

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS 5 (DSM-5)

ANXIETY DISORDERS — excessive fear and anxiety and related behavioral disturbances.	Panic Disorder	Recurrent panic attacks (abrupt surges of intense fear or intense discomfort accompanied by physical and/or cognitive symptoms).
	Agoraphobia	Marked anxiety about using public transportation, being in open spaces, being in enclosed places, being in a crowd, and/or being outside of the home alone.
	Specific Phobia	Fearful or anxious about or avoidant of circumscribed objects or situations.
	Social Anxiety Disorder	Fearful, anxious or avoidant of social interactions and situations that involve the possibility of being scrutinized.
	Selective Mutism	Consistent failure to speak in social situations in which there is an expectation to speak even though the individual speaks in other situations.
	Generalized Anxiety Disorder	Excessive anxiety and worry about a number of events or activities that occurs more days than not for at least six months.
BIPOLAR AND RELATED — experiencing times of depression and manic episodes.	Bipolar I	Depressive moods that last at least two weeks and manic moods that last at least one week.
	Bipolar II	Same depression as Bipolar I but hypomania lasts four or more days without life threatening consequences or psychotic episodes.
DEPRESSIVE DISORDERS — depressed moods resulting in disruption in functioning of the affected individual.	Persistent Depressive Disorder (Dysthymia)	Depressed mood that occurs for most of the day and lasts at least two years.
	Major Depressive Disorder	Depressed mood most of the day and/or diminished interest in almost all activities.
	Premenstrual Dysmorphic Disorder	Marked mood changes, irritability, dysphoria, and anxiety beginning week before menses.
	Disruptive Mood Dysregulation Disorder	Chronic, severe persistent irritability with frequent temper outbursts.

DISSOCIATIVE DISORDERS —disruption of and/or discontinuity in normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control and behavior.	Dissociative Identity Disorder	Presence of two or more distinct personality states or an experience of possession and recurrent periods of amnesia.
	Depersonalization/Derealization Disorder	Clinically significant persistent or recurrent experiences of unreality or detachment from one's mind, self or body and/or experiences of unreality or detachment from one's surroundings.
	Dissociative Amnesia (including Fugue)	Inability to recall autobiographical information such as an event or period of time, specific aspect of an event or identity and life history; may involve purposeful travel or bewildered wandering (fugue).
FEEDING AND EATING — persistent disturbance of eating related behaviors that results in altered consumption or absorption of food and significantly impairs physical health or psychosocial functioning.	Anorexia Nervosa	Persistent energy intake restriction; intense fear of gaining weight or of becoming fat; disturbance in self-perceived weight or shape.
	Bulimia Nervosa	Recurrent episodes of binge eating; recurrent inappropriate compensatory behaviors to prevent weight gain; self-evaluation that is unduly influenced by body shape and weight.
	Binge Eating Disorder	Recurrent episodes of binge eating a definitely larger amount than most people would eat in a similar period of time; must occur at least one per week for three months
NEURODEVELOPMENTAL — typically begin early in development; characterized by developmental deficits that produce impairments of personal, social, academic, or occupational functioning.	Autism Spectrum Disorder	Persistent deficits in social communication and social interaction across multiple contexts.
	Attention Deficit Hyperactivity Disorder	Impairing levels of inattention, disorganization and/or hyperactivity-impulsivity.
	Tourette's	Multiple motor and one or more vocal tics.
	Intellectual Disability (formerly mental retardation)	Deficits in general mental abilities such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience.

