

Psychotic Disorders List

These disorders are organized along a gradient of psychopathology. Clinicians should first consider conditions that do not reach the full criteria for a psychotic disorder or are limited to one domain of psychopathology. Then they should consider time-limited conditions. Finally, the diagnosis of a schizophrenia spectrum disorder requires the exclusion of another condition that may give rise to psychosis.

Schizophrenia 295.40 (F20.81)

Schizophrenia is a mental disorder characterized by the presence of positive symptoms (delusions, hallucinations), disorganization, and negative symptoms (poverty of thought, amotivation).

Diagnostic criteria:

A. Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated). At least one of these must be (1), (2), or (3)

1. Delusions
2. Hallucinations
3. Disorganized speech (e.g., frequent derailment or incoherence)
4. Grossly disorganized or catatonic behavior
5. Negative symptoms (i.e., diminished emotional expression or avolition)

B. For a significant portion of the time since the onset of the disturbance, level of functioning in one or more major areas, such as work, interpersonal relations, or self-care, is markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, there is failure to achieve expected level of interpersonal, academic, or occupational functioning).

C. Continuous signs of the disturbance persist for at least 6 months. This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet Criterion A (i.e., active-phase symptoms) and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or by two or more symptoms listed in Criterion A present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).

D. Schizoaffective disorder and depressive or bipolar disorder with psychotic features have been ruled out because either 1) no major depressive or manic episodes have occurred concurrently with the active-phase symptoms, or 2) if mood episodes have occurred during active-phase symptoms, they have been present for a minority of the total duration of the active and residual periods of the illness.

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

F. If there is a history of autism spectrum disorder or a communication disorder of childhood onset, the additional diagnosis of schizophrenia is made only if prominent delusions or hallucinations, in addition to the other required symptoms of schizophrenia, are also present for at least 1 month (or less if successfully treated).

Specify whether:

- **First episode, currently in acute episode:** First manifestation of the disorder meeting the defining diagnostic symptom and time criteria. An acute episode is a time period in which the symptom criteria are fulfilled.

- **First episode, currently in partial remission:** Partial remission is a period of time during which an improvement after a previous episode is maintained and in which the defining criteria of the disorder are only partially fulfilled.
- **First episode, currently in full remission:** Full remission is a period of time after a previous episode during which no disorder-specific symptoms are present.
- **Multiple episodes, currently in acute episode:** Multiple episodes may be determined after a minimum of two episodes (i.e., after a first episode, a remission and a minimum of one relapse).
- **Multiple episodes, currently in partial remission**
- **Multiple episodes, currently in full remission**
- **Continuous:** Symptoms fulfilling the diagnostic symptom criteria of the disorder are remaining for the majority of the illness course, with subthreshold symptom periods being very brief relative to the overall course.
- **Unspecified**

Specify if:

- **With catatonia.** Refer to the criteria for catatonia at the end. *Use additional code F06.1 catatonia associated with brief psychotic disorder to indicate the presence of the comorbid catatonia.*

Specify current severity:

- Severity is rated by a quantitative assessment of the primary symptoms of psychosis, including delusions, hallucinations, disorganized speech, abnormal psychomotor behavior, and negative symptoms. Each of these symptoms may be rated for its current severity (most severe in the last 7 days) on a 5-point scale ranging from 0 (not present) to 4 (present and severe), with a symptom-specific definition of each rating level. The clinician reviews all of the individual's available information and, based on clinical judgment, selects (with checkmark) the level that most accurately describes the severity of the symptom domain. The clinician then indicates the score for each item.
- *Diagnosis of schizophrenia can be made without using this severity specifier.*

Associated features:

- Inappropriate effect e.g. laughing in absence of appropriate stimulus, dysphoric mood, disturbed sleep pattern, lack of interest in eating or food refusal.
- Cognitive deficits are common.
- Abnormalities in sensory processing and inhibitory capacity, reductions in attention.
- Deficits in social cognition, e.g. inferring others' thoughts.

