

APENDIX III

DIAGNOSTIC AND STATISTICAL MANUAL OF THE
AMERICAN PSYCHIATRIC ASSOCIATION

3rd Edition

Operationalized Axis I diagnoses relevant to functional psychoses from the 3rd edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-III) (Table I); and information relevant to Axes II, IV and V (Table II, III and IV).

Table I

Schizophrenic Disorders

Diagnostic criteria for a Schizophrenic Disorder

A. At least one of the following during a phase of the illness

- (1) bizarre delusions (content is patently absurd and has no possible basis in fact), such as delusions of being controlled, thought broadcasting, thought insertion or thought withdrawal
- (2) Somatic, grandiose, religious, nihilistic, or other delusions without persecutory or jealous content
- (3) delusions with persecutory or jealous content if accompanied by hallucinations of any type
- (4) auditory hallucinations in which either a voice keeps up a running commentary on the individual's behavior or thoughts, or two or more voices converse with each other
- (5) auditory hallucinations on several occasions with content of more than one or two words, having no apparent relation to depression or elation
- (6) Incoherence, marked loosening of associations, markedly illogical thinking, or marked poverty of content of speech if associated with at least one of the following:
 - (a) blunted, flat, or inappropriate affect
 - (b) delusions or hallucinations
 - (c) catatonic or other grossly disorganized behavior

B. Deterioration from a previous level of functioning in such areas as work, social relations, and self-care.

C. Duration: Continuous signs of the illness for at least six months at some time during the person's life, with some signs of illness at present. The six-month period must include an active phase during which there were symptoms from A, with or without a prodromal or residual phase, as defined below

Prodromal phase: A clear deterioration in functioning before the active phase of the illness not due to a disturbance in mood or to a Substance Use Disorder and involving at least two of the symptoms noted below.

Residual phase: Persistence, following the active phase of the illness, of at least two of the symptoms noted below, not due to the disturbance in mood or to a Substance Use Disorder.

Prodromal or Residual Symptoms

- (1) social isolation
- (2) marked impairment in role functioning as wage-earner, student or homemaker
- (3) markedly peculiar behavior (e.g., collecting garbage, talking to self in public or hoarding food)
- (4) marked impairment in personal hygiene and grooming

- (5) blunted, flat, or inappropriate affect
 - (6) digressive, vague, overelaborate, circumstantial or metaphorical speech
 - (7) odd or bizarre ideation, or magical thinking, e.g., superstitiousness, clairvoyance, telepathy, "sixth sense," "others can feel any feelings, overvalued ideas, ideas of reference
- D. The full depressive or manic syndrome (criteria A and B of major depressive or manic episode), if present, developed after any psychotic symptoms, or was brief in duration relative to the duration of the psychotic symptoms in A.
- E. Onset of prodromal or active phase of the illness before Age 45.
- F. Not due to any Organic Mental Disorder or Mental Retardation.

295.1 Diagnostic Criteria for Disorganized Type

A Type of Schizophrenia in which there are:

- A. Frequent incoherence
- B. Absence of systematized delusions
- C. Blunted, inappropriate or silly affect

295.2 Diagnostic Criteria for Catatonic Type

A type of schizophrenia dominated by any of the following:

- (1) catatonic stupor (marked decrease in reactivity to environment and/or reduction of spontaneous movements and activity) or mutism
- (2) catatonic negativism (an apparently motiveless resistance to all instructions or attempts to be moved)
- (3) catatonic rigidity (maintenance of a rigid posture against efforts to be moved)
- (4) catatonic excitement (excited motor activity apparently purposeless and not influenced by external stimuli)
- (5) catatonic posturing (voluntary assumption of inappropriate or bizarre posture)

295.3 Diagnostic criteria for Paranoid Type

A type of Schizophrenia dominated by one or more of the following

- (1) persecutory delusions
- (2) grandiose delusions
- (3) delusional jealousy
- (4) hallucinations with persecutory or grandiose content

295.9 Diagnostic criteria for Undifferentiated Type

- A. A type of Schizophrenia in which there are: Prominent delusions, hallucinations, incoherence, or grossly disorganized behavior.
- B. Does not meet the criteria for any of the previously listed types or meets the criteria for more than one.