NEUROCOGNITIVE —disorders with symptoms related to complex attention, executive function, learning, memory, language, perceptual-motor, and social cognition.	Major Neurocognitive Disorder (previously Dementia)	Significant cognitive decline from a previous level of performance in complex attention, executive function, learning and memory, language, perceptual-motor, and/or social cognition. Specify if due to a number of other diseases such as Alzheimer's or Parkinson's.
	Alzheimer's Disease	Insidious onset and gradual progression of cognitive and behavioral symptoms (decline in memory and learning).
OBSESSIVE COMPULSIVE DISORDER AND RELATED —acts individuals feels compelled to perform in response to obsessions or according to rules that must be followed rigidly.	Obsessive Compulsive Disorder	Recurrent and persistent thoughts that are intrusive (obsessions) followed by repetitive behaviors or mental acts the individual feels driven to perform (compulsions).
	Hoarding	Persistent difficulties discarding or parting with possessions regardless of actual value.
	Body Dysmorphic Disorder	Preoccupation with one or more perceived defects or flaws in physical appearance that are not observable to others.
	Trichotillomania	Recurrent pulling out of one's own hair.
SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS —presence of delusions, hallucinations, disorganized thinking/speech, disorganized or abnormal motor behavior, and negative symptoms.	Delusional Disorder	At least one month of delusions but no other psychotic symptoms.
	Schizophrenia	Lasts for six months and includes at least one month of active phase symptoms (see those mentioned in general description).
SOMATIC —distressing somatic symptoms plus abnormal thoughts, feeling and behaviors in response to these symptoms.	Conversion Disorder	One or more symptoms of altered voluntary motor or sensory function that can't be explained through neurological or medical conditions.
	Illness Anxiety Disorder (formerly hypochondriasis)	Preoccupation with having or acquiring a serious illness; somatic symptoms are not present or are mild but there is a high anxiety about health concerns.

	<p>Illness Anxiety Disorder (formerly hypochondriasis)</p> <p>Factitious Disorder</p>	Falsification of physical or psychological signs or symptoms, or causing an injury or disease, associated with identified deception to oneself or another (formerly Munchausen and Munchausen by proxy).
<p>TRAUMA AND STRESSOR RELATED DISORDERS—exposure to a traumatic or stressful event is a specific diagnostic criterion.</p>	Post Traumatic Stress Disorder	Characteristic symptoms (flashbacks, distressing dreams, memories of event, avoidance of distressing thoughts and memories and external reminders, etc.) following exposure to one or more traumatic events.
	Adjustment Disorder	Responding to a particular event or situation (a loss, a problem in a close relationship, an unwanted move, a disappointment, or a failure); typical symptoms include low mood, sadness, worry, anxiety, insomnia, poor concentration, loss of self esteem, hopelessness, feeling trapped, having no good options, and feeling isolated or cut off from others.
<p>PERSONALITY DISORDERS—enduring pattern of inner experience and behavior that deviates markedly from expectations of individual's culture.</p>	<p>Cluster A:</p> <ul style="list-style-type: none"> Paranoid 	Pattern of distrust and suspiciousness that others' motives are interpreted as malevolent.
	<ul style="list-style-type: none"> Schizoid 	Pattern of detachment from social relationships and a restricted range of emotional expression.
	<ul style="list-style-type: none"> Schizotypal 	Pattern of acute discomfort in close relationships, cognitive or perceptual distortions, and eccentricities of behavior.
	<p><u>Cluster B:</u></p> <ul style="list-style-type: none"> Antisocial 	Pattern of disregard for, and violation of, the rights of others.
	<ul style="list-style-type: none"> Borderline 	Pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity.
	<ul style="list-style-type: none"> Histrionic 	Pattern of excessive emotionality and attention seeking.

	<ul style="list-style-type: none"> Narcissistic 	Pattern of grandiosity, need for admiration, and lack of empathy.
	<u>Cluster C:</u> <ul style="list-style-type: none"> Avoidant 	Pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation.
	<ul style="list-style-type: none"> Dependent 	Pattern of submissive and clinging behavior related to an excessive need to be taken care of.
	<ul style="list-style-type: none"> Obsessive-Compulsive 	Pattern of preoccupation with orderliness, perfectionism, and control
DISRUPTIVE, IMPULSE-CONTROL AND CONDUCT DISORDERS —problems with self-control of emotions and behaviors.	Oppositional Defiant Disorder	Pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness that lasts at least six months.
	Intermittent Explosive Disorder	Recurrent behavioral outbursts representing a failure to control aggressive impulses manifested through verbal or physical aggression.
	Pyromania	Deliberate and purposeful fire setting on more than one occasion.
	Kleptomania	Recurrent failure to resist impulses to steal objects that are not needed for personal use or for their monetary value.
	Conduct Disorder	Repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated. Four main groupings: 1) Aggression to people and animals, 2) Destruction of property, 3) Deceitfulness or theft, 4) Serious violation of rules. Can be childhood onset or adolescent onset. Comorbid with ADHD and Oppositional Defiant Disorder. Once person is age 18, diagnosis may be given of Antisocial Personality Disorder.