vivid, unpleasant dreams.**
* **Insomnia or hypersomnia.**
* **Increased appetite.**
* **Psychomotor retardation or agitation.**

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

**Intoxication:**

* **Slurred speech.**
* **Incoordination.**
* **Unsteady gait.**
* **Impairment in cognition (e.g., memory, attention).**
* **Stupor or coma.**

**Withdrawal:**

* **Autonomic hyperactivity (e.g., sweating, tachycardia).**
* **Hand tremor.**
* **Insomnia.**
* **Nausea or vomiting.**
* **Transient hallucinations.**
* **Psychomotor agitation.**
* **Anxiety.**
* **Seizures.**

**Hallucinogen-Related Disorders:**

**Intoxication:**

* **Perceptual changes (e.g., hallucinations, depersonalization).**
* **Tachycardia.**
* **Blurred vision.**
* **Pupil dilation.**
* **Tremors.**

**Withdrawal: Not typically associated with withdrawal syndrome.**

**Inhalant-Related Disorders:**

**Intoxication:**

* **Dizziness.**
* **Nystagmus.**
* **Incoordination.**
* **Slurred speech.**
* **Unsteady gait.**
* **Lethargy.**
* **Psychomotor retardation.**

**Tobacco-Related Disorders:**

**Withdrawal:**

* **Irritability, frustration, or anger.**
* **Anxiety.**
* **Difficulty concentrating.**
* **Increased appetite.**
* **Restlessness.**
* **Depressed mood.**
* **Insomnia.**

**Gambling Disorder:**

**Though not substance-related, it is included in this category:**

* **Preoccupation with gambling.**
* **Needing to gamble with increasing amounts of money.**
* **Repeated unsuccessful efforts to stop gambling.**
* **Jeopardizing relationships or opportunities due to gambling.**
* **Relieving distress by gambling.**

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Neurocognitive Disorders

**General Symptoms Across Neurocognitive Disorders:**

1. **Memory Impairment**:
   * Difficulty recalling recent events.
   * Forgetting personal information or previously learned material.
   * Repeating questions or conversations.
2. **Executive Functioning Impairment**:
   * Difficulty planning, organizing, or multitasking.
   * Poor decision-making or judgment.
   * Struggles with problem-solving.
3. **Attention Impairment**:
   * Reduced ability to focus or sustain attention.
   * Easily distracted or overwhelmed by tasks.
4. **Language Deficits**:
   * Difficulty finding the right words (word-finding difficulty).
   * Using nonspecific or vague terms.
   * Problems with sentence structure or understanding language.
5. **Perceptual-Motor Impairments**:
   * Difficulty with spatial orientation or navigation.
   * Impaired hand-eye coordination.
   * Trouble recognizing objects, faces, or environments.
6. **Social Cognition Deficits**:
   * Reduced empathy or understanding of others' perspectives.
   * Inappropriate behavior or difficulty interpreting social cues.
7. **Behavioral and Emotional Changes**:
   * Irritability or aggression.
   * Apathy or withdrawal from activities.
   * Mood swings or emotional instability.
8. **Hallucinations and Delusions**:
   * Perceiving things that are not present.
   * Fixed, false beliefs (e.g., paranoia or grandiosity).

**Specific Symptoms by Subtypes:**

**Delirium:**

1. **Fluctuating Attention**:
   * Rapid shifts in alertness or awareness throughout the day.
2. **Disorganized Thinking**:
   * Confusion or incoherence in speech.
3. **Perceptual Disturbances**:
   * Hallucinations or misinterpreting stimuli.
4. **Psychomotor Changes**:
   * Restlessness or lethargy.
5. **Disturbed Sleep-Wake Cycle**:
   * Reversal of day-night sleep patterns.

**Major Neurocognitive Disorder (Dementia):**

1. **Severe Cognitive Decline**:
   * Profound loss in memory, language, or executive function.
2. **Loss of Independence**:
   * Inability to perform daily activities like cooking, dressing, or managing finances.
3. **Behavioral Changes**:
   * Agitation, wandering, or social inappropriateness.

**Mild Neurocognitive Disorder:**

1. **Mild Cognitive Decline**:
   * Subtle difficulties with memory, planning, or language.
2. **Preserved Independence**:
   * Ability to maintain daily activities but with greater effort or compensatory strategies.