295. 6 Diagnostic criteria for Residual type

- A. A history of at least one previous episode of Schizophrenia with prominent psychotic symptoms.
- B. A clinical picture without any prominent psychotic symptoms that occasioned evaluation or admission to clinical care
- C. Continuing evidence of the illness, such as blunted or inappropriate affect, social withdrawal, eccentric behavior, illogical thinking, or loosening of associations.

Paranoid Disorders

Diagnostic criteria for Paranoid Disorder

- A. Persistent persecutory delusions or delusional jealousy.
- B. Emotion and behavior appropriate to the content of the delusional system.
- C. Duration of illness of at least one week.
- D. None of the symptoms of criterion A of Schizophrenia, such as bizarre delusions, incoherence, or marked loosening of associations.
- E. No prominent hallucinations.
- F. The full depressive or manic syndrome (criteria A and B of major depressive or manic episode) is either not present, developed after any psychotic symptoms, or was brief in duration relative to the duration of the psychotic symptoms.
- G. Not due to an Organic Mental Disorder.

297.10 Diagnostic criteria for Paranoia

- A. Meets the criteria for Paranoid Disorders
- B. A chronic and stable persecutory delusional system of at least six months' duration
- C. Does not meet the criteria for Shared Paranoid Disorder

297.30 Diagnostic criteria for Shared Paranoid Disorder

- A. Meets the criteria for Paranoid Disorder
- B. Delusional system develops as a result of a close relationship with another person or persons who have an established disorder with persecutory delusions.

298.30 Diagnostic criteria for Acute Paranoid Disorder

- A. Meet the criteria for Paranoid Disorder
- B. Duration of less than six months.

297.90 Atypical Paranoid Disorder

This is a residual category for Paranoid Disorders and Classified above.

Psychotic Disorders Not Elsewhere Classified

295.40 Diagnostic criteria for Schizophreniform Disorder

- A. Meets all of the criteria for Schizophrenia except for duration.

- B. The illness (including prodromal, active, and residual phases) last more than two weeks but less than six months.

298.80 Diagnostic criteria for Brief Reactive Psychosis

- A. Psychotic symptoms appear immediately following a recognizable psychosocial stressor that would evoke significant symptoms of stress in almost anyone.
- B. The clinical picture involves emotional turmoil and at least one of the following psychotic symptoms:
 - (1) incoherence or loosening of associations
 - (2) delusions
 - (3) hallucinations
 - (4) behavior that is grossly disorganized or catatonic
- C. The psychotic symptoms last more than a few hours but less than two weeks, and there is an eventual return to the premorbid level of functioning. (Note: The diagnosis can be made soon after the onset of the psychotic symptoms without waiting for the expected recovery. If the psychotic symptoms last more than two weeks, the diagnosis should be changed.)
- D. No period of increasing psychopathology immediately preceded the psychosocial stressor.
- E. The disturbance is not due to any other mental disorder, such as an Organic Mental Disorder, manic episode, or Factitious Disorder with Psychological Symptoms.

295.70 Schizoaffective Disorder

The term Schizoaffective Disorder has been used in many different ways since it was first introduced, and at the present time there is no consensus on how this category should be defined. Some of the cases that in the past were diagnosed as Schizoaffective Disorder would in this manual be diagnosed as Schizophreniform Disorder, Major Depressive or Bipolar Disorder with Mood-congruent or Mood-incongruent Psychotic Features, or Schizophrenia with a superimposed Atypical Affective Disorder. Future research is needed to determine whether there is a need for this category, and if so, how it should be defined and what its relationship is to Schizophrenia and Affective Disorder.

The category is retained in this manual without diagnostic criteria for those instances in which the clinician is unable to make a differential diagnosis with any degree of certainty between Affective Disorder and either Schizophreniform Disorder or Schizophrenia. Before using the Schizoaffective Disorder category, the clinician should consider all of the diagnoses noted in the first paragraph above, particularly Major Affective Disorders with Psychotic Features.

298.90 Atypical Psychosis

This is a residual category for cases in which there are psychotic symptoms (delusions, hallucinations, incoherence, loosening of associations, markedly illogical thinking, or behavior that is grossly disorganized or catatonic) that do not meet the criteria for any specific mental disorder.

