

Mood Disorder DSM 5 Criteria

Client Name:

Age:

Gender: Male Female Other:

Date:

Depressive Disorders

Major Depressive Disorders

- **A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.**
 - 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/gain or decrease/increase in appetite.
 - 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 specific plan.

- **B. The symptoms cause clinically significant distress or impairment in functioning.**

- **C. The episode is not attributable to physiological effects of a substance or another medical condition.**

- **D. The occurrence is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other psychotic disorders.**

- **E. There has never been a manic episode or hypomanic episode.**

Notes:

Persistent Depressive Disorder (Dysthymia)

- A. Depressed mood for most of the day, for more days than not, for at least 2 years.
- B. 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
- C. During the 2-year period (1 year for children and adolescents) of the disturbance, the individual has never been without the symptoms in Criteria A and B for more than 2 months at a time.
- D. Criteria for a major depressive disorder may be continuously present for 2 years.
- E. There has never been a manic episode or a hypomanic episode, and criteria have never been met for cyclothymic disorder.
- F. The disturbance is not better explained by a persistent schizoaffective disorder, schizophrenia, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorders.
- G. The symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g. hypothyroidism).
- H. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Notes:

Disruptive Mood Dysregulation Disorder

- A. Severe recurrent temper outbursts manifested verbally (e.g., verbal rages) and/or behaviorally (e.g., physical aggression toward people or property) that are grossly out of proportion in intensity or duration to the situation or provocation.
- B. The temper outbursts are inconsistent with developmental levels.
- C. The temper outbursts occur, on average, three or more times per week.
- D. The mood between temper outbursts is persistently irritable or angry most of the day, nearly every day, and is observable by others (e.g., parents, teachers, peers).
- E. Criteria A-D has been present for 12 or more months. Throughout that time, the individual has not had a period lasting three or more consecutive months without all of the symptoms in Criteria A-D.
- F. Criteria A and D are present in at least two of three settings (i.e., at home, at school, with peers) and are severe in at least one of these.
- G. The diagnosis should not be made for the first time before age 6 years or after age 18 years.
- H. By history or observation, the age at onset of Criteria A-E is before 10 years.
- I. There has never been a distinct period lasting more than one day during which the full symptom criteria, except duration, for a manic or hypomanic episode have been met.
- J. The behaviors do not occur exclusively during an episode of major depressive disorder and are not better explained by another mental disorder (e.g., autism spectrum disorder, posttraumatic stress disorder, separation anxiety disorder, persistent depressive disorder [dysthymia]).

Notes:

Premenstrual Dysphoric Disorder

- A. In the majority of menstrual cycles, 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 after menses.
 - B. One (or more) of the following symptoms must be present:
 - Marked affective lability (e.g., mood swings: feeling suddenly sad or tearful, or increased sensitivity to rejection).
 - Marked irritability or anger or increased interpersonal conflicts.
 - Marked depressed mood, feelings of hopelessness, or self-deprecating thoughts.
 - Marked anxiety, tension, and/or feelings of being keyed up or on edge.
 - C. One (or more) of the following symptoms must additionally be present to reach a **total of five symptoms** when combined with symptoms from Criterion B above.
 - Decreased interest in usual activities (e.g., work, school, friends, hobbies). Subjective difficulty in concentration.
 - Lethargy, easy fatigability, or marked lack of energy.
 - Marked change in appetite; overeating; or specific food cravings.
 - Hypersomnia or insomnia.
 - A sense of being overwhelmed or out of control.
 - Physical symptoms such as breast tenderness or swelling, joint or muscle pain, a sensation of “bloating,” or weight gain.
- Note: The symptoms in Criteria A-C must have been met for most menstrual cycles that occurred in the preceding year.*
- D. The symptoms are associated with clinically significant distress or interference with work, school, usual social activities, or relationships with others (e.g., avoidance of social activities; decreased productivity and efficiency at work, school, or home).
 - E. The disturbance is not merely an exacerbation of the symptoms of another disorder, such as major depressive disorder, panic disorder, persistent depressive disorder (dysthymia), or a personality disorder (although it may co-occur with any of these disorders).
 - F. Criterion A should be confirmed by prospective daily ratings during at least two symptomatic cycles.

- G. The symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or another medical condition (e.g., hyperthyroidism).

Notes:

Bipolar and Related Disorders

Manic Episode

- A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary).
- B. During the period of mood disturbance and increased energy or activity, **three (or more) of the following symptoms (four if the mood is only irritable)** are present to a significant degree and represent a noticeable change from usual behavior:
 - Inflated self-esteem or grandiosity.
 - Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).
 - More talkative than usual or pressure to keep talking.
 - Flight of ideas or subjective experience that thoughts are racing.
 - Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.
 - Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity).
 - Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).
- C. The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.

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

Notes:

Hypomanic Episode

- A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy, lasting at least 4 consecutive days and present most of the day, nearly every day.
- B. During the period of mood disturbance and increased energy and activity, three (or more) of the following symptoms (four if the mood is only irritable) have persisted, represent a noticeable change from usual behavior, and have been present to a significant degree:
 - Inflated self-esteem or grandiosity.
 - Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).
 - More talkative than usual or pressure to keep talking.
 - Flight of ideas or subjective experience that thoughts are racing.
 - Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.
 - Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity).
 - Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)
- C. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the individual when not symptomatic.
- D. The disturbance in mood and the change in functioning are observable by others.

- E. The episode is not severe enough to cause marked impairment in social or occupational functioning or to necessitate hospitalization. If there are psychotic features, the episode is, by definition, manic.

- F. The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment).

Notes:

Major Depressive Episode

- A. Five(or more)of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
 - Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, or hopeless) or observation made by others (e.g., appears tearful). (Note: In children and adolescents, can be irritable mood.)
 - Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
 - Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (Note: In children, consider failure to make expected weight gain.)
 - Insomnia or hypersomnia nearly every day.
 - Psychomotor agitation or retardation nearly every day (observable by others; not merely subjective feelings of restlessness or being slowed down).
 - Fatigue or loss of energy nearly every day.
 - Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
 - Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
 - Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

- B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

- C. The episode is not attributable to the physiological effects of a substance or another medical condition.

Notes:

Bipolar I Disorder

- A. Criteria have been met for at least one manic episode (Criteria A-D under “Manic Episode” above).

- B. The occurrence of the manic and major depressive episode(s) is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorders.

Notes:

Bipolar II Disorder

- A. Criteria have been met for at least one hypomanic episode (Criteria A-F under “Hypomanic Episode” above) and at least one major depressive episode (Criteria A-C under “Major Depressive Episode” above).

- B. There has never been a manic episode.

- C. The occurrence of the hypomanic episode(s) and major depressive episode(s) is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorders.
- D. The symptoms of depression or the unpredictability caused by frequent alternation between periods of depression and hypomania causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Notes:

Cyclothymic Disorder

- A. For at least 2 years (at least 1 year in children and adolescents), there have been numerous periods with hypomanic symptoms that do not meet the criteria for a hypomanic episode and numerous periods with depressive symptoms that do not meet the criteria for a major depressive episode.
- B. During the above 2-year period (1 year in children and adolescents), the hypomanic and depressive periods have been present for at least half the time, and the individual has not been without the symptoms for more than 2 months at a time.
- C. Criteria for a major depressive, manic, or hypomanic episode have never been met.
- D. The symptoms in Criterion A are not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder.
- E. The symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).

Notes:

Reference

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