Epidemiology:

- The prevalence is the same between men and women, but differs in the course and onset of illness.
- The incidence of first episode psychosis is highest for men between the ages of 18 and 24, and the incidence subsequently declines rapidly.
- In women, there is a bimodal distribution, and they experience a secondary peak at ages 50 to 54 (women are more likely to have late-onset schizophrenia than men).
 - Generally speaking, women tend to have more positive symptoms and less negative symptoms, in particular with late-onset schizophrenia.

- Though conventional clinical wisdom suggests that the incidence of psychosis is the same across the world, this is not actually the case. The incidence of psychosis can vary up to eightfold between different cities across the world.

Risk factors:

- Schizophrenia is a highly heritable disorder, accounting for about 80% of the liability of the illness
- The baseline general population risk for schizophrenia is 1%. A second-degree relative doubles the risk to 2%. Non-twin siblings have a 9% risk. If one parent has schizophrenia the risk is about 13%. If both parents have schizophrenia, the offspring has a 30 to 50% chance of developing schizophrenia. In concordance studies of twins. The concordance rates of schizophrenia for monozygotic (identical) twins have been found to be about 40 to 50%.
- Advanced paternal age is a risk factor for schizophrenia in the offspring.

Brief psychotic disorder 298.8 (F23)

Brief psychotic disorder is a psychotic disorder that involves at least one positive psychotic symptom (delusions, hallucinations, disorganized speech), and/or grossly abnormal psychomotor behavior, including catatonia. The symptoms must characteristically last for at least 1 day but no longer than 1 month. Individuals with brief psychotic disorder typically experience emotional turmoil or overwhelming confusion, and although the duration can be brief, the symptoms may be severe (e.g., poor judgment, cognitive impairment, or acting on delusions). A diagnosis of brief psychotic disorder requires a *full remission* of all symptoms and a *full return* to the premorbid level of functioning within 1 month of the onset of the disturbance.

Diagnostic criteria

A. Presence of one (or more) of the following symptoms. At least one of these must be (1), (2), or (3):

1. Delusions
2. Hallucinations
3. Disorganized speech (e.g., frequent derailment or incoherence)

Note: Do not include a symptom if it is a culturally sanctioned response.

B. Duration of an episode of the disturbance is at least 1 day but less than 1 month, with eventual full return to premorbid level of functioning.

C. The disturbance is not better explained by major depressive or bipolar disorder with psychotic features or another psychotic disorder such as schizophrenia or catatonia and is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.

Specify whether:

- **With marked stressor(s) (brief reactive psychosis):** If symptoms occur in response to events that, singly or together, would be markedly stressful to almost anyone in similar circumstances in the individual's culture.
- **Without marked stressor(s):** If symptoms do not occur in response to events that, singly or together, would be markedly stressful to almost anyone in similar circumstances in the individual's culture.
- **With postpartum onset:** If onset is during pregnancy or within 4 weeks postpartum.

Specify if:

- **With catatonia.** Refer to the criteria for catatonia at the end. *Use additional code F06.1 catatonia associated with brief psychotic disorder to indicate the presence of the comorbid catatonia.*

Specify current severity:

- Severity is rated by a quantitative assessment of the primary symptoms of psychosis, including delusions, hallucinations, disorganized speech, abnormal psychomotor behavior, and negative symptoms. Each of these symptoms may be rated for its current severity (most severe in the last 7 days) on a 5-point scale ranging from 0 (not present) to 4 (present and severe), with a symptom-specific definition of each rating level. The clinician reviews all of the individual's available information and, based on clinical judgment, selects (with checkmark) the level that most accurately describes the severity of the symptom domain. The clinician then indicates the score for each item.
- *Diagnosis of brief psychotic disorder can be made without using this severity specifier.*

Associated features:

- Emotional turmoil or overwhelming confusion
- Rapid shifts from one intense affect to another

Epidemiology:

- Brief psychotic disorder may appear in adolescence or early adulthood, and onset can occur across the lifespan.
- Average onset occurs in the mid-30s.
- Brief psychotic disorder may account for up to 7% of cases of first-episode psychosis. Some of these cases are a prodrome and evolve into a future diagnosis of schizophrenia.