Affective Disorders

Diagnostic criteria for a manic episode

- A. One or more distinct periods with a predominantly elevated, expansive, or irritable mood. The elevated or irritable mood must be a prominent part of the illness and relatively persistent, although it may alternate or intermingle with depressive mood.
- B. Duration of at least one week (or any duration if hospitalization is necessary), during which, for most of the time, at least three of the following symptoms have persisted (four if the mood is only irritable and have been present to a significant degree).
 - (1) increase in activity (either socially, at work, or sexually) or physical restlessness.
 - (2) more talkative than usual or pressure to keep talking
 - (3) flight of ideas or subjective experience that thoughts are racing
 - (4) inflated self-esteem (grandiosity, which may be delusional)
 - (5) decreased need for sleep
 - (6) distractibility, i.e., attention is too easily drawn to unimportant or irrelevant external stimuli
 - (7) excessive involvement in activities that have a high potential for painful consequences which is not recognized, e.g. buying sprees, sexual indiscretions, foolish business investments, reckless driving.
- C. Neither of the following dominates the clinical picture when an affective syndrome is absent (i.e., symptoms in criteria A and B above):
 - (1) preoccupation with mood-incongruent delusion or hallucination (see definition below)
 - (2) bizarre behavior
- D. Not superimposed on either Schizophrenia, Schizophreniform Disorder, or a Paranoid Disorder.
- E. Not due to any Organic Mental Disorder, such as Substance Intoxication.

(Note: a hypomanic episode is a pathological disturbance similar to, but not as severe as, a manic episode.)

Diagnostic criteria for major depressive episode

- A. Dysphoric mood or loss of interest or pleasure in all or almost all usual activities and pastimes. The dysphoric mood is characterized by symptoms such as the following: depressed, sad, blue, hopeless, low, down in the dumps, irritable. The mood disturbance must be prominent and relatively persistent, but not necessarily the most dominant symptom, and does not include momentary shifts from one dysphoric mood to another dysphoric mood, e.g., anxiety to depression to anger, such as are seen in states of acute psychotic turmoil. (For children under six, dysphoric mood may have to be inferred from a persistently sad facial expression.)
- B. At least four of the following symptoms have each been present nearly every day for a period of at least two weeks (in children under six, at least three of the first four).
 - (1) poor appetite or significant weight loss (when not dieting) or increased appetite or significant weight gain (in children under six, consider failure to make expected weight gains)
 - (2) insomnia or hypersomnia

- (3) psychomotor agitation or retardation (but not merely subjective feelings of restlessness or being slowed down) (in children under six, hypoactivity)
 - (4) loss of interest or pleasure in usual activities, or decrease in sexual drive not limited to a period when delusional or hallucinating (in children under six, signs of apathy)
 - (5) loss of energy; fatigue
 - (6) feeling of worthlessness, self-reproach, or excessive or inappropriate guilt (either may be delusional)
 - (7) complaints or evidence of diminished ability to think or concentrate, such as lowered thinking, or indecisiveness not associated with marked loosening of associations or incoherence
 - (8) recurrent thoughts of death, suicidal ideation, wishes to be dead, or suicide attempt.
- C. Neither of the following dominate the clinical picture when an affective syndrome is absent (i.e., symptoms in criteria A and B above):
- (1) preoccupation with a mood-incongruent delusion or hallucination (see definition below)
 - (2) bizarre behavior
- D. Not superimposed on either Schizophrenia, Schizopreniform Disorder, or a Paranoid Disorder.
- E. Not due to any Organic Mental Disorder or Uncomplicated Bereavement.

296.6 Diagnostic criteria for Bipolar Disorder, Mixed

- A. Current (or most recent) episode involves the full symptomatic picture of both manic and major depressive episodes intermixed or rapidly alternating every few days.
- B. Depressive symptoms are prominent and last at least a full day.

296.4 Diagnostic criteria for Bipolar Disorder, Manic

Currently (or most recently) in a manic episode (if there has been a previous manic episode, the current episode need not meet the full criteria for a manic episode.)

296.5 Diagnostic criteria for Bipolar Disorder, Depressed

- A. Has had one or more manic episodes
- B. Currently (or most recently) in a major depressive episode (if there has been a previous major depressive episode, the current episode of depression need not meet the full criteria for a major depressive episode.)

296.2 Diagnostic criteria for Major Depression

- A. One (296.2) or more (296.3) major depressive episodes
- B. Has never had a manic episode.

301.13 Diagnostic criteria for Cyclothymic Disorder

- A. During the past two years, numerous periods during which some symptoms characteristic of both the depressive and the manic syndrome were present, but were not of sufficient severity and duration to meet the criteria for a major depressive or manic episode.

- B. The depressive periods and hypomanic periods may be separated by periods of normal mood lasting as long as months at a time, they may be intermixed, or they may alternate.
- C. During depressive periods there is depressed mood or loss of interest or pleasure in all or almost all, usual activities and pastimes, and at least three of the following.
- (1) Insomnia or hypersomnia
 - (2) Low energy or chronic fatigue
 - (3) Feelings of inadequacy
 - (4) Decreased effectiveness or productivity at school, work, or home
 - (5) Decreased attention, concentration, or ability to think clearly
 - (6) Social withdrawal
 - (7) Loss of interest in or enjoyment of sex
 - (8) Restriction of involvement in pleasurable activities; guilt over past activities
 - (9) Feeling slowed down
 - (10) Less talkative than usual
 - (11) Pessimistic attitude toward the future, or brooding about past events
 - (12) Tearfulness or crying
- During hypomanic periods there is an elevated, expanded, or irritable mood and at least three
- (1) Decreased need for sleep
 - (2) More energy than usual
 - (3) Inflated self-esteem
 - (4) Increased productivity, often associated with unusual and self-imposed working hours
 - (5) Sharpened and usually creative thinking
 - (6) Uninhibited people-seeking (extreme gregariousness)
 - (7) Hypersexuality without recognition of possibility of painful consequences
 - (8) Excessive involvement in pleasurable activities with lack of concern for high potential for painful consequences, e.g., buying sprees, foolish business investments, reckless driving
 - (9) Physical restlessness
 - (10) More talkative than usual
 - (11) Overoptimism or exaggeration of past achievements
 - (12) Inappropriate laughing, joking, punning
- D. Absence of psychotic features such as delusions, hallucinations, incoherence, or loosening of associations.
- E. Not due to any other mental disorder, such as partial remission of Bipolar Disorder. However, Cyclothymic Disorder may precede Bipolar Disorder

296.70 Atypical Bipolar Disorder

This is a residual category for individuals with manic features that cannot be classified as Bipolar Disorder or as Cyclothymic Disorder. For example, an individual who previously had a major depressive episode and now has an episode of illness with some manic features (hypomanic episode), but not of sufficient severity and duration to meet the criteria for a manic episode. Such cases have been referred to as "Bipolar II"

300.40 Diagnostic criteria for Dysthymic Disorder

- A. During the past two years (or one year for children and adolescents) the individual has been bothered most or all of the time by symptoms characteristic of the depressive syndrome but that are not of sufficient severity and duration to meet the criteria for a major depressive episode.
- B. The manifestations of the depressive syndrome may be relatively persistent or separated by periods of normal mood lasting a few days to a few weeks, but no more than a few months at a time.
- C. During the depressive periods there is either prominent depressed mood (e.g., sad, blue, down in the dumps, low) or marked loss of interest or pleasure in all, or almost all, usual activities and pastimes.
- D. During the depressive periods at least three of the following symptoms are present:
 - (1) Insomnia or hypersomnia
 - (2) Low energy level or chronic tiredness
 - (3) Feelings of inadequacy, loss of self-esteem, or self-appreciation
 - (4) Decreased effectiveness or productivity at school, work, or home
 - (5) Decreased attention, concentration, or ability to think clearly
 - (6) Social withdrawal
 - (7) Loss of interest in or enjoyment of pleasurable activities
 - (8) Irritability or excessive anger (in children, expressed toward parents or caretaker)
 - (9) Inability to respond with apparent pleasure to praise or rewards
 - (10) Less active or talkative than usual, or feels slowed down or restless
 - (11) Pessimistic attitude toward the future, brooding about past events, or feeling sorry for self
 - (12) Tearfulness or crying
 - (13) Recurrent thoughts of death or suicide
- E. Absence of psychotic features, such as delusions, hallucinations, or incoherence, or loosening of associations
- F. If the disturbance is superimposed on a preexisting mental disorder, such as Obsessive Compulsive Disorder or Alcohol Dependence, the depressed mood, by virtue of its intensity or effect on functioning, can be clearly distinguished from the individual's usual mood.

296.82 Atypical Depression

This is a residual category for individuals with depressive symptoms who cannot be diagnosed as having a Major or Other Specific Affective Disorder or Adjustment Disorder. Examples include the following:

- (1) A distinct and sustained episode of the full depressive syndrome in an individual with Schizophrenia, Residual Type, that develops without an activation of the psychotic symptoms.
- (2) A disorder that fulfills the criteria for Dysthymic Disorder; however, there have been intermittent periods of normal mood lasting more than a few months
- (3) A brief episode of depression that does not meet the criteria for a Major Affective Disorder and that is apparently not reactive psychosocial stress, so that it cannot be classified as an Adjustment Disorder.

Operationalized Axis I diagnosis of DSM-III: Clinical Syndromes.

Table II

PERSONALITY DISORDERS
301.00 Paranoid
301.20 Schizoid
301.22 Schizotypal
301.50 Histrionic
301.81 Narcissistic
301.70 Antisocial
301.83 Borderline
301.82 Avoidant
301.60 Dependent
301.40 Compulsive
301.84 Passive-Aggressive
301.89 Atypical, mixed or other personality disorder

Axis II diagnoses of DMS-III: Personality disorders.

Table III

Code	Term	Adult examples	Child or adolescent examples
1	None	No apparent psychosocial stressor	No apparent psychosocial stressor
2	Minimal	Minor violation of the law; small bank loan	Vacation with family
3	Mild	Argument with neighbor; change in work hours	Change in schoolteacher; new school year
4	Moderate	New career; death of close friend; pregnancy	Chronic parental fighting; change to new school; illness of close relative; birth of sibling
5	Severe	Serious illness in self or family; major financial loss; marital separation; birth of child	Death of peer; divorce of parents; arrest; hospitalization; persistent and harsh parental discipline
6	Extreme	Death of close relative; divorce	Death of parent or sibling; repeated physical or sexual abuse
7	Catastrophic	Concentration camp experience; devastating natural disaster	Multiple family deaths
0	Unspecified	No information, or not Applicable	No information, or not applicable

Axis IV diagnoses of DSM-III: Severity of psychosocial stressors.

Table IV

Levels	Adult examples	Child or adolescent examples
1 SUPERIOR -Unusually effective functioning in social relations, occupational functioning, and use of leisure time.	Single parent living in deteriorating neighborhood takes excellent care of children and home, has warm relations with friends, and finds time for pursuit of hobby.	A 12-year-old girl gets superior grades in school, is extremely popular among her peers, and excels in many sports. She does all of this with apparent ease and comfort.
2 VERY GOOD -Better than average functioning in social relations, occupational functioning, and use of leisure time.	A 65-year-old retired widower does some volunteer work, often sees old friends, and pursues hobbies.	An adolescent boy gets excellent grades, works part-time, has several close friends, and plays banjo in a jazz band. He admits to some distress in "keeping up with everything."
3 GOOD -No more than slight impairment in either social or occupational functioning.	A woman with many friends functions extremely well at a difficult job, but says "the strain is too much."	An 8-year-old boy does well in school, has several friends, but bullies younger children.
4 FAIR -Moderate impairment in either social relations or occupational functioning, or some impairment in both.	A lawyer has trouble carrying through assignments; has several acquaintances, but hardly any close friends.	A 10-year-old girl does poorly in school, but has adequate peer and family relations.
5 POOR -Marked impairment in either social relations or occupational functioning, or some impairment in both.	A man with one or two friends has trouble keeping a job for more than a few weeks.	A 14-year-old-boy almost fails in school and has trouble getting along with his peers.
6 VERY POOR -Marked impairment in both social relations and occupational functioning.	A woman is unable to do any of her housework and has violent outbursts toward family and neighbors.	A 6-year-old needs special help in all subjects and has virtually no peer relationships.
7 GROSSLY IMPAIRED -Gross impairment in virtually all areas of functioning.	An elderly man needs supervision to maintain minimal personal hygiene and is usually incoherent.	A 4-year-old boy needs constant restraint to avoid hurting himself and is almost totally lacking in skills
0 UNSPECIFIED	No information.	No information.

Axis V diagnoses of DSM-III: Highest level of adaptive functioning past year.