Disorders selected as conflicting

Excluding Disorder	Reason	Reference
Intellectual Developmental Disorder (Intellectual Disability)	Social and communication deficits vary by severity: Mild - immature social interactions; Moderate - less complex spoken language; Severe - limited vocabulary and grammar.	DSM-V
Language Disorder	Deficits in language acquisition and use, below expected levels for age.	DSM-V
Speech Sound Disorder	Difficulty with speech sound production due to phonological knowledge or coordination of movements for speech.	DSM-V
Social (Pragmatic) Communication Disorder	Primary difficulty with the social use of language and communication, including understanding social rules and context.	DSM-V
Unspecified Communication Disorder	Symptoms of communication disorder causing significant distress or impairment but not meeting full criteria for any specific communication disorder.	DSM-V
Autism Spectrum Disorder	Persistent deficits in social communication and interaction, including issues with reciprocity, nonverbal communication, and relationship development.	DSM-V
Bipolar I	Rapid, pressured speech; flight of ideas; disorganized speech during manic episodes.	DSM-V
Bipolar II	Similar cognitive impairments to Bipolar I, including pressured speech and flight of ideas during hypomanic episodes.	DSM-V
Cyclothymia	Chronic mood disturbance with periods of hypomanic and depressive symptoms, insufficient to meet criteria for major episodes. Premorbid to bipolar disorder.	DSM-V
Factitious Disorder	Falsification of medical or psychological symptoms that can be perceived as other disorders that affect language. This can lead to false self-declarations of schizophrenia, for example.	DSM-V
Alzheimer/Dementia	Symptoms such as significant language difficulties, like word-finding issues and grammatical errors.	DSM-V
Brain Injury	Similar to Alzheimer/Dementia.	DSM-V
Lewy Body Disease	Similar to Alzheimer/Dementia.	DSM-V
Frontotemporal Lobar Degeneration	Decline in language ability, including speech production and grammar. Similar to Alzheimer/Dementia.	DSM-V

Schizoaffective Disorder	Even though it belongs to the schizophrenia spectrum, it may present mood episodes classified as bipolar, which is an excluding factor (see above).	DSM-V
Parkinson's Disease (PD)	The literature points that there are language deficits in more than one linguistic domain (e.g. syntax, morphology) present in patients affected by Parkinson's, which are aggravated according to the cognitive degeneration's degree caused by the disease.	Bocanegra et al. (2015) Lieberman et al. (1992) Zanini et al. (2010)
Huntington's Disease (HD)	Parts of the brain that are linked to syntax (e.g. frontostriatal circuits) are described by the literature as compromised in Huntington's Disease, similarly to Parkinson's. Additionally, results points towards reduced syntactic complexity in HD.	Birba et al. (2017) Murray & Lenz (2001)
Specific Learning Disorder (e.g., Dyslexia) (SLD)	Even though the DSM states that learning disorders disrupt learning academic skills and do not pose any argument in favor of a disruption in Grammar per se, the literature observes that learning disorders such as dyslexia may affect language structure. Dyslexia is reported as being linked to more morphosyntactic errors and to syntactic comprehension deficits, which may lead to conflicting data in our study.	Altmann et al. (2008) Dodur & Miray (2021) Robertson & Joanisse (2010) Zachou (2013)
Borderline Personality Disorder (BPD)	Initially, personality disorders were not classified as conflicting. However, further review revealed studies indicating that patients with BPD often exhibit reduced syntactic complexity (fewer non-finite and finite adjunct clauses), as well as pragmatic deficits, such as challenges in detecting irony. Additional research differentiates BPD from psychotic disorders, noting that BPD is not inherently predictive of psychotic disorders. Moreover, irony comprehension deficits in BPD are observed independently of schizotypal traits, suggesting distinct linguistic patterns in BPD.	Barnow et al. (2010) Carter & Grenyer (2012) Felsenheimer et al. (2022)

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