Comorbidity:

- There appears to be an increased risk of suicidal behavior, particularly during the acute episode.

Delusional disorder 297.1 (F22)

Delusional disorder is a mental disorder characterized by the presence of one or more delusions that persist for at least 1 month. A diagnosis of delusional disorder is not given if an individual has ever had symptoms that meet the criteria for schizophrenia. Apart from the direct impact of the delusions, impairments in psychosocial functioning may be minor compared to those seen in other psychotic disorders such as schizophrenia.

Diagnostic criteria:

- A. The presence of one (or more) delusions with a duration of 1 month or longer.
- B. Criterion A for schizophrenia has never been met.

Note: Hallucinations, if present, are not prominent and are related to the delusional theme (e.g., the sensation of being infested with insects associated with delusions of infestation).

- C. Apart from the impact of the delusion(s) or its ramifications, functioning is not markedly impaired, and behavior is not obviously bizarre or odd.
- D. If manic or major depressive episodes have occurred, these have been brief relative to the duration of the delusional periods.

E. The disturbance is not attributable to the physiological effects of a substance or another medical condition and is not better explained by another mental disorder, such as body dysmorphic disorder or obsessive-compulsive disorder.

Specify whether:

- **Erotomaniac type:** This subtype applies when the central theme of the delusion is that another person is in love with the individual.
- **Grandiose type:** This subtype applies when the central theme of the delusion is the conviction of having some great (but unrecognized) talent or insight or having made some important discovery.
- **Jealous type:** This subtype applies when the central theme of the individual's delusion is that his or her spouse or lover is unfaithful.
- **Persecutory type:** This subtype applies when the central theme of the delusion involves the individual's belief that he or she is being conspired against, cheated, spied on, followed, poisoned or drugged, maliciously maligned, harassed, or obstructed in the pursuit of long-term goals.
- **Somatic type:** This subtype applies when the central theme of the delusion involves bodily functions or sensations.
- **Mixed type:** This subtype applies when no one delusional theme predominates.
- **Unspecified type:** This subtype applies when the dominant delusional belief cannot be clearly determined or is not described in the specific types (e.g. referential delusions without a prominent persecutory or grandiose component).

Specify if:

- **With bizarre content:** Delusions are deemed bizarre if they are clearly implausible, not understandable, and not derived from ordinary life experiences (e.g. an individual's belief that a stranger has removed his or her internal organs and replaced them with someone else's organs without leaving any wounds or scars).

Specify severity:

- Severity is rated by a quantitative assessment of the primary symptoms of psychosis, including delusions, hallucinations, disorganized speech, abnormal psychomotor behavior, and negative symptoms. Each of these symptoms may be rated for its current severity (most severe in the last 7 days) on a 5-point scale ranging from 0 (not present) to 4 (present and severe), with a symptom-specific definition of each rating level. The clinician reviews all of the individual's available information and, based on clinical judgment, selects (with checkmark) the level that most accurately describes the severity of the symptom domain. The clinician then indicates the score for each item.
- *Diagnosis of delusional disorder can be made without using this severity specifier.*

Associated features:

- Social, marital, or work problems can result from the delusional beliefs of delusional disorder
- May be able to factually describe that others view their beliefs as irrational but are unable to accept this themselves
- Irritable or dysphoric mood, anger, and violent behavior can occur in jealous, persecutory, and erotomaniac types

Epidemiology:

- The lifetime prevalence of delusional disorder has been estimated at around 0.2%, and the most frequent subtype is persecutory.
- There are no major gender differences in the overall frequency of delusional disorder. Jealous subtype is probably more common in males than females.

Risk factors:

- Immigration, isolation, family history, sensory impairment, and advanced age are risk factors for delusional disorder.

Schizoaffective Disorder 295.70 (F25)

Diagnostic criteria:

A. An uninterrupted period of illness during which there is a major mood episode (major depressive or manic) concurrent with Criterion A of schizophrenia.

Note: The major depressive episode must include Criterion A1: Depressed mood.

B. Delusions or hallucinations for 2 or more weeks in the absence of a major mood episode (depressive or manic) during the lifetime duration of the illness.