**Frontotemporal Neurocognitive Disorder:**

1. **Behavioral Variant**:
   * Personality changes, disinhibition, or apathy.
   * Compulsive or repetitive behaviors.
2. **Language Variant**:
   * Progressive loss of speech or word comprehension.

**Neurocognitive Disorder Due to Alzheimer's Disease:**

1. **Gradual Decline**:
   * Progressive worsening of memory and cognitive function.
2. **Impaired Recognition**:
   * Difficulty recognizing familiar people or places.
3. **Behavioral Changes**:
   * Agitation or wandering.

**Neurocognitive Disorder Due to Traumatic Brain Injury (TBI):**

1. **Physical Symptoms**:
   * Headaches, dizziness, or sensitivity to light/noise.
2. **Cognitive Impairments**:
   * Memory and attention deficits.
3. **Emotional Changes**:
   * Irritability or mood swings.

**Substance/Medication-Induced Neurocognitive Disorder:**

1. **Cognitive Deficits**:
   * Memory loss, impaired judgment, or disorientation.
2. **Neurological Symptoms**:
   * Tremors, ataxia, or slurred speech.

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

1. **Motor Symptoms**:
   * Bradykinesia (slowed movements), rigidity, or tremors.
2. **Cognitive Symptoms**:
   * Memory and executive function impairments.
3. **Mood Changes**:
   * Depression or apathy.

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

1. **Movement Symptoms**:
   * Chorea (involuntary, jerky movements).
2. **Cognitive Decline**:
   * Impaired planning, organizing, or concentration.
3. **Behavioral Changes**:
   * Irritability, depression, or impulsivity.

**Neurocognitive Disorder Due to Prion Disease:**

1. **Rapid Cognitive Decline**:
   * Marked deterioration in memory, coordination, and language.
2. **Neurological Symptoms**:
   * Myoclonus (involuntary muscle jerks) and ataxia.

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Personality Disorders

**Cluster A: Odd or Eccentric Disorders**

**Paranoid Personality Disorder**

1. Persistent distrust and suspicion of others.
2. Belief that others are exploiting, harming, or deceiving them.
3. Reluctance to confide in others due to fear of information being used against them.
4. Misinterpretation of benign remarks as demeaning or threatening.
5. Holding grudges for perceived slights or wrongs.
6. Unjustified suspicion of partner's fidelity.
7. Rapid defensiveness or hostility in response to perceived criticism.

**Schizoid Personality Disorder**

1. Lack of interest in forming or maintaining close relationships.
2. Preference for solitary activities.
3. Limited pleasure in most activities, including hobbies.
4. Emotional coldness or detachment.
5. Indifference to praise or criticism.
6. Minimal or absent desire for sexual experiences.
7. Lack of close friends or confidants outside of family.

**Schizotypal Personality Disorder**

1. Eccentric behaviors, beliefs, or appearance.
2. Odd speech patterns or thinking (e.g., vague, metaphorical, or over-elaborate).
3. Suspiciousness or paranoid ideation.
4. Social anxiety due to paranoid fears, not judgment of others.
5. Inappropriate or constricted emotional expression.
6. Unusual perceptual experiences (e.g., sensing another’s presence).
7. Lack of close friends or confidants outside of family.

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

**Antisocial Personality Disorder**

1. Repeated disregard for the rights of others.
2. Deceitfulness (e.g., lying, use of aliases, or conning for personal gain).
3. Impulsivity or failure to plan ahead.
4. Irritability and aggressiveness, often leading to physical altercations.
5. Reckless disregard for the safety of self or others.
6. Consistent irresponsibility (e.g., failure to sustain employment or honor financial obligations).
7. Lack of remorse after harming others.

**Borderline Personality Disorder**

1. Intense fear of abandonment and frantic efforts to avoid it.
2. Unstable relationships, alternating between idealization and devaluation.
3. Identity disturbance (e.g., unstable self-image or sense of self).
4. Impulsivity in self-damaging behaviors (e.g., substance use, reckless spending).
5. Recurrent suicidal behaviors or threats, or self-harm.
6. Intense mood instability (e.g., rapid mood swings).
7. Chronic feelings of emptiness.
8. Inappropriate or intense anger.
9. Transient paranoia or dissociation under stress.

