

List of Mood Disorders

Patient Information

Client Name:

Age:

Gender:

Date of Session:

Note

This template serves as a guide and not a diagnostic tool. Clinical judgment should be used in all diagnoses, considering the whole clinical picture observed over time.

General Criteria for Mood Disorders

Before utilizing the specific diagnostic criteria for each mood disorder, ensure the following general criteria are met:

1. Significant Distress or Impairment

The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

2. Not Attributable to the Physiological Effects of a Substance

The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.

3. Not Better Explained by Another Mental Disorder

The disorder is not better explained by schizophrenia spectrum and other psychotic disorders.

Assessment

1. Major Depressive Disorder

Criteria:

Depressed mood most of the day, nearly every day.

Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.

Significant weight loss when not dieting, weight gain, or decrease or increase in appetite nearly every day.

Insomnia or hypersomnia nearly every day.

Psychomotor agitation or retardation nearly every day.

Fatigue or loss of energy nearly every day.

Feelings of worthlessness or excessive or inappropriate guilt nearly every day.

Diminished ability to think or concentrate, or indecisiveness, nearly every day.

Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

2. Persistent Depressive Disorder (Dysthymia)

Criteria:

Depressed mood for most of the day, for more days than not, for at least two years.

Presence of two (or more) of the following:

Poor appetite or overeating.

Insomnia or hypersomnia.

Low energy or fatigue.

Low self-esteem.

Poor concentration or difficulty making decisions.

Feelings of hopelessness.

3. Bipolar I Disorder

Criteria:

At least one episode of mania lasting at least one week or any duration if hospitalization is necessary.

Episodes of depression may precede or follow manic episodes but are not necessary for diagnosis.

4. Bipolar II Disorder

Criteria:

At least one episode of hypomania.

At least one episode of major depression.

5. Cyclothymic Disorder

Criterion:

Periods of hypomanic symptoms and periods of depressive symptoms for at least two years (one year in children and adolescents), without meeting criteria for a hypomanic episode or a major depressive episode.

6. Substance/Medication-Induced Bipolar and Depressive Disorders

Criteria:

A prominent and persistent disturbance in mood that predominates in the clinical picture and is characterized by depressed mood or markedly diminished interest or pleasure in all, or almost all, activities, or elevated, expansive, or irritable mood.

Evidence from the history, physical examination, or laboratory findings that the disturbance is the direct pathophysiological consequence of another medical condition.

7. Disruptive Mood Dysregulation Disorder

Criteria:

Severe temper outbursts at least three times a week.

Sad, irritable, or angry mood almost every day.

Reaction is bigger than expected.

Child must be at least six years old.

8. Premenstrual Dysphoric Disorder

Criteria:

At least five symptoms must be present in the final week before the onset of menses, start to improve within a few days after the onset of menses, and become minimal or absent in the week post menses. One or more of the following symptoms must be included:

Marked affective lability

Marked irritability or anger or increased interpersonal conflicts

Markedly depressed mood

Feelings of hopelessness, or self-deprecating thoughts

Marked anxiety, tension, and feelings of being keyed up or on edge.

Additional Notes

Reference

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC.