



DSM-5-TR[™] Overview

Essential descriptions of DSM-5-TR mental disorders, including symptoms, manifestations, and classifications

NOTE: This guide includes the majority of mental disorders in the DSM-5-TR. "Other specified" and "unspecified" disorders, which do not meet the full criteria for other disorders within a category, and disorders due to another medical condition are omitted.

Almost all conditions listed here include the caveat that the condition (C) is not due to the effects of a substance (except in the case of substance-related disorders) or to another medical condition, (C) is not better explained by the diagnosis of another mental disorder, and (C) causes significant distress and impairment in social, academic, vocational, or other important areas of functioning.

NEURODEVELOPMENTAL DISORDERS

Neurodevelopmental disorders have their onset during the developmental period.

Intellectual Developmental Disorder (Intellectual Disability)

Deficits in intellectual and adaptive functioning, with intellectual deficits manifested as problems with reasoning, problem solving, abstract thinking, and other intellectual functions as confirmed by clinical assessment and standardized tests of intelligence. Adaptive functioning deficits manifest as failure to demonstrate expected levels of independence and social responsibility. Deficits limit functioning in home, school, work, and community environments.

Communication Disorders

This category includes Language Disorder, Speech Sound Disorder, Childhood-Onset Fluency Disorder (Stuttering), and Social (Pragmatic) Communication Disorder and applies, broadly, to persistent difficulties in hearing and using language in its various forms (written, spoken, sign) due to deficits in comprehension or production, with onset during early development. Deficits (i.e., performance significantly below accepted age norms) are manifested as reduced vocabulary; inability to express oneself due to limited sentence structure, and impaired discourse abilities. Difficulties are not attributable to an underlying medical condition.

Autism Spectrum Disorder

Persistent problems in social interaction and communication across a wide range of contexts, including reduced ability to share emotions and interests and peer ability to use verbal and nonverbal (both verbal and nonverbal) cues and gestures. Also indicated by repetitive behaviors and patterns, interest in, and focus on, routines, and fixation on restricted interests. Heightened sensitivity or lack thereof to environmental sensory stimuli.

SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS

Subtype/Personality Disorders: See Personality Disorders section (pp. 8-12) for definitions.

Delusional Disorder: Enduring delusions that may be accompanied by noncommentable hallucinations pertain to the nature of the delusion itself. Functioning is not significantly affected, apart from behaviors specifically related to delusions. Delusions generally does not appear to be odd or peculiar. Types of delusions include erotomania, grandiose, jealous, persecutory, somatic, mixed, or unspecified.

Brief Psychotic Disorder: A condition characterized by delusions, hallucinations, disorganized speech, or extremely disorganized or catatonic behavior. Duration of condition is between 1 day and 1 month.

Schizophreniform Disorder: At least two of the following symptoms lasting between 1 and 6 months: delusions, hallucinations, disorganized speech, severely disorganized or catatonic behavior, negative symptoms such as reduced emotional expressiveness or avolition.

Schizophrenia: At least two of the following symptoms lasting at least 1 month: delusions, hallucinations, disorganized speech, severely disorganized or catatonic behavior, negative symptoms such as reduced emotional expressiveness or avolition. The condition has had a significant negative impact on ability to function in areas such as occupation, academics, interpersonal relations, or self-care.

Schizoaffective Disorder: A continuous period wherein the major symptoms of schizophrenia are present and, for the majority of the duration of the condition, major mood (depressive or manic) episodes are present.

Substance/Medication-Induced Psychotic Disorder: Manifestation of delusions and/or hallucinations during or soon after exposure to or withdrawal from a substance or medication.

Catatonia

Indicated by the presence of three or more of the following signs: waxy flexibility, mutism, negativism, posturing, mannerisms, stereotyped agitation, grimacing, echolalia, echopraxia. May be associated with another mental disorder, due to another medical condition, or unspecified.

Attention-Deficit/Hyperactivity Disorder

Chronic inattention and/or impulsivity/hyperactivity that impairs functioning and development. Manifested by frequent inability to sustain interest in an activity or maintain mental focus required by a task, distraction and forgetfulness of routine activities, difficulty sitting still or remaining quiet, and garrulous and impetuous behavior.

Specific Learning Disorder

Problems in learning and demonstrating academic skills in reading, written expression, and/or mathematics. Manifested by poor reading accuracy, fluency, and/or comprehension; difficulty with spelling, grammar, punctuation, and/or organization and clarity of writing; and/or difficulty in learning mathematical concepts and facts and applying mathematical reasoning skills. The condition persists despite exposure to targeted academic skills and is not better explained by intellectual disability, specific sensory deficits, or other extraneous factors.

Motor Disorders

Developmental Coordination Disorder: Excessive clumsiness and awkwardness as manifested by poor learning and performance of coordinated motor skills, with performance significantly below accepted age norms. Onset is early in development.

Stereotypic Movement Disorder: Manifested by repetitive behaviors, or patterns of behaviors, lasting in any obvious purpose. Behavior may include rocking and self-infliction of harm (biting or hitting).

Tic Disorders: A chronic pattern of quick, involuntary, nonfluid, repetitive motor movements and/or vocalizations. In **Tic Disorder**, both motor and vocal tics are present, whereas in **persistent (chronic) motor or vocal tic disorder**, either motor or vocal tics are present.

BIPOLAR AND RELATED DISORDERS

Bipolar I Disorder: Characterized by at least 1 episode preceded or followed by either hypomania or major depressive episode.

- **Manic Episode:** A period of persistent greatly elevated mood characterized by increased activity, energy, or irritability lasting at least 1 week, characterized by the presence of at least three of the following: grandiosity, decreased sleep, garrulousness, rapid succession of thoughts, difficulty paying attention and focusing, agitation, overconfidence, increased goal-directed activity, excessive engagement in behaviors with a high likelihood of negative outcomes (e.g., excessive drinking, gambling, driving too fast, risk business ventures).
- **Hypomanic Episode:** Similar to manic episode, but persists for at least 4 consecutive days.
- **Major Depressive Episode:** Indicated by the presence of at least five of the following during a sustained 2-week period: persistent negative mood, diminished satisfaction or pleasure from engaging in nearly all activities, significant weight loss, insomnia or hypersomnia, agitation, fatigue, feelings of worthlessness, difficulty concentrating and focusing, suicidal ideation.

Bipolar II Disorder: Condition not met for both a current or previous hypomanic episode and a current or previous major depressive episode.

Cyclothymia Disorder: For a period of at least 2 years, symptoms of hypomania and depression have been present numerous times; however, the criteria for a hypomanic episode or major depressive episode have not been satisfied. During the 2-year interval, hypomanic and depressive periods have occurred at least half the time and the individual has not been symptom-free for more than 2 months at a time.

Substance/Medication-Induced Bipolar and Related Disorder: Manifestation of a bipolar or related disorder during or soon after exposure to or withdrawal from a substance or medication.

DEPRESSIVE DISORDERS

Disruptive Mood Dysregulation Disorder: Frequent outbursts of temper over a period lasting at least 1 year with no more than a 3-month period without outbursts. On average, outbursts occur three or more times weekly, and the individually mood is characteristically irritable and angry. Age of onset is before 10 years, and diagnosis is made between ages 6 and 18.

Major Depressive Disorder: Characterized by the symptoms of major depressive episode.

Persistent Depressive Disorder: Chronic depressed mood that persists at least 2 years in adults (1 year in children). At least two of the following conditions are also satisfied: lack of appetite or overeating, insomnia or hypersomnia, fatigue, low self-esteem, difficulty concentrating or indecision, hopelessness.

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