C. Symptoms that meet criteria for a major mood episode are present for the majority of the total duration of the active and residual portions of the illness.

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

Specify whether:

- **F25.0 Bipolar type:** This subtype applies if a manic episode is part of the presentation. Major depressive episodes may also occur.
- **F25.1 Depressive type:** This subtype applies if only major depressive episodes are part of the presentation

Specify if:

- **With catatonia.** Refer to the criteria for catatonia at the end. *Use additional code F06.1 catatonia associated with brief psychotic disorder to indicate the presence of the comorbid catatonia.*

Use the following specifiers only after 1-year duration of the disorder and if these specifiers do not contradict the diagnostic course criteria:

- **First episode, currently in acute episode:** First manifestation of the disorder meeting the defining diagnostic symptom and time criteria. An acute episode is a time period in which the symptom criteria are fulfilled.
- **First episode, currently in partial remission:** Partial remission is a time period during which an improvement after a previous episode is maintained and in which the defining criteria of the disorder are only partially fulfilled.
- **First episode, currently in full remission:** Full remission is a period of time after a previous episode during which no disorder-specific symptoms are present.

- **Multiple episodes, currently in acute episode:** Multiple episodes may be determined after a minimum of two episodes (i.e., after a first episode, a remission and a minimum of one relapse).
- **Multiple episodes, currently in partial remission**
- **Multiple episodes, currently in full remission**
- **Continuous:** Symptoms fulfilling the diagnostic symptom criteria of the disorder are remaining for the majority of the illness course, with subthreshold symptom periods being very brief relative to the overall course.
- **Unspecified**

Specify current severity:

- Severity is rated by a quantitative assessment of the primary symptoms of psychosis, including delusions, hallucinations, disorganized speech, abnormal psychomotor behavior, and negative symptoms. Each of these symptoms may be rated for its current severity (most severe in the last 7 days) on a 5-point scale ranging from 0 (not present) to 4 (present and severe), with a symptom-specific definition of each rating level. The clinician reviews all of the individual's available information and, based on clinical judgment, selects (with checkmark) the level that most accurately describes the severity of the symptom domain. The clinician then indicates the score for each item.
- *Diagnosis of schizoaffective disorder can be made without using this severity specifier.*

Associated features:

- Occupational and social impairment is common, with less severe negative symptoms and anosognosia compared to schizophrenia.
- Cognitive deficits and gray matter volume loss are observed but are less pronounced.

Risk factors:

- Elevated risk exists in first-degree relatives of individuals with schizophrenia, bipolar disorder, or schizoaffective disorder.
- Suicide risk is 5%, particularly with depressive symptoms.

Schizophreniform disorder 295.40 (F20.81)

Schizophreniform disorder is characterized by a symptomatic presentation equivalent to that of schizophrenia except for its duration (less than 6 months) and the absence of a requirement for a decline in functioning.

Diagnostic criteria:

A. At least 2 of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated). At least one of these must be (1), (2), or (3):

1. Delusions
2. Hallucinations
3. Disorganized speech (e.g., frequent derailment or incoherence)
4. Grossly disorganized or catatonic behavior
5. Negative symptoms (i.e., diminished emotional expression or avolition)

B. An episode of the disorder lasts at least 1 month but less than 6 months. When the diagnosis must be made without waiting for recovery, it should be qualified as "provisional."

C. Schizoaffective disorder and depressive or bipolar disorder with psychotic features have been ruled out because either 1) no major depressive or manic episodes have occurred concurrently with the active-phase symptoms, or 2) if mood episodes have occurred during active-phase symptoms, they have been present for a minority of the total duration of the active and residual periods of the illness.

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

Specify if:

- **With good prognostic features:** This specifier requires the presence of at least two of the following features: onset of prominent psychotic symptoms within 4 weeks of the first noticeable change in usual behavior or functioning; confusion or perplexity; good premorbid social and occupational functioning; and absence of blunted or flat affect.
- **Without good prognostic features:** This specifier is applied if two or more of the above features have not been present.
- **With catatonia.** Refer to the criteria for catatonia at the end. *Use additional code F06.1 catatonia associated with brief psychotic disorder to indicate the presence of the comorbid catatonia.*

Specify current severity:

Severity is rated by a quantitative assessment of the primary symptoms of psychosis, including delusions, hallucinations, disorganized speech, abnormal psychomotor behavior, and negative symptoms. Each of these symptoms may be rated for its current severity (most severe in the last 7 days) on a 5-point scale ranging from 0 (not present) to 4 (present and severe). (See Clinician-Rated Dimensions of Psychosis Symptom Severity in the chapter “Assessment Measures.”) *Diagnosis of schizophreniform disorder can be made without using this severity specifier.*

Other mental disorders associated with a psychotic episode

Substance/medication-induced psychotic disorder

Substance/medication-induced psychotic disorder is a psychotic disorder diagnosed after an individual uses a substance (e.g. a drug of abuse, a medication, or a toxin exposure) that leads to prominent symptoms of psychosis.) Individuals with substance/medication-induced psychotic disorder may present with symptoms characteristic of Criterion A for schizophrenia, but the substance/medication-induced psychotic disorder can usually be distinguished by the chronological relationship of substance use to the onset and remission of the psychosis in the absence of substance use.

Diagnostic criteria:

A. Presence of one or both of the following symptoms:

1. Delusions
2. Hallucinations

B. There is evidence from the history, physical examination, or laboratory findings of both (1) and (2):

1. The symptoms in Criterion A developed during or soon after substance intoxication or withdrawal or after exposure to a medication.
2. The involved substance/medication is capable of producing the symptoms in Criterion A.

C. The disturbance is not better explained by a psychotic disorder that is not substance/ medication-induced. Such evidence of an independent psychotic disorder could include the following:

- The symptoms preceded the onset of the substance/medication use; the symptoms persist for a substantial period of time (e.g., about 1 month) after the cessation of acute withdrawal or severe intoxication; or there is other evidence of an independent non-substance/medication-induced psychotic disorder (e.g., a history of recurrent non-substance/medication-related episodes).

D. The disturbance does not occur exclusively during the course of a delirium.

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

This diagnosis should be made instead of a diagnosis of substance intoxication or substance withdrawal only when the symptoms in Criterion A predominate in the clinical picture and when they are sufficiently severe to warrant clinical attention.

Bipolar spectrum disorder

Although classified as a mood disorder, people with bipolar disorder may experience symptoms of psychosis, typically during periods of mania.

Schizotypal personality disorder

Schizotypal personality disorder is technically classified as a personality disorder, but is still considered within the schizophrenia spectrum.

Catatonia associated with another mental disorder (Catatonia specifier) 293.89 (F06.1)

A. The clinical picture is dominated by three (or more) of the following symptoms:

1. Stupor (i.e., no psychomotor activity; not actively relating to environment).
2. Catalepsy (i.e., passive induction of a posture held against gravity).
3. Waxy flexibility (i.e., slight, even resistance to positioning by examiner).
4. Mutism (i.e., no, or very little, verbal response [exclude if known aphasia]).
5. Negativism (i.e., opposition or no response to instructions or external stimuli).
6. Posturing (i.e., spontaneous and active maintenance of a posture against gravity).
7. Mannerism (i.e., odd, circumstantial caricature of normal actions).
8. Stereotypy (i.e., repetitive, abnormally frequent, non-goal-directed movements).
9. Agitation, not influenced by external stimuli.
10. Grimacing.
11. Echolalia (i.e., mimicking another's speech).
12. Echopraxia (i.e., mimicking another's movements).

Coding note:

Indicate the name of the associated mental disorder when recording the name of the condition (i.e., F06.1 catatonia associated with major depressive disorder). Code first the associated mental disorder (e.g., neurodevelopmental disorder, brief psychotic disorder, schizophreniform disorder, schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, or other mental disorder) (e.g., F25.1 schizoaffective disorder, depressive type; F06.1 catatonia associated with schizoaffective disorder)

Additional notes

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>

PsychDB. (2021, January 15). Psychotic disorders. PsychDB.
<https://www.psychdb.com/psychosis/home>