**Histrionic Personality Disorder**

1. Discomfort when not the center of attention.
2. Inappropriate sexually seductive or provocative behavior.
3. Rapidly shifting and shallow emotional expressions.
4. Use of physical appearance to draw attention.
5. Excessively impressionistic and vague speech.
6. Overly dramatic, theatrical, or exaggerated emotions.
7. Suggestibility (easily influenced by others or circumstances).
8. Perception of relationships as more intimate than they are.

**Narcissistic Personality Disorder**

1. Grandiose sense of self-importance (e.g., exaggeration of achievements).
2. Preoccupation with fantasies of success, power, brilliance, or beauty.
3. Belief in being "special" and only understood by high-status individuals.
4. Need for excessive admiration.
5. Sense of entitlement (e.g., unreasonable expectations of favorable treatment).
6. Exploitativeness in relationships.
7. Lack of empathy for others.
8. Envy of others or belief others are envious of them.
9. Arrogant or haughty behaviors or attitudes.

**Cluster C: Anxious or Fearful Disorders**

**Avoidant Personality Disorder**

1. Avoidance of social interactions due to fear of criticism or rejection.
2. Reluctance to engage in new activities due to fear of embarrassment.
3. Preoccupation with being criticized or rejected in social settings.
4. Inhibition in interpersonal situations due to feelings of inadequacy.
5. View of self as socially inept or inferior.
6. Reluctance to take personal risks or try new things.
7. Extreme sensitivity to negative evaluation.

**Dependent Personality Disorder**

1. Difficulty making decisions without excessive advice or reassurance.
2. Fear of disagreeing with others due to fear of losing support.
3. Difficulty initiating projects or tasks independently.
4. Extreme efforts to obtain nurturing and support.
5. Feelings of discomfort or helplessness when alone.
6. Urgent need to establish a new relationship after one ends.
7. Unrealistic fears of being left to care for oneself.

**Obsessive-Compulsive Personality Disorder**

1. Preoccupation with details, rules, or schedules to the detriment of productivity.
2. Perfectionism that interferes with task completion.
3. Excessive devotion to work or productivity at the expense of leisure.
4. Rigidity and stubbornness in behavior or attitudes.
5. Reluctance to delegate tasks unless done their way.
6. Hoarding items of no sentimental or monetary value.
7. Misery over spending, viewing money as something to be hoarded.

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Paraphilic Disorders

**Common Symptoms Across Paraphilic Disorders**

1. **Compulsive engagement in specific activities**:
   * Repetitive or ritualistic behaviors related to atypical sexual interests.
2. **Difficulty controlling impulses**:
   * Failure to resist urges or behaviors despite negative consequences.
3. **Violation of social or legal norms**:
   * Actions breaching social, moral, or legal boundaries (e.g., voyeurism, exhibitionism).
4. **Distress or impairment**:
   * Persistent preoccupation with atypical interests leading to emotional or functional problems.
5. **Risky or harmful behaviors**:
   * Activities endangering oneself or others (e.g., exposing oneself or coercing others).

**Specific Paraphilic Disorders**

**Exhibitionistic Disorder**

1. Exposure of genitals to unsuspecting individuals.
2. Engaging in inappropriate or public sexual acts intended to shock or gain attention.

**Fetishistic Disorder**

1. Intense focus on non-living objects or specific body parts (e.g., shoes, feet).
2. Difficulty engaging in typical sexual activities without the fetishized item.

**Frotteuristic Disorder**

1. Touching or rubbing against non-consenting individuals in crowded spaces.
2. Seeking physical proximity to unsuspecting individuals for sexual arousal.

**Pedophilic Disorder**

1. Persistent sexual focus on prepubescent children.
2. Engaging in activities or seeking opportunities to be alone with children.

**Sexual Masochism Disorder**

1. Seeking situations involving humiliation, pain, or suffering for sexual arousal.
2. Physical marks or injuries indicative of self-inflicted harm.

**Sexual Sadism Disorder**

1. Infliction of pain, humiliation, or suffering on others for sexual gratification.
2. Coercing or manipulating others into participating in harmful activities.

**Transvestic Disorder**

1. Preoccupation with cross-dressing for sexual arousal.
2. Distress or compulsive behaviors related to cross-dressing.

**Voyeuristic Disorder**

1. Secretly watching others engaged in private activities (e.g., undressing, sexual acts).
2. Using tools or strategies to facilitate surveillance (e.g., binoculars, cameras).

**Criteria for Diagnosing Paraphilic Disorders**

* **Duration**: Symptoms must persist for at least 6 months.
* **Distress or Impairment**: The interests must cause significant personal distress, functional impairment, or harm to others.
* **Exclusion of non-disordered paraphilias**: Paraphilic interests that do not lead to distress, impairment, or harm are not classified as disorders.

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Other Mental Disorders

**Common Symptoms Across Other Mental Disorders**

1. **Unusual or Atypical Behaviors**:
   * Actions or behaviors that deviate significantly from cultural or social norms.
   * Examples: Bizarre actions, unpredictable reactions to routine events.
2. **Cognitive Impairments**:
   * Observable confusion or disorganized thinking.
   * Memory difficulties that are not attributable to neurocognitive disorders.
3. **Affective Instability**:
   * Intense, rapid emotional fluctuations.
   * Inappropriate emotional responses (e.g., laughing during a sad event).
4. **Behavioral Changes**:
   * Sudden or prolonged shifts in daily routines.
   * Changes in social interactions, work performance, or personal care behaviors.
5. **Psychomotor Abnormalities**:
   * Slowed movements or agitation without medical explanation.
   * Examples: Fidgeting, restlessness, or lethargy.
6. **Unexplained Distress or Functional Impairment**:
   * Observable difficulties in social, academic, or occupational functioning.
   * Emotional or behavioral symptoms that do not meet criteria for another disorder.

**Diagnostic Criteria**

* Symptoms must cause **clinically significant distress or impairment** in social, occupational, or other important areas of functioning.
* Must not be better explained by another medical condition, mental disorder, or substance use.

The "Other Mental Disorders" category is intentionally broad and flexible, ensuring that individuals who experience severe distress or dysfunction but do not meet criteria for specific diagnoses can still receive appropriate clinical attentionTop of Form.

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Medication-Induced Movement Disorders and Other Adverse Effects of Medication

**Common Symptoms**

1. **Tardive Dyskinesia**:
   * Involuntary, repetitive movements of the face, tongue, lips, or limbs.
   * Examples:
     + Lip-smacking.
     + Grimacing.
     + Rapid blinking.
2. **Parkinsonism**:
   * Symptoms resembling Parkinson’s disease, often caused by antipsychotics.
   * Examples:
     + Tremors (resting tremors).
     + Muscle rigidity or stiffness.
     + Bradykinesia (slowed movements).
     + Postural instability (difficulty maintaining balance).
3. **Akathisia**:
   * Inner restlessness resulting in observable motor activity.
   * Examples:
     + Pacing.
     + Shifting weight from one foot to the other.
     + Inability to remain still.
4. **Acute Dystonia**:
   * Sudden, sustained muscle contractions causing twisting or abnormal postures.
   * Examples:
     + Neck twisting (torticollis).
     + Upward eye movement (oculogyric crisis).
     + Jaw clenching or tongue protrusion.
5. **Neuroleptic Malignant Syndrome**:
   * A potentially life-threatening reaction to antipsychotic medications.
   * Examples:
     + Severe muscle rigidity.
     + Autonomic instability (e.g., rapid heart rate, fluctuating blood pressure).
     + Hyperthermia (elevated body temperature).
     + Altered mental status (e.g., confusion, agitation).
6. **Medication-Induced Postural Tremor**:
   * Rhythmic, involuntary shaking of body parts when maintaining a posture.
   * Commonly affects the hands, head, or other body areas.
7. **Tardive Dystonia**:
   * Persistent, involuntary muscle contractions after prolonged medication use.
   * Examples:
     + Twisting movements of the neck, trunk, or limbs.
8. **Tardive Akathisia**:
   * Persistent restlessness or inability to stay still after prolonged medication use.
   * Examples:
     + Repetitive pacing or leg movement.
9. **Other Dyskinesias**:
   * Uncontrolled, involuntary movements affecting various muscle groups.
   * Examples:
     + Jerking.
     + Writhing.
     + Slow, purposeless movements.

**Diagnostic Notes**

* Symptoms must have a temporal association with medication use.
* Symptoms should not be better explained by other medical or mental health conditions.
* Diagnosis may require discontinuing or adjusting the suspected medication to assess symptom resolution.

These movement disorders and adverse effects underscore the importance of monitoring individuals on medications that affect the central nervous system, particularly antipsychotics and similar agents.

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